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

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Quarterly Report  
October 1, 2021 - December 31, 2021  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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January 21, 2022



## 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.

Since Governor Scott's "stay at home" order on March 24, 2020, the HCA has been operating remotely and it anticipates operating remotely until the spring of 2022. The HCA Helpline now has eight advocates working to resolve issues.

This past quarter, the HCA focused on Vermont Health Connect (VHC) Open Enrollment and Medicare Part D Open Enrollment. We talked to 77 households about how Medicare works and what it covers (54 the previous quarter). Our calls about Premium Tax Credit eligibility also doubled this past quarter (60 this quarter vs. 31 the previous quarter), and we had a significant increase in cases of consumers interested in buying plans on VHC (43 this quarter vs. 23 the previous quarter). Medicaid eligibility remains the top issue with over 1500 webpage views and 180 calls about all types of Medicaid eligibility. Overall, the HCA helpline had 756 calls this quarter.

We did significant outreach and consumer education about Open Enrollment, and about the increased subsidies available on VHC because of American Rescue Plan Act (ARPA). We talked to 30 households about ARPA and their eligibility for increased subsidies. We also had two news articles about ARPA on our website, which were viewed 143 times this quarter.

Starting in 2022, VHC enrollees will start to pay their premiums directly to the insurance carrier, instead of to VHC. The HCA has been working with VHC on consumer education and outreach about the transition. We received some calls from consumers about this issue, and we plan on continuing to do outreach and education to consumers during this transition.

The HCA is also working with other stakeholders to consider changes to the Vermont Essential Health Benchmark plan on VCA. The group is considering whether the plan can be updated and expanded within the regulatory framework to cover items such as dental care for adults, fertility services, or hearing aids. During this quarter, we continued to meet and hear from stakeholders about possible changes.

The HCA helpline continues collaborating with other projects within Vermont Legal Aid and community stakeholders to make sure the community understands the impact on health care programs of new unemployment programs, hazard pay, and the stimulus checks created

### Kristi's Story:

Kristi lost her insurance and needed to see a dentist. Previously, she had been on her spouse's plan, but they were now divorced. She did not think that she could afford to pay for her insurance. She had delayed her dental work for several years, and she was now having pain whenever she ate. The HCA advocate quickly discovered that Kristi would be eligible for Medicaid for Children and Adults. Medicaid for Children and Adults has \$1000 worth of dental coverage, plus two preventive visits per year. The advocate helped Kristi apply, and she was approved. The next hurdle was finding a dentist who accepted Medicaid *and* was taking new patients. The HCA contacted Department of Vermont Health Access, and a dental access specialist helped Kristi find a dentist who was accepting new patients, and she was able to schedule an appointment.

by the CARES ACT and the American Rescue Plan Act. We are continually working on updating our website so consumers can access the latest information on how these programs will impact their Medicaid and other public benefits.

The HCA will again advocate for the use of one-time Federal funds to improve access to dental care and dentures for lower income Vermonters and plans to continue to advocate for increased dental access. We had 32 calls about dental access this past quarter. Our dental pages service webpage was viewed 762 times, which was the third highest of all our webpages.

As we enter another winter of the COVID-19 pandemic, we know that Vermonters and our health care system are under a great deal of stress. Many Vermonters face the challenges of medical debt or the fear of such debt. In addition, we continue to hear from many Vermonters who cannot access healthcare because of the long wait times for appointments. We are working with other stakeholders to address accessibility and affordability issues as the state moves forward, so that Vermonters will be able to get in and see their providers. The HCA will continue to work to make healthcare more accessible for all Vermonters, and to make the system more equitable, responsive, and affordable.

**Cecily's Story:**

Cecily called the HCA because she wanted help understanding her eligibility for Premium Tax Credit (PTC) to help pay for a plan on Vermont Health Connect (VHC). Cecily was over 65 years old, and most people over 65 lose their eligibility for PTC when they become eligible for premium free Medicare Part A. Cecily, however, was not eligible for Premium free Medicare Part A, and this meant that she could stay on a VHC plan and continue to get PTC to help pay for her plan. With the passage of American Rescue Plan Act (ARPA) in 2021, many Vermont households were eligible for increased subsidies to help pay for VHC plans. When the HCA advocate reviewed Cecily's income, she discovered that VHC did not have the correct income listed. When the HCA advocate reported the new income, and Cecily was found eligible for more PTC because of ARPA, her monthly premium was reduced to less than \$5. She was also now eligible for more cost-sharing assistance, which meant that her deductible and maximum out-of-pocket also decreased.

**Zach's Story:**

Zach found a new doctor, but he had no way to get to any appointments. He did not have a car or anyone who could drive him. The HCA advocate investigated and found that Zach was on Medicare. Medicare does not have non-emergency transportation benefits, but Medicaid does. The advocate discovered that Zach would qualify for Medicaid for the Aged, Blind and Disabled (MABD) with a small spend down. If you are slightly above the MABD limit, you can request a spenddown. The spenddown is calculated by taking the amount your monthly income is over the monthly limit for MABD and multiplying it by six. Basically, your spenddown amount acts like a deductible. You need to spend that amount or owe that amount in healthcare before your MABD can become active. Zach was only slightly above the MABD limit, so he had small spenddown. He was able to meet the spenddown with what he was spending for over-the-counter medications. Once he met the spenddown, his MABD was active. Zach was then able to access Medicaid transportation and get rides to his medical appointments.

**Rosie's Story:**

Rosie called the HCA because she had received a bill for over \$15,000 from a recent hospital stay and could not pay for it. When the HCA advocate spoke to Rosie, she found that Rosie had been on Medicaid when she was hospitalized. The HCA advocate investigated and found that Rosie had given her insurance information to the hospital. The hospital had submitted the bill to Vermont Medicaid. Medicaid providers are subject to balance billing provisions, and once they have billed Medicaid, they cannot bill the patient for the service. The HCA advocate pointed this out to the hospital, and it agreed that the bill had been sent in error and Rosie was able to disregard it. When talking to Rosie, the HCA advocates learned that she was turning 65 in the next month and was worried about the costs of Medicare. The HCA advocates advised Rosie she would be eligible for a program called the Medicare Savings Program which would help pay for Medicare premiums and showed her how to apply for it. This meant Rosie would be able to afford her premiums when she turned 65 and went onto Medicare.

## Overview

The HCA provides assistance to 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.

The HCA received 756 calls<sup>1</sup> this quarter. We divided these calls into broad categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **28.44%** about **Access to Care**
- **10.58%** about **Billing/Coverage**
- **6.61%** about **Buying Insurance**
- **14.15%** about **Complaints**
- **9.79%** about **Consumer Education**
- **19.31%** about **Eligibility** for state and federal programs
- **9.79%** were categorized as **Other**, which 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.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved multiple issues. For example, although 146 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 482 cases had eligibility listed as a secondary concern.

In each section of this narrative, we indicate whether we are referring to data based on primary issues only or primary and secondary issues combined. Determining which issue is the "primary" issue is sometimes difficult when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakdowns of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

The most accurate information about eligibility for state programs is in the All-Calls data report because callers who had questions about VHC and Medicaid programs fell into all three insurance status categories.

The full quarterly report for October – December 2021 includes:

- This narrative
- Five data reports, including three based on the caller's insurance status:
  - **All Calls/All Coverages: 756**
  - **Department of Vermont Health Access (DVHA) beneficiaries: 221**

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<sup>1</sup> The term "call" includes cases we receive through the intake system on our website.

- **Commercial Plan Beneficiaries:** 147
- **Uninsured Vermonters:** 50
- **Vermont Health Connect (VHC):** 126

## The Top Issues Generating Calls

The listed issues in this section include both primary and secondary issues, so some of these may overlap.

### All Calls 756 (vs. 737 last quarter)

1. Complaints about Providers 111 (101)
2. MAGI Medicaid Eligibility 82 (90)
3. Medicare Consumer Education 77 (54)
4. Premium Tax Credit Eligibility 60 (33)
5. Medicaid Eligibility (non-MAGI) 56 (54)
6. Buy-in Programs/Medicare Savings Programs 55 (52)
7. Information/Applying for DVHA Programs 45 (50)
8. Access to Prescription Drugs/Pharmacy 45 (48)
9. Buying Insurance – QHP – VHC 43 (14)
10. Other issues (Not Health-related) 41 (36)
11. Medicare Eligibility 40 (1)
12. Access to Nursing Home & Home Health 37 (0)
13. Complaints about Hospital 36 (1)
14. Hospital Billing & Financial Assistance 33 (11)
15. Buying Medicare Supplement Insurance 31 (0)

### Vermont Health Connect Calls 126 (109)

1. Premium Tax Credit Eligibility 60 (31)
2. Medicaid Eligibility – MAGI 45 (43)
3. Buying QHPs through VHC 43 (23)
4. Information about ACA 23 (5)
5. ACA Tax Issues 17 (16)
6. IRS Reconciliation Education 17 (12)
7. ARPA (American Rescue Plan Act) Consumer Education 16 (16)
8. Information about DVHA 15 (16)
9. Nonfinancial Eligibility Requirements 15 (13)
10. Medicare Consumer Education 14 (6)
11. ARPA Eligibility 14 (14)
12. Special Enrollment Period Eligibility 14 (14)

**DVHA Beneficiary Calls 221 (vs. 258 last quarter)**

1. MAGI Medicaid Eligibility 35 (50)
2. Non-MAGI Medicaid Eligibility 35 (38)
3. Complaints about Providers 32 (38)
4. Eligibility for MSPs/Buy-In Programs 32 (26)
5. Information about Medicare 26 (26)
6. Information about DVHA 21 (28)
7. Access to Dental Care 18 (15)
8. Medicare Eligibility (non-MAGI) 26 (38)
9. Access to Prescription Drugs/Pharmacy 15 (18)
10. Part D Plan Eligibility 13 (9)

**Commercial Plan Beneficiary Calls 147 (vs. 107 last quarter)**

1. Premium Tax Credit Eligibility 40 (20)
2. Buying QHPs through VHC 29 (14)
3. Medicare Consumer Education 17 (3)
4. Information about ACA 15 (4)
5. ARPA Consumer Education 14 (12)
6. Eligibility for MAGI Medicaid 14 (16)
7. Carrier Complaints 13 (3)
8. IRS Reconciliation Consumer Education 13 (8)
9. ARPA Eligibility 13 (12)
10. Billing - Coverage & Contract Questions 12 (9)
11. Billing - Premiums 12 (14)

The HCA received **756** total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 29.23% (221 calls)
- **Medicare<sup>2</sup> beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 16.66% (126 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 19.44% (147 calls)
- **Uninsured:** 6.61 % (50 calls)

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<sup>2</sup> Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

## Dispositions of Closed Cases

**All Calls:** We closed 776 cases this quarter. Overall, 325 were resolved by brief analysis and advice. Another 266 were resolved by brief analysis and referral. There were 100 complex interventions involving complex analysis and more than two hours of an advocate's time, and 42 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 498 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 60 cases. We saved consumers \$69,527.66 this quarter.

## Consumer Protection Activities

### Rate Review

The HCA monitors all commercial insurance carrier requests to the Green Mountain Care Board (Board) for changes to premium rates. These are usually requests for rate increases.

On August 5, 2021, the Board issued a Decision and Order related to Blue Cross Blue Shield of Vermont (BCBSTV) 2022 insurance premiums for the individual and small group markets (Order). On August 18, 2021, BCBSVT filed a Motion to Reconsider (Motion) with the Board challenging the Order. BCBSVT argued, in the Motion that the Board should have used the affordability statutory factor rather than the word "excessive," which BCBSVT argues is an actuarial term, when it reduced BCBSVT's allowed profit. The HCA filed a response to the Motion and argued that the Board properly reduced BCBSVT's proposed rate. On August 24, 2021, the Board denied the BCBSVT Motion.

On September 3, 2021, BCBSVT filed notice that it would appeal the Order to the Vermont Supreme Court arguing that the Board should not have used the word "excessive" when it reduced its proposed profit. The parties to the suit are BCBSVT, represented by Stris and Maher, the Board, represented by the Attorney General, and the HCA. BCBSVT filed their initial brief on January 3, 2022. The Attorney General and the HCA will file their initial briefs on February 14, 2022, after which BCBSVT will file a reply brief. After BCBSVT's reply brief, the Vermont Supreme Court may schedule that case for oral argument.

### Hospital Budgets

The HCA is currently assessing the findings of the GMCB's hospital sustainability process and its potential impact on Vermonters.

### Certificate of Need Review Process

The GMCB currently has an unusually large number of open certificate of need applications. In the last quarter, the HCA monitored ongoing and new applications and filed several notices of appearance (NOA) requests to best monitor processes and raise consumer-related concerns, when necessary.

### **Oversight of Accountable Care Organizations**

The HCA participated in the GMCB's annual ACO budget review process of OneCare Vermont (OCV). During the public hearing, we argued against proposed cuts to population health related investments and called for an increased commitment to health equity and organizational transparency. We continue to advocate for the right of the public to view and comment on required disclosures of current and future budgetary activities of non-certified Medicare-only ACOs in Vermont.

### **Other 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 weekly Prescription Drug Technical Advisory subgroup meetings (which includes the Out-of-Pocket Costs and Pharmacy Benefit Manager subgroups).

### **Act 140 Workgroups**

The HCA participated in two workgroups convened as part of Act No. 140 (H.960) – An act relating to miscellaneous health care provisions. These workgroups are led by the GMCB and the Department of Financial Regulation. Our recommendations to build on the shared goal of simplifying and streamlining the PA process and focus on improving Vermonters' ability to access the right care at the right time were incorporated into the final report.

### **Interstate Telehealth Working Group**

The HCA participated in a working group formed out of [Act 21 of 2021](#) that was created to assess the landscape of telehealth practice and its current and potential future impacts on Vermont.

### **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 this year's open enrollment, budget priorities from the advisory committee, the Essential Health Benefit (EHB) analysis, the 1115 waiver renegotiation as well as the Act 48 implementation process.

### **Mental Health Integration Council**

The HCA is a member of the Mental Health Integration Council. The Chief advocate attended all meetings of the full council as well as the Pediatric integration subgroup. The council spent meeting time understanding the integration work successes already underway in Vermont including the efforts our Blueprint for Health. In addition, the effort to organizing the subgroups and developing a process for how the subgroups work on overlapping issues have been a significant focus.

### **EHB Benchmark Plan Workgroup:** October 20<sup>th</sup>, October 27<sup>th</sup>; November 3<sup>rd</sup>, and December 29<sup>th</sup>

The HCA participated in two meetings of the Essential Health Benefits Plan Workgroup. During this quarter we defined the service areas that should be costed out in consideration of updating our EHB.

The workgroup also started to take testimony from stakeholders and advocates about these service areas.

### **Legislative Advocacy**

This quarter saw significant increases in activities by Legislative study committees as we draw closer to the session. The HCA attended the meetings of the Health Reform Oversight Committee as well as the Legislative Task Force on Access and Affordability. The HCA also met with various legislators in response to their requests for information and continued the process of legislative outreach for the coming legislative year.

### **Medical Debt Story Telling Project**

The HCA has long recognized the impact of medical debt on Vermonters. This year, in addition to the ongoing casework and the regulatory work, we engaged in a proactive outreach project with specific goals in mind.

First, we want to help diminish the stigma that people experience when they owe medical debts beyond their ability to pay. Vermonters and their policymakers must understand that these debts are related to structural problems in our healthcare system. Many families, even those with insurance, are exposed to unreasonable medical charges for preventive, routine, and emergency medical care, given their income.

Second, the HCA wanted to learn more about how medical debt impacts Vermonters. We heard directly from Vermont families whose medical debt prevents them from seeking medical care.

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

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

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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 worked with the following organizations this quarter:

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Mexican Consulate
- 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)
- RISPnet Group
- Rural Vermont
- South Royalton Legal Clinic
- Spectrum Youth and Family Services
- SHIP, State Health Insurance Assistance Program
- U.S. Based Committee for Refugees and Immigrants Vermont
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)
- Vermont Medical Society
- Vermont - NEA
- Vermont Workers' Center
- VPIRG
- 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 180 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 – 1,683 pageviews
2. *Income Limits - Medicaid* – 1,577
3. *Dental Services* – 762
4. *Medicaid* – 476
5. *Services Covered – Medicaid* – 453
6. *Long-Term Care* – 406
7. *Medicare Savings Programs* – 405
8. *Medicaid, Dr. Dinosaur & Vermont Health Connect* – 400
9. *Vermont Health Connect* – 360
10. *HCA Help Request Form* – 323 pageviews and 118 online help requests
11. *Resource Limits - Medicaid* – 282
12. *Medical Decisions: Advance Directives* – 277
13. *Choices for Care* – 238
14. *Prescription Help – State Pharmacy Programs* – 229
15. *News: Coronavirus and Long-Term Care* – 208
16. *Dr. Dynasaur* – 203
17. *Choices for Care Income Limits* – 191
18. *Vermont Long-Term Care Ombudsman Project* – 188
19. *Transportation for Health Care* – 187
20. *Medicare* – 193 \*

This quarter we had these additional news items:

- *News item 1: Coronavirus SEP for Vermont Health Connect* – 115 pageviews
- *News item 2: More Financial Help Available for Vermont Health Connect Plans for 2022; Enroll Now!* – 100
- *News item 3: You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 43
- *News item 4: Public Listening Sessions Gather Vermonters' Stories of Long Wait Times for Health Services* – 30

## Outreach and Education:

This quarter the HCA focused on connecting Vermonters with information about the Vermont Health Connect Open Enrollment Period and the increased financial help that is available because of the American Rescue Plan Act (ARPA).

We collaborated with 16 organizations and participated in 10 outreach presentations to provide Vermonters and direct service providers with accessible information on insurance eligibility health care policy.

The HCA utilized social media platforms Facebook and Youtube to produce interactive educational resources to inform Vermonters about the Open Enrollment Period and the increased financial assistance that is available through Vermont Health Connect (VHC). On December 10th, the HCA published an outreach video event on YouTube and Facebook. Viewers learned about the extended Open Enrollment Period, premium process changes, and the extra benefits that are available because of the American Rescue Plan Act (ARPA). Over 300 Vermonters viewed this recording.

In addition to publishing these digital educational resources, the HCA also co-hosted education events in collaboration with partner organizations. On November 19th our office partnered with the Family Room and the U.S. Based Committee for Refugees and Immigrants (USCRI) to host an educational event on the services that the HCA can provide to Vermonters. The HCA's Communication Coordinator hosted 8 more presentations on these subjects during this quarter in collaboration with Working Bridges, the Mexican Consulate, Let's Grow Kids, the Old North End Senior Center, and indigenous community leaders. These education meetings and presentations were attended by 27 direct service providers. These collaborations have led to referrals that have helped our office connect with an array of Vermonters who often have urgent access to care questions.

The HCA also developed digital outreach materials that were distributed on Facebook and Front Porch Forum. These materials provided Vermonters with information on the Medicare and Vermont Health Connect Open Enrollment Periods. We used targeted ads on Facebook to connect to over 700 Vermonters with this information.

### Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions to promote the use of plain language and increase consumers' accessibility to and understanding of important communications from the state and other health organizations regulated by the state. The HCA made plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following letter:

- **Letter to Vermonter Taxpayers without insurance**

### Office of the Health Care Advocate

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