

Vermont Legal Aid
Office of the Health Care Advocate

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

January 21, 2025



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 940 cases this quarter (717, the previous quarter). The increase in calls was due to both Vermont Health Connect Open Enrollment (November 1 to January 15) and Medicare Open Enrollment (October 15 to December 7.) During the Medicare Open Enrollment, enrollees have the chance to change their Part D plans or switch to Part C coverage, or switch back to Original Medicare. During the quarter, Medicaid eligibility was again the top issue (126 calls). We also had 80 calls about buying a QHP on VHC. We saw an increase in calls about Medicare Supplemental Insurance (19 calls). Several Part C plans left the state this year, and consumers called the HCA to discuss their options, whether they should get supplemental coverage or enroll in a different Part C plan. Overall, we talked to 50 households Medicare consumer education, and 43 households about eligibility for Medicare Savings Programs to help pay for cost-sharing.

The HCA focused on helping consumers navigate the changed landscape and take advantage of new opportunities this Vermont Health Connect Open Enrollment. Our news item: "Vermont Health Connect Enrollment Through Jan. 15: Learn About Lower Premiums and Costs!" had 641 views. In 2025, APTC eligible consumers had increased buying power for gold and platinum plans on VHC. For the first time, gold plans were also less expensive than silver plans, and HCA advocates spent significant time explaining this new dynamic to consumers. We talked to 29 households about eligibility for Premium Tax Credit. We also talked to 5 households about Special Enrollment Periods.

During Open Enrollment, we worked particularly hard to reach BC/BS enrollees on Silver 87 and Silver 94 enhanced plans. This year the two insurance carriers on VHC had significantly different premium rate increases. The different premium increases and silver alignment particularly impacted enrollees on BC/BS Silver 94 and Silver 87 Enhanced plans. Enhanced silver plans offer lower out of pocket costs to income eligible Vermonters. To be on a Silver 87 or Silver 94 you must be at or below 200 FPL. These enrollees were not mapped to gold plans, because the Silver 87 and 94 are more generous than gold plans.

Mila's Story:

Mila urgently called the HCA because she was due to give birth in the next couple of weeks, and she had no insurance coverage. She lost her employer coverage when she left her job. She had applied for Dr. Dynasuar for pregnancy, and been denied and she did not understand why, because she no current income. Mila was now unclear if there would be time to establish coverage before the birth of the baby because she had been told she would need to wait an entire month before applying again. First, the HCA advocate explained that Medicaid eligibility is based currently monthly income, and Mila did not need to wait another month to re-apply. The HCA advocate, however, did not think that Mila needed to re-apply because an error had been made with her application. The advocate discovered that when Mila's application had been processed her income from her former job had been mistakenly counted as current income. That made it look like Mila was over-income for the program. The advocate was able to update the income that day, and Mila was found eligible for coverage the same day, which was a huge relief. Dr.D for pregnancy coverage will be in place for her pregnancy and for 12-month post-partum period after the birth of the baby.

However, the BC/BS enrollees had significant premium increases. To save money and keep the same level of cost-sharing benefits, they needed to switch to an MVP Enhanced Silver Plan. The HCA worked very closely with VHC on outreaching this group. It sent two rounds of postcards to these enrollees, explaining that they had the opportunity to save money this year. The HCA received calls from consumers who received the postcards and wanted to discuss their insurance choices further. We responded to those calls by helping Vermonters pick the best plans for their families. One consumer told the HCA advocate that it was the postcard that prompted them to look at their insurance rates again this year, and they ended up changing plans for 2025 and saving significant money. Another Vermonter told the HCA that their costs had doubled, and the HCA postcard helped alert them to their options this year. They were also able to change plans and pay much less for their monthly premiums. Although the numbers are not final yet because Open Enrollment does not end until January 15th, at least 204 enrollees from this group switched from BC/BS Silver 87/94 to MVP Silver 87/94 plans.

This postcard was sent to 3040 BC/BS 87/94 enrollees in December:





TAKE ACTION
SHOP FOR HEALTH INSURANCE WITH VERMONT HEALTH CONNECT FROM NOVEMBER 1ST - JANUARY 15TH. VISIT [HEALTHCONNECT.VERMONT.GOV](https://healthconnect.vermont.gov).

SHOP & SAVE
MVP COSTS LESS THAN BCBSVT IN 2025 AND OFFERS SIMILAR COVERAGE.

GET HELP
CALL THE OFFICE OF THE HEALTH CARE ADVOCATE (HCA) FOR FREE AND CONFIDENTIAL HELP.
THE HCA IS A PART OF VERMONT LEGAL AID.
CONTACT THE HCA AT 1-800-917-7787 OR VISIT [VTLAWHELP.ORG/HEALTH](https://vtlawhelp.org/health).

Case Stories:**Oakley's Story:**

Oakley called the Health Care Advocate (HCA) because he had recently moved to Vermont. However, when he applied through Vermont Health Connect (VHC) to sign up for a Qualified Health Plan, Oakley was shown as ineligible for a Special Enrollment Period (SEP). Oakley moved to Vermont during the annual Open Enrollment Period (OEP), but if he enrolled through the OEP, his coverage would not start until January 1. Oakley needed coverage sooner. Under the rules for this SEP, his coverage could start the first day of the month after he moved to Vermont. The HCA advocate investigated and discovered that when Oakley first created his VHC account, he had mistakenly entered an earlier move date, making it appear that their 60-day SEP had already expired. Oakley was able to correct the date, and the system then reflected the actual date he moved to Vermont. He was eligible for an SEP and could sign for coverage that would start the first of the next month. The HCA advocate also provided guidance on the VHC plans and the subsidies. Oakley qualified for subsidies and was able to enroll on an affordable VHC plan.

Kimi's Story

Kimi called the HCA with an eligibility question. He had recently turned sixty-five and was no longer eligible for Medicaid for Children and Adults. The HCA advocate explained that to qualify for the type of Medicaid that works with Medicare, he needed to meet an income and resource test. Kimi owned a piece of property in addition to his house. The property was in a different location from his house, and it was not producing any income. Under the Medicaid resource rules, Kimi's house was not counted as a resource, but the other property would be counted as a resource and it put him over the resource limit for Medicaid for Aged Blind and Disabled. This was true even though that property was not very valuable. The resource limit for MABD is very low, only \$2000 for an individual and \$3000 for a couple. The HCA advocate explained that although Kimi was not eligible for MABD, he was eligible for both a Medicare Savings Program (MSP) and VPharm, because they are based on monthly income limits, and do not have resource tests. Kimi was eligible for an MSP called QMB that will cover his Medicare Part B premium and cost-sharing and VPharm will help with his Part D prescription costs.

Cooper's Story

Cooper called the HCA after hitting a roadblock on the VHC website. He was trying to enroll in a plan, but when he applied, it showed him as being ineligible for any subsidies. Cooper had run into problems the year before with his VHC enrollment and had accidentally enrolled in a catastrophic plan. That plan had not worked well for him. You cannot get subsidies to help pay for catastrophic plans, and they have high cost-sharing. For 2025, he wanted to make sure that he enrolled on a bronze plan with a low monthly premium. When the HCA advocate spoke to Cooper, she quickly determined that based on Cooper's income, he was eligible for over \$900 of subsidies per month. When the HCA advocate called VHC, she discovered that there was an error, showing that Cooper had an offer of employer insurance. This was why it was saying Cooper was not eligible for subsidies. If you have an offer of affordable employer insurance, you are not eligible for subsidies. Cooper, however, did not have an offer of employer insurance. VHC was able to correct that and update his income. With the corrected subsidies, Cooper was able to enroll in bronze plan for just dollars a month. His plan also covered three visits with a provider before he met his deductible.

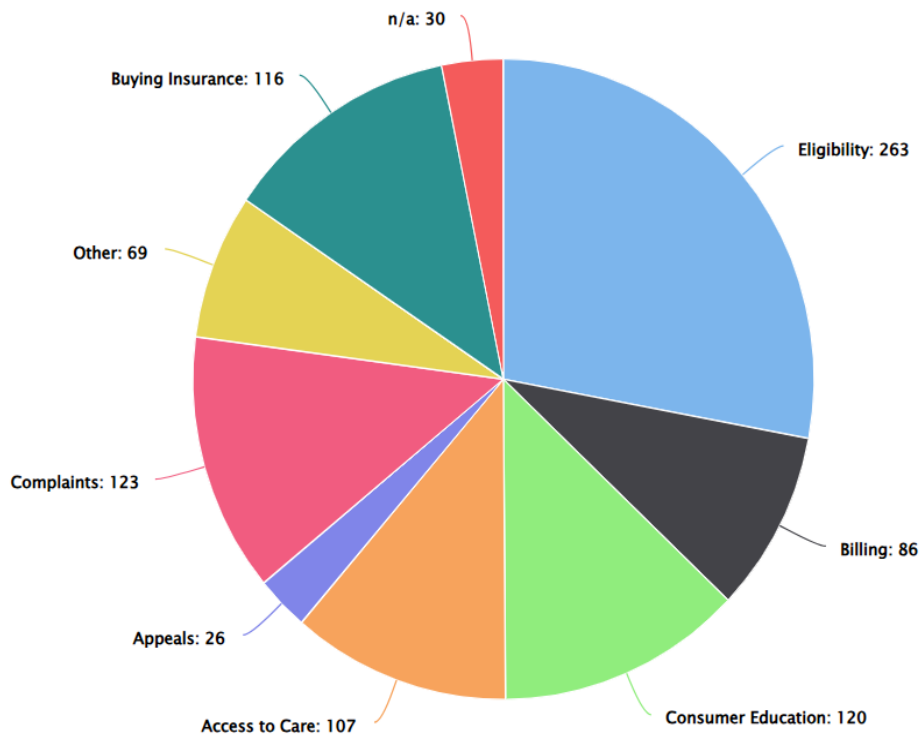
Overview

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 940 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. However, because Medicare Open Enrollment and VHC Open Enrollment both occurred in this quarter, we have slightly more Buying Insurance cases and Consumer Education cases than Access to Care cases. We also had a considerable number of complaints. 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 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 cases (497 of 940 cases).

Number of Cases by Insurance: October 1 to December 31, 2024

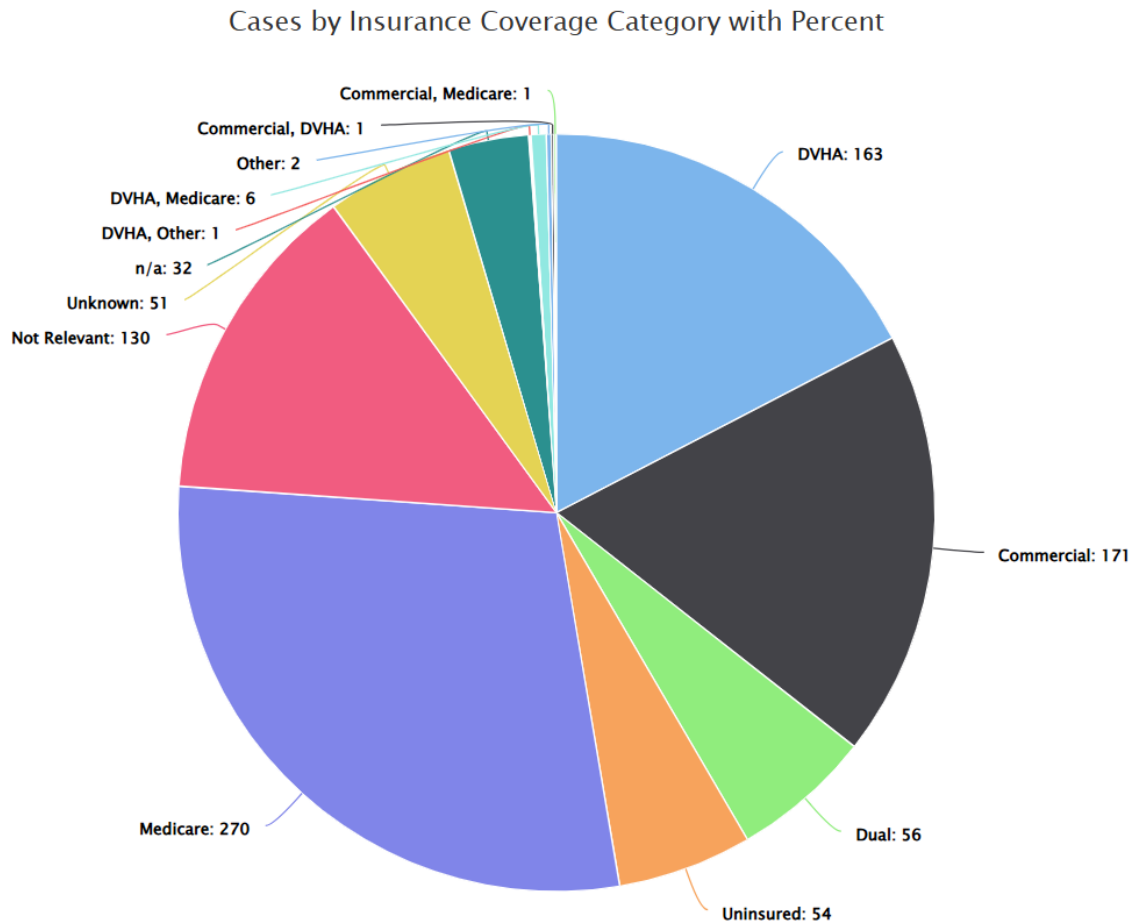


Table: Top Ten Primary Issues: October 1 to December 31, 2024

All Cases: 940

All Cases: Top Ten Primary Issues

1. Buying Insurance: QHP-VHC 80
2. Eligibility for MAGI Medicaid 79
3. Provider Complaints 68
4. Consumer Education Medicare 50
5. Eligibility Medicare Savings Programs 43
6. Eligibility Non-MAGI Medicaid 32
7. Complaints Hospitals 31
8. Eligibility Premium Tax Credit 29
9. Access to Care Prescription Drugs 22
10. Buying Insurance: Medicare Supplemental Insurance 19

DVHA Cases: total of 171 of 940 total cases

Top Five Primary Issues

1. Eligibility for MAGI Medicaid 42
2. Provider Complaints 121
3. Access to Care Prescription Drugs 8
4. Buying Insurance: QHP-VHC 8
5. Eligibility Non-MAGI Medicaid 6

Uninsured Cases: total 54 out of 940 cases

Top Three Primary Issues

1. Eligibility for MAGI Medicaid 16
2. Buying Insurance: QHP-VHC 10
3. Eligibility for Premium Tax Credit 8

Commercial Cases: total of 173 out of 940 cases

Top Three Primary Issues

1. Buying Insurance QHP-VHC 60
2. Eligibility Premium Tax Credit 18
3. Eligibility for MAGI Medicaid 11

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 Sept 1 to December 31, 2024

Brief Analysis and or Advice	505
Direct Intervention	78
Complex Intervention	46
Brief Analysis and Referral	242
Inquiry Answered During Initial Call	0
Duplicate Case	18
Other	2
Client Withdrew	0

Highlights of HCA

During this quarter, we provided 679 households with consumer education. We helped 65 households estimate their eligibility for insurance or get onto coverage. We assisted ten households with their health insurance applications. We helped with eight applications for the Immigration Health Insurance Plan and Emergency Medicaid. We saved consumers \$202,781 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 two premium price change requests during the quarter from October 1, 2024 through December 31, 2024. No premium price change requests were pending at the close of the quarter.

MVP submitted one of the premium price change requests decided by the Board this quarter: 2025 MVP Large Group HMO Rate filing. MVP requested an 11.1% annual manual rate increase that would affect approximately 1589 Vermonters. The HCA has appeared on behalf of Vermonters in this matter and reviewed all aspects of the filing.

Cigna Health and Life Insurance Company (CHLIC) submitted the other premium price change request decided by the Board this quarter: the CHLIC 2025 Large Group filing. In that matter, CHLIC requested an increase of 11.5% to the manual rate. The proposed increase would impact roughly 3,151 Vermonters.

The HCA appeared on behalf of Vermonters in this matter, reviewed all aspects of the filing, and submitted memorandums in lieu of hearing.

The Board approved, but modified, both premium price change requests.

Hospital Budgets

The HCA continues to advocate that the Board exercise its provider rate setting to address Vermont's affordability crisis. The HCA continues to actively provide feedback to legislators, the Board, AHS, and other stakeholders inform state-wide discussions focused on hospital sustainability and transformation as a part of Act 167. The HCA also continues to advocate for hospitals to fully comply with Act 119 – which standardized patient financial assistance policies.

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 will participate in the CON hearing for Southwestern Vermont Medical Center, Development of Adolescent Inpatient Medical Health Unit (GMCB-014-23con) through asking questions focused on health equity for patients seeking care at this facility We 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 provided written comments to the GMCB regarding OneCare Vermont's (OCV) FY25 budget, which recommended that the Board reduce their administrative costs given their announcement to sunset their operation in FY26.

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.

The Medicaid and Exchange Advisory Committee

The Advisory Committee met two times this quarter. The content of this quarter's meetings included a focus on the Plans for Open Enrollment, The AHEAD and CCBHC models, discussion about the Marketplace Affordability Report, electing new committee leadership, and updating the committees by-laws.

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 – 2,173 pageviews
2. Dental Services – 1,726
3. Income Limits - Medicaid – 1,033
4. Medicare Savings Programs – 560
5. Patient Financial Assist. & Affordable Medical Care – 438
6. Medicaid, Dr. Dynasaur & Vermont Health Connect – 361
7. Vermont Health Connect – 357
8. HCA Help Request Form – 339 pageviews and 134 online help requests
9. Medical Decisions: Advance Directives – 322
10. Long-Term Care – 310
11. Medicaid – 293
12. Dr. Dynasaur – 284
13. Resource Limits - Medicaid – 277
14. Medicaid and Medicare Dual Eligible – 276*
15. Vision – 263
16. Choices for Care Income Limits – 215
17. Prescription Help – State Pharmacy Programs – 197*
18. Choices for Care Giving Away Property or Resources – 189
19. Advance Directive forms – 187
20. Services Covered by Medicaid – 167*

This quarter we had these additional news items:

- Vermont Health Connect Enrollment Through Jan. 15: Learn About Lower Premiums and Costs! – 641 pageviews*
- New Patient Financial Assistance Law Goes Into Effect – 157
- Medicaid Renewal Started Again – 13
- People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too – 11

* 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 during the fourth quarter of 2024 to raise awareness about our services and provide accessible information on health insurance options available to Vermonters. We focused our efforts on supporting

individuals through the Vermont Health Connect Open Enrollment Period (OEP) and the Medicare Open Enrollment period. Our outreach aimed to ensure Vermonters have the information they need to make informed decisions regarding their health insurance coverage for 2025.

Medicare Outreach: We prioritized outreach to older and disabled Vermonters during the Medicare Annual Open Enrollment.(10/15/2024 – 12/7/2024). Our outreach model included both in-person and virtual activities that helped us reach individuals in diverse geographic locations as they evaluated their health insurance options. Our outreach and education efforts primarily focused on recent changes to Medicare Advantage plans and switching to Original Medicare, as well as changes to Part D plans and coverage in 2025.

- We hosted **four legal clinics** in accessible community spaces, including a senior center-adjacent community center.
- Outreach materials were distributed to **10 libraries** across Vermont, ensuring wide access to information.
- We implemented **two social media campaigns** on Front Porch Forum and Facebook to alert Vermonters to recent changes and promote our free and confidential services.

Vermont Health Connect Open Enrollment Period (OEP) Outreach: The Vermont Health Connect OEP (11/1/2024 – 1/15/2025) provided an important opportunity for Vermonters purchasing insurance through the individual market to review their coverage and take action to change their insurance plans for 2025. Policy changes related to insurance rate increases and silver alignment made it vital for enrollees to compare their options for their upcoming year. Significant HCA outreach activities included:

- Participating in **stakeholder meetings** with the Vermont Department of Health Access (DVHA), BCBS, and MVP to coordinate outreach efforts, including consumer engagement on automapping.
- Through a partnership with DVHA, we connected with **3,040 Silver 94 and 87 enrollees**, sending targeted communications to help them compare plans across carriers for 2025.
- **Twelve organizations** helped us reach a diverse array of Vermonters. Our partners included the Vermont Professionals of Color Network, AALV, ECDC, Outright VT, and the Root Social Justice Center, with whom we co-hosted **seven outreach presentations**.
- **Social media campaigns** on Facebook, Instagram, and Reddit helped us connect with a broader audience. Our posts included important updates about the OEP deadline and insurance affordability changes.
- Our **Vermont Law Help webpage** for the Vermont Health Connect OEP was viewed more than **6,000 times**, providing invaluable resources for those seeking guidance during the enrollment period.

Collaborations and Partnerships:

The HCA continued our legal help partnership with Vermont Legal Aid, the Family Room, and Bridges to Health. We hosted three events where community members connected with legal advocates to learn more about emerging legal needs and connect with resources. Childcare and in-person interpretation were available to support people seeking our assistance. These events primarily served seniors and those with language needs. Members of our advocacy team have also started to attend “paperwork

nights” at the Old North End Community Center to be to answer health insurance related questions and raise awareness about our office.

With the continued support of our community partners, we were able to provide Vermonters with accurate and accessible information to make informed decisions about their health insurance. Looking ahead, the HCA remains committed to reducing barriers to health insurance access and ensuring all Vermonters have the tools and support they need to navigate their options successfully.

Office of the Health Care Advocate

Vermont Legal Aid
264 North Winooski Avenue
Burlington, Vermont 05401
800.917.7787

<https://vtlawhelp.org/health>