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

Quarterly Report  
July 1-September 30, 2023  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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October 21, 2023



## 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 856 cases this quarter (859, the previous quarter). In this quarter, many Vermonters were grappling with the after-effects of July's catastrophic flooding. The flooding impacted the Medicaid renewal process. Many Vermonters were not able to respond to renewals, or even get mail due to flooding disrupting mail services or destroying their homes. VHC granted extension to those impacted by the flooding in July and August. This meant if you had not completed your renewal when the flooding happened in July, you had an extra month. Those with renewals due in August also had an extra month. The HCA worked to help consumers understand the extensions, and the renewal process. VHC also created a new special enrollment period for those impacted by the flooding. The HCA advocates have already been advising Vermonters on the new special enrollment period, and it is continuing to do outreach and education on the Medicaid renewal process.

The HCA continues to meet regularly with the VHC to discuss issues and give feedback about the renewal process, including providing comments on VHC notices. The HCA also met with CMS for a second time to discuss issues with the Medicaid renewal process in Vermont.

Vermonters often call the HCA when they transition to Medicare and find that they cannot afford Medicare costs. This quarter the Helpline spoke to 253 households about Medicare questions regarding eligibility, enrollment, cost, and coverage. We spoke to 29 households about eligibility for Medicare Savings Programs, which help pay for Medicare premiums and cost-sharing. Our webpage on Medicare Savings Programs had 391 page views. In response to this clear need, the HCA launched a Medicare Affordability survey, so we could have a more in-depth understanding of the expenses Vermonters face when they move onto Medicare. HCA advocates often hear how Vermonters struggle to afford Medicare, and this was echoed in most of the nearly hundred survey responses. One respondent noted, "I am paying more for premiums for Medicare and Supplemental coverage than I was paying under Vermont Health Connect. I expected it to be the opposite." Another added, "The premiums are more with much less

### Ollie's Story

Ollie called the HCA because he was running into multiple problems and delays with his Medicaid application. Ollie had been covered by Dr. Dynasuar, but he turned nineteen and was no longer eligible for that program. Eligibility for Dr. Dynasuar goes up to age nineteen. He was temporarily leaving Vermont to go back to school for the semester, and he wanted to make sure that he had insurance coverage in place. The HCA advocate learned that Ollie had already applied, but VHC never received that application. Ollie then completed the VHC application for a second time, but VHC made an error processing it. During the summer, Ollie was working a temporary summer job that lasted for only two months. When VHC did its income calculations, however, they considered it a full-time, year-round job. This error made it look like Ollie earned a lot more income than he did. Ollie tried to correct the income mistake, but he was not able to fix it. VHC still had the incorrect income. The HCA advocate was able to resolve the income issue and get VHC to update Ollie's correct income, and helped Ollie submit paystubs to verify his actual income. When his income was verified, VHC approved him for Medicaid for Children and Adults which meant he would be able to start his semester with coverage in place.

coverage - I just don't go to the doctor anymore because of the deductible and copays - I never know what they will be and can't take the chance." The HCA will primarily focus on increasing Medicare affordability for low-income Vermonters this coming legislative session. We continue to advocate for increasing the income limits for Medicare Savings Programs (MSPs). The MSPs pay for Medicare Part B premiums, and in some cases pay Medicare cost-sharing.

The HCA also worked to keep its own website updated with renewal information. This past quarter we had 1785 page views of our webpage on Medicaid limits, 607 of the webpage about VHC and Medicaid, and another 418 on our page about Dr. Dynasaur. Medicaid eligibility was the issue that the Helpline received the most calls about. Dental and prescription access calls were in the top five issues. Our dental services webpage was the second most popular with 1370 page views. We talked to 34 households about dental access. Our news item titled "Medicaid renewals Re-started" had 175 page views. We also had 56 page views for our news item about the new special enrollment period due to the flooding in July. In addition to calling, Vermonters can contact the Helpline on our website, and this past quarter we had 118 online help requests.

During the quarter, the HCA presented two training courses for the Area Agencies on Aging. The first was about eligibility for Medicaid for Aged, Blind and Disabled, and in the second training we discussed eligibility for all types of state health care programs including Medicaid, VPharm, Medicare Savings Programs and Dr. Dynasuar. Advocates from across the state attended both of the trainings, as well as attorneys and paralegals from Vermont Legal Aid and Legal Services Vermont. This quarter, the HCA advocates also attended the annual assister conference in preparation for Open Enrollment. The HCA advocates are preparing to do more outreach about Vermont Health Connect Open Enrollment and Medicaid renewals. The HCA expects call volume about Medicaid eligibility and VHC to increase next quarter as Open Enrollment starts.

**Case Stories:****Danica's 's Story:**

Danica called the HCA because she could not afford her VHC plan. When she first applied to VHC, she believed she would be eligible for several hundred dollars of Advance Premium Tax Credit (APTC) to help pay for her premium for coverage for herself and her partner. Her children qualified for Dr. Dynasaur. Her children were approved for Dr. Dynasaur coverage, but when they received the first premium, she was getting less than fifty dollars per month in APTC. She could not afford the plan with so little APTC. The HCA advocate investigated and found that VHC had made an error in calculating the income. Eligibility for APTC is based on your projected annual income. VHC used Danica's income from the prior year, which included income from a job that she no longer had. Her annual income for the current year was projected to be much lower than the amount that VHC was using. The HCA advocate helped Danica update her income with VHC, and the APTC was re-calculated. Danica and her spouse were eligible for several hundred dollars of APTC per month, which made the VHC plan much more affordable for them.

**Marina's Story:**

Marina called the HCA after her Medicaid coverage closed. She was already enrolled on Medicare Part A and Part B. But she was not on a Part D prescription drug plan. She was undergoing treatment for a serious medical condition and needed expensive prescriptions. The HCA advocate explained that because Marina's Medicaid had closed, she had a special enrollment period to enroll on a Part D plan. Normally, you can only enroll on a Part D plan during Open Enrollment, or if you have a special enrollment period. Under the Part D enrollment rules, the loss of Medicaid qualifies as a special enrollment period. However, when Marina tried to enroll, the drug plan incorrectly told her that she was not eligible to enroll. The HCA advocate intervened and helped submit a Medicaid closure notice to show that Marina qualified for a special enrollment period for the loss of Medicaid. With the notice, the plan allowed Marina to enroll. However, her problems were not over. Marina later got a notice that she was going to be assessed a late enrollment penalty each month. If you do not enroll in Part D when you are first eligible, you are assessed a late enrollment penalty (LEP). The LEP means you must pay a penalty on top of your normal premium. However, if you can show that you had credible prescription coverage for the time you were not enrolled on Part D, you should not be assessed an LEP. It is important to appeal a LEP within the 60-days of the notice of it, or you will miss your time frame to appeal. The HCA advocate helped with the LEP appeal. Marina was able to show she had credible drug coverage, and the LEP was removed. Marina is now on a Part D plan with a monthly premium she could afford.

**Sebastian's Story**

Sebastian called the HCA because he needed to pick up critical medical supplies, and he could not afford them. He had applied for Medicaid but did not understand why the application was taking so long. When the HCA advocate investigated, she found that the application was still pending. Sebastian had tried to upload some pay stubs to verify his income, but the upload had not worked, which meant that Sebastian had not been approved and did not have active coverage. The HCA helped Sebastian re-upload the documents to VHC, and he was approved for Medicaid for Children and Adults. This meant Sebastian was able to pick up his medications. Medicaid copayments range from \$1 to \$3. Sebastian also told the HCA advocate that he was starting a new job the next month. The job would put him over the Medicaid income limit. The HCA advocate explained to Sebastian how to report his income when his job

started, and how he would have a special enrollment period to sign up for a VHC plan after his Medicaid ended. Although the income from his new job would put him over the Medicaid limit, he was still going to be eligible for substantial APTC to help pay for his monthly premium.

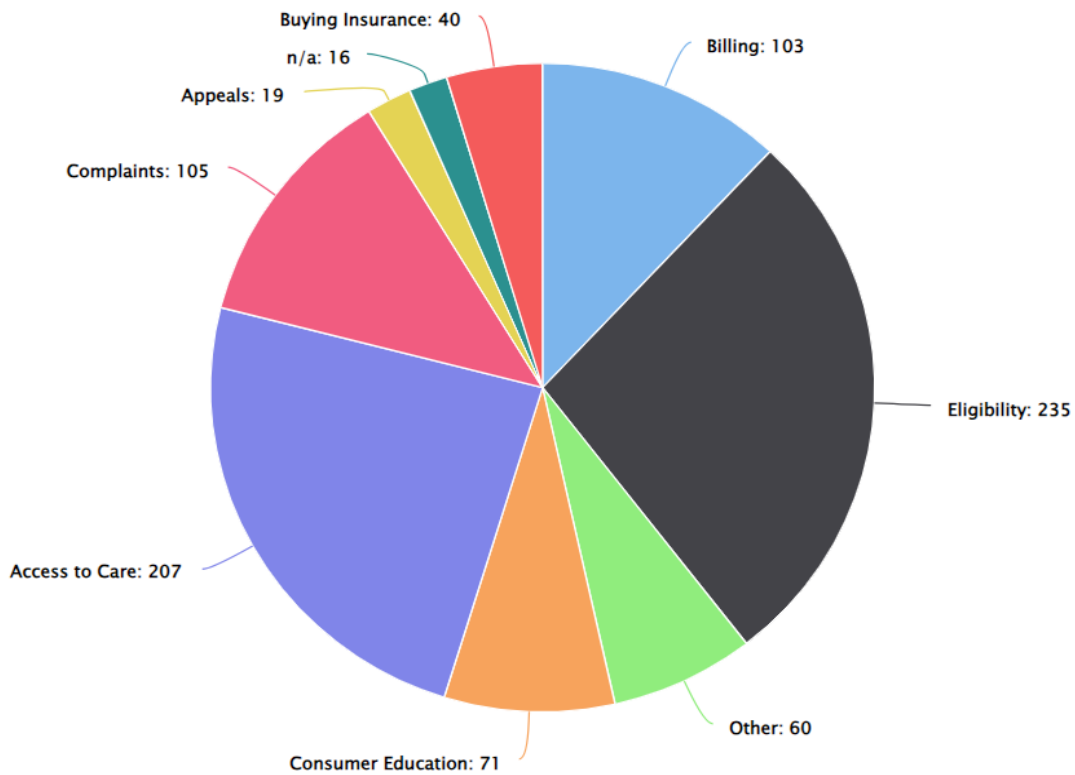
## Overview

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 856 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 more than half of all HCA calls. Callers’ primary issue category were as follows:

**Chart: Q3 FY2023 Number of Cases by Primary Issue**

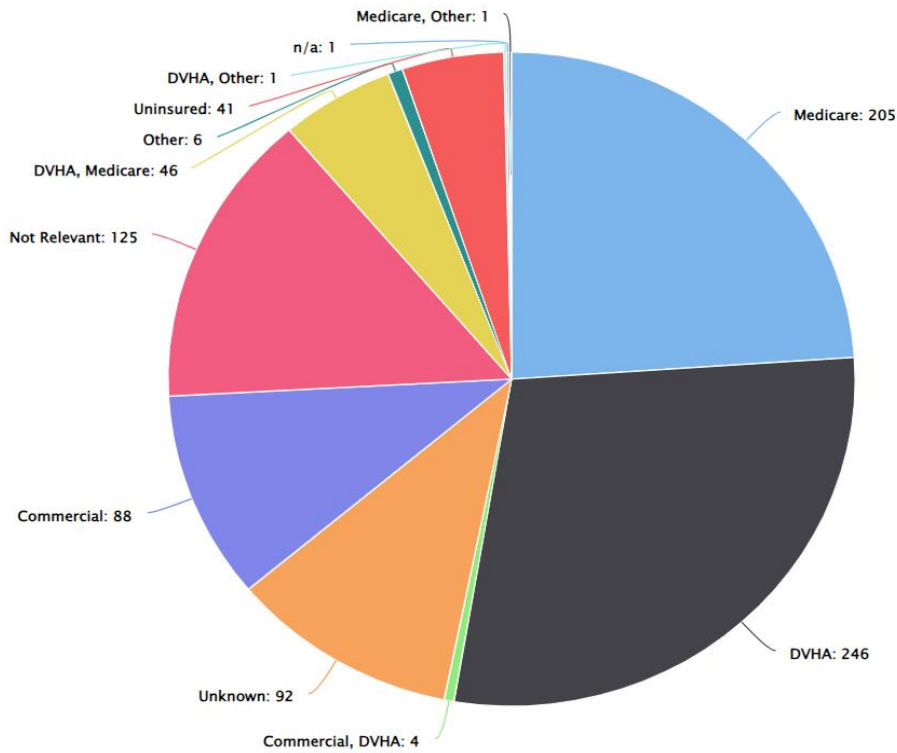


\*\* The “Other” primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

**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 499 out of the 856 cases.

**Chart: Q3 FY2023 Number of Cases by Insurance**



**Table: Top Ten Primary Issues of Q3 FY2023:****All Cases****Top Ten Primary Issues**

1. Eligibility for Medicaid-MAGI 67
2. Complaints-Provider 54
3. Access to Care -Prescription Drugs 37
4. Access to Care -Dental & Dentures 34
5. Eligibility Medicaid-Non-MAGI 30
6. Eligibility for Medicare Savings Programs 29
7. Complaints Hospital 25
8. Consumer Education-Medicare 20
9. Buying Insurance- QHP-VHC- 20
10. Access to Care Primary Care 16

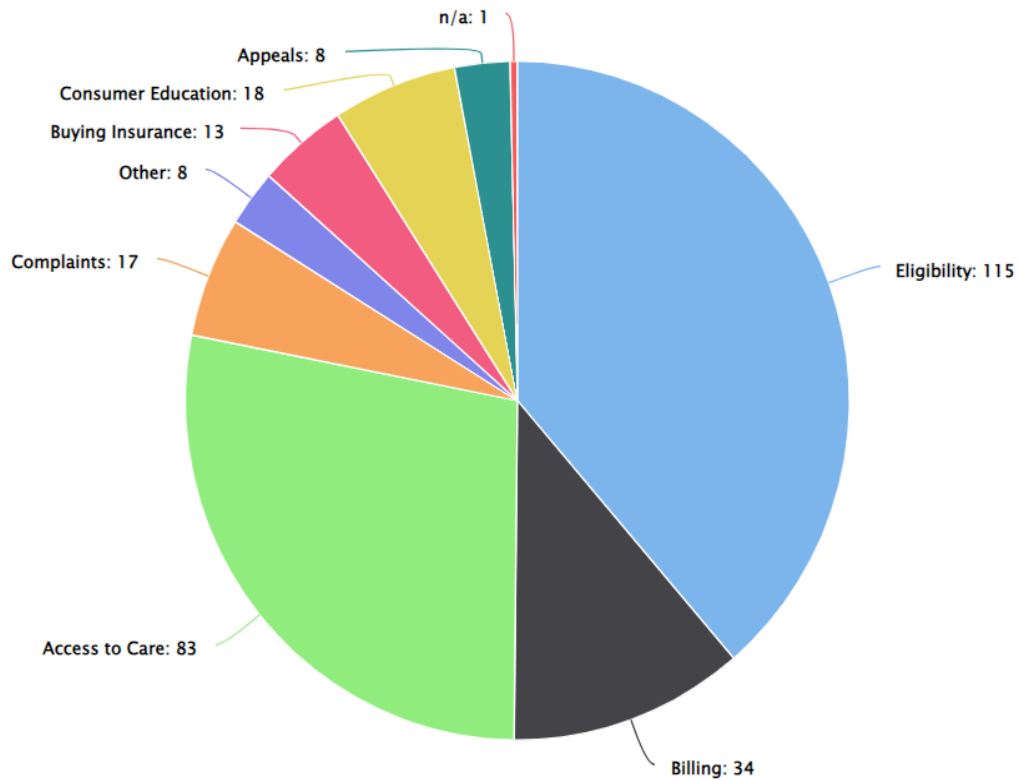
DVHA Cases: total of 297 of 856 total cases

**Top Ten Primary Issues**

1. Eligibility for Medicaid-MAGI 41
2. Eligibility for Medicaid-non-MAGI 16
3. Access to Prescription Drugs 15
4. Access to Dental 10
5. Access to Care Transportation 9
6. Buying Insurance-QHP- VHC 8
7. Complaints Provider 8
8. Eligibility Medicare Savings Program 8
9. Eligibility Long Term Care Medicaid 8
10. Consumer Education DVHA 7



**Chart: Q3 FY2023 Number of DVHA cases by Primary Issue**



**Uninsured Cases: total 42 out of 856 cases**

**Top Three Primary Issues**

1. Eligibility for MAGI Medicaid 12
2. Buying Insurance QHP-VHC 6
3. Access to Care Dental, Access to Urgent Medical Need, Consumer Education Grace Periods, Appeals Fair Hearing Eligibility, Access to Care Mental Health, 2 each

**Commercial Cases: total of 92 out of 856 cases****Top Ten Primary Issues**

1. Eligibility for MAGI Medicaid 6
2. Eligibility for Premium Tax Credit 6
3. Buying Insurance-QHP-VHC 5
4. Billing Claim Denials 5
5. Eligibility for Katie Beckett Medicaid 4
6. Appeals Covered Services 4
7. Billing Out Network Claim 3
8. Access to Care Prescription Drugs 3
9. Appeals Fair Hearing Eligibility 3
10. Access to Care DME 2

**Overall Cases Resolution Q2SFY2023**

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 Q3FY2023**

Brief Analysis and or Advice	403
Direct Intervention	46
Complex Intervention	60
Brief Analysis and or Referral	254
Case Still Open by the End of the Quarter	592
Duplicate Case	35
Other	3
Client Withdrew	1
Test Case	5

**Highlights of HCA Outcomes Q3SY2023**

During this quarter, we provided **563 households with consumer education**. We got **16 households** on insurance, and estimated eligibility for insurances for another **37 households, and assisted 7 households with applications for insurance**. We helped **10 households** get services covered. We also helped **5 households** get coverage with the Immigrant Health Insurance Plan. We help **two households**

get on the **Breast and Cervical Cancer Treatment Program** and helped **another two** with eligibility for **Medicaid for the Working Disabled**.

### 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 issued decisions on six premium price change requests during the quarter from July 1, 2023, through September 30, 2023. One premium price change request was pending at the close of the quarter.

BCBSVT submitted four premium price change requests decided by the Board this quarter: the BCBSVT 2024 Small Group filing, with a requested increase of 14.5% affecting roughly 21,943 Vermonters; the BCBSVT 2024 Individual filing, with a requested increase of 15.5% affecting roughly 18,517 Vermonters; the BCBSVT Association Health Plan filing, with a requested increase of 7.2% affecting 1,454 Vermonters; and the BCBSVT 2024 LG Unit Cost Trend filing, with a requested increase of 2.8% in addition to the 9.8% approved by the Board in May affecting 5,785 Vermonters. The HCA appeared on behalf of Vermonters in each of these filings. For the Small Group and Individual filings, the HCA reviewed documents and submitted pre-hearing questions, facilitated public comments, engaged in oral advocacy and cross examination of BCBSVT and Board witnesses at the rate hearing, and filed post hearing memorandums. For the Association Health Plan and Large Group Unit Cost Trend filings, the HCA reviewed documents and submitted memorandums in lieu of hearing. The Board approved, but downwardly modified, each rate request, including the Small Group rate increase, which was cut to 13.3%, and the Individual rate increase, which was cut to 14%.

MVP submitted three premium price change requests this quarter. The Board decided on two of these requests this quarter: the MVP Small Group filing, with a requested increase of 12.5% impacting roughly 16,262 Vermonters; and the MVP Individual filing, with requested increase of 12.8% affecting roughly 11,602 Vermonters. The HCA has appeared on behalf of Vermonters in these two matters engaged in the following activities: reviewed documents and submitted pre-hearing questions, facilitated public comments, engaged in oral advocacy and cross examination of MVP and Board witnesses at the rate hearing, and filed post hearing memorandums. The third premium price change request filed by MVP this quarter was the MVP 2024 Large Group rate filing, with requested increases ranging from 7.5% to 9.1% depending on group renewal timing, affecting 1,667 Vermonters. The HCA appeared on behalf of Vermonters, reviewed documents, and submitted a memorandum in lieu of hearing. The Board's decision was pending as of the close of the quarter.

#### Hospital Budgets

The HCA participated in the FY24 hospital budget process by asking questions of hospitals in public hearings in and submitted a *public comment* with recommendations for the Green Mountain Care Board.

#### 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 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 FY24 budget submissions from OneCare Vermont and Lore Health (a Medicare-only ACO). The HCA is prepared to review the budget from Vytalize Health, another Medicare-only ACO, should it decide to submit a budget to the Board for review. Vytalize Health submitted a request to have elements of the regulatory review process waived. The HCA recommended that the Board deny this request because it is important for the Board, the HCA, and the general public to learn as much as possible about Vytalize, given that it is a new health entity to the state. 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**

Over the last quarter, the HCA attended the Board'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 two times this quarter, taking the month of August off. The content of this quarter's meetings included a focus on the Medicaid redetermination process and initial numbers, the DAIL Age Strong Vermont Plan, review of the FY24 Medicaid budget pressures, and discussion of FY25 budget priorities.

### **Legislative Advocacy**

July through August are particularly quiet months for legislative activities. The HCA worked to build a coalition for this coming year's legislative agenda particularly focused on increasing the eligibility thresholds for the Medicare Savings Program. Our Medicare Affordability story telling project should illuminate Medicare affordability challenges and also serve to build momentum for the coming legislative session. In addition, the Chief Advocate started the process of traveling around the state to visit with key legislative to hear from them about their priorities for the session and to promote our agenda of focusing on Medicare Affordability.

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## 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:

- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- The Family Room
- The Howard Center
- IRS Taxpayer Advocate Service
- 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 Association of Hospitals and Health Systems
- Vermont Association of Area Agencies on Aging
- 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 – NEA
- Vermont Professionals of Color Network
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

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## 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 in order 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 – 1,785 page views
2. *Dental Services* – 1,370
3. *Income Limits - Medicaid* – 1,161
4. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 607
5. *Medicaid* – 483
6. *Dr. Dynasaur* – 418
7. *Medicare Savings Programs* – 391
8. *Long-Term Care* – 383
9. *Resource Limits - Medicaid* – 349
10. *Services Covered – Medicaid* – 343
11. *HCA Help Request Form* – 336 page views and 118 online help requests
12. *Medical Decisions: Advance Directives* – 334
13. *Advance Directive forms* – 293
14. *Patient Financial Assistance & Affordable Medical Care in Vermont* – 270
15. *Choices for Care Income Limits* – 262
16. *Medical Debt* – 242 \*
17. *Choices for Care Giving Away Property or Resources* – 235
18. *Vermont Health Connect* – 215
19. *Medicaid and Medicare (Dual Eligible)* – 196
20. *Complaints About Doctors and Other Providers* – 175

This quarter we had these additional news items:

- *People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too* – 56 page views
- *Medicaid Renewal Process Starts Again in April* – 175 page views

## Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities this quarter to raise public awareness about our offices' services and provide accessible information about health insurance options in Vermont. Our messaging continued to prioritize providing accurate and accessible information on the Medicaid renewal process. Additionally, our communications efforts focused on sharing insurance access updates resulting from the flooding that took place in July.

We strive to break down the barriers that Vermonters face in understanding and accessing insurance. This goal is especially pertinent now as many members of our community must evaluate their health insurance eligibility as Medicaid renewals continue. We use a hybrid outreach model to advance this goal as we feel that both in-person and virtual resources make our services more accessible to those who face challenges utilizing traditional intake systems such as seniors, people with disabilities, and those with language needs.

During this quarter, we worked to meet our outreach goals by engaging with Vermonters through partnerships with community organizations. We developed referral relationships through the delivery of educational presentations. In recent years we have also focused on creating educational content and circulating these resources via social media. The HCA has also prioritized developing a community presence through participating in tabling events and legal clinics.

We partnered with 21 organizations and participated in 19 outreach presentations and events from July to September 2023. We collaborated with the **Howard Center, Area Agencies on Aging, the University of Vermont, the Family Room, AALV, the Central Vermont New Direction Coalition,** and the **Boys and Girls Club.**

The HCA used Facebook, Instagram, and Youtube to connect with community members, legislators, and partner organizations. We used these platforms to share important updates pertaining to Medicaid renewals. Through our partnership with the Vermont Language Justice Project, we continued to circulate educational videos on Medicaid and insurance access in 18 languages. These videos have received over 700 views this past quarter.

We also utilized Facebook and Instagram to share updates related to Dr. Dynasaur premiums and reinstatements. This content was shared by 16 organizations across Vermont.

The HCA also focused on increasing our community presence by participating in tabling events across the state. At the end of August, we took part in student orientation on college campuses. We participated at resource fairs at the University of Vermont, Caselton University, and the Community College of Vermont. Members of our advocacy team tabled at the 2023 Assistor Conference, People's Pride, and Neighborhood Planning Assembly Community Dinners.

The HCA also continued in-person outreach and service delivery through a 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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