

DEPARTMENT OF VERMONT HEALTH ACCESS

Health Care Programs Handbook



GreenMountainCare
A HEALTHIER STATE OF LIVING

Attention! If you need help in your language, please call 1-800-250-8427

انتباه! إذا كنت بحاجة إلى مساعدة بلغتك ، فيرجى الاتصال

على **1-800-250-8427**

သတိပြုရန်! မိတ်ဆွေသည် သင့်ဘာသာစကားဖြင့် အကူအညီ လိုပါက၊
ကျေးဇူးပြုပြီး 1-800-250-8427 ကိုခေါ်ပါ။

Pažnja! Ako vam je potrebna pomoć na vašem jeziku, pozovite **1-800-250-8427**

توجه! اگر شما نیاز به کمک در زبان خود، لطفا با شماره تلفن 1-800-250-8427

Attention! Si vous avez besoin d'assistance dans votre langue, appelez le **1-800-250-8427**

Nurabe maso! Niba ukeneye ubufasha mu rurimi rwawe, wahamagara kuri **1-800-250-8427**

ध्यान! यदि तपाईंलाई आफ्नो भाषामा मद्दत चाहिन्छ भने, कृपया **1-800-250-8427** मा कल गर्नुहोस्

پاملرنه! که تاسو په خپله ژبه کې مرستې ته اړتیا لرئ،
مهرباني وکړئ **1-800-250-8427** ته زنگ ووهئ

Ogow! Haddii aad u baahan tahay in lagugu caawiyo luqaddada, fadlan wac **1-800-250-8427**

¡Atención! Si necesita ayuda en su idioma, por favor llame al **1-800-250-8427**

Muhimu! Kama wahitaji usaidizi kwa lugha yako, tafadhali piga simu **1-800-250-8427**

Uvaha! Yakshcho vam potribna dopomoha vashoyu movoyu, telefonuyte za nomerom **1-800-250-8427**



Vermont Health Connect and Green Mountain Care
Customer Support Center

Questions: Call 1-800-250-8427 (TDD/TTY) 1-888-834-7898

You can also get free interpreter services and alternative formats.

Table of Contents

Attention! If you need help in your language, please call 1-800-250-8427	2
Table of Contents	3
Welcome to Your Green Mountain Care Program	5
Program Names	5
Your Green Mountain Care Card	6
Health Care and Referrals	6
Primary Care Provider (PCP)	6
After Hours Care	6
Specialists	6
If Your Doctor Does Not Accept Green Mountain Care	6
Regular Checkups	7
Medicaid and Dr. Dynasaur	7
What Your Program Covers (Services You Can Get)	7
Copayments for Medicaid	8
Premiums	8
EPSDT	9
What Your Program Does Not Cover	10
Getting Services Covered in Medicaid and Dr. Dynasaur Programs	10
Exceptions	10
Prior Authorization	10
Durable Medical Equipment (DME)	11
Drugs and Prior Authorization	12
Non-Emergency Medical Transportaion	12
Emergencies	12
When You Have to Pay	13
If You Get a Bill	14
If you Have Other Insurance	14
Your Rights and Responsibilities	14
You have the right to	14
Fraud, Waste, and Absue - Stealing or Cheating to Get Medicaid Money?	15
Living Wills and Advance Directives	15
Organ Donation	16
Sharing Information with Your Primary Care Provider (PCP)	16
Notice of Privacy Practices	16



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Quality Assurance	17
If You Don't Agree with a Decision We Made	17
Grievances	22
Need Help?	22
Vermont Health Connect & Green Mountain Care Customer Support Center	22
The Office of the Health Care Advocate (HCA)	22
Additional Information	23
Other Programs	23
Adult Day Services	23
Attendant Services Program	23
Children's Integrated Services (CIS)	23
Children's Integrated Services - Early Intervention (CIS-EI)	23
Children's Personal Care Services	24
Children with Special Health Needs (CSHN) Clinics	24
Choices for Care	24
Developmental Disability Services	24
Financial Assistance Program	25
Flexible Family Funding	25
High Technology Nursing Care	25
Homemaker Services	25
Special Clinics	25
Special Services	25
Vermont Early Hearing Detection and Intervention Program	26
Mental Health	26
Adult Outpatient Services	26
Child, Adolescent, and Family Services	26
Community Rehabilitation and Treatment	26
Emergency Services	26
Traumatic Brain Injury Program	27
Women, Infants, and Children Program (WIC)	27

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Welcome to Your Green Mountain Care Program

The first part of this handbook tells you things for all Green Mountain Care programs.

Have questions? Call the Vermont Health Connect & Green Mountain Care Customer Support Center at **1-800-250-8427**. Call Monday through Friday, from 8:00 a.m. to 4:30 p.m. (closed on holidays). This number is also on the back of your Green Mountain Care card.

If you wish to stop your Green Mountain Care coverage, call **1-800-250-8427**. **OR** send a letter to:

DCF/Economic Services Division
ADPC
103 South Main Street
Waterbury, VT 05671-1500

Green Mountain Care providers should give you the good quality medical services that you need. Doctors should not refuse, or limit medically needed services. Green Mountain Care providers must follow federal laws about not discriminating. That means you will not be treated differently because of who you are.

Program Names

Medicaid is health care coverage for children, parents, caretakers, and older people. Medicaid also covers people with disabilities who meet program guidelines. And it covers adults without children who meet certain rules. Some people can get long-term care Medicaid. They must meet the medical rules of the Department of Disabilities, Aging, and Independent Living. They must also meet rules about income and resources.

Dr. Dynasaur is low-cost or free Medicaid coverage for children, teenagers under age 19, and pregnant women.



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Your Green Mountain Care Card

Your ID card will be mailed to your home. Please show it when you go get health care. If you didn't get your new ID card within a month of getting this handbook, **OR** lost your card? Call **1-800-250-8427** and ask for a new one. Do you have other health insurance? You need to show your medical provider both of your insurance ID cards.

Health Care and Referrals

Your Doctor or Primary Care Provider (PCP)

Primary means first. Your Primary Care Provider is who you call first when you need medical care. In this booklet, we call this your **doctor**. They will give you most of your health care. Your doctor will work with you to see a **specialist** if you need it. A specialist is someone who only gives one kind of care. Examples: heart doctor, kidney doctor.

Is your doctor new to you? Ask your old doctor to send your medical records to your new doctor. Call your new doctor to say the records are coming. It is important for your doctor to have your medical records.

After Hours Care

Try to see your doctor for medical problems during regular office hours. If you are really sick or hurt when your doctor's office is closed call your doctor's office and ask for help or advice.

Your doctor's office will answer the phone 24 hours a day, 7 days a week. See **Emergencies** on page 12 for more information.

Specialists

A specialist is someone who has extra training. They work on certain kinds of health care problems. Example: For heart problems, you need a heart specialist. Your doctor will help you get an appointment. This is called a **referral**. In most cases, you must see your doctor before going to a specialist. Your doctor can help you decide if you need a specialist. They can help you choose which one to see. If you need to see a specialist who does not take Medicaid, you must get a referral from your doctor first. If you don't, you may have to pay for the visit.

If Your Doctor Does Not Take Green Mountain Care

Do you see a doctor who does not take Green Mountain Care? You may keep seeing them for up to 60 days after you join the program. This can only happen **IF**:

- You have a life-threatening illness **or**
- You have an illness that is getting worse or disabling you **or**
- You are more than 3 months pregnant **and**
- The doctor agrees to accept the program payments and follow program rules.

Want to keep seeing your doctor for 60 days? Want to find out more about referrals? Call the Customer Support Center at **1-800-250-8427**.

Want to know which doctors take Green Mountain Care? Use the online [Provider Look-up tool](#). Doctors listed as **out of network** may not take Green Mountain Care insurance.

Any doctor you see must take Green Mountain Care. If they don't, Green Mountain Care will **not** pay them. You will have to pay for their care. Do you have other health insurance that may pay all or part of the cost? Then your doctor must take both Green Mountain care and the other health insurance.

If You Need Care Outside the Vermont Medicaid Network

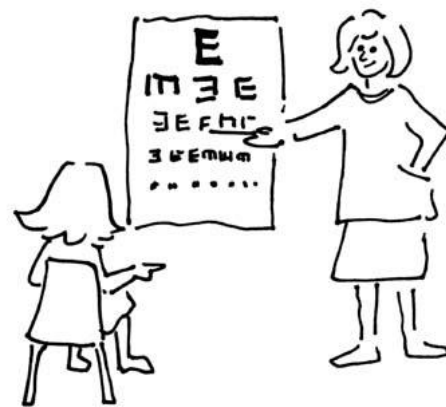
We have a very large network of providers including many types of specialists. Our network is designed to handle a wide range of medical needs. In some rare cases, this network is unable to treat certain special healthcare problems. If you believe you need specialized care that you can't get from a Vermont Medicaid provider, contact your PCP to discuss your needs. Your PCP can request permission for you to receive care from a provider who is not a part of our network if:

- The care you need is medically necessary and covered by Vermont Medicaid
- The provider you wish to see agrees to follow our requirements
- We are able to determine that the care you require is not available within our network.

You will not be charged more for services obtained out-of-network. Approval for out-of-network care is required.

Regular Checkups

It's always better to stop health problems before they start. Regular checkups can help. Ask your doctor how often to have checkups. Ask your doctor what health screenings you need for your age and health.



Medicaid and Dr. Dynasaur

What Services Can You Can Get?

You can get doctor and specialist visits, hospital care, drugs, and many other services. There are some rules about what kind and how much you can get. See your doctor first before making appointments with a specialist. Do you need a service? Your doctor should call Provider Services to be sure the service is covered for you. Services that are covered are:

- Care at a hospital without being admitted – called out-patient



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- Emergency services
- Surgery and over-night hospital stays
- Pregnancy, maternity, and newborn care before and after birth
- Mental health and substance abuse services, including mental health treatment, counseling and psychotherapy
- Prescription drugs
- Rehabilitative and habilitative services and devices – helping people with injuries, disabilities, or lasting conditions get or recover skills
- Lab services
- Preventive services to keep you well and services to manage diseases
- Dental, vision, and hearing services
- Services and doctors for children (pediatrics) and
- Transportation = non-emergency rides to medical appointments

Do you have a question about a service that is not listed? Call the Customer Support Center at **1-800-250-8427**.

Copayments for Medicaid

- Medicaid members pay \$3 for each dentist visit.
- Medicaid members pay \$1, \$2 or \$3 for prescriptions.
- Medicaid members pay \$3 a day at each hospital for outpatient hospital visits.

Some services in a provider's office outside of the hospital are still hospital outpatient services. Ask your provider if a service will be billed as "hospital outpatient visit." If it is, your copay will be \$3.

Most children, people who are pregnant or one year postpartum, and people in nursing homes **don't** have to pay copays. People in the Breast and Cervical Cancer Treatment Program **don't** have to pay copays.

You **don't** have to pay copays for:

- Preventive services
- Family planning services and supplies
- Emergency services
- Sexual assault related services

Premium Payments

Some Dr. Dynasaur members may need to pay a monthly premium payment. The amount of the payment depends on family income, size, and health insurance. When you get your first bill, pay it right away so your coverage can start. Keep paying on time so you don't lose coverage. If you lose your bill, call Customer Support at **1-800-250-8427**. They can tell you how much you owe and how to pay.



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What is EPSDT?

EPSDT is Medicaid and Dr. Dynasaur for children and youth under age 21. It tries to keep children as healthy as possible. **EPSDT** stands for Early Periodic Screening Diagnostic Treatment. It should:

- Find problems early, starting at birth
- Include checkup doctor visits at regular set times
- Use check-up tests to find any problems
- Do follow-up tests if problems are found and
- Treat any health problems found

How EPSDT Works

EPSDT is a federal law. It says the State **must** pay for any medically needed health care service. **Medically needed** means it is for that health problem. **AND** that this is what most doctors would do to treat the problem. It pays for more services than Medicaid covers for adults. There isn't a limit on services that are medically needed. Some services need to be OK'd before you get them. This is called prior authorization.

EPSDT Covers

- Regular check-ups
- Tests on how the child or youth is growing and learning
- Shots
- Eye tests
- Hearing tests
- Checks for lead poison
- Dental visits
- Counseling
- Transportation

How often does a child get check-ups?

There is a **list of the health check-ups** children and youth should get every year. There is also **another list for dental check-ups**. [Keep up to date with detailed EPSDT information and guidelines.](#)

EPSDT does **not** pay for:

- Services or items that are not in federal Medicaid laws (Section 1905(a) of the Social Security Act).
- Experimental care that is not safe or does not work.



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- High-cost services or items if a cheaper one will work just as well.
- Services that are not medical.

For more information, visit the [Vermont Medicaid member information page](#) or call **1-800-250-8427**.

What Your Program Does Not Cover

- Work-related injuries that should be covered by Worker's Compensation
- Costs for court-ordered services unless they are also medically necessary
- Services that haven't been tried before or are experimental
- Services to improve how you look (cosmetic services)
- Services that are not medically necessary
- Acupuncture, acupressure, or massage therapy
- Services that help you get pregnant (fertility treatment)
- Health club memberships and
- Care in foreign countries

Getting Services Covered in Medicaid and Dr. Dynasaur Programs

If a service is not covered by Medicaid

All medically necessary services are covered by EPSDT for anyone under age 21. What if a service is not covered by Medicaid for adults age 21 and older? You can ask us to cover the service for you. This is called an **exception**. The Customer Support Center can help you ask for this. You and your doctor will need to tell us about the services and why you need it. We will send you an answer by mail in about 30 days.

Want to find out more or ask for an exception? Call the Customer Support Center at **1-800-250-8427**. The forms are at [member information coverage exception page](#).

Prior Authorization

Some services and drugs need to be OK'd before you can get them. This is called **prior authorization**. Your doctors know what those services and drugs are. They will ask for a prior authorization approval for you.

If we get all the information we need, prior authorizations are decided within 3 days. Both you and your doctor will get a letter telling you the decision. You **don't** need prior authorization for emergency services.



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Durable Medical Equipment (DME)

Durable Medical Equipment are things to help make life with your medical condition easier. Examples are wheelchairs and hospital beds.

How do I get Durable Medical Equipment?

1. Your doctor will send you to someone for testing.

- The testing decides what kind of equipment you need. This is called an **assessment**. Most assessments are done by physical or occupational therapists. They will set a time to meet with you. You may have to wait if they are very busy. You may need to wait if you need to try the equipment first.
- **Note:** Is the equipment you need simple? Your doctor may say you don't need an assessment. If so, skip to step 2.
- They will send a form to your doctor. It will show what kind of equipment you need.

2. Your doctor will write a prescription.

- Your doctor will sign the assessment form and write a prescription. They will send your prescription to the Durable Medical Equipment company that has the equipment.

3. The Durable Medical Equipment company will ask Medicaid for prior authorization.

If you do NOT need prior authorization, skip to step 5.

- Do you need prior authorization? The DME company will send Medicaid information about you and the DME you need. **Prior authorization** means Medicaid must say it is OK before you can get the equipment.
- A reviewer will check your information. They will decide if you have a medical need for the equipment.
- If the reviewer needs more information, Medicaid will ask the DME company to send it. Medicaid has 14 days from the initial request to make a decision.

4. Medicaid will tell you what they decide

- Medicaid will send a letter to you, your provider, and the DME company. The letter is called a Notice of Decision. In Vermont, the Department of Vermont Health Access (DVHA) runs Medicaid. The letters will be from DVHA.

5. The DME company will get the equipment for you



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If Medicaid approves, the DME company will give you the equipment or order it.

If Medicaid does **not** approve, you can appeal the decision. To appeal, call the Customer Support Center at **1-800-250-8427**. An **appeal** asks them to look at your case again. Medicaid works hard to approve Vermont DME requests quickly. For complicated wheelchairs, it takes about 9 days. That is quicker than Medicaid rules require. It is also quicker than many other states. For simple equipment, the time is even quicker. Do you have Medicaid and Medicare or another insurance plan? Then it may take longer.

Drugs and Prior Authorization

Green Mountain Care asks doctors to prescribe medications from a list of chosen drugs. This helps keep costs down. Some are common/generic drugs that cost less. They work the same way as expensive name brand drugs. Doctors and drug stores must give you the lowest price drug that will work for you. What if you refuse the common/generic drug and want the name brand? You may have to pay for the name brand drug yourself.

Some drugs can only be given to you in 90-day supplies. They include drugs for high blood pressure, cholesterol and diabetes. The first time you try the drug, you may get a smaller supply. This lets you and your doctor decide if it is right for you. After that, you will get a 90-day supply.

What if your doctor thinks you need a name brand drug? Or thinks you don't need a 90-day supply? They may ask us to pay for that drug. Do you want a copy of the preferred drug list? **OR** the list of drugs that require a 90-day supply? Call Customer Support at **1-800-250-8427**. Or see the [preferred drug list](#) online.

Non-Emergency Medical Transportation

Rides to non-emergency medical appointments and services are available to those Medicaid members who have no access to transportation and do not live on a public bus line. The appointment needs to be to a participating Medicaid provider, and it needs to be billed to Medicaid. Trips to pick up prescriptions are also covered.

Examples of available transportation include owning a registered, insured vehicle; immediate family members owning vehicles; rides provided by facility-owned vehicles; and readily accessible public transportation.

For questions and/or to schedule a ride, please contact the Vermont Public Transportation Association at **1-833-387-7200**.

Emergencies

An emergency is a sudden and unexpected illness, medical condition, or mental health condition, with symptoms that you believe could be a serious threat to your health or



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life if you don't get medical attention right away. DVHA does not limit or define what you think is an emergency. These are some examples, but emergencies are not limited to this list:

- Chest pain
- Broken bones
- Convulsions or seizures
- Severe bleeding
- Severe burns
- Severe pain
- Mental health crisis

DVHA will not restrict payment if you are directed to seek emergency care. Emergency services and post-stabilization services are covered for beneficiaries 24 hours a day, seven days a week.

Post-emergency services to make sure that your health is stable after an emergency are also covered.

Emergency medical services such as stitches, surgery, x-rays, or other procedures, are also covered.

If you have an emergency, call 911 or go to the nearest emergency room or hospital for emergency care right away. You do not need a referral from your PCP for emergency care. Let your PCP know what happened as soon as you can.

If you require emergency care while travelling outside the Green Mountain Care network, call 911 or go to the nearest emergency department immediately. Green Mountain Care is responsible for paying for emergency care. We are also responsible for paying for care required to stabilize your health after emergency care has been provided.

When you are able to do so, contact the Customer Support Center at 1-800-250-8427 to tell us about your emergency care. You should also call this number if you receive a bill for your care. We will work with the provider to follow the regulations required for us to pay for your care.

When You Have to Pay

If you don't follow program rules, you may have to pay for services yourself. This can happen **IF**:

- You need a referral or prior authorization before getting the service and don't get it; **OR**
- You go to a provider who does not take Green Mountain Care; **OR**



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- Your provider tells you the service is not covered, and you get it anyway.

Be sure to tell your provider you are on Green Mountain Care. They will tell you if they won't accept your insurance.

Don't want to get bills for your medical care? Follow your program rules.

If You Get a Bill

- Open the bill right away,
- Call the provider and make sure they know you are on Green Mountain Care, and
- Call Customer Support at **1-800-250-8427** for help.
- **Don't pay the bill before calling Customer Support.** Green Mountain Care can only pay providers. If you pay, we cannot pay you back.

If You Have Other Insurance

If you have other insurance, follow their rules. Go to doctors who are in your insurance plan and in our programs. Your doctor must bill your other insurance first. Our programs may help pay what your other insurance does not.

Your Rights and Responsibilities

You have the right to

- Be treated politely,
- Be treated with care,
- Choose and change your doctor/providers,
- Get facts about your program services and doctor/providers,
- Be told about your health in words you can understand,
- Decide about your health care, have your questions answered, and refuse treatment,
- Ask for and get a copy of your medical records. You may ask for changes if the information is wrong,
- Get a second opinion from a qualified doctor/provider enrolled in Vermont Medicaid,
- Talk about your program or health care concerns (see page 20),
- Not be held down or kept alone because of bullying, punishment, or because it's easier,
- Ask for an appeal if you are denied services you think you need. See page 19 for more information.

You should take care of your health by:

- Telling your doctor about your signs of illness and health history,
- Asking questions when you need to know more or don't understand something,
- Following the treatment plans you and your doctor agree to,



- Keeping your appointments or calling ahead to cancel if you can't make it,
- Learning about your program rules so you use the services the best you can,
- Making sure you have referrals from your doctor/PCP (when needed) before seeing other providers,
- Paying premiums and copays as needed,
- Calling to cancel or reschedule if you can't go to an appointment

Fraud, Waste, and Abuse

Is Someone Stealing or Cheating to Get Medicaid money?

Tell the Special Investigations Unit. Here is how to reach them:

- **Website:** [Fraud and Abuse Referral Form](#)
- **Email:** ReportMedicaidFraud@vermont.gov
- **Phone:** 802-241-9210
- **Fax:** 802-871-3090 (direct fax to "DVHA Special Investigations Unit")
- **Mailing Address:**

DVHA Special Investigations Unit
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Living Wills and Advance Directives

A **living will** is a written record. It says:

- Who can make health decisions for you if you can't,
- How much the person can decide,
- Who your doctor/primary care provider is,
- What health care and or treatment you want,
- How you want personal issues handled, such as your funeral,
- Who you want to be your guardian, if needed,
- Who you **don't** want making decisions for you,
- What kind of care you want if you are dying

Living wills are free. They are also called an advance directive or durable power of attorney for health care. They may be called an end-of-life terminal care document. Vermont's law about living wills is the Vermont Advance Directive law (Title 18, Chapter 231).

You may be too sick to make health care decisions. If it is **not** an emergency, doctors can't give you care right away. They must first find out if you have a living will. If you do, they must obey the instructions in the living will. **OR** obey the instructions of the person you chose to make health decisions.

Can a doctor refuse to follow the instructions in your advance directive? Yes, if their moral or ethical beliefs make them believe it is wrong. **BUT** they must:



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- Tell you and the person you named to make decisions;
- Help transfer your care to another doctor who will obey the instructions;
- Keep giving you health care until a new doctor is found; and
- Explain in your medical record:
 - the problem
 - the steps taken to fix it and
 - how the problem was solved.

Every health care provider must obey the law for living wills. They must have their own rules to make sure the law and regulations are followed.

Do you think someone is not following the law? Call the Division of Licensing and Protection at **1-800-564-1612**. **OR** go [online to file a complaint](#). **OR** send a letter to:

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671

Want information about state law and living wills? Call the Vermont Ethics Network at **1-802-828-2909**. **OR** go to their [website](#). They also have forms to make a living will.

[Title 18](#) is Vermont law on living wills. Want to know more? Talk to your doctor or call Customer Support at **1-800-250-8427**.

Organ Donation

You may want to donate your organs when you die. One donor can help many people. To learn more, call **1-888-275-4772** for free information.

Sharing Information with Your Doctor/PCP

We may give your doctor a list with your name on it. This is to help your doctor give you the health care you need. Some of these lists may be about:

- Patients with diabetes who have not had their eyes examined in the last year,
- Women who have not had a pap test or mammogram recently,
- Children who aren't up to date on their immunizations,
- Drugs that can give bad reactions when mixed with other drugs, and
- Children who are behind on their regular exams.

Notice of Privacy Practices

You got a letter saying you met the rules for our programs. It also had a copy of our **Notice of Privacy Practices**. The federal law, called HIPAA, says we must give you the notice. The notice tells you your privacy rights. It says how your health information may



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be used or shared. Need another copy of the notice? Call Customer Support at **1-800-250-8427** and ask. **OR** you can [see it online](#).

Do you feel your information has not been kept private? Call the AHS Privacy Officer at **802-241-2234**. **OR** visit [the health information complaint page](#).

Quality Assurance Program

This is a program to make sure that you get quality health care and good service.

Some of the things we look at to make sure are:

- How much medication patients use,
- How many members get regular care to prevent illness,
- How many members use the emergency room when it's **not** an emergency,
- How physical and mental health care providers work together,
- How happy members and providers are with our programs.

We ask doctors to follow our best practice guidelines for certain chronic illnesses. This can keep you healthier.

Are there ways we can improve our programs and make yours work better for you? Call Customer Support **1-800-250-8427**. Your comments will be part of our quality review.

What to do When You Don't Agree with a Decision We Made

You can appeal. This means to ask that someone look at your case. They will check to see if we made a mistake. Keep reading to find out more.

Decide what you are appealing.

- Are you appealing a premium payment?
- **OR** are you appealing to see if you can get or keep
 - Medicaid/Dr. Dynasaur,
 - VPharm, or
 - A Medicare Savings Program?

If yes, see below for "If you disagree with our eligibility decision."

- Are you appealing because Medicaid/Dr. Dynasaur didn't cover a service?
 - **If yes**, see below for "If you disagree with a decision about your health care services."



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Customer Support Center

Questions: Call **1-800-250-8427** (TDD/TTY) 1-888-834-7898

You can also get free interpreter services and alternative formats.

If you disagree with our eligibility decision

Ask for a State Fair Hearing. A hearing officer at the Human Services Board will hear your case. They will decide if Vermont Medicaid made the right decision.

You have 90 days to ask for a State Fair Hearing. Look at the notice letter that turned you down. The 90 days start on the date on that letter.

There are **3 ways** to ask for a State Fair Hearing:

1. **Call** Customer Support at **1-800-250-8427**.
2. **Online** go to [the appeals page](#) on the internet. If you have a VHC online account, the appeal form is inside your account.
3. **Send a letter** to:

Human Services Board
14-16 Baldwin St., 2nd Floor
Montpelier, VT 05633-4301

In the letter or email, put your name, date of birth, and phone number. Say what you are appealing and why.

Did we stop your Medicaid/Dr. Dynasaur, VPharm or Medicare Savings Program? You can keep them during your State Fair Hearing. We call this “continuation of benefits.” See **Keeping Health Care While You Appeal - Other Things You Need to Know** below.

You must ask for this within 11 days of the date on the notice. **OR** before the change starts, whichever is **later**. The 11 days start on the date Vermont Medicaid sent you its decision. This is the postmark date. You must make your premium payment on time during your appeal. If you don’t, your health care may end. To keep getting health care during your appeal, call Customer Services at **1-800-250-8427**.

Are you appealing how much your premium payment is? You must make your payments on time. If you don’t, your coverage may end. What if you pay too much? If you win your State Fair Hearing, we will pay you back.

What happens when you ask for a State Fair Hearing?

Vermont Medicaid will look at your case again. This may take up to 15 days. Someone on the Health Care Appeals Team will talk to you about your appeal. We may be able to fix your problem without a State Fair Hearing.

What if we **can’t** change our decision? Then we will tell the Human Services Board you want a State Fair Hearing. You will get a letter from them. The hearing officer is the person who will decide your case. They will set a meeting to hear your side. They will



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decide if Vermont Medicaid made a mistake. You need to go to this meeting. You can speak for yourself or have someone speak for you.

How long will it take? They must decide your case **within 90 days** of the date you first appealed.

Do you need a faster decision? Tell us if waiting will seriously hurt your health or life. If you meet the rules you can get a faster (expedited) Hearing. Do you get Medicaid because you are blind, disabled, or 65 or older? Then we will decide **as fast as we can**. Do you get Medicaid for another reason? Then you will get a decision **within 7 days**.

If you disagree with a decision about your health care services

Ask for an In-house (Internal) Appeal

Someone at Vermont Medicaid will look at your case and make a new decision. It will be someone who was not part of making the first decision. In most cases, you must do an in-house appeal first. If you still disagree, you can ask for a State Fair Hearing.

You have **60 days** to ask for an in-house appeal. The 60 days start on the day Vermont Medicaid mailed you the decision notice. Your doctor/provider may ask for the appeal if you wish.

There are 3 ways to ask for an in-house appeal:

1. **Call** the Customer Support Center at **1-800-250-8427**. TDD/TTY: 1-888-834-7898
2. **Online:** [Member Information for Appeals and Fair Hearings](#) OR **Email** AHS.DVHAHealthCareAppealsTeam@vermont.gov
3. **Send a letter** to:

Department of Vermont Health Access
Health Care Appeals Team
150 Pilgrim Park – 3rd Floor
Waterbury, VT 05671-4030

In the letter or email, put your name, date of birth, and phone number. Say what you are appealing. Say what services you asked for and if you were turned down.

Did we cut or stop health care services you already get? You may be able to keep your services during your appeal. You must ask for this before services end. We call this “continuation of benefits.” See **Keeping Health Care While You Appeal - Other Things You Need to Know** below.

What is the best way to keep getting your services? Call Customer Services at **1-800-250-8427**.



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What happens at an in-house appeal? Vermont Medicaid will set a meeting to get more information. You should take part in this meeting. You can speak for yourself or have someone speak for you. Your doctor/provider can speak or give information to Vermont Medicaid.

Most of the time, Vermont Medicaid must decide your appeal within 30 days. What if you ask for more time? What if waiting longer can help you? Examples: Your doctor needs more time to send information. Or you can't get to a meeting at that time. Then it can take 14 more days. The longest a decision will ever take is **44 days**.

Do you need Vermont Medicaid to decide your appeal faster? Tell us if waiting will seriously hurt your health or life. Vermont Medicaid will see if you meet the rules for a fast (expedited) appeal. If you do, you will get a decision **within 72 hours**. It can take longer if you ask for this or it might help you. The longest a fast appeal can take is **17 days**.

You have the right to know how we decided your appeal. You can see the papers, rules, and proof we used. You can see how we decided if what you asked for was medically necessary. You can get free copies of all these papers. To ask for copies, call Customer Support at **1-800-250-8427**.

Need legal advice or other help? You may be able to get free help from Vermont Legal Aid. Call their Office of Health Care Advocate at **1-800-917-7787**. **OR** go to their [website](#) on the internet. Fill out the form.

If You Don't Agree with the In-House Appeal Decision

You can ask for a State Fair Hearing. A hearing officer at the Human Services Board will hear your case. They will decide if Vermont Medicaid made the right decision.

In most cases, the in-house appeal must be over first. Then you can ask for a State Fair Hearing. What if Vermont Medicaid doesn't decide your in-house appeal by its deadline? Then you can ask for a State Fair Hearing without waiting for a decision. The longest your in-house appeal can take is:

- 30 days for an internal appeal **OR**
- 44 days if you or we asked for more time because the delay would help you **OR**
- 72 hours for a fast appeal **OR**
- 17 days for a fast appeal **if** you or we asked for more time

You have **120 days** to ask for a State Fair Hearing. When do the 120 days start? With the date on the letter telling you the in-house appeal decision.

There are 3 ways to ask for a State Fair Hearing:

1. Call Customer Support at **1-800-250-8427**. TDD/TTY: 1-888-834-7898.



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OR call the Human Services Board at **802-828-2536**.

2. **Online at the [Human Services Board website](#)**
3. Send a letter to:

Human Services Board
14-16 Baldwin St., 2nd Floor
Montpelier, VT 05633-4301

In the letter, put your name, date of birth, and phone number. Say what you are appealing. Say what services you asked for and if you were turned down.

Did we cut or stop health care services you already get? You can keep your services during your State Fair Hearing. **BUT** you must ask for this **within 11 days** of the in-house appeal decision. The 11 days start from the date Vermont Medicaid sent you its appeal decision. Did you already ask to keep your services during the in-house appeal? You have to ask again. We call this “continuation of benefits.” See **Keeping Health Care While You Appeal - Other Things You Need to Know** below.

What is the best way to keep getting your services? Call Customer Services at **1-800-250-8427**.

What happens when you ask for a State Fair Hearing? You will get a letter from the Human Services Board. The hearing officer is the person who will decide your case. They will set a meeting to hear your side. They will decide if Vermont Medicaid made a mistake. You need to take part in this meeting. You can speak for yourself or have someone speak for you.

How long will it take to get a decision on your State Fair Hearing? The Human Services Board must decide your case **within 90 days**. The 90 days start on the date you first asked for an in-house appeal. The days you took to ask for a Hearing after the appeal decision **don't** count.

Do you need a faster decision? Tell us if waiting will seriously hurt your health or life. Do you meet the rules for a fast State Fair Hearing? Then you will get a decision **within 3 business days**.

Keeping Health Care While You Appeal - Other Things You Need to Know

- Did you pay for services yourself? If you win the appeal or hearing, we may have to pay you back.
- Did you keep your services during the appeal? If you lose, you **may** have to pay for services you got during the appeal.
- Are you asking for an appeal or hearing? At the same time, you can ask to keep services until it is over.



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- Is your appeal or hearing about a service that ended or was cut? Did it end or get cut because of a change in federal or state law? If so, you **can't keep** the service during the appeal or hearing.

Need legal advice or other help with your appeal?

You may be able to get **free** help from Vermont Legal Aid. Call their Office of Health Care Advocate at **1-800-917-7787**. **OR** go to their [website](#) on the internet. Fill out the form.

Other kinds of complaints about your health care services – you can file a grievance

Are you unhappy with where or when you have to go for services? Do you think your services are not good enough? Were you harmed after using your rights? These are things you **can't appeal**. But you can file a complaint called a **grievance**. You can file it at any time by calling Customer Support at **1-800-250-8427**.

What if you aren't happy with how your grievance is handled? You may ask for a **Grievance Review**. A person who did not handle your grievance will review your case. They will check to see if it was handled fairly. You will get a letter saying what they decided.

Need Help?

Vermont Health Connect & Green Mountain Care Customer Support

Vermont Health Connect & Green Mountain Care Customer Support is there to help you. They can answer questions about your program. They can help you choose or change your doctor/PCP. They can help if you have problems getting health care.

Customer Support is open 8:00 a.m. to 4:30 p.m., Monday through Friday. We are closed on holidays. Call **1-800-250-8427** or TDD 1-888-834-7898.

Report changes within 10 days of the change:

- Changes in your income or household;
- Address changes;
- The birth or adoption of children;



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- Deaths; and
- Other health insurance that you get.

The Office of the Health Care Advocate (HCA)

The Office of the Health Care Advocate helps with problems with health care. They can also help you with grievances, appeals, and fair hearings. Call **1-800-917-7787**.

Additional Information

We are happy to give information about our programs, services and providers. Read this handbook. Or call Customer Support at **1-800-250-8427**. **OR** visit the [DVHA website](#).

Other Programs

There are other programs and services for children, adults, and families. Some programs will give you a ride to their services. Find out more by calling Customer Support at **1-800-250-8427**. You must meet more rules to get some programs. Have questions or want to know if you meet the rules? Call the program you want. Their names and numbers are below.

Adult Day Services

Adult Day Services help older adults and adults with disabilities stay in their own homes. Adult Day Services are done in day centers. It is a safe place where people can get health and social services. Call the Division of Disabilities, Aging and Independent Living at **802-241-2401**. **OR** go to [the adult day services website](#).

Attendant Services Program

This program helps adults with disabilities who need physical assistance with daily activities. You hire, train, supervise, and schedule your personal care attendants. Call the Division of Disabilities, Aging and Independent Living at **802-241-2401**. **OR** go to the [attendant services program website](#).

Children's Integrated Services (CIS)

This helps women who are pregnant or just had a baby. It also helps families with children from birth to age six. They help with:

- social work and family support,
- maternal/child health and nursing,
- child development and helping children birth to 3 with delays,
- early childhood and family mental health,
- child care, and
- other things like eating right, speech and language problems.



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Call the Department for Children and Families Child Development Division at **802-241-3110** or **1-800-649-2642**. **OR** go to [the children's integrated services website](#).

Children's Integrated Services - Early Intervention (CIS-EI)

This program is for children under age 3 who have disabilities. **OR** for children who are behind other children their age. It helps babies, toddlers, and families. Call Vermont Family Network at **1-800-800-4005**.

Children's Personal Care Services

Children's Personal Care is a Medicaid service for people under age 21. They must have a serious long-term disability or health problem. It must keep them from doing things people their age should be able to do. It must keep them from doing daily living activities, like eating, dressing, going to the bathroom alone. The program helps with the child's personal care. Call **1-800-660-4427** or **802-863-7338**. **OR** go to [the children's personal care services website](#).

Children with Special Health Needs (CSHN)

CSHN helps arrange care for children with special health needs. It can help with these programs and services:

Care coordination

Children's Personal Care Services

Community Nutrition Services

Newborn Screening Program

Pediatric Hi-Tech Nursing Program

Pediatric Palliative Care Program

Vermont Early Hearing Detection and Intervention

Call **1-800-660-4427** or **802-863-7338**, **OR** go to [the children with special health needs website](#).

Choices for Care

This is a long-term care program. It pays for care and support for older Vermonters and people with physical disabilities. The program helps people with everyday activities. They can be living at home, in enhanced residential care, or in a nursing home.

Providers are:

- Adult Day Centers
- Area Agencies on Aging
- Assisted Living Residences
- Home Health Agencies
- Nursing Facilities
- Residential Care Homes

Call **802-241-0294**. **OR** go to the [choices for care website](#).



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Developmental Disability Services

They help people of any age with a developmental disability. They help keep them living at home with their families. Services include case management, employment services, community supports, and respite. Respite gives care while families take short breaks. Call the Department of Disabilities, Aging and Independent Living at **802-241-0304**. **OR** go to the [developmental disability services website](#).

Financial Assistance Program

They help families pay the costs of their child's health care that insurance doesn't cover. The services must have been prescribed or approved by a Children's Special Health Needs clinic. Call the Vermont Department of Health at **1-800-660-4427** or **802-863-7338**. **OR** go to [this website](#) for more information.

Flexible Family Funding

This is for people of any age with a developmental disability who live with family. **OR** for families who live with and support a family member with a developmental disability. Families decide which services the funds will pay for. Call the Department of Disabilities, Aging and Independent Living, Developmental Services Division at **802-241-0304**. **OR** go to the [flexible family funding website](#).

High Technology Nursing Care

This is an intensive home nursing program. It is for people who need technology to live or have difficult medical needs. The program helps people go from a hospital or institution to live in their home. For people **over age 21**, call the Department of Disabilities, Aging and Independent Living at **802-241-0294**. **OR** go to the [adult high technology services website](#).

For people **under age 21**, call the Pediatric High Technology Home Care Program. Call **1-800-660-4427** or **802-863-7338**. **OR** go to the [pediatric high tech nursing website](#).

Homemaker Services

This helps people age 18 and over with disabilities. The program helps with personal needs or household chores so people can live at home. Services include shopping, cleaning, and laundry. Call the Department of Disabilities, Aging and Independent Living at **802-241-0294**. **OR** go to the [homemaker services website](#).

Hub and Spoke Programs

The Hub and Spoke System of Care for opioid use disorder (OUD) is designed to create an integrated system between the two settings where Medications for Opioid Use Disorder (MOUD) are provided and to coordinate the MOUD treatment settings with the broader health and human services systems. The two MOUD settings are: "Opioid Treatment Programs (OTPs)" known in Vermont as Hubs, where medications are dispensed and patients can be seen daily when more connection is indicated; and Spokes are "Office-Based Opioid Treatment (OBOT)" practices where medications are



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prescribed and patients are seen less frequently. The services include medication, screening for social drivers of health, such as housing and access to food. In the Hub and Spokes, counselors, case managers and nurses provided counseling and team-based care to coordinate and provide whole-person health care. A moderate to lesser amount of difficulty with addiction can usually be treated in Spokes which are traditional doctors' offices or addiction specialty clinics. To contact an MOUD lead contacts can be found by visiting the [blueprint contact page](#). For general information, the Vermont Helpline for Alcohol and Drug Support Center can be found by visiting [this website](#).

Vermont Early Hearing Detection and Intervention Program

This gives support, training and care management to families and their babies, and community providers. They help with finding testing and early intervention services. Call **1-800-537-0076** or **802-651-1872**. **OR** go to the [Vermont early hearing detection and intervention program website](#).

Mental Health

The State of Vermont works with agencies across the state. The agencies provide mental health services to help people and their families. This can be high emotional distress, mental illness, or serious behavior problems. They can also help find residential care, emergency beds, and hospital care. Call the Department of Mental Health at **802-241-0090**. **OR** go to the [mental health website](#). Services include:

- **Adult Outpatient Services** - Services may include evaluation, counseling, prescribing medication and monitoring. It may include services for individuals age 60 or over with mental health care needs. You may be put on a waiting list.
- **Child, Adolescent, and Family Services** - This is services and supports for families whose children or teens have mental health issues. They help them live, learn, and grow up healthy in their school, and community. Services include screening, prevention, social supports, treatment, counseling, and emergency response.
- **Community Rehabilitation and Treatment** - This program helps people live in their communities among family, friends, and neighbors. Services are only for adults with certain kinds of severe mental illness. They must also meet other rules.
- **Emergency Services** - This is **mental health emergency services**. They are open 24 hours a day, 7 days a week. Services may include phone support, face-to-face review, referral, and consultation.

Traumatic Brain Injury Program

This helps people age 16 or older with a moderate to severe brain injury. It helps people go home from hospitals and facilities. It helps people be as independent as possible and return to work. Call the Department of Disabilities, Aging and Independent Living at **802-241-0294**. **OR** go to the [traumatic brain injury program website](#).



Women, Infants, and Children Program (WIC)

This is a nutrition program for infants and children up to age 5. It is also for people who are pregnant or just had a baby. It gives healthy food and teaches about healthy eating and breast-feeding. Anyone in Medicaid can get the WIC program. Go to the [wic website](#). **OR** text VTWIC to **855-11**.

Find out more about help in your community at the [211 website](#).



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