
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
April 1-June 30, 2024
to the
Agency of Administration
submitted by
Michael Fisher, Chief Health Care Advocate
Office of the Health Care Advocate

July 21, 2024



Summary and Update

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board (GMCB), state agencies and the state legislature. The HCA Helpline now has eight advocates working to resolve issues and answer questions.

The HCA opened 778 cases this quarter (901, the previous quarter). During the quarter, Medicaid eligibility was again the top issue (103 calls), and our website had 1352 pageviews to our Medicaid eligibility page. We also advised 13 households on eligibility appeals regarding Medicaid and other state health care programs. In the appeal cases, the consumer's health coverage has been closed or reduced, or they have been found ineligible for a program. We give advice on the eligibility rules and the appeals process. We also received a considerable number of calls from Vermonters having issues getting prescription medication (37), and from those who had complaints about their medical providers (61). The complaints about providers covered a wide range of issues including the provider not being responsive or not adequately addressing the patient's medical issues.

This past biennium, the HCA's main legislative priority was to increase the eligibility for a Medicaid funded program that wraps around Medicare for lower income Vermonters called the Medicare Savings Program (MSP). After a year of educating legislators, a storytelling effort in the fall to amplify the voices of Vermonters and an active 2024 session, we were successful in pushing the Legislature and State Government to take an especially important step to expand the MSP. As early as January 1, 2026, Vermont will extend eligibility for its Medicare Savings Program (MSP) to an estimated additional **11,863 Vermonters at an estimated annual savings & benefits of \$48.1 Million for these Vermonters**. This benefit should extend to individuals with income up to \$29,367 and married couples with income up to \$39,874 per year.

The MSP provides a crucial lifeline for older adults and people living with a disability, allowing them to afford health care and keep more of their hard-earned Social Security income to spend on basic needs like housing, food, and medicine. We spoke to 244 households on Medicare this quarter. We provided consumer education on enrolling on Medicare to over twenty of those household, and we advised over sixty of the households on programs that can reduce Medicare costs such Medicare Savings Programs, Medicaid for Aged, Blind and Disabled, VPharm and Low-Income Subsidy. We also had 564 pageviews of our pages on Medicare Savings Programs.

Ruby's Story

Ruby called the HCA because she had not gotten her insurance cards in the mail. She had recently left her job where she had employer insurance and had signed up for a VHC plan. But when the HCA advocate researched the missing cards, she found that Ruby had not actually enrolled on an individual plan with VHC. She had accidentally purchased a "scam" plan, which made itself look like health insurance but was not. To enroll on an individual plan in Vermont, you can enroll through VHC or through the two carriers, BC/BS or MVP. Ruby had enrolled on plan that was making itself look like an individual plan and had already paid one premium. It would not have covered Ruby's medical costs. Thankfully, this was discovered before Ruby needed medical care. The HCA advocate explained that leaving her employer insurance created a special enrollment period on VHC. The HCA advocate helped her apply on VHC. She was found eligible for subsidies to help with the premiums and was able to get on an actual individual plan. The HCA also helped Ruby report the scam insurance with hopes of protecting other Vermonters.

The HCA continued its work on developing educational tools for hospitals and consumers in preparation for the implementation of the new Financial Assistance Policy statute (Act 119). The changes include new definitions of residency and income. Under the law, people who have incomes under 250% of the Federal Poverty level will get a 100% discount from charges, and people with income between 250% FPL and 400% FPL will have a minimum of a 40% discount from charges. The HCA has been hard at work over the last year attempting to assist hospitals in complying with the new law. The HCA advocates completed an internal training on Act 119, so they will be prepared to help Vermonters access help under the new law. We talked to ten households about patient financial assistance and another eight about hospital billing, and our webpage on Financial Assistance had 281 views, and moved into the top twenty webpages this quarter.

This quarter HCA also continued its work on Silver alignment for Open Enrollment 2025. Silver alignment is a change to how Silver plans on VHC are valued. For APTC eligible consumers, the net result from this change will mean they will be eligible for more APTC and have increased buying power for gold and platinum plans on VHC. The gold and platinum plans have lower deductibles and cost-sharing. It is estimated that the improvement could be worth as much as **\$40 million of increased subsidies and increased buying power** for Vermonters. With the increased APTC many households could even move to premium free gold plans. The HCA has started meeting with VHC and other stakeholders to develop a plan to educate consumers about the impact of these changes. During this quarter, we had meetings with DVHA and other stakeholders, to specifically develop a communication plan. The HCA also provided feedback for some consumer notices. The HCA also advocated for mapping some VHC consumers on silver plans, to higher value gold plans. Because of the change this year, the gold plans will be less expensive than the silver ones. By mapping some of the consumers, it will ensure that they can take advantage of increased APTC this year.

Case Stories:**Taylor's Story:**

Taylor called the HCA because her Social Security check was suddenly smaller. She had discovered that her Medicare Part B premium payment (\$174.70) was being deducted from her check. She had been on a Medicare Savings Program that had been paying for the Part B premium every month but had no idea why the program had ended. Medicare Savings Programs help with Medicare costs by paying for premiums and in some cases, cost-sharing. The HCA advocate started to investigate why Taylor's MSP had been closed. Taylor had been on the MSP that paid for both the Medicare Part B premium and cost-sharing, and her income had not changed. After doing some research, she found that Taylor's MSP had been closed in error. Taylor had completed an eligibility review earlier in the year, but the review paperwork had arrived slightly after the deadline. This meant that her coverage had closed, but VHC had attempted to reinstate the MSP a couple days later when it received the review paperwork. However, Taylor's MSP had not been fully reinstated because of a glitch in the system. The HCA advocate was able to get the MSP reinstated. She also explained to Taylor that she would be refunded the Part B premiums that were taken out of her Social Security when she should have been on the MSP.

Lorenzo's Story:

Lorenzo called the HCA because his Medicaid had closed, and he was not sure what to do next. The HCA advocate discovered that Lorenzo was slightly above the Medicaid limit. He also had an offer of employer sponsored insurance. But Lorenzo could not afford to pay the insurance premiums and afford to pay his rent and other bills. Because he had an affordable offer of employer insurance, he was not eligible to get a VHC plan with subsidies. If you have an offer of affordable health insurance, you are ineligible to get subsidies. Whether a plan is considered affordable or not depends on the costs of the premiums and your household income. Even though the plan was "affordable" under the law, Lorenzo could not afford it. Lorenzo was considering going without insurance coverage. But the HCA advocate looked at his income again. She found that he could lower his countable income for Medicaid by making a small monthly contribution to his (401) (K) plan at work. The contribution was less than the monthly premium for his employer insurance. Medicaid eligibility is based on your taxable income, and Lorenzo could reduce the income that Medicaid counted each month, and also, he increased his retirement savings. By making these contributions, Lorenzo was able to apply to Medicaid and was found eligible again.

Novak's Story:

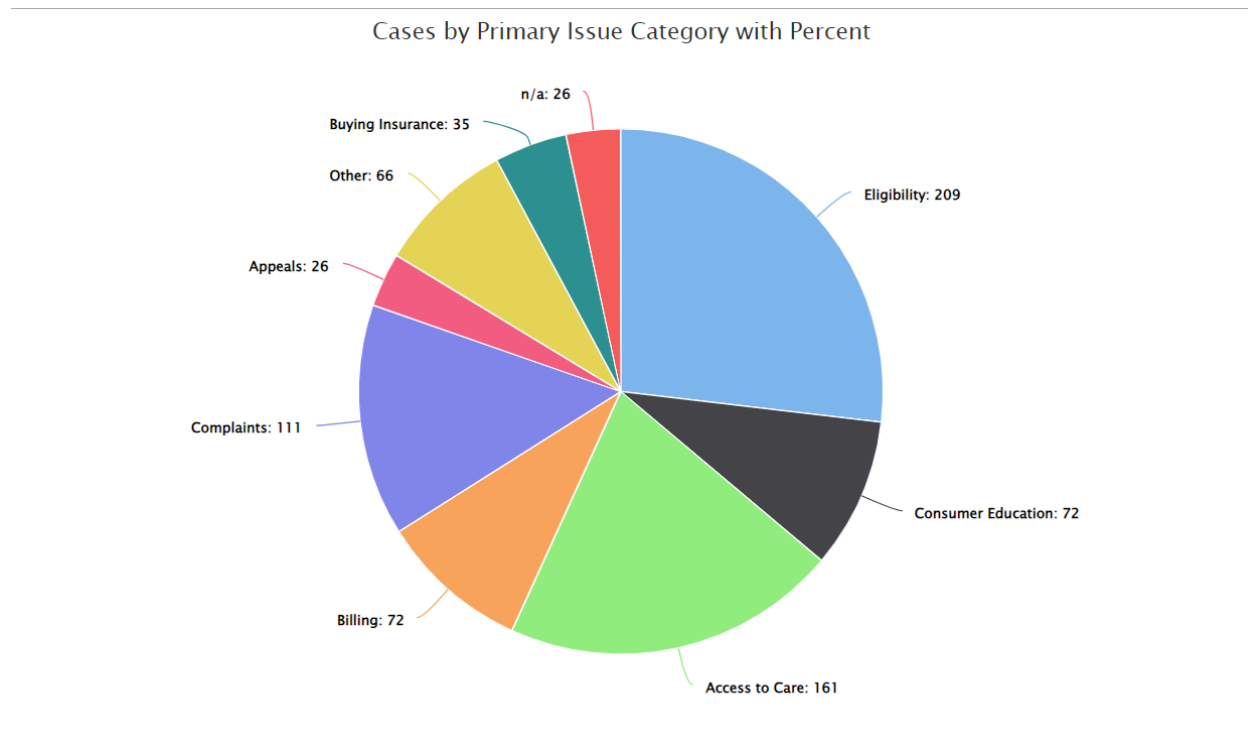
Novak called because he wanted to reduce his hours at work, but he was worried about the impact on his insurance coverage. Novak was working full-time and on employer sponsored insurance (ESI), but he was hoping to reduce his hours to three days a week. This reduction would mean he no longer qualified for his employer coverage. The HCA advocate explained that when Novak's employer coverage ended, he would have a special enrollment period to get on a VHC plan. He would have 60 days to enroll, and he would be able enroll so he would not have a gap in coverage between his ESI and VHC plans. She then reviewed Novak's eligibility for subsidies based on his reduced income. Novak was eligible for substantial APTC and planned to use the APTC to enroll on a gold VHC plan. VHC plans have metal levels from bronze to platinum. The gold and platinum plans have lower cost-sharing costs. After learning of his eligibility for a special enrollment plan and APTC, Novak felt confident in going forward with his plan to reduce his work hours.

Overview

The HCA assists consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help (<https://vtlawhelp.org/health>). We have a team of advocates located in Vermont Legal Aid’s Burlington office that provides this help to any Vermont resident free of charge, regardless of income.

Primary Issue

The HCA received 778 calls this quarter. We assign cases a primary issue, depending on the nature of the legal issue. Normally, we have more Eligibility and Access to Care cases than the other issues, and that was true this quarter, with those two areas making up nearly half of all HCA calls. The “Other” primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues Callers’ primary issue category.



Insurance Type:

The HCA also tracks its callers by insurance category. We do not collect insurance information for every case because sometimes it is not always relevant to the caller’s issue. This quarter DVHA and Medicare cases made up over half of all the cases. (444 of 788 cases).

Number of Cases by Insurance: April 1 to June 30, 2024.

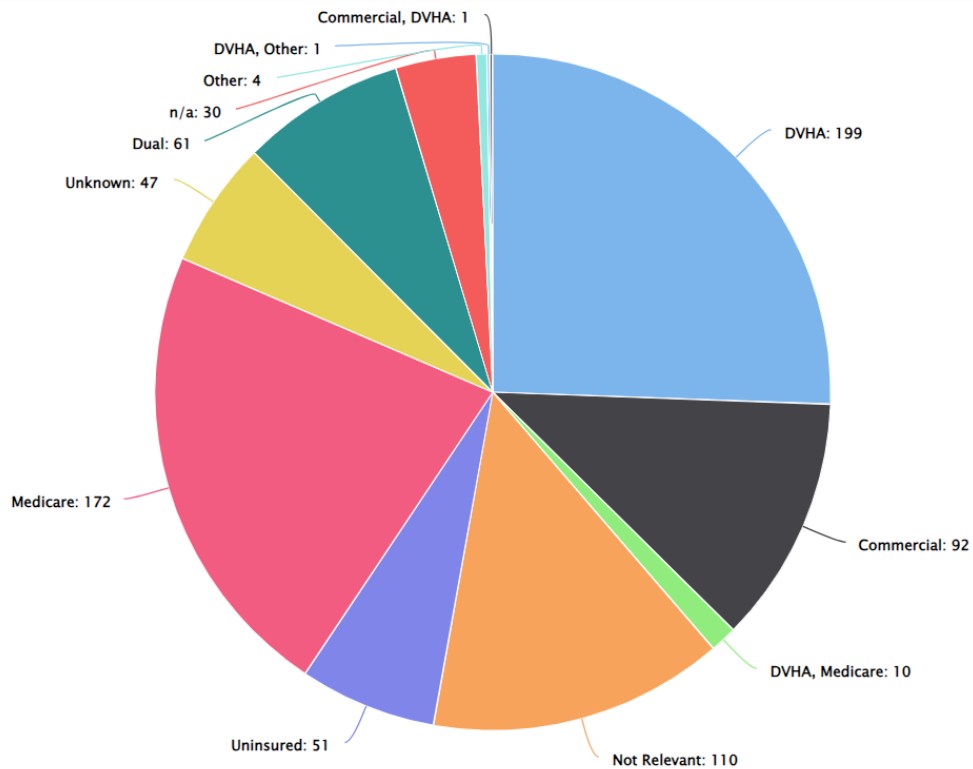


Table: Top Ten Primary Issues: April 1 to June 30, 2024**All Cases: 778****All Cases: Top Ten Primary Issues**

1. Eligibility for MAGI Medicaid 68
2. Provider Complaints 61
3. Access to Care Prescription Drugs 37
4. Eligibility for non-MAGI Medicaid 35
5. Hospital Complaints-30
6. Access to Dental Care-30
7. Buying Insurance 22
8. Consumer Education Medicare 19
9. Consumer Education Applying for DVHA programs 17
10. Appeals Fair Hearings Covered Services 13

DVHA Cases: total of 211 of 788 total cases**Top Five Primary Issues**

1. Eligibility for MAGI Medicaid 41
2. Provider Complaints 16
3. Access to Prescription Drugs 11
4. Access to Dental 11
5. Complaints Hospital 9

Uninsured Cases: total 51 out of 788 cases

1. To Eligibility for MAGI 15
2. Buying Insurance 11
3. Eligibility for Special Enrollment Period 3

Commercial Cases: total of 93 out of 788 cases**Top Three Primary Issues**

4. Eligibility Premium Tax Credit 7
5. Buying Insurance 6
6. Eligibility for MAGI Medicaid 5

Overall Cases Resolution

HCA tracks how it resolves its cases. A complex intervention means that the Advocate spent more than two hours on the case. A direct intervention means that the HCA Advocate made at least one call on behalf of the client.

Case Outcomes April 1 to June 30, 2024

Brief Analysis and or Advice	391
Direct Intervention	58
Complex Intervention	55
Brief Analysis and or Referral	212
Inquiry Answered During Initial Call	1
Duplicate Case	13
Other	7
Client Withdrew	0

Highlights of HCA

During this quarter, we provided 544 households with consumer education. We helped 39 households estimate their eligibility for insurance or get onto coverage. We assisted 12 households with their health care applications. We helped with 9 applications for the Immigration Health Insurance Plan. We saved consumers \$161,168 this quarter.

Consumer Protection Activities

Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. The Board decided on two premium price change requests during the quarter from April 1, 2024, through June 30, 2024. Six premium price change requests were pending at the close of the quarter.

On May 9, 2024, the Board issued a Decision and Order related to the 2024 Blue Cross and Blue Shield of Vermont (BCBSVT) Large Group Filing. BCBSVT requested a price increase of 8.4% for this block of business, which the Board approved without modification. On May 29, 2024, the Board issued a Decision and Order related to the 2024 CIGNA Health and Life Insurance Company Large Group filing. CIGNA requested a 9.6% premium price increase for this book of business. The Board approved a 5.3% increase. The HCA appeared on behalf of Vermonters in these matters and took all appropriate actions to represent the best interests of Vermonters.

There were six premium price change requests pending at the close of this quarter. Four of these pending filings are the 2025 Vermont Health Connect (VHC) filings: the 2025 BCBSVT Small Group VHC filing (BCBSVT Small Group); the 2025 BCBSVT Individual Group VHC filing (BCBSVT Individual); the 2025 MVP Small Group VHC filing (MVP Small Group); and the 2025 MVP Individual Group VHC filing (MVP Individual). The BCBSVT Small Group filing impacts roughly 22,018 Vermonters and BCBSVT is requesting an average premium price increase of 22.2% for this book of business. The BCBSVT Individual filing impacts roughly 23,164 Vermonters and BCBSVT is requesting an average premium increase of 19.3% for this book of business. The MVP Small Group filing impacts roughly 15,027 Vermonters and MVP is requesting an average premium increase of 11.2% for this book of business. The MVP Individual filing affects roughly 10,616 Vermonters and MVP is requesting an average premium price increase of 12.6% for this book of business. The HCA has appeared on behalf of Vermonters in all four of these matters and will file all appropriate memoranda and other documents. In addition, the HCA will appear at the hearings on these matters to question the carriers' witnesses and provide affirmative testimony in its role representing the interests of Vermonters in proceedings before the Board.

The two other premium price change requests pending at the close of the quarter are the BCBSVT Association Health Plan filing and the BCBSVT Large Group Unit Cost Trend filing. The HCA has appeared in both matters and will continue to take all appropriate actions to represent the best interests of Vermonters in the matters.

Hospital Budgets

The HCA is preparing to review hospital budget submissions for the FY25 year once they are submitted on July 8th. The HCA is also participating in state-wide discussions focused on hospital sustainability and transformation as a part of Act 167.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. The HCA submitted a written public comment in support of UVM Medical Center's Outpatient Surgery Center (MCB-004-23con) pursuant to conditions focused on ensuring affordability and access. The HCA also submitted questions as an interested party in the CON application for Southwestern Vermont Medical Center, Development of Adolescent Inpatient Medical Health Unit (GMCB-014-23con). We continue to actively monitor certificate of need applications as they are submitted and assert party status when the interests of Vermonters are clearly impacted.

Oversight of Accountable Care Organizations

The HCA is currently reviewing, preparing questions and feedback for the GMCB as we begin reviewing the FY25 budgets for Medicare-only ACOs operating in Vermont or that plan to operate in Vermont in the upcoming fiscal year.

Additional Green Mountain Care Board and other agency workgroups

The HCA attended the GMCB's weekly board meetings, monthly Data Governance meetings and several other legislatively established workgroups focused on affordability and access.

Global Budget Technical Advisory Group

The HCA is a member of the Global Budget Technical Advisory Group convened by the GMCB and the Agency of Human Services. This group met three times this quarter exploring the technical aspects of global budgets and numerous decisions that Vermont must make if it is to pursue this option with CMS. We learned officially this quarter that CMS is particularly interested in building on Vermont's existing payment reform model.

The Medicaid and Exchange Advisory Committee

The Advisory Committee met three times this quarter. The content of this quarter's meetings included an ongoing focus on the Medicaid redetermination process, presentations and discussions on the Global Commitment Waiver, weight loss drug coverage, Advisory Committee Budget recommendations, the Health Benefit Eligibility and Enrollment rules revisions and Silver Boosting.

Legislative Advocacy

Medicare Savings Program (MSP)

This past biennium, the HCA's main legislative priority was to increase the eligibility for a Medicaid funded program that wraps around Medicare for lower income Vermonters called the Medicare Savings Program (MSP). After a year of educating legislators, a storytelling effort in the fall to amplify the voices of Vermonters and an active 2024 session, we were successful in pushing the Legislature and State Government to take a very important step to expand the MSP. As early as January 1, 2026, Vermont will extend eligibility for its Medicare Savings Program (MSP) to an estimated additional **11,863 Vermonters at an estimated annual savings & benefits of \$48.1 Million for these Vermonters**. This benefit should extend to individuals with income up to \$29,367 and married couples with income up to \$39,874 per year.

The MSP provides a crucial lifeline for older adults and people living with a disability, allowing them to afford health care and keep more of their hard-earned Social Security income to spend on basic needs like housing, food, and medicine.

This is a phenomenal victory for Vermonters who are enrolled in Medicare who have long been subject to the lowest level of financial support of any population when accessing health care. The estimated savings to Vermonters are significant!

11,863 Vermonters will get to keep \$2,096 in their pockets each year.

Annual savings for Vermonters: \$24.9 Million

Eligible Vermonters will have larger Social Security checks because the MSP will pay the Part B premium (\$174.70/month) This is an **economic stimulus** for older adults and people with disabilities – it will increase household income by \$2,096 if single or \$4,192 if married and both spouses have Medicare.

9,419 Vermonters will pay \$0 at the doctor and hospital.

Annual savings to Vermont hospitals and patients: \$3.2 Million

The best MSP level covers deductibles and cost-sharing for Medicare Part A (hospital) and Part B (medical) services. It ensures that these Vermonters can get the health care they need, when they need it, and that providers are compensated for this care.

3,769 Vermonters will receive financial help with prescriptions for the 1st time.

Annual Value of new Rx benefit for Vermonters: \$20 Million

Being enrolled in an MSP qualifies you for the free and 100% federally funded Low Income Subsidy (LIS). The LIS program will pay eligible Vermonters' Medicare Part D (prescription drug) premiums & deductibles, and significantly lower their co-pays.

Pharmacy Benefit Manager (PBM) Regulation and Copay Accumulator Protection

Act 127 (H.233) - An act relating to licensure and regulation of pharmacy benefit managers. The HCA worked on this bill with the bill sponsor and a small group of stakeholders from its inception through the entire legislative process. This is an important bill that tasks the Department of Financial Regulation with regulating the conduct of Pharmacy Benefit Managers (PBMs) with respect to health plan sponsors, pharmacists, and Vermont consumers. The bill adds greater transparency to drug pricing by banning spread pricing, where PBMs charge consumers and plan sponsors more for drugs than they reimburse pharmacies. This bill will also directly help Vermonters struggling with high drug prices by requiring pharmacy benefit managers to count drug manufacturer copay assistance toward a covered person's deductibles and out-of-pocket maximums. Vermont is the 21st state to pass this protection.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education. We have recently worked with the following organizations:

- AARP Vermont
- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care Association
- Blue Cross Blue Shield of Vermont
- Department of Financial Regulation
- Disability Rights Vermont
- Families USA
- The Family Room
- The Howard Center
- IRS Taxpayer Advocate Service
- League of Women Voters of Vermont
- Let's Grow Kids
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program

- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- Rural Vermont
- South Royalton Legal Clinic
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health
- Vermont Alzheimer’s Association
- Vermont Association of Hospitals and Health Systems
- Vermont Association of Area Agencies on Aging
- Vermont Businesses for Social Responsibility (VBSR)
- Vermont Commission on Women
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA) Vermont Language Justice Project
- Vermont Medical Society
- Vermont – National Education Association (NEA)
- Vermont Professionals of Color Network
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers’ Center
- You First

Increasing Reach and Education Through the 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 170 pages of consumer-focused health information maintained by the HCA.

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

Popular Web Pages

The top-20 health pages on our website this quarter:

1. *Health* - section home page – 1,810 pageviews
2. *Dental Services* – 1,678
3. *Income Limits - Medicaid* – 1,352

4. *Medicare Savings Programs* – 564
5. *Buying Prescription Drugs* – 499
6. *Long-Term Care* – 450
7. *HCA Help Request Form* – 372 pageviews and 117 online help requests
8. *Resource Limits - Medicaid* – 364
9. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 360
10. *Medical Decisions: Advance Directives* – 326
11. *Medicaid* – 323
12. *Vision* – 303 *
13. *Choices for Care Giving Away Property or Resources* – 293
14. *Patient Financial Assist. & Affordable Medical Care* – 281 *
15. *Choices for Care Income Limits* – 270
16. *Choice for Care Resource Limits* – 251
17. *Medical debt* – 234 *
18. *Dr. Dynasaur* – 232
19. *Prescription Assistance State Programs* – 230
20. *Advance Directive forms* – 208

This quarter we had these additional news items:

- *Some Problems with Medicaid Prescriptions* – 58 pageviews
- *Medicaid Renewal Starts Again* – 26
- *People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too* – 20

* signifies that this page moved into the top-20 this quarter

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities this quarter to raise awareness about our offices' services and provide accessible information about health insurance options in Vermont. Our messaging prioritized providing accurate and accessible information on the health insurance access for non-citizens, Vermont Health Connect Special Enrollment Periods (SEP), and Medicare Savings Programs. We hosted three legal clinics, facilitated seven trainings, and rolled out two social media campaigns to connect Vermonters with our services and proactively provide consumer education on health insurance and health law topics.

We strive to break down the barriers that Vermonters face in understanding and utilizing insurance. This goal is especially important now as many members of our community are evaluating their health insurance options as Vermonters lose Medicaid coverage due to the unwind and others transition to Medicare. We use a hybrid outreach model to advance this goal. We feel that both in-person and virtual resources make our services more accessible to those who face challenges utilizing our telephonic and online intake systems. We strive to meet the needs of seniors, people with disabilities, and those with language needs by hosting in-person clinics in community spaces virtual trainings in partnership with local non-profits and community centers.

We partnered with 17 organizations and participated in seven outreach presentations this quarter. Some of our partnerships included work with the Family Room, the Community Asylum Seekers Project, the Vermont Asylum Assistance Project, the IRS Taxpayer Advocate, Transitions II, and the Vermont Association of Area Agencies on Aging. We lead training on eligibility for health insurance for non-citizens at the Welcoming New Americans Symposium at Vermont Law School in June. This symposium was attended by over 300 virtual and in-person attendees.

The HCA utilized Facebook, Instagram, YouTube, and Reddit to connect with community members, legislators, and partner organizations. We used these platforms to share important updates pertaining to the new under 200 % FPL and loss of Medicaid Vermont Health Connect Special Enrollment Periods and health insurance options for older and disabled Vermonters. We circulated virtual advertisements through social media on the benefits of and eligibility for Medicare Savings Programs and Medicaid for the Working Disabled.

The HCA also continued our legal help partnership with Vermont Legal Aid and the Old North End Community Center. The HCA organized three clinics where community members connected with legal advocates to get free and confidential advice. In April we collaborated on a new clinic model in partnership with the Family Room and UVM Medical school in which participants would have access to health care services and other community resources on a walk-in basis. Childcare and in-person interpretation were available to support people seeking our assistance. These clinics are primarily designed to connect seniors and those with language needs with legal support.

Office of the Health Care Advocate

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<https://vtlawhelp.org/health>