



Notice ID: RE005EP

February 07, 2023

Questions? Call 1-855-899-9600 (toll free)

Deaf or hard of hearing? Call 711

Master Case ID: 1-1756542654

Contact ID: 1-T1SSVO

00001

Testfn Testln

Test123

Burlington,VT 05404

**Vermont Health Connect (VHC) Renewal Notice of Decision:
Medicaid for Children and Adults/Dr. Dynasaur**

Dear Testfn Testln,

Your Medicaid for Children and Adults/Dr. Dynasaur health coverage is renewed. We decided this based on information we had about you on **June 24, 2019**.

This letter tells you who qualifies for Medicaid for Children and Adults/Dr. Dynasaur. VHC reviews this information every year.

Please review this letter carefully. Call us at 1-855-899-9600 within 10 days of getting this notice if any of your information we based our decisions on is wrong. If the information we've based our decisions on is correct, you do not need to do anything.



Who still qualifies for Medicaid for Children and Adults/Dr. Dynasaur?

The members of your household who are listed below still qualify for Medicaid for Children and Adults/Dr. Dynasaur health coverage.

Medicaid for Children and Adults/Dr. Dynasaur Eligibility			
Name	Eligibility	Household Size	Monthly Household Income

This chart shows monthly income limits for Medicaid/Dr. Dynasaur per household size

Medicaid for Children and Adults Income Limits					
Household Size	Parent/Caretaker living outside Chittenden County	Parent/Caretaker living in Chittenden County	Adults ages 19 – 64	Pregnant Women*	Children under 19
1	\$562.75	\$584.75	\$1,676.75	N/A	\$3,851.75
2	\$708.20	\$731.20	\$2,268.20	\$3,501.20	\$5,210.20
3	\$857.60	\$880.60	\$2,859.60	\$4,413.60	\$6,567.60
4	\$988.00	\$1,010.00	\$3,450.00	\$5,325.00	\$7,925.00
5	\$1,123.45	\$1,145.45	\$4,041.45	\$6,237.45	\$9,283.45
6	\$1,229.85	\$1,251.85	\$4,632.85	\$7,149.85	\$10,640.85
7	\$1,382.25	\$1,404.25	\$5,224.25	\$8,062.25	\$11,999.25
8	\$1,516.70	\$1,537.70	\$5,814.70	\$8,974.70	\$13,356.70

*Pregnant women – increase household size by the number of babies expected.

What changes do I need to report and when? (HBEE Rule 4.03(b))

This notice of decision is based on information in our records. If any information we have is wrong, you must call us within 10 days. We also need to know about changes that may happen in the future. You must call us within 10 days to report any of the following changes:

- Mailing or home address
- Household income
- Household size, for example if someone moves in or out of your home
- Other health coverage (for example, Medicare or insurance through a job)
- Immigration status
- Going to or being released from jail (incarceration)
- Tax-filing status
- Tax dependents you claim

What if I don't want Medicaid?

You can choose not to take Medicaid for Children and Adults/Dr. Dynasaur. But you can't get help paying for a Qualified Health Plan (QHP) even if you choose not to take Medicaid. You will still have to pay the full QHP premium.

If you have questions, call us at 1-855-899-9600. You can also call the Health Care Advocate (HCA) at 1-800-917-7787 for free advice. The HCA is part of Vermont Legal Aid.

Medicaid for the Aged, Blind or Disabled (MABD) (HBEE Rules 8.00, 29.00)

If anyone in your household is 65 or older or qualifies for Medicare, they may be eligible for Medicaid for the Aged, Blind and Disabled (MABD) or a Medicare Savings Program that can help them pay their Medicare costs. People who qualify for both Medicaid for Children and Adults and Medicaid for the Aged, Blind and Disabled can choose which type of Medicaid they want. To find out more about MABD, go to <https://www.greenmountaincare.org/mabd> or call 1-800-250-8427.

Have questions or need help?

Call Vermont Health Connect Customer Support toll free at 1-855-899-9600 from 8 a.m. – 4:30 p.m. Monday – Friday. You can also go to www.VermontHealthConnect.gov.

Thank you,
Vermont Health Connect Customer Support

Rights of People with Disabilities

Is it hard for you to do the things we ask you to do? We can make changes to help you. Changes are called "reasonable accommodations" under the ADA (Americans with Disabilities Act).

Here are **some** of the changes we can make:

- Someone can write down your answers if you can't.
- We can give you more time.
- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need **any** changes to help you? Tell us by calling **1-855-899-9600** for free.



Your Right to Appeal

What if I think the decision is wrong?

You have the right to appeal.

To appeal means to ask for a decision to be looked at again. You tell someone who did not make the decision why you think it's wrong. This is called a fair hearing.

There are 4 ways to file an appeal:

1. Call Customer Support for free: **1-855-899-9600**
2. Send a letter to: Human Services Board,
14-16 Baldwin Street, 2nd Floor, Montpelier, VT
05633-4302
3. E-mail: AHS.DVHAHealthCareAppealsTeam@vermont.gov. Write Appeal as the subject.
4. Sign in to your VHC account:
<https://healthconnect.vermont.gov/>
Click on the Appeal button.

Is there a deadline to appeal?

Yes. You have **90 days** to appeal after the date of the decision. After you appeal, the Human Services Board will mail information to you. They have 90 days to decide your appeal.

Can someone speak for me in my appeal?

Yes. Speak for yourself **or** have a friend, relative or someone else speak for you. **OR** have a lawyer speak for you.

Where can I get help with my appeal?

Call Legal Aid's Office of the Health Care Advocate at **1-800-917-7787** for free legal advice. You may get a free lawyer.

What if I need health care right away?

Will waiting for an appeal harm you? You can ask for a fast (expedited) appeal. Most fast appeals are decided in 7 working days. It may take longer if your appeal is about long-term care. **OR** about Medicaid for people who are aged, blind, or disabled. These appeals are decided as fast as possible.

Can I keep my coverage or keep my monthly premium payment the same while I appeal?

Yes. When you appeal, tell us you want "continuing benefits." This means you want your health care coverage to stay the same during the appeal. You must appeal on or

before the date your coverage ends. **OR** on or before the date your monthly premium payment changes.

Want to keep your federal premium help (APTC) for your Qualified Health Plan?

Tell us when you appeal. What if you get more help during the appeal than you meet the rules for? Then you may have to pay it back when you file your taxes.

What happens after the appeal is decided?

Did you get health services you did not meet the rules for? Then we may ask you to pay us back. Also, winning or losing the appeal may change health care for others in your household.

Do I have to pay my monthly premium payment during my appeal? Yes. If you don't, you could lose your health insurance.

What if my health care coverage stops and I win my appeal?

We will start your health care coverage again. It may go back to the date it ended. If you paid too much in monthly payments, we will pay you back.

Can I apply again?

Yes. Apply for Medicaid/Dr. Dynasaur **any time**. If you are denied, you may buy health insurance called a Qualified Health Plan. **Most people get help paying costs.**

You can only sign up for or change a Qualified Health Plan at certain times.

1. Call **1-855-899-9600** to see if you meet **income and other rules**. If you do, you can sign up for or change your Plan **any time**. Rules change from time to time. Call to see if you meet the rules **now**.
2. **You may get a Special Enrollment Period after some life events**. Life events include marriage, divorce, having or adopting a child. It can also be losing Medicaid/Dr. Dynasaur or other health care. You must sign up **within 60 days** of the life event. Call **1-855-899-9600** to find out more.
3. You can sign up or change your Qualified Health Plan **once a year**. You can do this from **November 1st to January 15th**. This is called Open Enrollment.