

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

PATH

Department of Prevention, Assistance, Transition, and Health Access

BULLETIN NO.: 02-37

FROM: Eileen I. Elliott, Commissioner
for the Secretary

DATE: 09/25/02

SUBJECT: Clarification following CMS approval of
VHAP Rule on Uninsured or Underinsured

CHANGES ADOPTED EFFECTIVE 08/21/02

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):

4001.2

The Centers for Medicare and Medicaid Services (CMS) approved the changes set forth in sections (a), (b), and (c) of M4001.2 effective August 21, 2002. This bulletin deletes the last sentence of 4001.2 made obsolete by the CMS approval ("The new provisions in this section, marked by a solid line at the left, will be implemented upon approval from the Centers for Medicare and Medicaid Services").

Vertical lines in the left margin indicate significant changes.

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

<u>Remove</u>	<u>Manual Maintenance</u>	<u>Insert</u>	
4001.2	(02-19)	4001.2	(02-37)

8/21/02

Bulletin No. 02-37

4001.2

4001.2 Uninsured or Underinsured

Individuals meet this requirement if they do not qualify for Medicare and have no other insurance that includes both hospital and physician services, and did not have such insurance within the 12 months prior to the month of application, unless they meet one of the following exceptions specified below.

(a) Exceptions related to loss of employer-sponsored coverage

Individuals who had coverage under another health insurance plan within the 12 months prior to the month of application meet this requirement if their employer-sponsored coverage ended because of:

- loss of employment;
- death of the principal insurance policyholder;
- divorce or dissolution of a civil union;
- no longer qualifying as a dependent under the plan of a parent or caretaker relative; or
- no longer qualifying for COBRA, VIPER or other state continuation coverage.

(b) Exceptions related to loss of college or university-sponsored coverage

Individuals who had coverage under another health insurance plan within the 12 months prior to the month of application meet this requirement if college or university-sponsored health insurance became unavailable to them because they graduated, took a leave of absence, or otherwise terminated their studies.

Students under the age of 23 enrolled in a program of an institution of higher education are not eligible for coverage, however, if they:

- have elected not to purchase health insurance covering both hospital and physician services offered by their educational institution; or
- are eligible for coverage through the policy held by their parents, but their parents have elected not to purchase this coverage.

(c) Exceptions related to loss of coverage for low-income applicants

Individuals who had coverage under another health insurance plan within the 12 months before the month of application also meet this requirement if their household income, after allowable deductions, is at or below 75 percent of the federal poverty guideline for households of the same size.