

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 19,071
)
Appeal of)

INTRODUCTION

The petitioner appeals the decision by the Department of Prevention, Assistance, Transition, and Health Access (PATH) terminating her coverage under the Vermont Health Access Program (VHAP) for failure to pay the program premium.

FINDINGS OF FACT

1. The petitioner does not dispute that she received timely notice from the Department that her family's VHAP premium would increase effective January 1, 2004 to \$65.00 per month. She also does not dispute that the Department correctly calculated the amount of her premium based on her family's income.

2. The petitioner also admits that she did not pay her fees for March and April 2004, and that the Department notified her that her VHAP would close as of April 30, 2004 if she did not pay the required premium.

3. As of the date of the hearing in this matter, June 16, 2004, the petitioner had not paid anything toward the premiums due for March and April 2004.

ORDER

The decision of PATH is affirmed.

REASONS

In response to a legislative directive (Act 66 of 2003) to enact cost-savings measures designed to sustain the public health care assistance programs, PATH adopted regulations establishing monthly "premiums" to be paid prospectively by VHAP recipients beginning on January 1, 2004. VHAP 4001.91, Bulletin No. 03-17F. The regulations were adopted by an expedited rulemaking process authorized by the legislature at section 152a of the above-cited Act. An individual with a household income of the petitioner is now required to pay \$65.00 per month for VHAP coverage. VHAP 4001.91.

Although the premium increase was drastic, PATH appears to have acted correctly within the directive of the legislature and pursuant to its own regulation in making the change. Unfortunately, the regulations require that "coverage shall be terminated if an individual does not pay the required program fee by the billing deadline". VHAP 4001.91. There

are no exceptions under the regulations for families with extraordinary other household expenses. At the hearing the petitioner was advised that she could reapply and be reinstated if she paid the program fee.¹ However, inasmuch as the Department's decision was in accord with the pertinent regulations the Board is bound to affirm. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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¹ The petitioner's child has remained eligible for coverage under the Dr. Dynasaur program.