

Your Rights and Responsibilities

These rights and responsibilities are for everyone who applies. If you need a large print copy of this, please call Customer Service at 1-855-899-9600. When we say “health insurance” below it may include all of our health care programs such as Medicaid, VPharm, Medicare Savings Programs, and Qualified Health Plans.

If You Don't Speak or Read English.

We will give you free language services. This means an interpreter can:

- Translate for you over the phone when you call us.
- Read and explain papers to you over the phone.
- Help you apply and renew over the phone.

Ask if we have papers in your language.

If you need language help, call Customer Service at **1-855-899-9600**. You can also get an in-person Assister to help you. Call **1-855-899-9600** to find an Assister. If you don't get the language services you need, you can file a complaint. See **What to Do If You Think You Are Being Discriminated Against** on this page.

Right to File New Application and Yearly Renewal Application and Get Decisions on Time. We will give you a decision on a new application within 45 days. (It can take 90 days if we need to decide if you are disabled.) It may take longer if you cause a delay.

For your renewal application, you stay on Medicaid while we see if you still qualify as long as you don't cause delay. We will send you a letter telling you if you still qualify.

What if we take too long? Call Customer Service at **1-855-899-9600** for more information or to file an appeal.

Do You Disagree with a Decision We Made? Or is the Decision Late? You Can Appeal. An appeal means asking for a State fair hearing before the Human Services Board. Look at your notice of decision to find out more about your right to appeal. You must appeal **within 90 days** from the date on your notice.

In most cases, we must send you a final decision on your appeal within 90 days.

Will waiting on a regular State fair hearing harm you? You can ask for a fast (expedited) appeal. If you qualify for this, we will decide your appeal in 7 working days in most cases. We can take longer if you get Medicaid due to disability or age.

Someone else may speak for you at the hearing. This can be a friend, relative, or lawyer. Do you need to go to the hearing? Yes, or your appeal may be dismissed.

To appeal, call Customer Service at **1-855-899-9600**. You may also write to the *Human Services Board, 120 State Street, Montpelier, VT 05620-4301*.

You may be able to get **free legal help** on your appeal. Call the Health Care Advocate at Vermont Legal Aid at **1-800-917-7787**. **OR** go to <https://vtlawhelp.org/health> on the internet.

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 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 with a larger print.

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

Information for Non-citizens. Getting health insurance from us will NOT change your immigration status. The only time it could is if you

get long term care Medicaid in an institution. An example is if you are living in a nursing home. If you want to find out more, get FREE legal help by calling Vermont Legal Aid at **1-800-917-7787**. **OR** go to <https://vtlawhelp.org/health> on the internet.

Immigrants can apply for health insurance. Does your household have people who can't qualify for Medicaid because of their immigration status? You can still apply for the members who meet the rules. Pregnant people and children under age 19 can get health insurance no matter their immigration status.

Whose immigration status do we check on with the U.S. Citizenship and Immigration Services? We will check for anyone who applies for health insurance.

What about people who only apply on the immigration Health Insurance Plan application (205IHIP)? We DO NOT contact U.S. Citizenship and Immigration Services about them.

What to do if You Think You Are Being Discriminated Against.

We can't treat you differently because of race, color, national origin, sex, or age. We can't treat you differently because of your sexual orientation, gender identity, or disability. What if we don't give you language or disability services you need? It may be discrimination.

Do you think we have discriminated against you? Call Customer Service at **1-855-899-9600**. You can also file a complaint with:

- Department of Vermont Health Access:
Health Program Civil Rights Coordinator
Phone: **(802) 241-0454**
E-mail: AHS.DVHALegal@vermont.gov
Online: <https://info.healthconnect.vermont.gov/non-discrimination>
- Federal government:
U.S. Department of Health and Human Services
1-800-868-1019, 800-537-7697 (TDD)
Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Right to Confidentiality. Information about your application and health insurance is private. It is protected by state and federal law. We won't share your information with anyone else unless:

- It is directly connected to running our programs, or
- The law or a court order says we have to, or
- You tell us we can.

How We Use Your Information (Including Social Security Numbers).

We use your information to see if you meet the rules to get health insurance. We also use it to help pay for care and for other legal reasons. We check income and other information to see if you meet the rules. We decide what insurance you get. We collect claims, do audits, investigate cheating, and pay for medical help. We check the truth of information you gave us.

We may contact public and private agencies. This includes the Social Security Administration, banks (Asset Verification), and consumer reporting agencies. It includes the Department of Labor, Department of Homeland Security, and the Internal Revenue Service (IRS). If the information does not match, we may ask you to send us proof.

Do you have a Social Security Number (SSN)? You must give it to us to get health insurance. What if someone does not want health care? They don't have to give us their SSN. Some people who don't have an SSN don't have to get one to apply. This includes people with a religious reason not to have one. Call Customer Service at **1-855-899-9600** to find out more.

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You must tell us IF:

- Your address, phone, or email changes
- Your income changes
- Who lives with you changes
- You marry or divorce
- You get pregnant
- Your immigration status changes or you become a citizen
- You get other health insurance
- You move out of state
- When your resources go above the \$2,000 limit
- You get a lump sum payment like:
 - a trust or retirement fund distribution
 - inheritance or
 - insurance settlement
- You have a change in ownership like:
 - adding or removing a name or
 - sale or transfer of real or personal property
- You have a sale of property, including your home

To report a change, call Customer Service at **1-855-899-9600**. OR write or send a change report form (*Form 200GMC*) to: DVHA, Application & Document Processing Center, 280 State Drive, NOB 1 South, Waterbury, VT 05671-1500

Call Customer Service at **1-855-899-9600** to report changes. For Medicaid, you must report changes within 10 days. Did you or someone in your household enroll in a qualified health plan through us? You must report changes in 30 days.

Don't Lie to Get or Keep Medicaid or Help Someone Else Get or Keep It. You or any member of your household cannot lie on purpose to get or keep health care.

What if you do lie and are found guilty? Penalties may include up to 3 years in prison and/or a fine of up to \$1,000. Or you may be fined as much as the health care cost. There may be other federal or state penalties. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

Agreement Regarding Medicare Part B Payments. You agree that we will pay doctors and medical suppliers directly for these services. This means you won't have to sign separate papers each time you get a service.

Agreement to Release Medical Records. You agree that your medical records may be read, used and shown to others. This means health care providers, Department of Vermont Health Access and its contractors and grantees. They can share your records to manage state health care programs. Or if a hospital, health care provider, mental health provider, or pharmacy needs your medical records. This includes provider and drug information for your treatment and payment of your treatment. It includes information for health care operations.

Have you been in a drug or alcohol treatment program? You agree to let them tell us what prescription drugs you got in their program. We only ask for this if it is needed to treat you.

You can take back your consent to release your medical records. Just say that in writing and mail it to: *DVHA Deputy Commissioner, 280 State Drive, NOB 1 South, Waterbury, VT 05671-1010.*

Agreement to Let us Pursue Money and Medical Support from Third Parties if You Get Medicaid. Do you get Medicaid? Then you give us the right to try and get money for your health care. This would come from other health insurance, legal settlements, or other third parties. This is true for you and anyone in your household who gets Medicaid.

You agree to sign up for a group health plan if the state requires it. The state may pay the monthly payments.

You give us the right to get medical support from a husband/wife or parent. This includes a parent living outside of your home. Do you think that helping collect medical support may harm you or your children? Call Customer Service at **1-855-899-9600**. You may not have to help us.

Consent to Bill Medicaid if Child Receives Special Education.

Does a child in your household get Medicaid and Special Education? Then you agree your child's school district can bill Medicaid. They can bill for the services listed in your child's Individual Education Plan or IEP. What if you don't give permission? You are only saying they can't bill Medicaid for IEP services. The school district must still give your child free IEP services. You may take back consent to bill Medicaid at any time. The school must stop billing Medicaid the day you take back your consent. To take back your consent, write to: *DVHA, Application & Document Processing Center, 280 State Drive, NOB 1 South, Waterbury, VT 05671-8100.*

You Agree We Can Check Resources for Medicaid for the Aged, Blind and Disabled. There are rules for who can get Medicaid for the Aged, Blind and Disabled. There are rules about how much income, money, and property you can have. To meet federal law (42 U.S.C. 1396w), the Department of Vermont Health Access uses an electronic asset verification system. This helps us see if you can get this program. The system asks for information from banks and financial institutions. They check open and closed accounts to see if you meet the rules.

You agree the Department of Vermont Health Access can check with banks and financial institutions. This is to see if you meet the rules to get Medicaid. This agreement lasts until you take it back in writing. It will end if your application is turned down or you stop meeting Medicaid rules. What if you decide to take back your agreement? Call Customer Service at **1-855-899-9600** to find out where to send your written statement.

NEED HELP? Visit dvha.vermont.gov/apply or call Customer Service at **1-855-899-9600**.

For TTY/relay services, dial **711**.

Visit dvha.vermont.gov/apply or call Customer Service for a copy of your rights and responsibilities.