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Vermont Legal Aid  
**Office of the Health Care Advocate**

Quarterly Report  
January 1-March 31, 2024  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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April 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 901 cases this quarter (882, the previous quarter). During the quarter, Medicaid prescription drug access was impacted by the nationwide cyberattack on Change Healthcare. We had 50 calls about prescription access, and our update about the cyberattack on our website was viewed 76 times. During the cyberattack, the HCA advocates worked with VHC to quickly resolve cases when Medicaid enrollees could not get their prescriptions or were being charged full price for the prescriptions instead of the Medicaid copayment rate. The HCA is also working to help get reimbursements for enrollees who paid full price for their prescriptions during the cyberattack.

Our calls also reflected that VHC's annual open enrollment ended. We continue to receive calls about signing up for a plan on Vermont Health Connect; eligibility for Premium Tax Credit; and eligibility for Special Enrollment Periods. We talked to over 100 households about Medicaid Eligibility: 65 for MAGI Medicaid, 40 for MABD Medicaid and 10 about Medicaid Spenddown. The Medicaid eligibility page on our website had 1839 page views.

The HCA also did a training on Medicaid eligibility and coverage rules for Vermont Association of Area Agencies on the Aging. The training was attended by about 20 caseworkers, who often help Vermonters apply for Medicaid and other state health care programs.

Starting this quarter, Dr. Dynasaur has a continuous eligibility provision for children up to age 19. This means that a household will stay on Dr. Dynasaur for the 12 months after they review, even if there is an income change that puts the household above the Dr. Dynasaur income limit. Continuous eligibility helps ensure that children don't miss preventive care or pediatric visits. It also reduces the administrative burden and the churn of children going on and off coverage. HCA advocates have been providing consumer education on this provision and what it will mean for families and caregivers. Our webpage on Dr. Dyansuar had 363 pageviews this quarter. Dr. Dyansur for pregnancy also

### Holden's Story

Holden called the HCA because his Medicaid was closing at the end of the month. He had a job that offered insurance but was worried because the costs. The insurance had high premiums and out of pockets costs. Because of the costs, he considered not enrolling on the employer plan. The HCA advocate first explained that when his Medicaid closed, he would have a special enrollment period to get on his employer plan. But she also explored what the insurance plan would cost. If you have an offer of affordable and adequate employer coverage, you can't get Advance Premium Tax Credit (APTC) to help pay for a plan on Vermont Health Connect. When calculating if the employer coverage is affordable, VHC looks at how much it costs and your household income. Affordability in 2024 is based on whether a plan costs more than 8.39% of the household income. When the advocate got Holden's insurance costs and income information, it was clear that the plan was not affordable. It was going to cost nearly 10 percent of his household income. This meant that Holden was eligible for APTC to help pay his premiums for a VHC plan. When his Medicaid closed, he planned on enrolling on a VHC plan with APTC to help with the plan premiums.

has a continuous coverage provision for the pregnancy and for one year of post-partum coverage.

This quarter also coincided with the Medicare General Enrollment Period and the Medicare Advantage Plan enrollment period. We had 283 calls from Medicare enrollees this quarter. We provided 20 households with consumer education about Medicare. We also advised another 26 households on their eligibility for Medicare Savings Programs, which help with the Medicare costs. Our website on Medicare Savings Programs had 660 page views. The HCA is continuing its work to expand the eligibility of these programs.

The HCA continues to update its Medicare webpage, which features the stories of Vermonters who are struggling with the costs: [Medicare Stories | Vermont Legal Aid \(vtlegalaid.org\)](#) Expanding the limits to Medicare Savings Program will make a significant and immediate financial impact on many Vermont seniors and disabled Vermonters. It will help them afford the health care they need, and it will be a step towards creating a more equitable system for seniors and disabled Vermonters. The Affordable Care Act expanded coverage for those under 65, and expanding Medicare Savings Programs will be a similar step for Vermonters on Medicare.

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). We talked to 11 households about patient financial assistance and another 8 about hospital billing. The HCA plans on working with hospitals to help ensure that the patient financial assistance policies are updated and reflect the changes in the statute. We want to ensure that policies are easily accessible and understandable to all patients. We are also planning consumer outreach. The HCA plans to do major consumer education to make Vermonters know about the changes to policy.

The 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. 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.

**Case Stories:****Calla's Story:**

Calla reached out to the HCA because she had just turned 65 and was unsure of how she was going to pay for Medicare. Calla had been on Medicaid for Children and Adults (MCA), but eligibility for that program ends when you turn 65. She had been sent a notice from Vermont Health Connect (VHC) telling her that her MCA was closing. The HCA advocate explained that a different type of Medicaid worked with Medicare. This type of Medicaid is called Medicaid for Aged Blind and Disabled (MABD). It has both income and resource rules. This is different from MCA, which only has income rules. The resource rules mean there is a limit to how much money you can have saved and still be eligible. For single adults the limit is \$2000. The HCA advocate found that Calla was income eligible for MABD because her monthly income was under \$1000, but because she had a retirement account of about \$10,000, she was not going to be resource eligible. It is possible to spend down your resources to become eligible, but this account was all of Calla's savings. The HCA advocate explained that Vermont has another program called QMB. QMB provides much of the same coverage as Medicaid. Medicare Savings Programs do not have resource tests, and QMB covers both Medicare premiums and cost-sharing. With this program Calla could get assistance with paying for Medicare and covering the cost-sharing. She could also preserve her small retirement account. The HCA advocate helped apply for the Medicare Savings Program, and she was found eligible.

**Elena's Story**

Elena called the HCA because she needed coverage. Elena was pregnant and was applying for the Immigrant Health Insurance Plan (IHIP). IHIP provides health care coverage for kids and pregnant individuals who are not eligible for Medicaid because of their immigration status. IHIP provides medical, prescription, and dental coverage like Dr. Dynasaur. Like Dr. Dynasaur, IHIP provides coverage during pregnancy and for a 12-month post-partum period after the birth of the baby. Elena already had one baby who was born in Vermont and had Dr. Dynasaur. She was pregnant, however, and did not have a documented legal status, which meant that she could not get Dr. Dynasaur for pregnancy or a VHC plan. The HCA advocate found that Elena's application had been denied, because VHC needed more information about her household and income. The HCA advocate investigated what had been submitted with Elena's application and found that Elena and her caseworker had attempted to provide verification of her income and residency. However, when they submitted the additional information, the copies were not readable. The HCA advocate helped Elena re-submit the documents. VHC was able to read the documents and Elena was approved for IHIP.

**Sage's Story**

Sage called the HCA because he needed some help with his prescription drug coverage. He was on Medicare, but he had not signed up for a Part D plan. Sage was a veteran and was eligible for VA benefits. He was getting his prescription coverage through the VA but wanted additional coverage. He wanted to know if he could sign up for a Part D plan. He was also worried about a late enrollment penalty. Medicare Part D has a late enrollment penalty when you fail to sign up when you are first eligible. But you do not get a penalty if you have coverage that is considered "credible" equivalent coverage to a Part D plan. The HCA advocate established that Sage's VA coverage was considered credible, which meant that he would not have a late enrollment penalty added onto his premium. To sign up for a Part D plan, however, you need to either sign up during the annual open enrollment period

or have a special enrollment period. Sage was outside the annual open enrollment period, but HCA advocate found that he had a special enrollment period. When talking to Sage, she found that that he was eligible for a Medicare Savings Program. The MSP would pay his Part B premiums. In addition, being on an MSP made him automatically eligible for Extra Help (also called Low Income Subsidy). Extra Help is a federal program that helps with the Part D premium, deductible and copayments. If you are on Extra Help, you are also eligible for special enrollment periods to enroll on a Part D plan outside the annual open enrollment. Sage was able to get a Part D plan, and Extra Help paid the premium and reduced the cost-sharing. The MSP also paid for his Part B premium.

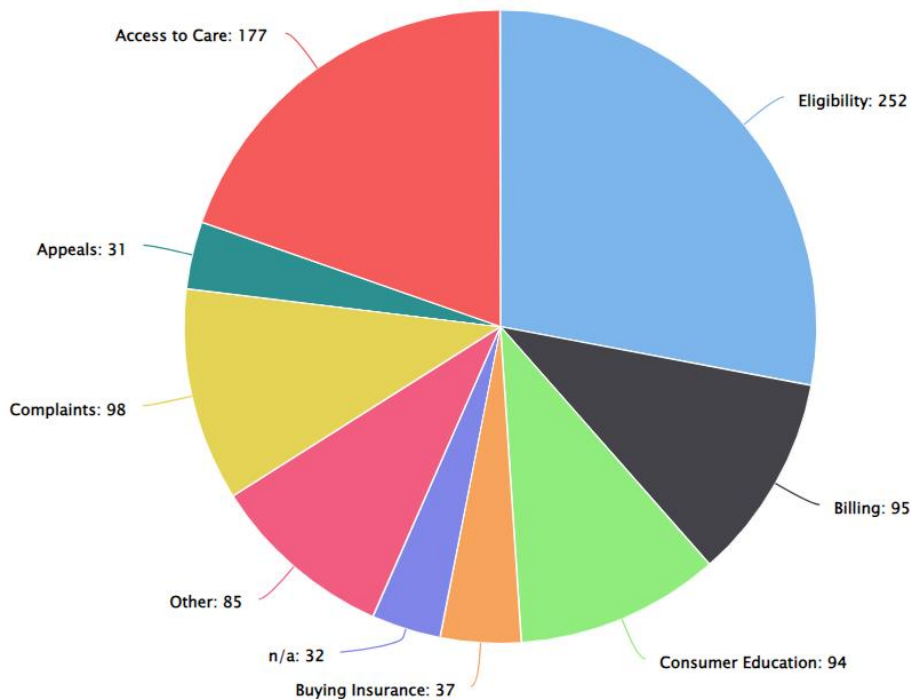
### Overview

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 901 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.

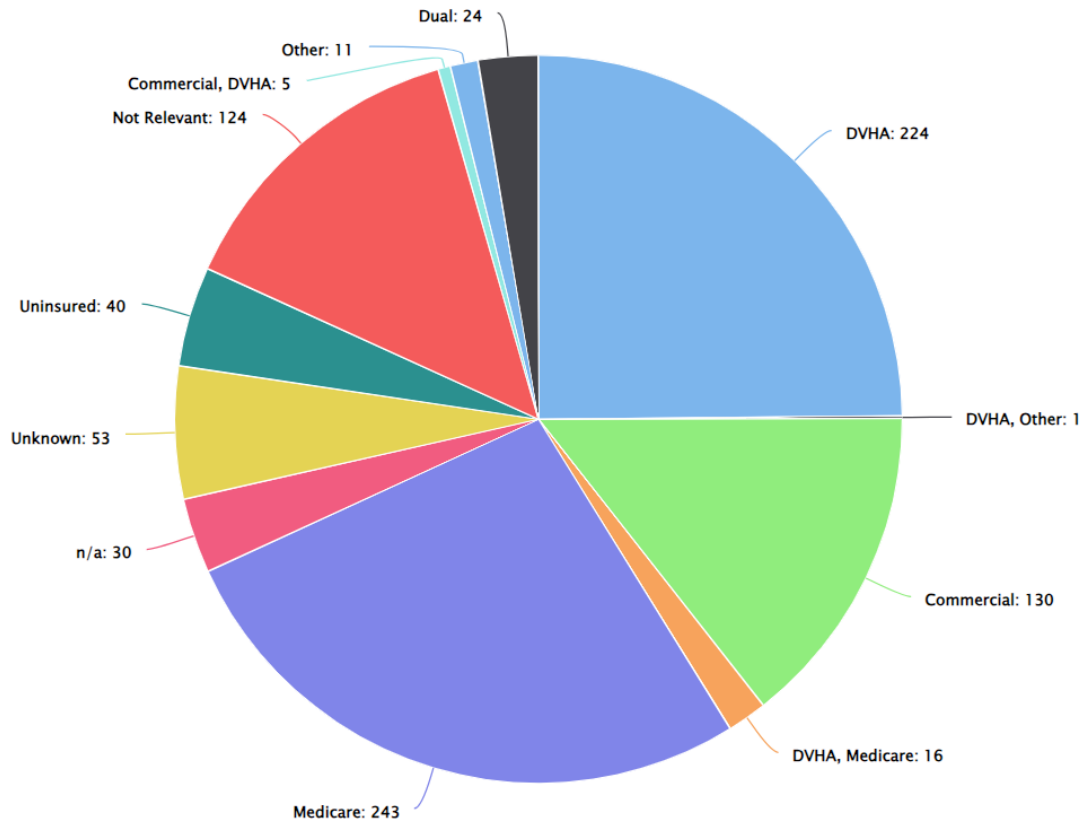
Cases by Primary Issue Category with Percent



**Insurance Type:**

The HCA also tracks its callers by insurance category. We don't 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 513 of the 901 cases.

**Number of Cases by Insurance: January 1 to March 31, 2024.**



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**Table: Top Ten Primary Issues: January 1 to March 31, 2024****All Cases: 901****All Cases: Top Ten Primary Issues**

1. Eligibility for MAGI Medicaid 65
2. Provider Complaints 61
3. Access to Care Prescription Drugs 50
4. Eligibility for non-MAGI Medicaid 40
5. Eligibility for MSPs 26
6. Buying Insurance 22
7. Consumer Education Medicare 20
8. Access to Dental Care 17
9. Consumer Education Applying for DVHA programs 13
10. Eligibility for Premium Tax Credit 12

**DVHA Cases: total of 246 of 901 total cases****Top Five Primary Issues**

1. Eligibility for MAGI Medicaid 43
2. Access to Prescription Drugs 20
3. Provider Complaints 14
4. Medicaid Renewals 10
5. Consumer Education Medicare 7
6. Internal Appeals Medicaid 7

**Uninsured Cases: total 40 out of 901 cases****Top Three Primary Issues**

1. Eligibility for MAGI Medicaid 12
2. Buying Insurance on VHC 4
3. Eligibility for Special Enrollment Period 4

**Commercial Cases: total of 135 out of 901 cases****Top Five Primary Issues**

1. Buying Insurance 13
2. Eligibility for Premium Tax Credit 9
3. Appeals for Covered Services 8
4. Eligibility for MAGI Medicaid 6
5. Access to Care Dental 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 January 1 to March 31, 2024

Brief Analysis and or Advice	399
Direct Intervention	71
Complex Intervention	80
Brief Analysis and or Referral	271
Inquiry Answered During Initial Call	1
Duplicate Case	21
Other	3
Client Withdrew	2

## Highlights of HCA

During this quarter, we provided 597 households with consumer education. We helped 50 households estimate their eligibility for insurance or get onto coverage. We assisted 21 households with their health care applications. We helped with 8 applications for the Immigration Health Insurance Plan. We helped 10 households obtain coverage for services. We saved consumers \$3,318,845.00 this quarter.

## Consumer Protection Activities

### Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (GCMB) to change premium prices. During the quarter from January 1, 2024 through April 1, 2024, there were no pending rate requests, and therefore the GCMB did not issue any rate review decisions. Two rate requests were filed during and are pending as of the close of the quarter. Blue Cross Blue Shield of Vermont filed proposed rates for the Large Group, with an average annual increase of 8.4% requested, affecting 33 groups and 4,264 lives. CIGNA Health and Life Insurance Company also file proposed rates for the Large Group, with an average annual increase of 9.6% requested, affecting 15 groups and 3,914 covered lives. The HCA appeared on behalf of Vermonters in both dockets, reviewed documents and submitted questions about the filings to the carriers. As of the close of the quarter, both dockets remain active. The HCA will monitor both dockets and submit memoranda when appropriate.

### Hospital Budgets



The HCA submitted recommendations to the GMCB for the FY25 hospital budget guidance process as well as a public comment related to Copley Hospital's request for a mid-year budget adjustment.

### **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 continues to advise the GMCB as they review a CON application by University of Vermont Medical Center (UVMCC) to build a new Outpatient Surgery Center (MCB-004-23con). We also entered 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 the revised budget process for OneCare Vermont and Medicare-only ACOs submit their budgets for the upcoming fiscal year. Common themes of our comments to the GMCB related to concerns about the lack evidence of evaluation and effectiveness of population health programs. The HCA looks forward to continuing to work with the GMCB ACO Budget team and Board members to provide recommendations to improve their oversight of OCV's budget and programs.

### **Additional Green Mountain Care Board and other agency workgroups**

This Quarter coincides with the first three months of the second year of the Over the last quarter, 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 on the AHEAD Model Funding Opportunity, FY25 Medicaid Budget Presentation, Change Healthcare outage update, and a presentation on proposed updates to the Global Commitment Waiver Presentation.

### **Legislative Advocacy**

This quarter coincides with the beginning of the second year of Vermont's Legislative biennium. The Legislature jumped into gear on several important health care policy proposals. Chief among them is a proposal to consider changes to Vermont's Medicaid eligibility that would improve access. This became

the vehicle for the Medicare Savings Program changes that the HCA has been working to advance for a few years.

**Below is a list of bills that the HCA worked on.**

*H.721* - An act relating to expanding access to Medicaid and Dr. Dynasaur. The HCA played an active role in this Legislative proposal from inception through the House Health Care, Ways and Means and Appropriations Committees. The expansion of the Medicare Savings Program section of this bill is a part of a multiyear effort by the HCA to improve Medicaid policy for low-income Vermonters on Medicare. H. 721 has passed the House and was awaiting action in Senate Health and Welfare as of the end of the quarter.

*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. The HCA participated in numerous meetings and suggested edits to the bill along the way. We testified in the House and supported the final version out of the House Health Care Committee. The bill is currently in the Senate Health and Welfare.

*S.109* - An act relating to Medicaid coverage for doula services. HCA supported and provided testimony for this bill through both the Senate and the House. At the end of the Quarter, the bill passed the Senate and was assigned to House Health Care.

*S.98* - An act relating to Green Mountain Care Board authority over prescription drug costs. The HCA participated in a stakeholder group that led to this bill's introduction. We supported the bill through the Senate Health and Welfare Committee. The bill passed the Senate and is currently in the House Health Care Committee.

*H.766* - An act relating to prior authorization and step therapy requirements, health insurance claims, and provider contracts. The HCA supported several provisions of this bill. We expressed some concerns about whether the prior authorization provisions could raise commercial rates in the coming years.

## 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

\* means the page moved into the top 20 this quarter

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

1. Health - section home page – 2,349 pageviews
2. Income Limits - Medicaid – 1,839
3. Dental Services – 1,645
4. Buying Prescription Drugs – 1,289
5. Medicare Savings Programs – 660
6. Long-Term Care – 513
7. Medical Decisions: Advance Directives – 469
8. Resource Limits - Medicaid – 445
9. Medicaid – 393
10. Medicaid, Dr. Dynasaur & Vermont Health Connect – 363
11. HCA Help Request Form – 360 pageviews and 138 online help requests
12. Choices for Care Income Limits – 353
13. Dr. Dynasaur – 339
14. Choices for Care Giving Away Property or Resources – 310
15. Prescription Assistance State Programs – 272
16. Medicaid and Medicare (Dual Eligible) – 257
17. Choice for Care Resource Limits – 254
18. Advance Directive forms – 253
19. Vermont Health Connect – 253
20. Services Covered – Medicaid – 247

This quarter we had these additional news items:

- It's Open Enrollment Time for Health Care Plans – 77 pageviews
- Some Problems with Medicaid Prescriptions – 76
- Medicaid Renewal Starts Again – 75
- People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too – 33

## 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 Medicaid renewal process, Vermont Health Connect Special Enrollment Periods (SEP), and the new continuous coverage rules for Dr. Dynasaur for Children Under 19. We hosted two legal clinics, facilitated ten trainings, and rolled out three 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 the Medicaid unwind continues. 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 trainings and clinics in partnership with local non-profits and community centers.

We partnered with 14 organizations and participated in ten outreach presentations this quarter. Some of our partnerships included work with the Family Room, the Ethiopian Community Development Council (ECDC), AALV, USCRI, the IRS Taxpayer Advocate, the United Immigrant and Refugee Communities of Vermont, and the CORE Adult Center.

The HCA utilized Facebook, Instagram, and Youtube to connect with community members, legislators, and partner organizations. We used these platforms to share important updates pertaining to the new Vermont Health Connect Special Enrollment Periods. We specifically promoted the flooding SEP, the under-200 percent FPL SEP, and the extended loss of Medicaid SEP. We circulated virtual advertisements through social media on the suspension of Dr. Dynasaur premiums for children under 19 and the new continuous coverage rules for this program.

The HCA also continued our legal help partnership with Vermont Legal Aid and the Old North End Community Center. The Old North End Community Center hosts organizations such as AALV, the Family Room, the New American Clinic, and the Champlain Senior Center. The HCA organized two clinics where community members connected with legal advocates to get free and confidential advice. 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>