Office of the Health Care Advocate

2025 Annual Report

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A Special Project of

VERMONT LEGAL AID

WORKING TOGETHER FOR JUSTICE

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Introduction

The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and concerns. In 2013, the Legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA). The HCA is not a state agency, rather, it is part of Vermont Legal Aid (VLA), a statewide, nonprofit law firm.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate was so incredibly helpful! She's professional, respectful, and went above and beyond to support me and keep me informed. She was very patient and understanding with me and incredibly knowledgeable. I couldn't have done it without her.

Client Story:

When Bill and Jean called the HCA at the end of 2025, they were struggling with their health care expenses. They had high health needs, and both were on VPharm 3, the state pharmacy assistance program. VPharm 3 costs $50 a month, per person. They also had to pay their Part B premium ($185 per person in 2025, and $202.90 in 2026). The HCA advocate spoke with them and discovered that with the expansion of the Medicare Savings Program (MSP) starting in January 2026, both will be eligible to have their Part B premium paid by the MSP program called QI-1. She showed how they could apply for the program. Also, being on an MSP will make them eligible for a federal drug assistance program called Low Income Subsidy. This means they will not need VPharm 3. The couple will be saving over $6,000 in Part B and VPharm 3 premiums in 2026.

In 2025, the HCA worked to protect and expand access to healthcare for Vermonters in the face of ongoing threats to our system from the federal changes to Medicaid and Affordable Care Act and a state health care system that is fragile and under financial stress. Our advocates saved individual Vermonters who reached out to us for assistance $**2.8 million** this year. Vermonters also benefitted from silver alignment in 2025. This change to Vermont Health Connect meant Vermonters were eligible for more subsidies and had more buying power to sign up for higher value plans in 2025. Many moved from silver plans to gold plans which had lower deductibles and out pocket costs. Silver Alignment was an HCA project that we promoted for several years. Our office worked closely with Vermont Health Connect to help educate consumers about these changes and help them understand their opportunities to save money and find a plan with lower out of pocket costs. In 2025, silver alignment was estimated to give Vermonters about **$40 million** in increased buying power for health care plans, and in 2026, this amount is estimated to increase to **$53 million** in increased buying power.

In 2025, we continued our focus on Medicare Savings Program in preparation for the expansion of that program. We worked closely with the state of Vermont to prepare for the transition, and we have also

been training community partners on the expansion. Starting January 1, 2026, Vermont will extend eligibility for its Medicare Savings Program (MSP) to an estimated additional 14,000+ **Vermonters at an estimated annual savings and benefits of $67.8 Million for these Vermonters** The MSP provides a crucial lifeline for older adults and people living with a disability, allowing them to afford health care and keep more of their hard-earned Social Security income to spend on basic needs like housing, food, and medicine**.** Our webpage on Medicare Savings Programs was viewed over 2232 times in 2025, and we spoke to 92 households about Medicare Savings Programs.

Testimonial from a Vermonter

From a Customer Satisfaction Questionnaire: My advocate was wonderful. She called me back promptly, followed up with me, listened to my whole long complicated story, and then swiftly worked to resolve my complaint, in my favor! Up against the health insurance industry! I am so grateful, and so impressed.

The HCA's website has 130 pages of health care information, and it is an essential tool for communicating with Vermonters. The Medicaid page on income limits had nearly 7000 pageviews. The second most viewed page was the Dental page, which had 6,176 views. We also had over 1700 healthcare PDFs downloaded. The most searched topics with our online tool were about Medicare and about complaints against doctors or hospitals. We also received 455 online help requests in 2025.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate was such a pleasure to work with. She answered my question very quickly and it was so easy to understand. When I told her I received the opposite information, she pointed me to the law and made sure I understood it so if I needed, I could use it later. I truly appreciated her kind and supportive approach.

With the passage of HR-1, Vermont Medicaid and Vermont Health Connect will see significant changes in the coming years. The law implements new requirements and restrictions on who can get coverage. It will be essential for the HCA to be responsive and prepared to educate and help Vermonters, and to work to find ways to keep coverage accessible to Vermonters. We will also need to work closely with VHC on the development of the rules and implementation of the changes, and work to minimize the loss of coverage. We are also preparing to work with community partners to help them understand the impact of HR-1.

The HCA will also focus on keeping premiums and coverage affordable. At the end of 2025, the enhanced premium tax credits for households on Vermont Health Connect expired. This means many households will pay more in premiums, and if your household income is above 400 percent of the federal poverty level, you will not be eligible for financial assistance. Because of this change, we talked to many households that decided to move to a lesser value plan for 2026. In 2025, we spoke to 120 households about eligibility for Premium Tax Credits and another 110 household about buying plans on Vermont Health Connect. Some households decided that they could not afford coverage.

In the policy world, the HCA continues to advocate for more sustainable and affordable health care

system for patients and providers alike. We need a system where Vermonters do not need to wait months to see specialists or find a new primary care physician. We need a system where Vermonters with Medicaid don't skip dental care because they can't find a dentist who accepts Medicaid. We need a system which serves all parts of this rural state. We also need a system where insurance providers and hospitals can afford to stay in Vermont and provide high quality, accessible and affordable care. We need to continue to focus our efforts towards directly reducing health system costs for Vermonters through lowering hospital prices and health insurance premiums.

Case Examples

The following case examples demonstrate the kind of work we do:

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.

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.

Jade's Story:

Jade called the HCA because she could no longer afford her health care premium of over $800 per month. She was on a Vermont Health Connect plan, but she was not getting any financial assistance paying for it. After speaking with Jade, the HCA advocate learned that Jade had separated from her spouse. The spouse had moved out of state. They were not sharing financial expenses. Jade was not in contact with her spouse, but their divorce was also not final. She was also not currently working and had significant medical needs. Under the Medicaid rules, Jade qualified as a household of one, even though her divorce was not yet final. She was living apart from her spouse, and they did not intend to file their taxes jointly. Since she was a household of one, that meant only Jade's income was counted when VHC screened her for Medicaid. The HCA advocate helped Jade report her change of household status and update income and be screened for Medicaid. She was found eligible for Medicaid. The change from being on a VHC plan to Medicaid, meant that Jade was going to save nearly $10,000 a year alone in premiums

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate was truly amazing she went above and beyond to help me understand everything that was going on. We walked me thru it every step of the way. 100% was amazed

Willow's Story:

Willow called the HCA after she found out that her two grandchildren did not have any healthcare coverage. Both grandchildren lived with her, and she took them to the dentist, expecting the visit to be covered by Dr. Dynasaur. However, neither child had active coverage. She called the HCA for help resolving the issue. The HCA advocate found both children were correctly listed in Willow's household, but they had no active coverage. The Dr. Dynasaur had recently been closed. The HCA advocate discovered that the Dr. Dynasaur renewal paperwork had been mailed to an incorrect address. This meant that Williow did not get the renewal paperwork, and the children's coverage had been closed because she did not respond to the renewal paperwork. The HCA advocate helped Willow complete the renewal, and both children were approved for Dr. Dynasaur for another year. This meant that their recent dental appointments would be covered by Dr. Dynasaur

Consumer Assistance

The HCA helps individuals navigate the complexities of health insurance and assists them with health care problems. We advise and assist Vermont residents, regardless of income, resources, or insurance status. Our services are free. As part of VLA, we utilize the broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and provide information, advice, and referrals, or directly intervene to represent the individual. We want to help individuals increase their access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, are uninsured, are about to lose their insurance, or have trouble understanding the eligibility and enrollment rules. We give them information and advice about the

insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with appeals. Our cases can involve any type of insurance, including all commercial plans as well as public programs such as Medicaid, Dr. Dynasaur, and Medicare.

Public Advocacy

Part of the HCA's statutory mandate is to act as a voice for Vermont consumers in health care policy matters and as their advocate before government agencies. Our individual cases inform our public policy and advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. The HCA works hard to represent Vermonter's interests wherever decisions are being made that impact Vermonter's access to care. We have strong working relationships with the various parts of state government including Green Mountain Care Board, the Agency of Human Services with a particular focus on the Department of Health Access, the Department of Financial Regulation and the Vermont Legislature. We also work directly with the major payers as well as hospitals to advocate for individual Vermonters as well as improvements to policies.

Key Projects

Impact of HR-1 on Medicaid and the Affordable Care Act

During 2025, the HCA spent time focusing on how HR-1 will impact Medicaid and Premium Tax Credit eligibility. Although the number of enrollees impacted by HR-1 changes in Vermont in 2025 was relatively limited, that number is going to increase in 2026 and significantly increase in 2027 going forward. We are particularly concerned about the six-month Medicaid reviews for the MCA population; the Medicaid work requirements for the MCA population; and the limitations on what immigration statuses will be eligible for Medicaid and Premium Tax Credits. The HCA has been studying the impact of the statute on Vermont's populations and trying to understand ways we can provide help and increase access to care. We are also planning to comment on the rules and procedures, so they will be as easy to comprehend and follow as possible. We will work to limit the loss of coverage as much as possible. We are also exploring what can be done on the state level to maintain and increase access to care.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire

My case worker was more than helpful in explaining very comprehensively my concerns and helping my Wife and I navigate through the Medicare Part D and Medigap insurance for the coming year. We thank your entire office for your exceptional service

Expanding Medicare Savings Program eligibility

The HCA anticipates an estimated 14,000+ **Vermonters will become newly eligible for the Medicare Savings Program on Jan. 1, 2026, with an estimated annual savings & value $64.7 Million for these Vermonters.** The HCA works with many Medicare enrollees who cannot afford the premiums and cost-sharing. We spoke to over1000 Medicare enrollees in 2025.The MSP pays for Medicare Part B premiums, and in the case of QMB, it will also pay for Part A premiums and cost-sharing. Many Vermonters simply cannot afford the premiums. In 2025, Part B alone was $185 a month. In 2026, it will be $202.90. The expansion will save real money for these households. Money they need for food, rent, transportation, and other necessities. The expansion will help with the transition to Medicare. Many households find that their health care costs increase when they transition from a VHC plan or Medicaid from Children and Adults, the type of Medicaid for enrollees under the age of 65, to Medicare. Expanding access to the program will also help with Part D (prescription drug) costs. Anyone who is on a Medicare Savings Program is deemed eligible for Extra Help, the federal Part D assistance program. Extra Help assists with Part D premiums and reduces prescription drug co-payments. By expanding Medicare Savings Programs, more people would get help with both their Part B and Part D costs.

New Financial Assistance Policy Statute (Act 119)

In 2025, the HCA continued its outreach and education effort regarding Hospital Financial Assistance. We continued to provide training and outreach to community partners. Our webpage on hospital financial assistance had 1521 visits, and our fact sheet was downloaded 7 times. We spoke to 65 households about hospital billing in 2025 and 30 households about hospital financial assistance. As HR-1 makes some Vermonters ineligible for Medicaid and Premium Tax Credits, Hospital Financial Assistance will be critical in making sure those Vermonters can access care in the coming years. In addition, some households can no longer afford plans on VHC or can only afford plans with significant out of pockets expenses. We expect more Vermonters will be relying on hospital financial assistance in the coming years. The HCA plans to continue to educate consumers and community partners about these policies, and work with hospitals to support a robust and accessible financial assistance program.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate was fantastically informative and excellent with some follow up questions I had, too.

Regulatory Advocacy

The HCA played a significant role in advising the Green Mountain Care Board (GMCB) during its regular regulatory proceedings for hospital budget and health insurance rate review. The Board reduced rate requests for both the insurance carriers and major hospitals, which are directionally aligned with the recommendations from the HCA. The GMCB decision to significantly reduce the University of Vermont Medical Center's commercial prices was by far its largest cut in the Board's history. These decisions

helped blunt the rapid pace of health cost growth for Vermonters. The HCA also provided recommendations regarding several new policies adopted by the Board, notably the Notice of Service Reduction. Rutland Regional Medical Center withdrew their proposal to eliminate its inpatient pediatric unit in alignment following the HCA's recommendation to the Board to deny it. Our office was concerned about the lack of provider and community engagement in the proposal as well as its potential impact on Vermonter's ability to access the care that they need. The HCA also continues to advise the Board to implement referenced based pricing as soon as possible to reduce hospital prices and health insurance premiums that are among the highest of any state in the country.

The Office of the Health Care Advocate (HCA) reviews and analyzes all commercial health insurance carrier requests submitted to the Green Mountain Care Board (Board) to change premium prices. During 2025, the Board issued decisions on ten premium price change requests.

MVP submitted four premium price change requests that were decided by the Board. Blue Cross and Blue Shield of Vermont submitted five such requests, all of which were decided by the Board, and Cigna submitted one premium price change request that was also decided during the period. No premium price change requests were pending at the close of 2025The HCA appeared in 100 percent of the premium price change proceedings decided in 2025. As appropriate and consistent with the HCA's legal judgment, the HCA filed memoranda, posed questions, filed motions, prepared evidence, and participated in hearings to best represent the interests of Vermonters.

Legislative Advocacy

The HCA was very active in the Vermont State House this year. This year represented a culmination of work for the HCA on a few key long-term projects. The Chief Advocate and members of our policy team spent considerable time at the start of this year's meeting with key legislators to advocate for our legislative priorities for the year. The HCA had a very successful year advocating for a host of policy changes that strengthened the HCA, gave Vermonters considerable savings and improved access to care and improved the stability of our health care financing systems.

H.80 (Act 6): An act relating to the Office of the Health Care Advocate

The HCA drafted H.80, asked Representative Mari Cordes to introduce it, and supported it through every step of the legislative process. It was designed to update the HCA statutes to reflect current operations and practices of the office. Significant revisions include adding an HCA mission statement clarifying our independence, specifying that the HCA may be administered by co-directors, expanding HCA's mandate to represent Vermonters' health care interests beyond the Green Mountain Care Board, requiring state agencies to seek input from the HCA when making significant health policy decisions and facilitate the office's meaningful input by allowing access to confidential information and meetings where such information is discussed. The health insurance rate review and certificate of need statutes were also updated to strengthen the HCA's role in those proceedings. The

legislature expressed a very strong level of support and commitment to the HCA with the passage of this bill.

Status: Signed by the Governor.

H.266: **An act relating to the 340B prescription drug pricing program**

The HCA supported the original purpose of H.266 which was to allow 340B entities to have unlimited contract pharmacies if there were strong reporting requirements for Vermont hospitals participating in the 340B program. This transparency is vitally important to enable policymakers and the public to gain insight into the program's operation in Vermont. As the bill moved toward final passage, the HCA advocated for the implementation of a cap on hospital charges for physician administered outpatient drugs set to 120% of the average sales price, down from the current Vermont average of nearly 600% of the average sales price. Vermonters will save tens of millions of dollars in health care spending in 2026 alone and experience reduced health insurance premium increases as a result.

Status: Signed by the Governor.

S.126: **An act relating to health care payment and delivery system reform**

The HCA drafted language to require the Green Mountain Care Board to implement provider rate setting through a process called "referenced based pricing" (RBP) as soon as possible to directly improve affordability for Vermonters. Our office also engaged collaboratively with the Agency of Human Services and the Green Mountain Care Board and drafted "consensus" language around the how to integrate different forms of healthcare data safely and responsibly. The HCA testified multiple times and engaged national experts to testify on the bill, including high hospital prices on the financial sustainability of Vermont's health care system.

Status: Signed by the Governor.

H.35 (Act 2): **An act relating to unmerging the individual and small group health insurance markets**

The individual and small group Qualified Health Plans (QHPs) were originally merged as a part of Act 171 of 2012. This was significantly motivated by serious concerns about the stability of the individual market and fears that the subsidies defined in the ACA would not create enough stabilization. In 2021, after the passage of the enhanced Premium Tax Credits defined by ARPA, the HCA asked the legislature to consider unmerging the markets. We were convinced that the enhanced tax credits would provide significant support to protect individuals in that market and therefore the market itself. Unmerging the markets provided roughly $17 million of relief for the small group market. After a few extensions, this year, the legislature permanently unmerged the markets going forward in this Act. The HCA supported this change. Even with the instability of changes at the federal level, we did not believe small employers could afford increases and understood there are numerous policy levers available to support the individual group.

Status: Passed and signed by the Governor.

H.96 (Act 15): **An act relating to increasing the monetary thresholds for certificates of need**

The HCA did not play an active part in the development of the many bills addressing certificate of need (CON) this year. We responded to the legislative conversation with support for raising the eligibility thresholds, but we also believed there need to be some additional considerations including closing loopholes for ongoing oversight, improving affordability benchmarks, and maintaining a lower level of oversight for projects that had price tags between the current threshold and those proposed in H.96. Our advocacy for those additional considerations was not supported by the GMCB or the legislature and were not included in the final versions of the bill. The final bill increased monetary thresholds across application categories which could lead to a reduced regulatory burden for applicants and the Board and increased care options for patients.

Status: Passed and signed by the Governor.

H.482: **An act relating to Green Mountain Care Board authority to adjust a hospital's reimbursement rates and to appoint a hospital observer**

HCA supported the bill to establish "emergency powers" for the Green Mountain Care Board considering major concerns about the solvency of our only state domiciled health insurer. The HCA provided testimony on what financial metrics and thresholds to use when evaluating whether a hospital can sustain a reduction in their rates and coordinated with national experts to provide testimony.

Status: Passed and sent to the Governor.

S.27 (Act 21): **An act relating to medical debt relief and excluding medical debt from credit reports**

HCA provided an overview of medical debt, the burden of medical debt in Vermont as it compares to other states, and how debt negatively impacts affordability and access to care for Vermonters. The HCA worked collaboratively with the Treasurer's Office on the bill before the session and supported it throughout the legislative process and in public communications. The HCA advocated to strengthen the notification requirements of the bill to include information about patient financial assistance programs at hospitals and notify patients when their debt is abolished, both of which were included in the final passed version of the bill.

Status: Passed and signed by the Governor.

S.28 (Act 20): **An act relating to access to certain legally protected health care services**

The HCA testified in the House and Senate in support of this bill as it aligns with our office's mission to promote access to high-quality, affordable health care for all.

Status: Passed and signed by the Governor.

S.63: **An act relating to modifying the regulatory duties of the Green Mountain Care Board**

HCA supported the technical corrections contained in this bill related to the Green Mountain Care Board to streamline and update their authority and duties. We particularly supported changes related to

hospital budget review and accountable care organization oversight, given the sunset of OneCare Vermont and the prospect of more Medicare-only ACOs seeking to operate in the state.

Status: Passed and not yet sent to the Governor.

H.71: **An act relating to health care entity transaction oversight and clinical decision making**

The HCA drafted this bill to strengthen Vermont's regulatory authority over private equity (PE) transactions in Vermont's health care system given the increase in PE activity nationally. Our office organized a day of testimony from national experts on the topic to educate and inform the House Health Care Committee and evaluate proposed state-based reforms. The HCA will continue to work with stakeholders throughout the summer to seek consensus on updates to the bill in the second year of the biennium.

Status: In House Health Care Committee

H.493 (Act 27): **An Act relating to making appropriations for the support of the government**

The HCA won a significant victory during the 2024 legislative session when a law was passed to increase the "Qualified Medicare Beneficiary" (QMB) income eligibility level to 145% of the Federal Poverty Level (FPL) and the QI-1 program to the highest permissible level under federal law as of Jan 1, 2026. During the 2025 legislative session, HCA successfully advocated to further increase the QI-1 level to 150% FPL as of January 2026. The HCA estimates that more than 14,000 Vermonters will become newly eligible for the Medicare Savings Program (MSP) in 2026. The MSP eliminates Medicare premiums and lowers cost-sharing for most health services to $0 for people below this income level. The estimated savings to low-income seniors and disabled Vermonters is about $64.7 million.

Status: Signed by the Governor.

H.137 (Act 23): **An Act relating to regulation of insurance products and services**

The HCA worked collaboratively with the Department of Financial Regulation (DFR) and Blue Cross Blue Shield of Vermont to strengthen the process by which rates for Medicare supplement insurance policies are reviewed. The changes will provide greater transparency to Vermonters about the Medicare supplement rate review process and provide opportunities for DAIL, the HCA, or members of the public with the opportunity to formally oppose rate increases of 10% or more affecting more than 5,000 lives.

Status: Signed by the Governor.

H.91**: An act relating to the Vermont Homeless Emergency Assistance and Responsive Transition to Housing Program**

The HCA worked hard to find funding for Bridges to Health to sustain their ongoing outreach and community health programs this year. We advocated unsuccessfully in the budget process as it worked through both House and Senat policy committees. The positive outcome of that advocacy is the allocation of $515,000 to fund Bridges to Health in H.91 with a recognition that the population of

Vermonters served by Bridges are all at serious risk of losing their employer supported housing when they get sick.

Status: Vetoed by the Governor.

Description of Caseload

In 2025, we handled 3,218 calls to our statewide hotline, compared to 3296 in 2024.

In 2025, the HCA also changed its Annual Report period. Instead of reporting on the SFY year, this report reflects our numbers for 2025. Our prior reports were based on numbers during the SFYs.

We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility,* and *Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call, to avoid counting the same case more than once.

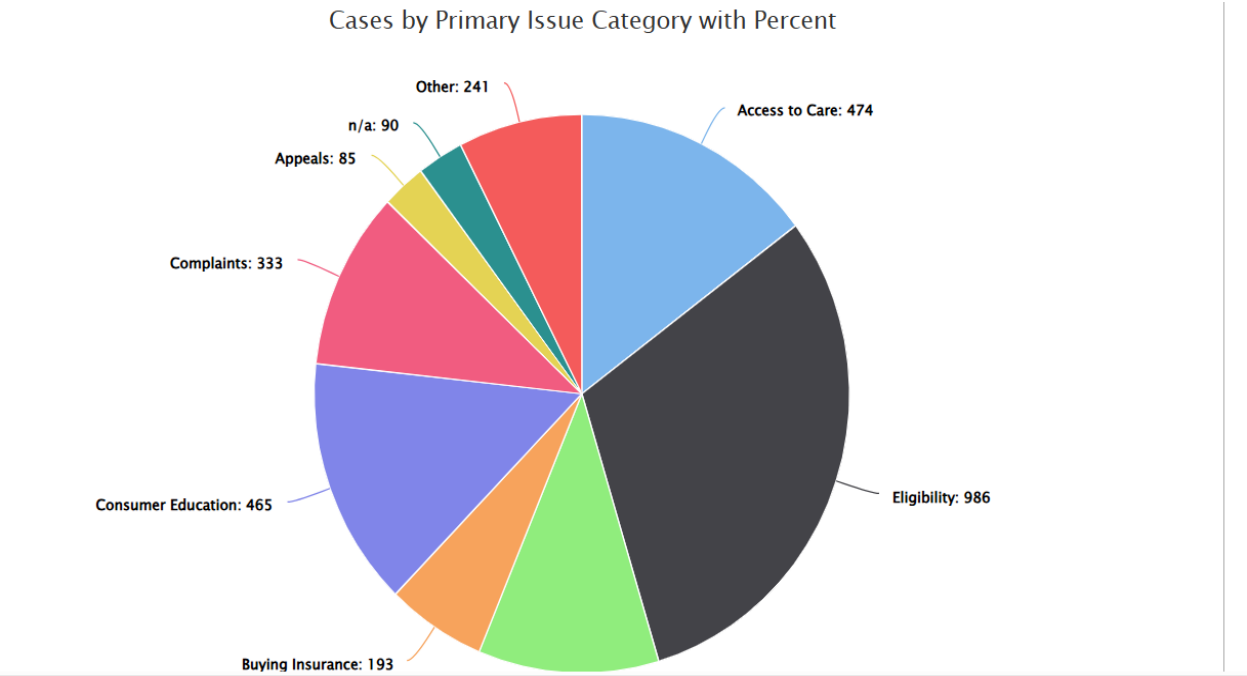
While there were changes in the percentage of cases in several categories, *Access to Care* Cases and *Eligibility* remained the top two issues:

- Access to Care 15% (474)
- Eligibility 31% (986)
- Billing and Coverage 11% (351)
- Consumer Education 14% (465)
- Other 7% (241)
- Buying Insurance 6% (193)

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate is the consummate professional. I can count on one hand the percentage of companies and organizations that provide services to me and my business and that successfully deliver at the level that she did. Thank you.



The pie chart below illustrates the comparative volume of calls for each category. Details are provided in the descriptions below.

Access to Care

Access to Care involves cases where individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 474.

We track more than 40 subcategories in *Access to Care* . The top Access to Care issues: Prescription Drugs (118 calls); Access to Dental and Dentures (91 calls); Access to Care Nursing Homes, (34 calls); Specialty Care (29 calls) Transportation (29 calls) Access to Primary Care, (23 calls), and Access to DME (23 calls) The top issues have been nearly the same for last several years. We continued to see a high volume of dental calls, and heavy traffic on the dental pages of our website. We had 6,176 visits to our dental page, and our chart on Vermont Dental Clinics was downloaded 158 times this year.

Eligibility

Eligibility received the most calls out of all the sub-categories. A total of 986 callers reported eligibility issues, which is similar to previous years.

The top eligibility issues in 2025 remain similar to the past several years. Eligibility for MAGI (Modified Adjusted Gross Income) Medicaid, non-MAGI Medicaid, Eligibility for Premium Tax Credit, and Medicare Savings Programs (MSP) continued to be among the top four issues.

We also had a substantial number of calls about Medicare eligibility, and this is reflected in the consumer education calls as well as the calls about VPharm and Medicare Part D plans. (200 Consumer

Education calls about Medicare; 28 calls about VPharm eligibility; and 21 about Part D eligibility and another 21 about Medicare eligibility) Many consumers called in the fall of 2025 after they learned that their Medicare Advantage Plans were leaving Vermont, and they needed assistance understanding their eligibility and options going forward.

Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. To give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems and refer Vermonters to our website, rather than providing direct intervention. We have enhanced the information on our website about resolving billing problems. In 2025, we answered 351 calls in this category, compared to 368 in 2024.

We track over thirty subcategories of *Billing and Coverage* calls.

- The number of calls about the top five issues in 2025.Hospital Billing 65
- Provider Billing 49
- Premiums 32
- Hospital Financial Assistance 30
- Balance Billing 28

Types of Coverage

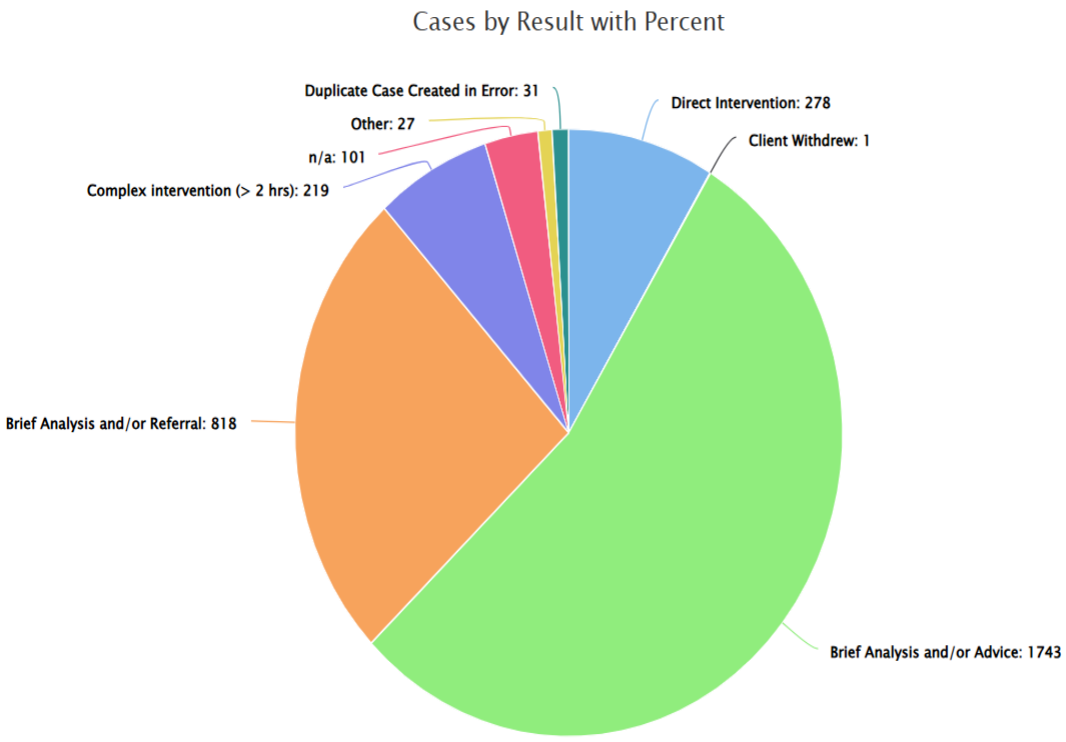
The HCA receives calls from Vermonters with all types of health insurance and from the uninsured. The chart below breaks down our calls by the caller's type of coverage. For 2025, state health care programs included DVHA programs such as Medicaid, VPharm, and Medicare Savings Programs. Commercial insurance comprised both individuals with small or large group coverage and those with individual coverage, including those who purchased Qualified Health Plans through Vermont Health Connect. In some cases, the caller's insurance status is not relevant to the problem, and the HCA does not ask for the information.

The breakdown this year, compared to the previous two years, is shown in the table below.

Insurance	2025	SFY 2024	SFY 2023
State Programs	753	1000	937
Commercial Insurance	550	435	883
Uninsured	159	190	143
Medicare	828	919	459
Dual Eligible[1]	207	90	79
Not Applicable/Unknown	607	665	968

Resolution of Calls

In 2025, the HCA closed 3,218. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In 2025, the HCA saved consumers$2,863,862.



[1] Dual Eligible means a beneficiary who is eligible for both Medicaid and Medicare.

Public Advocacy & Coordination

2025 was another busy and productive year for the HCA's public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital and ACO budget reviews, certificate of need proceedings, and numerous other meetings and activities.

The HCA also actively participated in other systemic advocacy activities including bringing a consumer voice to legislative policy considerations and being a consumer-focused resource for legislators. The HCA tracks any changes to Federal and State rules including the eligibility and enrollment rules (HBEE), Medicaid covered services rules (HCAR), and rules governing Association Health Plans. The HCA also edited multiple health care notices to make them more readable and understandable. We participated in health care tax advocacy for individuals and on a systemic level. The HCA participated in numerous other public commissions and boards.

The HCA engaged in several outreach and public education activities, partnering with various community organizations to get the word out about issues that consumers need to be mindful of when accessing insurance and health care, as well as information about the services that the HCA has to offer to Vermonters who need assistance. These outreach activities included significant focus on health care-related tax issues as well as eligibility, and communications focused on helping Vermonters understand and manage the exchange marketplace.
The HCA works closely with the Long-Term Care Ombudsman Project and other VLA projects, and Legal Services Vermont. In addition, we coordinate our efforts with many consumer and advocacy groups and other organizations that are working to expand access to health care. The following are some of the organizations the HCA worked with in 2024 and 2025:

- 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

Health 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 150 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.

The top 25 health pages in SFY 2024 were:

1. Medicaid - Income Limits (5,781 pageviews)
2. Health - section home page (7,686)
3. Dental Services (6,287)
4. Buying Prescription Drugs (2,426)
5. Medicare Savings Programs (2,232)
6. Long-Term Care (1,768)
7. Medicaid, Dr. Dynasaur & Vermont Health Connect (1,760)
8. Medicaid (1,661)
9. Medicaid - Resource Limits (1,618)
10. Medical Decisions: Advance Directives (1,485)
11. HCA Help Request Form (1,388 pageviews) and online help requests (484)
12. Dr. Dynasaur (1,338)
13. Choices for Care - Income Limits (1,120)
14. Choices for Care - Giving Away Property or Resources (1,097)
15. Prescription Help - State Pharmacy Programs (1,084)
16. Medicaid - Services Covered (1,002)
17. Advance Directive forms (973)
18. Vermont Health Connect (965)
19. Low-Cost Glasses and Eye Exams (961)
20. Patient Financial Assistance & Affordable Medica Care (939)
21. Medical Debt (903)
22. Medicaid and Medicare Dual Eligible (892)
23. Health Care Reform (806)
24. Transportation for Health Care (767)
25. Choices for Care (704)

PDF Downloads

The top health-related downloads were:

- Advance Directive Short Form (downloaded 589 times)
- Vermont Dental Clinics Chart (490)

- Advance Directive Long Form (342)
- Low-Cost Glasses and Eye Exams (65)
- Long-Term Care – Know Your Rights (32)
- Vermont Medicaid Coverage Exception Request Standards (30)
- Hospital Financial Assistance Fact Sheet (22)
- How to Get Durable Medical Equipment Through VT Medicaid (13)
- Fair Hearing Steps (13)

The Advance Directive Short Form ranked 4th among all PDF downloads on the *VTLawHelp.org* website. The Vermont Dental Clinics Chart ranked 5th, and the Advance Directive Long Form ranked 7th. These were the top health-related downloads last year as well.

Online Help Tool

We have a Health section in the online help tool on our website. It is found at *https://vtlawhelp.org/triage/vt_triage* and it can be accessed from most pages of our website.

The website visitor answers a few prompts to get to the health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a different way to access helpful information — at all hours of the day and night. The website user can also call the HCA or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information 331 times this year. Of the 55 health care topics that were accessed using this tool, the top topics were:

- Complaints - I want to file a complaint against a doctor or hospital.
- Complaints - I have an urgent medical need.
- Medicaid - I have a problem with Medicaid.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).
- Complaints - I have been denied coverage for a medical procedure, service, drug or equipment.
- Long-Term Care - How do I know if I can get Choices for Care Long-Term Care Medicaid?
- Medicare – I have a problem with Medicare.

Vermont Legal Aid, Inc.

Vermont Legal Aid, Inc.
HCA ANNUAL REPORT SFY 2025
CONTRACT INCOME $ 2,000,406

CONTRACT EXPENDITURES:
Personnel
Project Co-Directors 216,088
Attorneys and Health Care Policy Analysts 391,707
Lay Advocates and Para-Professional Staff 481,932
Management and Support Staff 247,469
Other (Fringe Benefits) 524,405
Total Personnel 1,861,601
Other Direct Costs
Office Operations 127,300
Project Space 76,519
Other 32,147
Total Other Direct Costs 2 35,966
Purchased Services
Actuarial Services 13,550
Total Purchased Services 13,550
TOTAL CONTRACT EXPENDITURES $ 2,111,117

Attachment A

Health Care Advocate Statutory Duties

Current Duties

Title 18: Health

Chapter 229: Office of the Health Care Advocate

§ 9602. Office of the Health Care Advocate; composition

- Chief must have expertise in the fields of health care and advocacy
- May employ legal counsel, admin staff, and other employees and contractors as needed

§ 9603. Duties and authority

The HCA shall:

- Assist health insurance consumers with health insurance plan selection
- Accept referrals from Vermont Health Connect and navigators
- Help consumers understand their rights and responsibilities under health insurance plans
- Provide information to the public, agencies, legislators, etc. regarding problems and concerns of health insurance consumers and recommendations for resolving problems and concerns
- Identify, investigate, and resolve complaints on behalf of health insurance consumers, and assist consumers with filing and pursuit of complaints and appeals
- Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to patients and health insurance consumers
- Facilitate public comment on laws, rules, and policies, including those of health insurers
- Suggest policies, procedures, or rules to the Board to protect consumers' interests
- Promote the development of citizen and consumer organizations
- Annual report on activities, performance, and fiscal accounts

The HCA may:

- Review the health insurance records of a consumer who has provided written consent
- Pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer or group of consumers
- Represent the interests of Vermonters in cases requiring a hearing before the Board

§ 9604. Duties of State agencies

- State agencies shall comply with reasonable requests from the HCA for information and assistance

§ 9605. Confidentiality

- HCA cannot disclose the identity of a complainant or individual without consent

§ 9606. Conflicts of interest

- HCA, employees, and contractors cannot have any conflict of interest including direct involvement in licensing, certification, or accreditation of a health care facility; ownership interest or investment in, employment or compensation by, or management of, a health care facility, insurer, or provider

§ 9607. Funding; intent

- The HCA shall specify in its annual report its expenditures including the amount for actuarial services
- The HCA shall maximize the amount of federal and grant funds available to support the HCA

Title 08: Banking and Insurance

Chapter 107: Health Insurance

§ 4062. Filing and approval of policy forms and premiums

- The HCA may within 30 calendar days after the Board receives an insurer's rate request submit to the Board suggested questions regarding the filing for the Board to provide to its actuary
- The HCA may submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.
- The HCA may provide testimony at a public hearing about the insurer's rate request
- The HCA may appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

§ 4080e. Medicare Supplemental Health Insurance Policies; Community Rating; Disability

- Directs the Department of Financial Regulation to work with the HCA and other stakeholders to educate the public about the benefits and limitations of Medicare supplemental policies and Medicare Advantage plans

Title 18: Health

Chapter 043: Licensing of Hospitals

§ 1911a. Notice of hospital observation status

- Hospital notices of observation status must include statement that the individual may contact the Office of the Health Care Advocate and contact information for the HCA

Title 18: Health

Chapter 220: Green Mountain Care Board

§ 9374. Board membership; authority

- The Board shall seek advice from the HCA in carrying out its duties
- The HCA shall advise the Board regarding policies, procedures, and rules
- The HCA shall represent the interests of Vermont patients and Vermont consumers of health insurance and may suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests

§ 9375. Duties

- Directs the Board to consult with the HCA in the development of a standard for creating plain language summaries of reports prepared by and for the Board

§ 9377. Payment reform; pilots

- The Board shall convene a broad-based group of stakeholders, including the HCA, to advise the Board in developing and implementing pilot projects and to advise the Board in setting policy goals

§ 9382. Oversight of Accountable Care Organizations

- To be certified by the Board, ACOs must offer assistance to health care consumers, including providing contact information for the HCA and sharing de-identified complaint and grievance information with the HCA at least twice annually
- In the Board's review of budgets of ACO(s) with more than 10,000 attributed lives in VT, the HCA may receive copies of all materials, ask questions of Board employees, submit written questions to the Board that the Board will ask of the ACO in advance of any hearing, submit written comments for the Board's consideration, and ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review
- The HCA shall not disclose further any confidential or proprietary information provided to the HCA in the ACO budget review process

Title 18: Health

Chapter 221 Health Care Administration

§ 9414a. Annual Reporting by Health Insurers

- DFR and the HCA shall post on their websites links to the standardized form completed by each health insurer for reporting information about the insurer's business to the Commissioner of Financial Regulation

§ 9420. Conversion of Nonprofit Hospitals

- Requires that the Attorney General provide a copy of the notice of hearing to the HCA prior to a hearing on a nonprofit hospital's application to convert charitable assets

Title 18: Health

Chapter 221: Health Care Administration

Subchapter 005: Health Facility Planning

§ 9433. Administration

- The Board shall consult with the HCA in matters of policy affecting the administration of certificate of need proceedings.

§ 9440. Procedures

- The HCA may participate in any administrative or judicial review of a certificate of need application and shall be considered an interested party upon filing a notice of intervention with the Board

§ 9445. Enforcement

- If any person offers or develops any new health care project without first having been issued a certificate of need or certificate of exemption the HCA may maintain a civil action to enjoin, restrain, or prevent such violation

Title 18: Health

Chapter 221: Health Care Administration
Subchapter 007: Hospital Budget Review

§ 9456. Budget Review

- The HCA shall have the right to receive copies of all materials related to the hospital budget review and may:
    - Ask questions of Board employees
    - Submit questions to the Board that the Board will ask of hospitals in advance of any hospital budget review hearing
    - Submit written comments for the Board's consideration
    - Ask questions and provide testimony in any hospital budget review hearing
- The HCA shall not further disclose any confidential or proprietary information provided to the HCA

Title 18: Health

Chapter 227: All-Payer Model and Accountable Care Organizations

§ 9551. All-Payer Model

- In order to implement an all-payer model, the Board and Agency of Administration shall ensure, in consultation with the HCA, that robust patient grievance and appeal protections are available

Title 32: Taxation and Finance

Chapter 244: Requirement to Maintain Minimum Essential Coverage

§ 10454. Outreach to Uninsured Vermonters

- Requires the Department of Vermont Health Access to consult with HCA to use Department of Tax information to outreach to Vermont residents without minimal essential coverage

Title 33: Human Services

Chapter 004: Department of Vermont Health Access

§ 402. Medicaid and Exchange Advisory Committee

- One-quarter of the members of the MEAB shall be advocates for consumer organizations

Title 33: Human Services

Chapter 018: Public-private Universal Health Care System

Subchapter 001: Vermont Health Benefit Exchange

§ 1805. Duties and responsibilities

- VHC must refer consumers to the HCA for assistance with grievances, appeals, and other issues

§ 1807. Navigators

- Navigators must refer any enrollee with a grievance, complaint, or question regarding his or her health benefit plan, coverage, or a determination under that plan or coverage to the HCA and any other appropriate agency

§ 1814. Maximum Out-of-Pocket Limit for Prescription Drugs in Bronze Plans

- Directs health insurers to collaborate with the HCA and the Department of Vermont Health Access on the form and content of a notice that insurers must send to certain beneficiaries prior to automatic reenrollment in a bronze plan with a prescription drug limit at or below the amount established in 8 VSA § 4089i.

Other Duties

The HCA is also often asked to participate in task forces, councils, and work groups when the Legislature mandates state agencies to create them. While these are not statutory duties for the HCA, they are essentially required.

Office of the Health Care Advocate

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www.vtlawhelp.org/health