

**FOR IMMEDIATE RELEASE**

Department of Vermont Health Access

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**Final Notice Mailed to First Group of Medicaid Members in Advance of February 29 Deadline**  
*Green Mountain Care Members who Receive Letter Encouraged to Call as Soon as Possible*

WILLISTON, VT – The Department of Vermont Health Access (DVHA) announced that final renewal notices have been mailed to more than 5,800 Medicaid and Dr. Dynasaur members. DVHA urges members who receive a letter to act immediately to ensure that they don't have a gap in health coverage. The letters, which inform members that their coverage is set to end on February 29, follow on the heels of a January notice and February reminder.

The first two notices explained four response options: by phone, online, with in-person help, or by mailing a pre-populated form. While all four options are still available, state officials are encouraging members with a February 29 deadline to call toll-free 855-899-9600 in order to ensure they get the immediate attention they need. Officials are also reminding Vermonters that community support networks have played an essential role in helping Vermont achieve one of the two lowest uninsured rates in the nation, and that continued community involvement is key to the success of the current project.

"We want every Vermonter to have access to quality health care," said DVHA Commissioner Steven Costantino. "To reach that goal, we need every Vermonter to do their part. If you get a letter, open it and call before the deadline. If you have friends or family who get health coverage through Medicaid or Dr. Dynasaur, ask them if they've received letters. If they haven't received one yet, they will in the weeks or months ahead."

The notices are part of Vermont's Medicaid renewal process in which Vermont Health Connect's application is used to determine whether members continue to qualify for Medicaid and Dr. Dynasaur, or whether they now qualify for financial help to buy a qualified health plan through Blue Cross and Blue Shield of Vermont or MVP Healthcare. In addition to those Vermonters with the February 29 deadline, 9,000 households received their first notice this month and another 9,000 will receive their first notice in early March.

By acting fast to continue their health coverage, members can avoid having to pay the federal fee for not having health insurance. The typical uninsured individual will pay \$695 when they file their taxes in spring 2017. Those with higher incomes will pay more – 2.5% of their household income above the filing threshold – and could have to pay for all of their own health care costs on top of that.

Members who miss the deadline and lose coverage should still apply for new coverage as soon as possible. Whether they can get coverage will depend on 1) how soon they apply and 2) whether they are ruled eligible for Medicaid. Specifically:

- If they apply and are ruled eligible for Medicaid, they will be re-enrolled as soon as their income is verified.

- If they apply and are ruled ineligible for Medicaid, they will only be able to buy a qualified health plan if it is within 60 days of their loss of coverage. If their 60-day special enrollment period expires, they will likely have to wait until 2017 to buy health insurance.

Wait times are expected to be long as the Monday deadline approaches. Customers with questions that are not urgent or related to deadlines are encouraged to wait until late next week to call.

Vermont Health Connect will be closed on Tuesday, March 1 for Town Meeting Day and will re-open at 8am Wednesday, March 2.

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