



## Strengthening Medicaid: **VERMONT** STATE PROFILE



Medicaid is an essential program that provides health services for individuals and families who otherwise would not be able to afford them. In Vermont, 29.5 percent of residents, or 190,000 individuals, are enrolled in Medicaid.<sup>1</sup> Medicaid improves health outcomes for recipients, improves their financial stability, saves lives, creates thousands of jobs that bolster our local economies, and helps reduce economic and racial disparities in health insurance and healthcare access.<sup>2</sup> However, while anyone who is eligible for Medicaid is guaranteed coverage,<sup>3</sup> many eligible Vermont residents struggle to enroll in and maintain Medicaid coverage. Even when enrolled, many struggle to get access to the services that they need.

During the COVID-19 public health emergency, Congress passed legislation requiring Medicaid programs to keep people continuously enrolled. During this time, Medicaid enrollees did not face the regular barriers to renewing coverage that leave many temporarily or permanently disenrolled and without access to care. As a result, the number of Medicaid enrollees in Vermont grew from 150,000 just before the public health emergency was declared to 190,000 in 2022 and the uninsured rate in the state also declined.<sup>4</sup> At the end of 2022, Congress passed legislation to terminate the continuous enrollment requirement as of March 31, 2023, and scheduled a phase out of the enhanced federal Medicaid matching funds that were provided to states to provide that coverage through December 2023. To prevent the loss of these important gains in stabilizing Medicaid coverage for thousands of residents, Vermont will need to act quickly to remove barriers to enrolling in and maintaining coverage.

The following report provides a brief overview of Vermont's Medicaid system; describes results from a survey conducted by Rights & Democracy Institute, in partnership with Center for Popular Democracy, Make the Road New York/States, and People's Action Institute between September 2022 and February 2023; and makes recommendations for how Vermont can avoid losing the critical gains in health care coverage made during the pandemic by addressing barriers to enrollment, renewal, and accessing

services. For a description of survey methods and to see the national results of the survey, see the [full report](#). Overall, we find that:

- Half of survey respondents in Vermont were not aware that they will need to renew their coverage when the public health emergency ends, suggesting that many Medicaid recipients are at risk of losing their coverage.
- More than four out of five (82.9 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid, and many respondents described how important Medicaid coverage has been for them and their families.
- Nearly half of survey respondents in Vermont reported challenges with applying for their Medicaid coverage, such as long waits, navigating the program website, and phone representatives not being helpful.
- About half of survey respondents in Vermont reported experiencing challenges when renewing their coverage, such as no longer meeting low income limits and not knowing they needed to renew or understanding how to renew.
- Half of survey respondents in Vermont reported challenges with accessing services using their Medicaid coverage, such as difficulties finding a provider with available appointments finding a provider that would accept Medicaid

## VERMONT'S MEDICAID SYSTEM

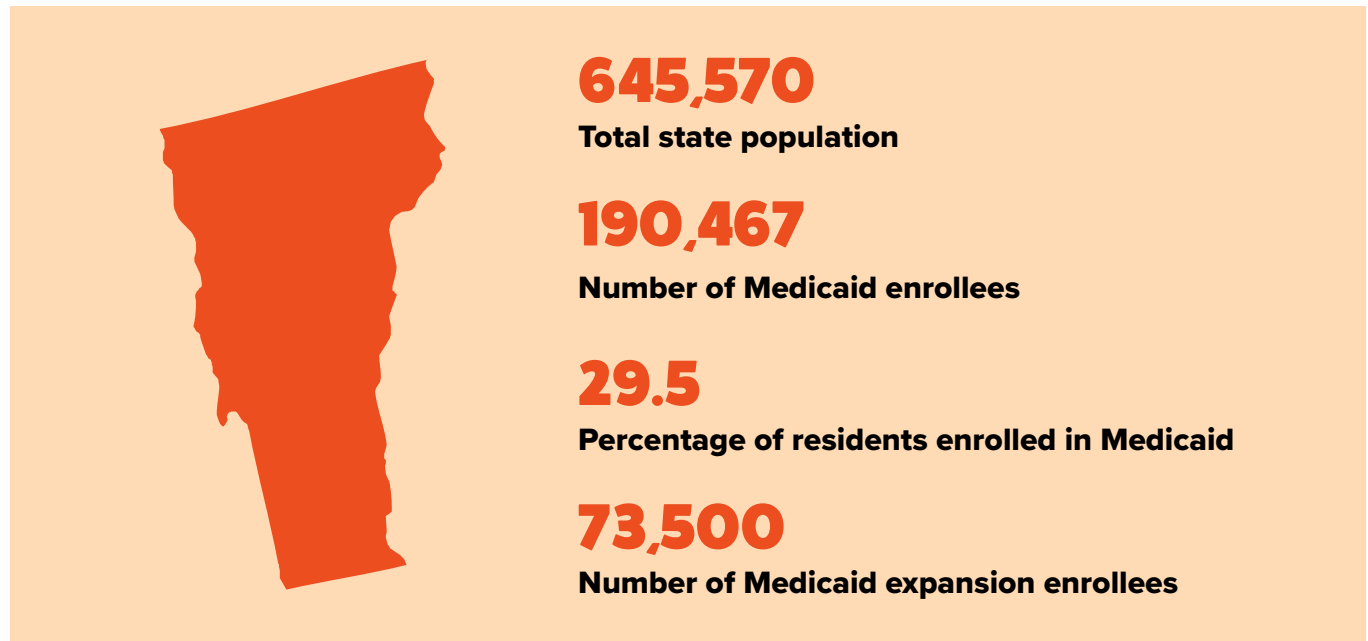
In Vermont, residents are eligible for Green Mountain Care (the state's Medicaid program) if they have a household income below 138 percent of the Federal Poverty Line (FPL). Children are eligible if they live below 312 percent of the FPL and pregnant people are eligible if they live below 208 percent of the FPL.<sup>5</sup> Vermont opted to participate in the federal Medicaid expansion program starting in 2014, which resulted in an additional 73,500 residents gaining health care coverage. The federal government covers 62.0 percent of the costs of Vermont's Medicaid program.<sup>6</sup> In 2018, Republican lawmakers attempted unsuccessfully to pass a bill that would implement work requirements for Medicaid enrollees.<sup>7</sup>

Community organizations in Vermont continue to advocate for improvements to the state's Medicaid system, including:

- Making the Medicaid application process more accessible.
- Creating a more updated and user-friendly Medicaid provider look-up tool.
- Ensuring that official notices and letters from the state's Medicaid program are easy to understand.
- Eliminating the coverage gap between Medicaid and Medicare as recipients turn 65.
- Addressing a lack of providers that accept Medicaid, especially dentists.

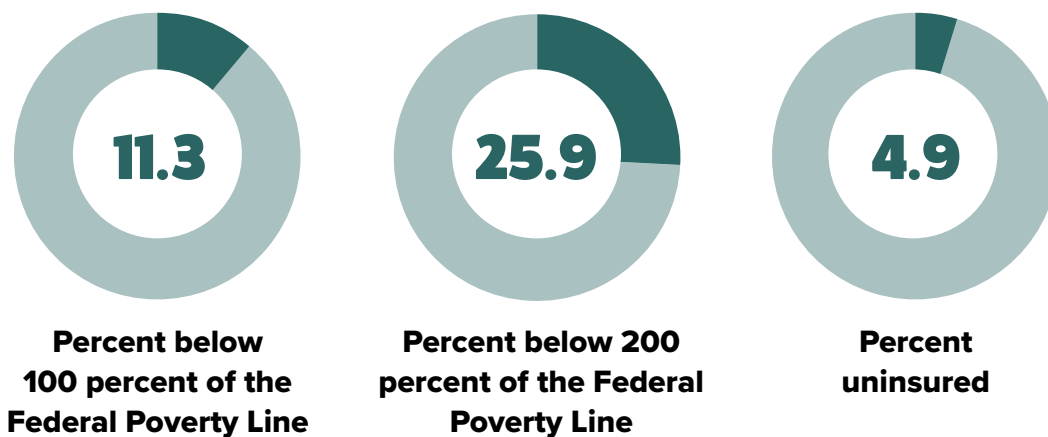
## CHARACTERISTICS OF MEDICAID ENROLLEES, UNINSURED, AND ALL RESIDENTS

Compared to all residents in Vermont, Medicaid enrollees live in lower income households and are younger. Uninsured residents in Vermont live in households with significantly less income than all residents on average and are more likely to be Latinx and/or immigrants.



Source: US Census Bureau American Community Survey 2021 Estimates, US Centers for Medicare & Medicaid Services September 2022, Medicaid Expansion Enrollment September 2021, Kaiser Family Foundation

Percentage of all Vermont residents



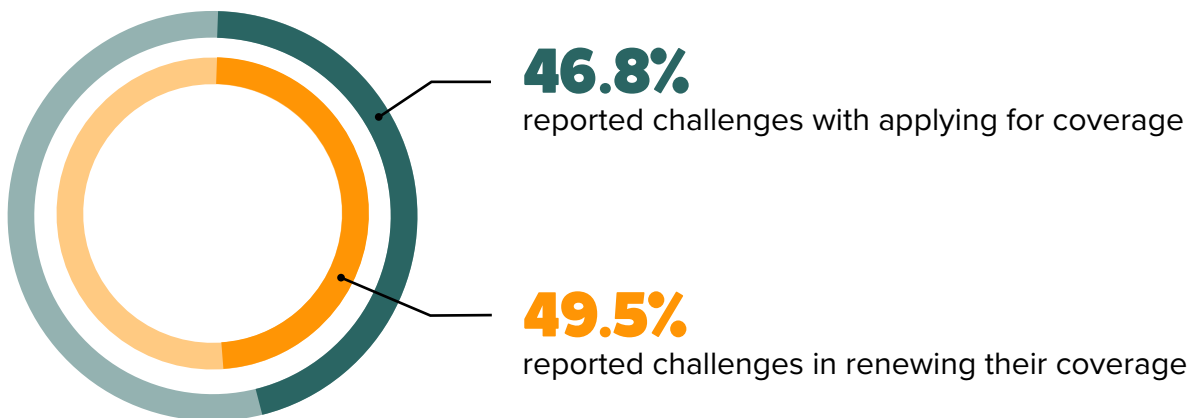
Source: Authors' analysis of IPUMS American Community Survey 2017-2021

	All residents	Medicaid enrollees	Uninsured
Percent Black	1.4	1.8	2.6
Percent Latinx	2.0	1.6	4.6
Percent White Non-Hispanic	91.1	89.9	88.2
Percent Asian	2.1	2.2	1.7
Percent All other races or multiracial	4.4	5.5	5.5
Percent Female	49.5	51.5	36.0
Percent Immigrant	5.7	4.4	8.1
Median age	34.5	23.5	37.5
Median household income	\$70,000	\$42,000	\$58,000

Source: Authors' analysis of IPUMS American Community Survey 2017-2021

## SURVEY RESULTS

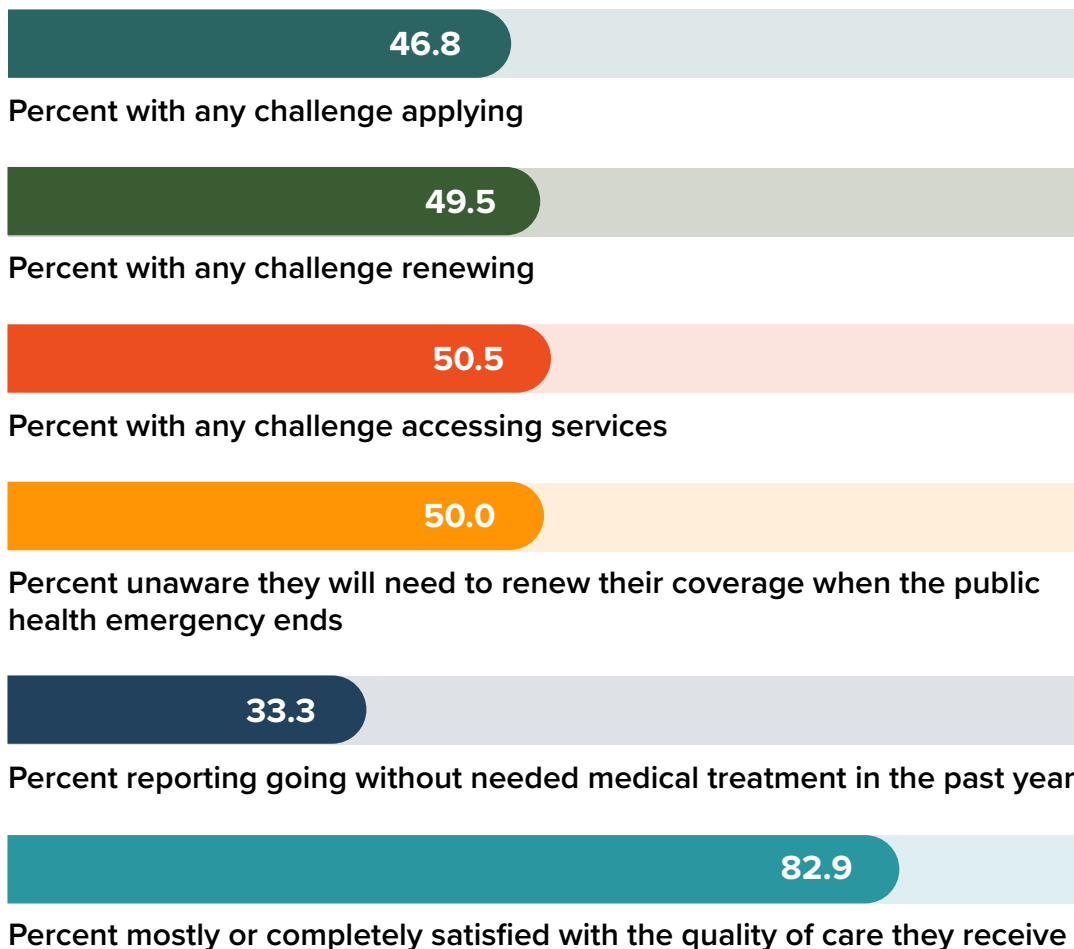
Nearly half of survey respondents in Vermont reported challenges in applying for their Medicaid coverage, and about half of survey respondents reported experiencing challenges when renewing their coverage. The most common challenges Vermont residents cited with applying for coverage included long waits, navigating the program website, and representatives not being helpful when calling into call centers. The most common challenge Vermont survey respondents cited with renewing their coverage was no longer meeting the low income limits. It can be especially challenging for low-income workers to provide documentation showing they meet income requirements as they are more likely to experience fluctuations in income, especially if they do nonstandard work or are employed in an industry with unpredictable schedules, like retail or restaurants.<sup>8</sup>



Half of survey respondents in Vermont reported challenges with accessing services using their Medicaid coverage. The most frequently reported challenge was finding a provider with available appointments, followed by difficulties finding a provider that would accept Medicaid. Close to one in ten survey respondents in Vermont also reported difficulties getting referrals to specialist providers. Challenges in accessing care can lead individuals to delay or never receive needed care. One in three survey respondents in Vermont said that they had gone without needed medical care over the previous year.

Despite the challenges, respondents overall expressed satisfaction with the services they receive through Medicaid and described how important these services are for their and their families' lives. More than four out of five (82.9 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid. Many who were on Medicaid said that if they lost it they would not be able to get care, see doctors, or afford their treatment.

During the COVID-19 public health emergency, the requirement to regularly renew Medicaid coverage was temporarily suspended. Now that the continuous enrollment requirement has been terminated, Medicaid enrollees will need to renew their coverage or risk losing it. Half of survey respondents in Vermont were not aware that they will need to renew their coverage when the public health emergency ends.



***For those survey respondents that reported any challenge while applying for Medicaid coverage, what specific challenges did they face?***

<b>Top three most common challenges with applying</b>	
I called but experienced long wait times	56.9
Website difficult to navigate	35.3
The representative was not helpful	25.5

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

***For those survey respondents that reported any challenge while renewing Medicaid coverage, what specific challenges did they face?***

<b>Top three most common challenges with renewing</b>	
My income changed	47.6
I didn't know about or understand the renewal requirements	28.6
My age changed	11.9

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

***For those survey respondents that reported any challenges while accessing care, what specific challenges did they face?***

<b>Top three most common challenges with access services</b>	
Healthcare provider not available to see you within a reasonable timeframe	61.2
Unable to find a clinic/provider that will accept Medicaid	51.0
Other difficulties making an appointment with a specialist (i.e. there were none in network, within a reasonable distance, who could see you within a reasonable timeframe, etc.)	38.8

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

— “

Had accessibility issues. Website is not easy to navigate. Ableism. As a neurodivergent person with autism and a learning disability, this is too complex of a system to navigate. It is not accessible. The language they use is not clear.”

— “

The process was so complex - lots of paperwork - hard to find all the paperwork to prove income and rent”

— “

The income levels changed and then put me over the Medicaid monthly limit. Sometimes it was by as little as \$10.00 a month, but me and legal aid managed to find a way to get me \$10.00 under the limit.”

— “

Both my kids need to have cavities filled and they can't because the child dentist is too far away and the one local won't do it. Our dental appointments are spaced way too far apart due to dentists leaving and not having enough dentists at community dental clinic. My husband doesn't have a dentist and has been in a waiting list for 4 years because not a lot of dentists take adult patients with State insurance. I need a root canal and a crown and can't get it done because green mountain care doesn't cover that because I'm not pregnant anymore.”

— “

I would apply online then get mailings via USPS asking for more information or the same information in different ways, specifically the questions regarding income were different/confusing compared to the website application questions. I filled it all out as best as possible. Then you have to call to follow up with an interview and if you miss completing any of this during a very restrictive time limit you have to start over in some cases. Their mailings often arrive late which affect deadlines to get them the information - i.e. I often would only have a few days to gather the info and get it in the mail to them and sometimes it would not be delivered by deadline.”

— “

Medicaid is essential and we would be devastated without it”



I was told to call back in 6 months to be put on a waitlist for a possible appointment. How is this health care?"



People think of it as a lesser form of money. That if we have Medicaid we should not get the same level of care."



There was a time I needed back surgery and Dr wouldn't take me/my pain seriously. I needed imagining done and because he said it was just a mental health issue (the pain was all in my head - due to depression and anxiety) so treatment was not provided and it led to me having emergency back surgery. Other times I/my children didn't receive treatment relate to not having access to a BIPOC mental health counselor."



Has triggered my anxiety and depression to a new level in relation to going into a doctor's office for a hospital or anywhere relevant when going to feel like I'm less than human or having them message about me or others on messenger and chats while in an appointment with another provider and being talked about any negative way"



[Medicaid] was a wonderful support in a time that I needed it. And I truly believe that every Vermonter should have access to Medicaid. It has impacted my life in so many positive ways."



## RECOMMENDATIONS

We recommend that all states, including Vermont, take the following actions, if they have not already done so:

### Public health emergency unwinding

- **Outreach to current enrollees** about the public health emergency unwinding to make sure they know that they will need to re-enroll and connect them to supports, such as navigators, to help them do so. Outreach efforts should be done in consultation with community based organizations.
  - » Many survey respondents reported confusing communication from their Medicaid programs and recommended that Medicaid offices improve and clarify their communication practices. Make sure that communication on renewals and the steps enrollees need to take is clear and easy to understand by people with limited literacy and is translated into languages that enrollees speak. Make sure the communication clearly states the specific actions enrollees need to take and by what date.
  - » Contact enrollees through multiple modes of communication, including via texts, instead of just letters in the mail.
  - » Do a better job maintaining accurate contact information for enrollees
    - Create simple tools like online forms and dedicated phone lines for enrollees to be able to update their contact information
    - Use data from USPS and other programs to update mailing addresses.
    - Collect email addresses and cell phone numbers from enrollees to be able to contact them through email, phone calls and the mail
  - » Send reminders and follow-up communications to enrollees
  - » Allow extra time for enrollees to submit renewal documentation
  - » Provide navigators, assisters, community health centers, and community based organizations with additional funds for outreach and renewal support
- All states are required to report data on the unwinding to the federal government, but they should also **make data on the unwinding publicly available** and update as regularly as possible, as several states have done by creating public dashboards. Dashboards should include a visual display of information AND downloadable data updated at least monthly.
- Designate an unwinding czar, as some states have already implemented, to oversee unwinding plans and coordinate communication with stakeholders on the ground. This would include meeting regularly with a variety of stakeholders such as community groups, navigators, and providers, to give regular updates, respond to information on the ground, and collaborate to ensure no one still eligible loses their Medicaid coverage.

Even when enrolled, many struggle to get access to the services that they need.

## Improving application and renewal processes

- **Expand Medicaid eligibility** to cover more uninsured people, including by increasing income eligibility ceiling and asset limits.
- **Expand health insurance to all residents regardless of immigration status.** Millions of low-income immigrants across the United States are ineligible for health insurance due to federal and state laws that prohibit them from obtaining public insurance. Many states have begun to expand access to non-citizens, and recently the federal government announced plans to include DACA recipients in Medicaid. States should take active steps to expand coverage to immigrants, regardless of status.
- **Implement 12-month continuous eligibility regardless of changes in income** as some states have already done. This would greatly reduce enrollees' administrative burden of needing to continually provide documentation of their eligibility and would prevent the "churn" caused by frequent wrongful disenrollment.
- **Reduce wait times by hiring and training sufficient staff** to process new applications and renewals in an efficient and timely manner and provide assistance to enrollees as they call in or show up at offices with questions (most states' Medicaid programs are currently extremely understaffed). This will also reduce the number of individuals who are wrongly disenrolled, reducing the overall workload for state agencies that would then have to process enrollment paperwork for those who are wrongly disenrolled and have to apply again. An estimated 45 percent of those who lose coverage through the renewal process during the PHE unwinding will still be eligible and can re-apply.<sup>9</sup> Reducing wait times and making sure enrollees get the support they need to re-enroll will also reduce the amount of time enrollees spend in the re-enrollment process. Many respondents recommended that Medicaid staff be trained to be more patient and have a better attitude towards Medicaid recipients and those trying to enroll. They emphasized that it was important to be compassionate and understanding to people in need.
  - » If recruitment is a problem, **raise call center worker and other agency worker wages.**
  - » **Hire call center workers who speak other languages**
- **Make it easier to apply for Medicaid by implementing an "easy enrollment" program,** as some states have already done, that allows households to enroll in Medicaid by checking off a box on their state tax return.
- **Make it easier to renew Medicaid by automating renewal systems, allowing self-attestation of some basic information about enrollees, and aligning renewals with SNAP,** as some states have already done.
  - » **Build more robust automatic ex parte renewal systems using existing administrative data when possible** instead of requiring all enrollees to manually complete forms and submit documentation.
  - » However, **periodic administrative data checks should not be used to automatically disenroll individuals** without allowing sufficient time for enrollees to prove eligibility. Some states use automatic systems that regularly check administrative records and if the system finds that income has increased, will automatically send a notice in the mail giving an enrollee only days to prove eligibility or be disenrolled.<sup>10</sup> This leads many enrollees to lose coverage even though they are eligible for it, as low-income workers are more likely to have fluctuations in their income month to month.
- **Improve online enrollment/reenrollment software** so that it is functional and easy to use for enrollees. If websites for enrollment work well, more enrollees will be able to apply/re-enroll online. This will reduce the number who need to apply/reenroll over the phone, the burden on call centers and on wait times. Make sure websites work well on mobile devices, as low-income individuals are more likely to use a mobile device than a laptop or desktop computer.

## Removing barriers to accessing health services through Medicaid

- **Cover telehealth appointments** to make it easier for enrollees to access services even when transportation is not available or when providers are not located nearby.
- **Increase reimbursement rates for Medicaid providers** to prevent the loss of current Medicaid providers and encourage more providers to accept Medicaid-enrolled patients.
- **Require providers to accept Medicaid as a condition of receiving state operating licenses** in order to expand the network of providers that accept Medicaid.
- **Maintain an up to date and easily accessible list of providers who accept Medicaid.**
- **Establish monitoring and enforcement mechanisms to make sure Medicaid providers do not discriminate against enrollees with disabilities, LGBTQ enrollees, non-citizen enrollees, and undocumented enrollees.**
- **Institute quality metrics and increase oversight of Medicaid sub-contractors** like Maximus that provide eligibility, enrollment, helpline, and other administrative services to ensure that the services provided support the public interest, not just private profit.<sup>11</sup>
- **Provide comprehensive coverage for dental, vision, mental and behavioral health, and physical therapy.**

It can be especially challenging for low-income workers to provide documentation showing they meet income requirements as they are more likely to experience fluctuations in income, especially if they do nonstandard work or are employed in an industry with unpredictable schedules, like retail or restaurants.

## ENDNOTES

- 1 Data.Medicaid.gov, “State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data,” accessed March 30, 2023, <https://data.medicare.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>.
- 2 Center for Budget and Policy Priorities, “The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” October 21, 2020, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicare-expansion>; Manatt Health, “Medicaid’s Impact on Health Care Access, Outcomes and State Economies,” Briefing Series: Ket Medicaid Issues for New State Policymakers (Robert Wood Johnson Foundation, February 1, 2019), <https://www.rwjf.org/en/insights/our-research/2019/02/medicare-s-impact-on-health-care-access-outcomes-and-state-economies.html>; The Commonwealth Fund, “The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan,” May 20, 2021, <https://doi.org/10.26099/x6zp-g424>; Center on Budget and Policy Priorities, “Policy Basics: Introduction to Medicaid,” April 14, 2020, <https://www.cbpp.org/research/health/introduction-to-medicare>; Medicaid and CHIP Payment and Access Commission, “Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography,” April 2021, <https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicare-An-Annotated-Bibliography.pdf>; Madeline Guth, Samantha Artiga, and Olivia Pham, “Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care” (Kaiser Family Foundation, September 30, 2020), <https://www.kff.org/medicare/issue-brief/effects-of-the-aca-medicare-expansion-on-racial-disparities-in-health-and-health-care/>; Owen Thompson, “The Long-Term Health Impacts of Medicaid and CHIP,” *Journal of Health Economics* 51 (January 1, 2017): 26–40, <https://doi.org/10.1016/j.jhealeco.2016.12.003>.
- 3 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, “10 Things to Know about Medicaid: Setting the Facts Straight” (Kaiser Family Foundation, March 6, 2019), <https://www.kff.org/medicare/issue-brief/10-things-to-know-about-medicare-setting-the-facts-straight/>.
- 4 Data.Medicaid.gov, “State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data”; Jennifer Tolbert, Patrick Drake, and Anthony Damico, “Key Facts about the Uninsured Population,” Kaiser Family Foundation, December 19, 2022, <https://www.kff.org/report-section/key-facts-about-the-uninsured-population-appendix/>.
- 5 Louise Norris, “Medicaid Eligibility and Enrollment in Vermont,” [healthinsurance.org](https://www.healthinsurance.org/medicare/vermont/), November 30, 2022, <https://www.healthinsurance.org/medicare/vermont/>.
- 6 “Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier,” Kaiser Family Foundation, 2023, <https://www.kff.org/medicare/state-indicator/federal-matching-rate-and-multiplier/>.
- 7 Norris, “Medicaid Eligibility and Enrollment in Vermont.”
- 8 Kristin F. Butcher and Diane Whitmore Schanzenbach, “Most Workers in Low-Wage Labor Market Work Substantial Hours, in Volatile Jobs | Center on Budget and Policy Priorities” (Center on Budget and Policy Priorities, July 24, 2018), <https://www.cbpp.org/research/poverty-and-inequality/most-workers-in-low-wage-labor-market-work-substantial-hours-in>; Katherine Guyot and Richard V. Reeves, “Unpredictable Work Hours and Volatile Incomes Are Long-Term Risks for American Workers” (Brookings, August 18, 2020), <https://www.brookings.edu/blog/up-front/2020/08/18/unpredictable-work-hours-and-volatile-incomes-are-long-term-risks-for-american-workers/>; Joanna Smith-Ramani, David Mitchell, and Katherine Lucas McKay, “Income Volatility: Why It Destabilizes Working Families and How Philanthropy Can Make a Difference” (Asset Funders Network, 2017), [https://www.aspeninstitute.org/wp-content/uploads/2017/12/AFN\\_2017\\_Income-Volatility\\_Final.pdf](https://www.aspeninstitute.org/wp-content/uploads/2017/12/AFN_2017_Income-Volatility_Final.pdf).
- 9 Jennifer Tolbert and Megan Ammula, “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision” (Kaiser Family Foundation, April 5, 2023), <https://www.kff.org/medicare/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicare-continuous-enrollment-provision/>.
- 10 Tricia Brooks and Alexia Gardner, “Unwinding the Medicaid Continuous Coverage Protection at the End of the COVID Public Health Emergency: Tips and Best Practices” (Georgetown University Health Policy Institute Center for Children and Families, August 2022), <https://ccf.georgetown.edu/wp-content/uploads/2022/09/Tips-Unwinding-PHE-final.pdf>.
- 11 Government Contractor Accountability Project, “Maximum Harm: MAXIMUS’ Medicaid Management Failures,” November 2019, <https://maximusaccountability.org/content/13773>.