

STATE OF VERMONT
 AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 08-52

FROM: Joseph Patrissi, Deputy Commissioner
 Economic Services Division

DATE: December 17, 2008

SUBJECT: Technical Amendments to the VHAP, ESIA and CHAP

CHANGES ADOPTED EFFECTIVE 12/4/08

INSTRUCTIONS

- Maintain Manual - See instructions below.**
- Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: _____**
- Information or Instructions - Retain until _____**

MANUAL REFERENCE(S):

4102.7 4103.15
 4108

Bulletin 08-40 was issued with several technical errors. They are corrected in this bulletin, as follows:

1. Bulletin 08-40 inadvertently deleted Rule 4102.7(b). This bulletin reinserts that paragraph.
2. Bulletin 08-40 added new seamless-coverage rules as Rule 4108. This resulted in the inadvertent deletion of the rules on Premium Balance Collection Methods (4108) and Premium Payments (4109). This bulletin reestablishes the deleted sections and moves the new seamless-coverage provisions to a new subsection 4103.15.

Manual Holders: Please maintain manuals assigned to you as follows:

Manual Maintenance
Refugee - VHAP Rules

Premium-Assistance Program Rules

<u>Remove</u>		<u>Insert</u>	
4102.4 P.2	(08-40)	4102.4 P.2	(08-52)
Nothing		4103.15	(08-52)
4108	(08-40)	4108	(08-52)

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4102.4 P.2

4102.4 CHAP (Continued)

- (e) Meets the other eligibility requirements in Medicaid Rules (4100) M100-M199 and
- (f) Does not have access to an approved, cost-effective, ESI plan.

4102.5 Prior Enrollment in a Health-Care Program

- (a) An individual is ineligible for premium assistance for the twelve-month period following loss of private insurance or ESI without premium assistance unless coverage ends for a reason set forth in (5901) 4101(l)(1) or (2).
- (b) No waiting period is imposed because of the loss of:
 - (1) Medicaid;
 - (2) VHAP;
 - (3) Dr. Dynasaur;
 - (4) VHAP-ESIA;
 - (5) Catamount-ESIA;
 - (6) CH with or without premium assistance, or
 - (7) Any other health-benefit plan authorized under Title XIX or Title XX of the Social Security Act.
- (c) Notwithstanding any other provision of law, when an individual is enrolled in Catamount Health solely under the high-deductible standard outlined in 8 V.S.A. § 4080f(a)(9), the individual shall not be eligible for VHAP or premium assistance for the 12-month period following the date of enrollment in Catamount Health.

4102.6 Medicare

An individual who qualifies for Medicare, regardless of actual enrollment, shall not be eligible for premium assistance.

4102.7 Income Determinations

- (a) A household's income shall be calculated in accordance with VHAP rule (5320) 4001.8.
- (b) For Catamount-ESIA and CHAP eligibility only, if the household's countable income (as determined in accordance with the preceding paragraph) is greater than 200 percent FPL but less than or equal to 300 percent FPL, the department will disregard additional earned income in an amount up to \$400.00 per household. The program premium shall be based on income counted in accordance with this paragraph. This rule shall only apply prospectively.

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4103.15

4103.15 Seamless Coverage

From time to time, a beneficiary's changed circumstances may require a change from one health-care program to another. For example, a childless adult who is enrolled in VHAP will lose eligibility for that program when income rises above 150% FPL and become eligible for CHAP. This rule ensures that individuals retain coverage during program transitions brought about by changed circumstances.

- A. Transitions between VHAP and VHAP-ESIA Coverage during transitions between VHAP and VHAP-ESIA is provided for in subsections 4103.3(b)(4) and (5925.1) 4103.11(d) above.
- B. Transitions from Medicaid, Dr. Dynasaur, VHAP, or VHAP-ESIA Beneficiaries who become ineligible for Medicaid, Dr. Dynasaur, VHAP, or VHAP-ESIA due to changed circumstances shall retain coverage pending enrollment in an alternative premium-assistance program, if they:
- (i) Remain eligible for an alternative premium-assistance program and
 - (ii) Timely comply with the eligibility requirements pertaining to the alternative premium-assistance program.

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4108 Premium Balance Collection Methods

- (a) The premium-collection provisions set forth in Medicaid Rule M150 are incorporated into this rule.
- (b) The department may collect premium balances from CHAP participants using any or all of the following methods:
 - (1) Electronic funds transfer (EFT): The eligible individual authorizes the bank to make an electronic fund transfer of the monthly premium balance directly from a savings or checking account to the department. The individual is given an EFT form to fill out. The individual will be notified by letter if the EFT premium payment was not successful.
 - (2) Direct pay: The individual pays the premium balance to the department by check or money order every month. A premium-payment coupon and pre-addressed envelope are mailed to the head of household before the premium balance is due. The check or money order and the premium payment are mailed to the department.
 - (3) The individual may pay with a credit card by providing the card information on the payment coupon.
 - (4) Cash may be exchanged for a free cashier's check at participating contracted banks.
- (c) If full payment of the premium balance is not timely received, the department will send a termination notice to the individual.
- (d) Incomplete electronic fund transfers and dishonored checks are treated as non-payments.

4109 Premium Payments

Every month that the department receives a premium-balance payment from a CHAP beneficiary, it shall forward that sum, along with the premium assistance amount, to the beneficiary's CH provider.