

# Office of the Health Care Advocate



## SFY 2021 Annual Report

July 1, 2020 – June 30, 2021

*A Special Project of*



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## Introduction

The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and concerns. In 2013 the Legislature amended the statute and changed the program’s name to the Office of the Health Care Advocate (HCA). The HCA is not a state agency. Rather, it is part of Vermont Legal Aid (VLA), a statewide, nonprofit law firm.

Every day we talk to Vermonters who can’t afford to pay their monthly health care premiums, can’t find a doctor, or who are unable to pick up their prescriptions. We work with Vermonters who have suddenly experienced a medical emergency; or lost their jobs and their health insurance; or who have had a baby or gotten married and need to know how to get healthcare for their new family member. Every case is different, but Vermonters often feel overwhelmed by a complicated, inflexible, and unaffordable system. The HCA is working to make that system less overwhelming and more affordable for Vermonters by promoting systemic changes and by providing individual consumer assistance to thousands of Vermont families each year. The HCA worked with thousands of Vermont households over this year, helping consumers navigate an increasingly complicated field.

In State Fiscal Year (SFY) 2021, the HCA engaged in a broad range of access-to-care projects with the goal of creating a more accessible health care system for all Vermonters. Like everyone else, the HCA also grappled with the continuing COVID pandemic.

With the passage of the American Rescue Plan Act (ARPA), many Vermont households were able to get more affordable insurance through Vermont Health Connect. ARPA increased the amount of Advance Premium Tax Credit (APTC) most Vermont households are eligible for, which makes Vermont Health Connect (VHC) plans more affordable. It also removed the income eligibility cut-off for APTC, which makes some households newly eligible for APTC. Additionally, it paid for COBRA subsidies for eligible employees from April to September 2021. The HCA focused on educating Vermonters about their opportunities under ARPA by collaborating with community partners, doing virtual Town halls, updating our website, providing trainings, and discussing the changes with individual families.

During the public health emergency in SFY 21, Vermont Medicaid was again not closing or doing reviews for Medicaid or other state health care programs such as VPharm or Medicare Savings Programs, which caused a slight drop in our Eligibility calls. VHC also had a special enrollment period for uninsured Vermonters which allowed the HCA to help more households enroll on VHC plans. We worked to

### Testimonial from a Vermonter

From a Client Satisfaction  
Questionnaire

“My case was picked up very quick and my advocate never made me feel like I was in the wrong even though the company said I was. If my advocate hadn’t helped as she did and been so persistent, my credit could have been ruined and collections would be ringing my phone.”

educate consumers about these changes and how they were impacted by them. We helped hundreds of households learn about their insurance eligibility or obtain insurance during SFY 21. Our website continued to get heavy traffic. We had over 8,000 page views on Medicaid Income limits. Our online Help Tool addresses some of the most popular questions posed to the HCA. It was used 944 times in SFY 21. The top issues were questions about Medicaid and Dental Services.

Our advocacy resulted in significant, tangible outcomes for Vermonters. HCA worked on the passage of H.430-Act-48, which will allow children and pregnant Vermonters to be eligible for Dr. Dynasaur coverage, without regard to their immigration status. We partnered with community stakeholders in this advocacy. The resulting legislation will provide essential care to a population of Vermonters who have been left out of many of the systems of care. The HCA is now working with DVHA and other stakeholders to implement the program and increase access to health care for these community members.

This year, we recognized the opportunities provided by the increased APTC offered under ARPA, and asked the legislature to consider dividing the small and individual groups for the 2022 plan year. The resulting decision to do so by the legislature will save small businesses over \$15 million dollars this year.

The HCA has long recognized the impact of medical debt on Vermonters. This year, in addition to the ongoing casework and the regulatory work, we engaged Vermonters directly to learn more about how medical debt impacts access to health care. We also wanted to reduce the stigma of medical debt and to bring these important stories to the health care policy discussions.

The HCA plays an important watchdog role. We represent the Vermont public on policies and matters related to health care and health insurance. Our policy advocacy and our individual advocacy inform each other. Our policy advocacy reflects the issues that consumers call us about. We know that affordability and access-to-care issues are real pressures impacting how Vermonters make decisions about their care.

The HCA produces quarterly reports in which we describe our policy and advocacy work with more details than are included in this report. We are proud of our activities and hope you will take the time to look at these reports as they are not fully summarized in this report. Please follow this link to get to the four *quarterly reports* for this fiscal year: <https://vtlawhelp.org/hca-reports>.

## Case Examples

These eight case examples demonstrate the kind of work we do:

### Elaine's Story

Elaine called the HCA because her entire family had been quarantining—and they needed to get a COVID-19 test. When she spoke to her provider, she found out that they did not have Medicaid coverage. The HCA advocate investigated and discovered that Elaine had applied and been approved for Medicaid and her children were approved for Dr. Dynasaur, but because of a glitch in the system, her coverage was not showing as active. The HCA advocate asked for the coverage to be expedited. VHC was able to get the coverage activated by the next day—and Elaine and her children were able to get their COVID-19 tests and ultimately get out of the quarantine.

### Jason's Story

Jason called the HCA because he was returning to college to complete his degree. He had no insurance, and his school was telling him that he needed to have proof of coverage before the start of the semester. The school plan cost nearly \$2,000 and had a limited network of providers. He needed some advice on whether he should enroll in that plan, which would mean more student loan debt. The HCA advocate investigated and found that Jason was eligible for Medicaid for Children and Adults. The advocate helped him complete the application. Jason was found eligible which meant that he did not need to enroll in the expensive student plan and take on more student loan debt.

### Richard's Story

Richard called the HCA because he needed help paying his Medicare premiums. He could not afford his monthly \$144.60 Part B premium, and he was told by the State of Vermont that he did not qualify for a Medicare Savings Program (MSP) to help pay for the premium. Medicare Savings Programs help pay for Part A and/or Part B premiums for eligible Vermonters. When the HCA advocate investigated, she found that Richard should have been found eligible for the MSP to help with his costs. Richard had been receiving \$600 per week in Pandemic Unemployment Compensation (PUC). The income had been counted when he applied for the MSP and was found ineligible. This income, however, should not have been counted for Medicaid or Medicare Savings Program eligibility. Even more importantly, Richard was no longer receiving the weekly PUC. The HCA advocate helped Richard re-apply, and he was found eligible for the MSP which meant that the State of Vermont will pay his Part B premium for him.

### Vivian's Story:

Vivian called the HCA because she was having trouble signing up for a plan on Vermont Health Connect (VHC). Vivian had lost her job and her employer-based insurance. That meant she had a special enrollment period to get a health plan on VHC. When she applied online, however, it said she was not

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eligible because she had Medicare. Vivian was only in her thirties and had never been on Medicare. The HCA contacted VHC and alerted it to this glitch. The HCA advocates had noticed multiple consumers having the same issue as Vivian. VHC discovered a software issue was causing it. They were able to resolve it, so Vivian was able to complete the application. She was found eligible for Advance Premium Tax Credit to help reduce her monthly premium and was able to enroll on the plan.

### **Ramona's Story**

Ramona was having trouble with her Medicare costs. She was paying over \$50 per month for her Part D plan, which covered her prescriptions. Unfortunately, Ramona called after the end of the annual open enrollment period for Part D. During the open enrollment, you can sign up for a different Part D plan. When the HCA advocate investigated the situation, she discovered that Ramona was eligible for VPharm, the state pharmacy assistance program. If she applied for VPharm, she would get help with her monthly Part D premium costs, and her prescription co-payments would be \$1 to \$2. Being enrolled in VPharm also includes a special enrollment period for a Part D plan. With the SEP, Ramona would be able to switch to a Part D plan that had a lower premium. The HCA advocate helped Ramona apply for VPharm—and she was approved for the program.

### **Bradley's Story**

Bradley had been injured in an accident and had gone to Urgent Care. But he found that he did not have any coverage, even though he was unemployed and had applied for Medicaid. When the HCA advocate investigated, she found that he had applied for Medicaid early in the winter when he lost his job. The application had not been completed, because Bradley did not have his former spouse's tax or income information. Their divorce was not final, but they lived separately and did not file taxes together. VHC did not screen Bradley for Medicaid at that time, even though he should have been screened as a household of one, and would have been eligible. The HCA advocate was able to get Medicaid reinstated back to the month Bradley first applied, and his bills from the Urgent Care visit were covered by Medicaid.

### **Phoebe's Story**

Phoebe called the HCA when she received a much higher premium bill than she was expecting. Phoebe expected the premium to be about \$100 per month, and instead her bill was for more than \$400. When she called VHC about it, they discovered the problem but told her it could not be changed for at least two months. She called the HCA because she could not afford the higher price in the meantime. The HCA advocate investigated and found that Phoebe had called VHC to report a drop in her income at the end of 2020. With the change in her income, her premium should have decreased but the change was never applied, which explained why Phoebe got the incorrect premium bill. The HCA advocate was able

to get the premium fixed back to January, which meant that Phoebe did not have to wait and could afford to pay the premium.

### **Camden's Story**

Camden called the HCA because he had lost his job and was without any coverage. He had missed his special enrollment period to sign up on Vermont Health Connect (VHC). If you lose employer coverage, you have a 60-day special enrollment period to enroll on a VHC plan, but you can apply for Medicaid at any time. Camden was over the income limit for Medicaid eligibility. VHC, however, has a new, temporary, special enrollment period for uninsured Vermonters that allows them to enroll outside of the Open Enrollment period. The HCA advocate advised Camden that he would be able to apply and enroll in a VHC plan. Camden was found eligible for Advance Premium Tax Credit (APTC) to help pay for the monthly premium. He enrolled in a bronze plan, so he could have coverage while he continued to look for a new job.

### **Accountability to Vermonters**

The satisfaction of our clients is extremely important to us. To monitor how consumers feel about the way we provide our services, we send a Client Satisfaction Questionnaire (CSQ) to every client on whose behalf we intervene directly. We try to contact every client who requests follow-up on the returned CSQ in order to resolve complaints or outstanding issues, but sometimes that is not possible due to high call volumes or challenges reaching the client.

Here is a sampling of the comments on this year's CSQs:

My advocate is the best. I had the best help ever! Thank you so much.

My Advocate was so wonderful. She was so patient and communicative, professional, and I felt so taken care of. Thank you!!

My advocate helped me get health care after three years of Vermont Health Connect online portal glitching and denying me health coverage which I qualified for.

I am so grateful for the help obtaining my son's diabetes supplies.

Very satisfied with every aspect. My advocate was very professional and kept me informed. Here's to living in Vermont!

My advocate was so kind and made me feel so relieved that my concerns were being addressed. She was very respectful.

My advocate made this challenging time and process move so smoothly and easily. I appreciate her empathy, expertise and professionalism! Thank you!

I have had trouble getting accurate information from Vermont Health Connect. My advocate is very knowledgeable about VHC and she did an excellent job explaining the confusing rules about income. My advocate also followed up with VHC to make sure that they had my tax material. I thank my advocate and Vermont Legal Aid for helping me with a confusing situation.

The help was excellent. Everything that was explained to me was clear and kind. Thank you for this amazing service!

My advocate was amazing, patient, kind to provide all the information. May god bless her for her support, She was kind from the beginning to the end.

I would like to thank you. I was denied health insurance last year and you made me get it this time. I am more than grateful for the health care advocate!

My advocate did an excellent job treating me with respect and dignity. I especially like how much time and energy he put into the case and for his truthfulness and support of me.

I was contacted very promptly and given clear information. Thank God! My advocate reached out to me several times of her own initiative to check out how I was moving through this. I was very impressed.

My advocate called me back quickly, was very knowledgeable and friendly. I am very happy that there is something like the Health Care Advocate because I did not know what else I could do.

My case was picked up very quick and my advocate never made me feel like I was in the wrong even though the company said I was. If my advocate hadn't helped as she did and been so persistent, my credit could have been ruined and collections would be ringing my phone.

I am very happy and satisfied [with] the outcome. I really want to mention the name [my advocate] who was dealing with my complicated case and worked about 7 months. She always explained very well, was very patient, always asked me if I have any questions. I totally enjoyed her / her professional work attitude / her personal energy: kind and thoughtful. She was the best: I trust her no matter what kind of outcome would come because I knew she did her best.

## Consumer Assistance

The HCA helps individuals navigate the complexities of health insurance and assists them with health care problems. We advise and assist Vermont residents, regardless of income, resources, or insurance status. Our services are free. As part of VLA, we are able to utilize the broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and provide information, advice, and referrals, or directly intervene to represent the individual.

One of our main goals is to help individuals get access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, who are uninsured, or who are about to lose their insurance. We give them information and advice about the insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with appeals.

Our cases can involve any type of insurance, including all commercial plans as well as public programs such as Medicaid, Dr. Dynasaur, and Medicare.

## Public Advocacy

Part of the HCA's statutory mandate is to act as a voice for Vermont consumers in health care policy matters and as their advocate before government agencies. Our individual cases inform our public policy and advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. We represent the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Act 48 of 2011 and Act 171 of 2012 require the Board to consult with the HCA about their policies and activities and how they impact consumers.

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## Key Projects

### Act 48

The HCA worked on the passage of H.430-Act-48, which will allow children and pregnant Vermonters to be eligible for Dr. Dynasaur coverage without regard to their immigration status. This will mean that these vulnerable Vermonters will be able to access preventive, routine, and emergency care as needed. The HCA is now working with DVHA and community partners to implement the program and increase access to health care for these Vermonters, with the goal of making the program as streamlined and easy to access for Vermonters.

### American Rescue Plan Act Outreach

The American Rescue Plan Act (ARPA) increases the amount of Advance Premium Tax Credit (APTC) most Vermont households are eligible for, which makes Vermont Health Connect (VHC) plans more affordable. It also removes the income eligibility cut-off for APTC, which makes some households newly eligible for APTC. Previously, households over 400% of the Federal Poverty Level were not eligible for any APTC. Additionally, it paid for COBRA subsidies for eligible employees, from April to September 2021. It also had additional benefits for households who received unemployment. The HCA collaborated with VHC on ARPA outreach and notices. We updated our website—and conducted virtual Town Halls on how the ARPA changes impacted Vermonters. We also produced educational videos about the ARPA changes. We reached hundreds of Vermont households, and we plan to continue our outreach and consumer education on ARPA into SFY22.

### Emergency Medicaid

Emergency Medicaid provides coverage for emergency care for Vermonters whose immigration status prevents them from being eligible for Medicaid. During our advocacy for Act 48, we gained some insights into how underutilized this program is here in Vermont. We are now working to make sure providers understand this program, and to increase its use for eligible Vermonters.

### Medical Debt Storytelling Project

The HCA has long recognized the impact of medical debt on Vermonters. This year, in addition to the ongoing casework and the regulatory work, we engaged in this new project to hear directly from Vermonters to learn more about how medical debt is impacting Vermonters.

This project serves to reduce the stigma and isolation that people experience when they owe medical debts beyond their ability to pay. Vermonters and their policymakers must understand that these debts

are related to structural problems in our health care system. Many families, even those with insurance, are exposed to unreasonable medical charges for preventive, routine, and emergency medical care, given their income.

This project included a significant amount of outreach to Vermonters through paid media, social media, community organizations, and legislators. We engaged Vermonters first through a simple survey. The main goal of this survey tool was to engage a broader set of Vermonters and to hear directly from them in their own words.

This project will continue with additional phases of more in-depth discussions with a smaller set of people to help us deepen our understanding of how Vermont households experience medical debt. We plan to share our findings publicly with Vermonters and the Legislature, as well as other major stakeholders in the health policy arena.

### **Vaccine Implementation Advisory Committee**

The HCA participated in the COVID-19 Vaccine Implementation Advisory Committee. The committee served in an advisory role to the Commissioner of Health. It was given the charge of assisting with four primary activities including: to identify and reach critical populations, promote COVID-19 vaccination, develop crisis and risk communication messaging, and to carry out the vaccine implementation. The HCA supported Governor Scott's decision to offer COVID Vaccines to Vermont's BIPOC communities who are at increased risk due to a long history of systemic racism that has resulted in unequal access to our health care system and other social determinants that increase their risks. We also joined with other members of the committee in recognizing substantial successes in getting a high percentage of Vermonters vaccinated.

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## **Consumer Assistance**

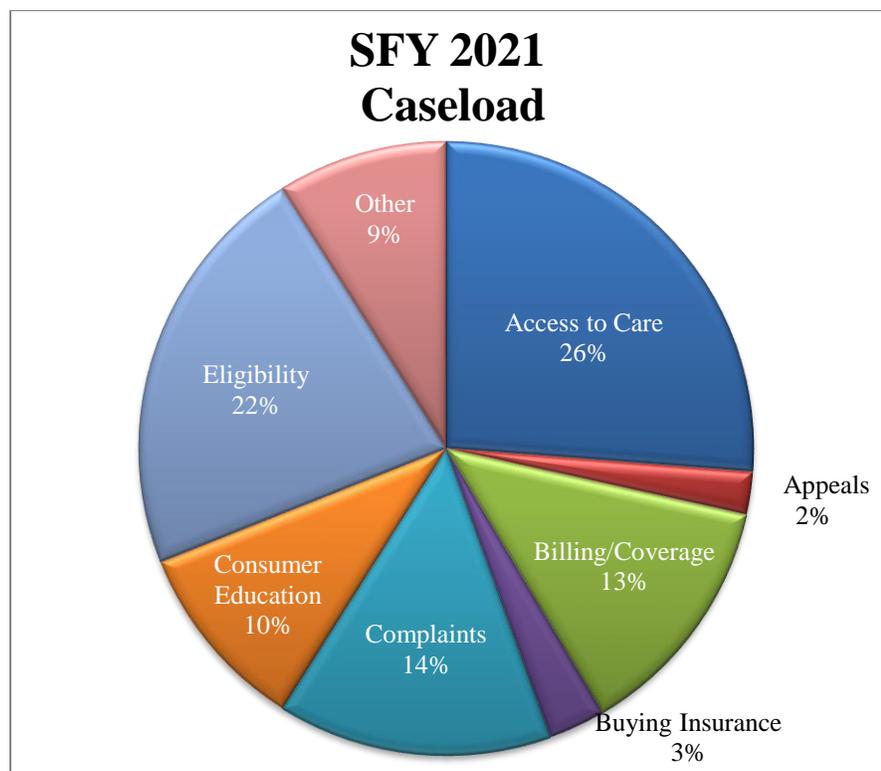
## Description of Caseload

In SFY 2021, we handled 3,081 calls to our statewide hotline, compared to 3,314 calls in SFY 2020 and 3,591 in SFY 2019. We closed 3,412 cases during this period and had 91 cases pending at the end of June 2020. A total of 595 (19%) of the calls were related to Vermont Health Connect, compared to 25% in the previous year.

We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility, and Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call, in order to avoid counting the same case more than once.

While there were slight changes in the percentage of cases in several categories, the overall distribution of issues remained roughly the same as last year as these numbers show:

- Eligibility (22% compared to 28%)
- Other (9% compared to 10%)
- Access to Care (26% compared to 24%)
- Billing and Coverage (13% compared to 10%)
- Consumer Education (10% compared to 12%), and
- Buying Insurance (3% both years).



The pie chart above illustrates the comparative volume of calls for each category. Details are provided in the descriptions below.

### ***Access to Care***

*Access to Care* involve cases where individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 808, compared to last year's total of 805. An additional 592 callers cited access issues as secondary to their primary problem.

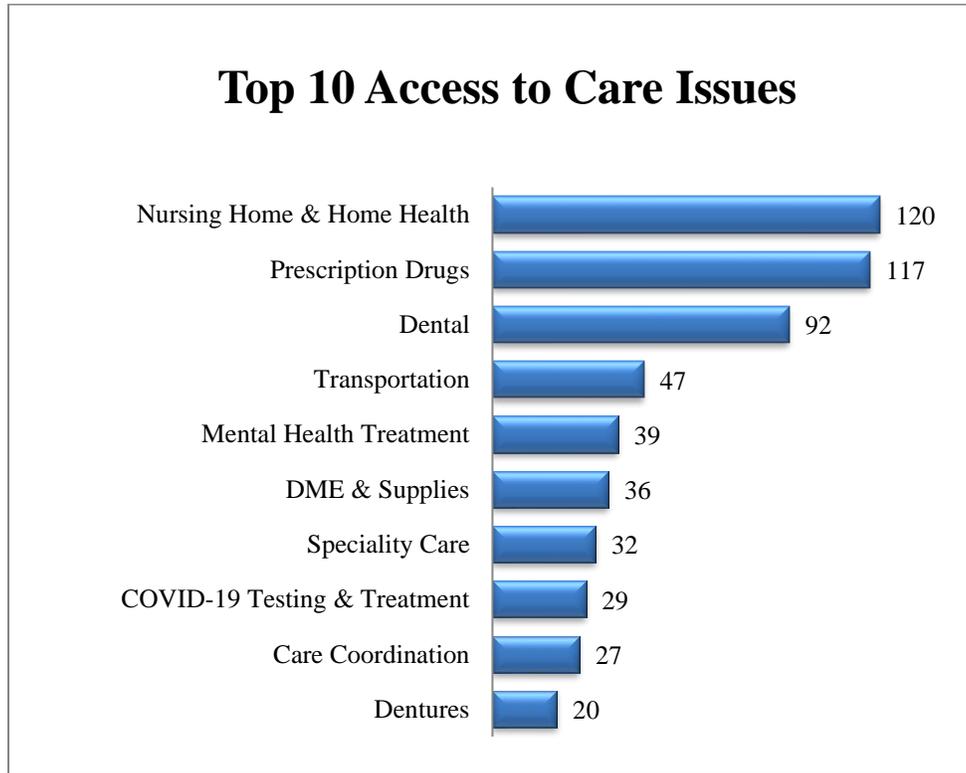
We track 49 subcategories in *Access to Care*.<sup>1</sup> The top four *Access to Care* issues were: Prescription Drugs (117 calls); Access to Nursing Homes and Home Health (120); and Dental (92 calls); and Transportation (47 calls). These four subcategories were the top four issues in SFY 20 also. We did see a significant increase in dental issues in SFY 21. Prescription access has been a top issue for several years. Access to prescription drugs impacts many different coverage groups including those who have private insurance, Medicare, or employer coverage.

The top ten issues on this year's *Access to Care* list are quite similar to those on last year's list. Care Coordination appeared on the list for the third year in a row. Specialty is again on the list, and dental care and access to dentures also continue to be issues that many Vermonters struggle with. Access to COVID testing and treatment is on the list for the first time.

Despite the fact that more Vermonters are insured, and a large proportion of Vermonters who purchased VHC plans qualified for cost-sharing reductions, many people find affordability to be a barrier to health care access. In SFY 21, we had 1,528 cases where consumers raised affordability issues.

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<sup>1</sup> In this fiscal year, we added the category "Provider Directory Problems" as a subcategory.



### ***Billing and Coverage***

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. In order to give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems, rather than providing direct intervention. Additionally, we enhanced the information on our website about resolving billing problems. In SFY 2021, we answered 402 calls in this category, compared to 439 last year.

We track 35 subcategories of *Billing and Coverage* calls.

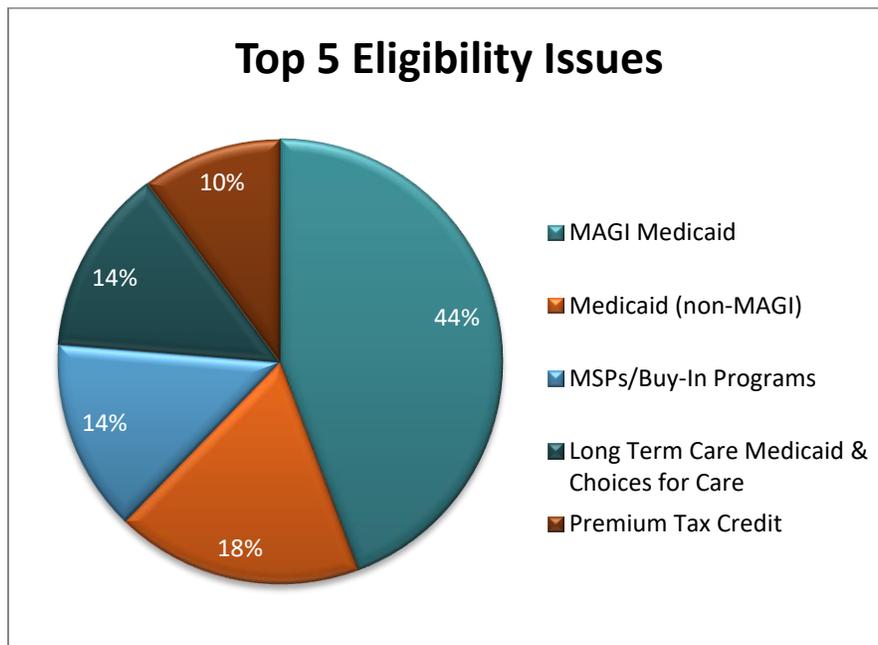
The number of calls about the top 5 issues compared to the number of calls last year were:

- Hospital Billing (61, compared to 41 last year)
- Premiums (53, compared to 58 last year)
- Balance Billing (42, compared to 50 last year)
- Claim Denials (33, compared to 35)
- Coordination of Benefits (30) and Coinsurance & Copayments (30)

**Eligibility**

Eligibility received the second most calls out of all the sub-categories. Eligibility was the primary issue for 681 callers, compared to 942 callers the previous year. An additional 1,486 callers named eligibility as a secondary issue, for a total of 2,167.

In SFY 21, the top eligibility issues remain similar. Eligibility for MAGI Medicaid, Medicaid (non-MAGI), and Medicare Savings Programs (MSP) remained in the top three.



- MAGI Medicaid (209, compared to 262)
- Medicaid-Non-MAGI (85, compared to 93)
- Buy-In Programs/MSPs (66, compared to 89)
- Long Term Care Medicaid (64, compared to 82)
- Premium Tax Credit, 48.

### ***Types of Coverage***

The HCA receives calls from Vermonters with all types of health insurance and from the uninsured. The chart below breaks down our calls by the caller's type of coverage. For SFY 2021, state health care programs included Medicaid FFS, Medicaid Managed Care, VPharm, and Healthy Vermonters. Commercial insurance comprised both individuals with small or large group coverage and those with individual coverage, including those who purchased Qualified Health Plans through Vermont Health Connect. In some cases, the caller's insurance status is not relevant to the problem, and the HCA does not ask for the information.

The breakdown this year, compared to the previous three years, is shown in the table below.

<b>Insurance</b>	<b>SFY 2021</b>	<b>SFY 2020</b>	<b>SFY 2019</b>	<b>SFY 2018</b>
State Programs	757 (25%)	772 (23%)	901 (25%)	883 (24%)
Commercial Insurance	456 (15%)	528 (16%)	639 (18%)	662 (18%)
Uninsured	214 (7%)	342 (10%)	306 (9%)	342 (9%)
Medicare	430 (14%)	546 (16%)	552 (24%)	569 (15%)
Dual Eligible <sup>2</sup>	236 (8%)	279 (8%)	294 (8%)	290 (8%)
Dental	5 (<1%)	6 (<1%)	7 (<1%)	6 (<1%)
Other	114 (4%)	114 (3%)	78 (2%)	104 (3%)
Irrelevant/Unknown	868 (28%)	727 (22%)	782 (22%)	874 (23%)

When beneficiaries who are Dual Eligible (236) or have VPharm coverage (28) are added into the Medicare total (430), about 23% of the calls were from Medicare beneficiaries in SFY 2021.

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<sup>2</sup> Dual Eligible means a beneficiary who is eligible for both Medicaid and Medicare.

### ***Vermont Health Connect Calls***

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013. Vermonters seeking subsidies (premium assistance and cost-sharing reductions) must purchase plans through VHC. However, individuals who are not eligible for premium assistance can now enroll in VHC Qualified Health Plans (QHPs) directly through the carriers, as small businesses do.<sup>3</sup>

In SFY 2021, 595 (19%) of the calls received by the HCA were related to Vermont Health Connect. This is a decrease from the proportion in SFY 2020 when 25% calls related to Vermont Health Connect. During the COVID pandemic in SFY 2021, Vermont Health Connect was not closing Medicaid or doing Medicaid renewals, which impacted the VHC call volume. Overall, VHC calls have dropped significantly in the last five years. The overall VHC numbers reflect that the system is functioning better and that problems are being resolved more quickly.

### ***Resolution of Calls***

In SFY 2021, the HCA closed 3,053 cases compared with 3,408 cases last year. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In SFY 2021, the HCA saved consumers \$407,913.05.

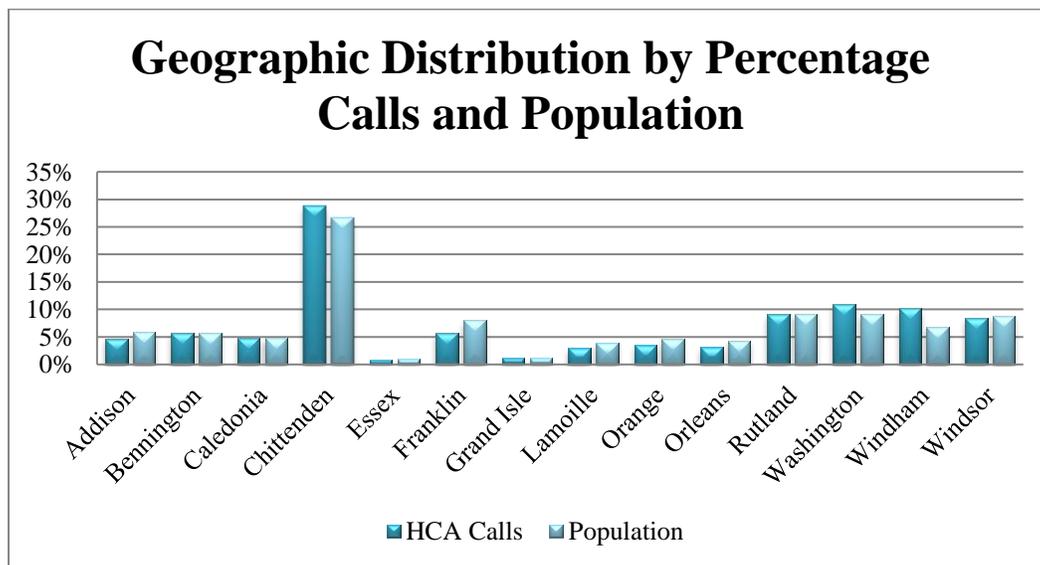
<b>Outcome Summary</b>	<b>SFY 2021</b>	<b>SFY 2020</b>	<b>SFY 2019</b>
Advice or Education	1,736	1,908	1,991
Assisted with Application for	20	31	43
Bill Written Off	23	22	41
Claim Paid as a Result of HCA	11	12	30
Client Not Eligible for Benefit	14	47	39
Client Responsible for Bill	50	64	55
Estimated Eligibility for Insurance	209	206	232
Got Client onto Insurance	99	269	235
Obtained Coverage for Services	45	66	95
Other Access/Eligibility Outcome	252	268	306
Other Billing Assistance	87	75	78
Hospital Patient Assistance Provided	3	11	10
Prevented Termination or Reduction	17	50	58

<sup>3</sup> The HCA only provides help to individuals. We do not assist small businesses.

Reimbursement Obtained	8	14	15
Service Excluded Under Contract	6	15	5
Service Not Medically Necessary	2	2	2
Other Outcome	460	348	351
<b>Grand Total</b>	<b>3,042</b>	<b>3,408</b>	<b>3,586</b>

**Geographic Distribution of Calls**

The HCA provides services statewide. While proportions varied in some counties, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows the percentage distribution of calls the HCA received in SFY 2021 compared with the general population distribution (based on 2020 census information).



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## Public Advocacy

SFY 2021 was another busy and productive year for the HCA's public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital and ACO budget reviews, certificate of need proceedings, and numerous other meetings and activities.

The HCA also actively participated in other systemic advocacy activities including bringing a consumer voice to legislative policy considerations and being a consumer-focused resource for legislators. The HCA tracks any changes to Federal and State rules including the eligibility and enrollment rules (HBEE), Medicaid covered services rules (HCAR), and rules governing Association Health Plans. We continued our advocacy for greater access to hepatitis C treatment in the department of corrections. The HCA also edited multiple health care notices to make them more readable and understandable. We participated in health care tax advocacy for individuals and on a systemic level. The HCA participated in numerous other public commissions and boards.

The HCA engaged in a number of outreach and public education activities, partnering with various community organizations to get the word out about issues that consumers need to be mindful of when accessing insurance and health care, as well as information about the services that the HCA has to offer to Vermonters who need an advocate's assistance. These outreach activities included significant focus on health care-related tax issues as well as eligibility, and communications focused on helping Vermonters understand and manage the exchange marketplace.

All of the details of the HCA's public, administrative, outreach and other activities was reported upon in detail in the four quarterly reports that make up SFY 2021. These quarterly reports can easily be found at the following link: <https://vtlawhelp.org/hca-reports>.

## Coordination

The HCA works closely with the Long Term Care Ombudsman Project and other VLA attorneys. In addition, we coordinate our efforts with many consumer and advocacy groups and other organizations that are working to expand access to health care. The HCA worked with the following organizations on consumer-oriented initiatives during this fiscal year:

- American Civil Liberties Union of Vermont
- Bennington Free Clinic
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Dartmouth Institute for Health Policy & Clinical Practice

- Families USA
- Health Policy Institute, Georgetown University
- Healthcare Value Hub
- IRS Taxpayer Advocate Service
- MVP Health Care
- NHelp, National Health Law Program
- OneCare Vermont
- Out in the Open (formerly Green Mountain Crossroads)
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- Rutland County Free Clinic
- Rutland Regional Medical Center
- SHIP, State Health Insurance Assistance Program
- University of Pennsylvania Leonard Davis Institute of Health Economics
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Defender General’s Prisoners’ Rights Office
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers’ Center You First

## Health Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 160 pages of consumer-focused health information maintained by the HCA. The health section also provides easy access to an online intake form that allows Vermonters across the state to submit a request for assistance 24/7.

HCA advocates work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

### **We've continued to see a high level of website traffic due to the COVID-19 emergency.**

The top 12 health pages in SFY2021 were:

- Medicaid Income Limits (8,172 pageviews — ↑16% over last year)
- Health Home Page (6,083 — ↓5%)
- Medicaid (1,803 — ↓10%)
- Dental Services (2,745 — ↑74%)
- Services Covered by Medicaid (1,804 — ↑47%)
- Medicaid Resource Limits (1,447 — ↑23%)
- Medicare Savings Programs (1,572 — ↑52%)
- Long-Term Care (1,456 — ↑55%)
- Medicaid, Dr. Dynasaur & Vermont Health Connect (1,237 — ↑28%)
- HCA Online Help Request Form (1,246 — ↑1%)
- Advance Directive Forms (1,067 — ↑74%)
- Advance Directives (985 — ↑60%)
- Vermont Choices for Care (946 — ↑74%)

## PDF Downloads

Of the list of unique documents that were downloaded from the entire VTLawHelp website, about 23% were on health topics. The advance directive forms were downloaded significantly more this year compared to last year.

The top health-related downloads were:

- Advance Directive Short Form (downloaded 664 times)
- Advance Directive Long Form (421)
- Vermont Dental Clinics Chart (94)
- Vermont Medicaid Coverage Exception Request Standards (74)
- Long-Term Care – Know Your Rights (67)

- Fair Hearing Steps (39)
- How to Get Durable Medical Equipment Through VT Medicaid (29)
- Hospital Financial Assistance Fact Sheet (24)

The Advance Directive Short Form ranks 2nd among all PDF downloads on the VTLawHelp.org website. The Advance Directive Long Form ranks 5th and the Vermont Dental Clinics Chart ranked 15th. These were the top health-related downloads last year as well.

### Online Help Tool

We have a Health section in the online help tool on our website. It is found at [https://vtlawhelp.org/triage/vt\\_triage](https://vtlawhelp.org/triage/vt_triage) and it can be accessed from most pages of our website.

The website visitor answers a few prompts to get to the health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a different way to access helpful information — at all hours of the day and night. The website user can also call the HCA or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information **944 times** this year – about the same as last year. Of the 74 health care topics that were accessed using this tool, the top topics were:

- Medicaid - I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- Dental Services - I need help finding a low-cost dentist and paying for dental care.
- Medicaid - I have questions about my Medicaid coverage.
- Dental Services - I need help with dentures.
- Complaints - I want to file a complaint against a doctor or hospital.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).

**Vermont Legal Aid, Inc.**  
HCA ANNUAL REPORT SFY 2021

**CONTRACT INCOME** **\$1,457,406**

**CONTRACT EXPENDITURES**

**Personnel**

Project Director	\$82,214
Attorneys and Health Care Policy Analyst	224,886
Lay Advocates and Para-Professional Staff	343,773
Management and Support Staff	196,182
Other (Fringe Benefits)	<u>314,489</u>
Total Personnel	1,165,547

**Other Direct Costs**

Office Operations	80,373
Project Space	74,015
Other	<u>17,216</u>
Total Other Direct Costs	171,603

**Purchased Services**

Legal Services Vermont (formerly Law Line) Subcontract	70,763
Professional Services	<u>15,888</u>
Total Purchased Services	86,650

**CONTRACT EXPENDITURES** **\$1,423,801**

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**Attachment A****Health Care Advocate Statutory Duties****Current Duties****Title 18: Health****Chapter 229: Office of the Health Care Advocate****§ 9602. Office of the Health Care Advocate; composition**

- Chief must have expertise in the fields of health care and advocacy
- May employ legal counsel, admin staff, and other employees and contractors as needed

**§ 9603. Duties and authority**

The HCA shall:

- Assist health insurance consumers with health insurance plan selection
- Accept referrals from Vermont Health Connect and navigators
- Help consumers understand their rights and responsibilities under health insurance plans
- Provide information to the public, agencies, legislators, etc. regarding problems and concerns of health insurance consumers and recommendations for resolving problems and concerns
- Identify, investigate, and resolve complaints on behalf of health insurance consumers, and assist consumers with filing and pursuit of complaints and appeals
- Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to patients and health insurance consumers
- Facilitate public comment on laws, rules, and policies, including those of health insurers
- Suggest policies, procedures, or rules to the Board to protect consumers' interests
- Promote the development of citizen and consumer organizations
- Annual report on activities, performance, and fiscal accounts

The HCA may:

- Review the health insurance records of a consumer who has provided written consent
- Pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer or group of consumers
- Represent the interests of Vermonters in cases requiring a hearing before the Board

**§ 9604. Duties of State agencies**

- State agencies shall comply with reasonable requests from the HCA for information and assistance

**§ 9605. Confidentiality**

- HCA cannot disclose the identity of a complainant or individual without consent

**§ 9606. Conflicts of interest**

- HCA, employees, and contractors cannot have any conflict of interest including direct involvement in licensing, certification, or accreditation of a health care facility; ownership interest or investment in, employment or compensation by, or management of, a health care facility, insurer, or provider

**§ 9607. Funding; intent**

- The HCA shall specify in its annual report its expenditures including the amount for actuarial services
- The HCA shall maximize the amount of federal and grant funds available to support the HCA

**Title 18: Health****Chapter 043: Licensing Of Hospitals****§ 1911a. Notice of hospital observation status**

- Hospital notices of observation status must include statement that the individual may contact the Office of the Health Care Advocate and contact information for the HCA

**Title 08: Banking and Insurance****Chapter 107: Health Insurance****Subchapter 001: Generally****§ 4062. Filing and approval of policy forms and premiums**

- The HCA may within 30 calendar days after the Board receives an insurer's rate request submit to the Board suggested questions regarding the filing for the Board to provide to its actuary
- The HCA may submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.
- The HCA may appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

**Title 18: Health****Chapter 220: Green Mountain Care Board****Subchapter 001: Green Mountain Care Board****§ 9374. Board membership; authority**

- The Board shall seek advice from the HCA
- The HCA shall advise the Board regarding policies, procedures, and rules
- The HCA shall represent the interests of Vermont patients and Vermont consumers of health insurance and may suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests

**§ 9377. Payment reform; pilots**

- The Board shall convene a broad-based group of stakeholders, including the HCA, to advise the Board in developing and implementing pilot projects and to advise the Board in setting policy goals

**Title 18: Health****Chapter 221: Health Care Administration****Subchapter 005: Health Facility Planning****§ 9440. Procedures**

- The HCA may participate in any administrative or judicial review of a certificate of need application and shall be considered an interested party upon filing a notice of intervention with the Board

**§ 9445. Enforcement**

- If any person offers or develops any new health care project without first having been issued a certificate of need or certificate of exemption the HCA may maintain a civil action to enjoin, restrain, or prevent such violation

**Title 33: Human Services****Chapter 018: Public-private Universal Health Care System****Subchapter 001: Vermont Health Benefit Exchange****§ 1805. Duties and responsibilities**

- VHC must refer consumers to the HCA for assistance with grievances, appeals, and other issues

**§ 1807. Navigators**

- Navigators must refer any enrollee with a grievance, complaint, or question regarding his or her health benefit plan, coverage, or a determination under that plan or coverage to the HCA and any other appropriate agency

**Title 33: Human Services****Chapter 004: Department of Vermont Health Access****§ 402. Medicaid and Exchange Advisory Committee**

- One-quarter of the members of the MEAB shall be advocates for consumer organizations

**Act 113 of 2016****18 V.S.A. chapter 227 is added to read:****Chapter 227: All-Payer Model****§ 9551. All-Payer Model**

- In order to implement an all-payer model, the Board and Agency of Administration shall ensure, in consultation with the HCA, that robust patient grievance and appeal protections are available

**18 V.S.A. § 9382 is added to read:****§ 9382. Oversight of Accountable Care Organizations**

- To be certified by the Board, ACOs must offer assistance to health care consumers, including providing contact information for the HCA and sharing de-identified complaint and grievance information with the HCA at least twice annually
- In the Board's review of budgets of ACO(s) with more than 10,000 attributed lives in VT, the HCA may receive copies of all materials, ask questions of Board employees, submit written questions to the Board that the Board will ask of the ACO in advance of any hearing, submit written comments for the Board's consideration, and ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review
- The HCA shall not disclose further any confidential or proprietary information provided to the HCA in the ACO budget review process

**S. 243****§ 4255. Controlled Substances and Pain Management Advisory Council**

- The Controlled Substances and Pain Management Advisory Council shall include a representative of the HCA

**S. 255****18 V.S.A. § 9456(d) is amended to read:**

- The HCA shall have the right to receive copies of all materials related to the hospital budget review and may:
  - Ask questions of Board employees
  - Submit questions to the Board that the Board will ask of hospitals in advance of any hospital budget review hearing
  - Submit written comments for the Board's consideration
  - Ask questions and provide testimony in any hospital budget review hearing
- The HCA shall not further disclose any confidential or proprietary information provided to the HCA

**18 V.S.A. § 9414a is amended to read:****§ 9414a. Annual Reporting by Health Insurers**

- DFR and the HCA shall post on their websites links to the standardized form completed by each health insurer

## Other Duties

The HCA is also often asked to participate in task forces, councils, and work groups when the Legislature mandates state agencies to create them. While these are not statutory duties for the HCA, they are essentially required.

### Office of the Health Care Advocate

Vermont Legal Aid  
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Burlington, Vermont 05401  
800.917.7787

*<https://www.vtlegalaid.org/health>*