VERMONT HEALTH CONNECT

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VHC Self-Service Guide

A how-to guide for completing a Change of Circumstance or Renewal Form through self-service

Department of Vermont Health Access

Updated August 2023

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Purpose

This document is to be used as a guide when completing a Change of Circumstance and/or Renewal Form using the self-service tool in the VHC Portal.

Please note that this is subject to change.

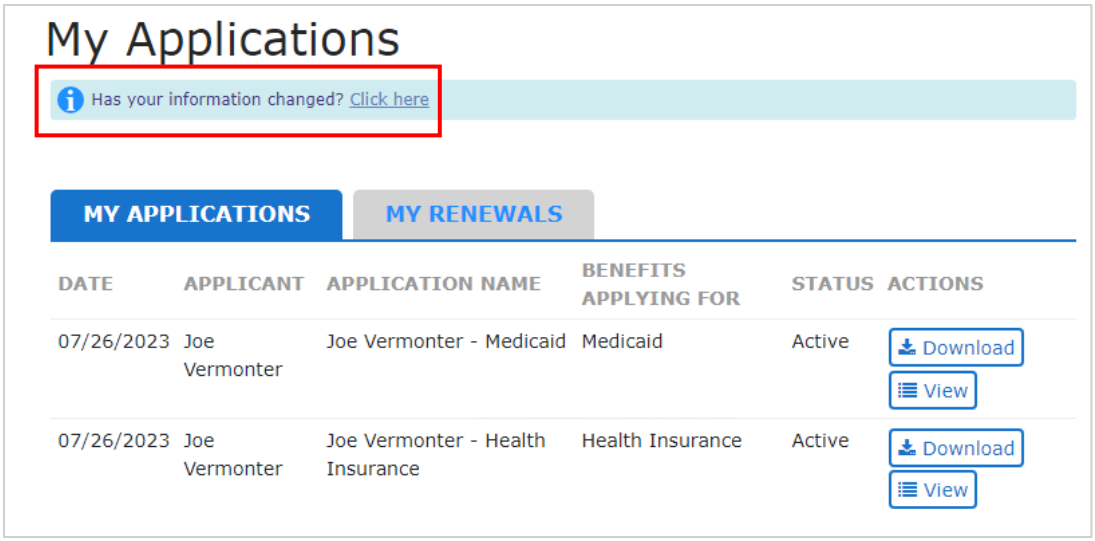
How to Use

This guide is designed to walk you through examples of self-service Changes of Circumstance and Renewal Forms by highlighting the basic steps. Use the links in the Table of Contents to skip to the desired section. Click BACK TO TOP at the bottom of any page to return to the top of the document.

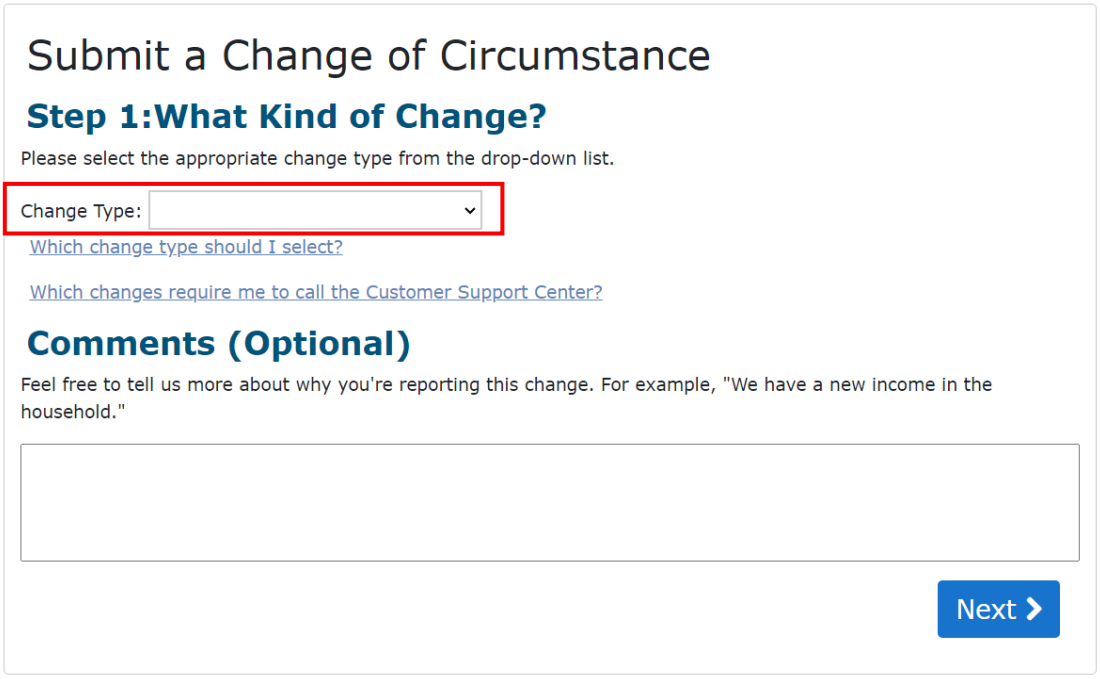
Each section in this guide features screenshots of a fake case. The order of screenshots is dependent on answers to previous questions and the selected scenario. This document is intended as a guide and may not apply to every scenario.

Section 1: Change of Circumstance

To complete a Change of Circumstance (CoC) through self-service, log into the VHC Portal and navigate to the home screen. Under **My Applications**, follow the hyperlink to begin the change.



On the next screen, select the **type of change** you would like to submit. If the change type is not listed in the drop-down, you will need to call the customer support center to complete the change.



Change Type options:

[Addition of a Household Member](#)
[Address](#)
[Citizenship/Immigration Status](#)
[Contact Preferences](#)
[Disability Status](#)
[Health Coverage Information](#)
[Help Paying for Coverage](#)
[Incarceration Status](#)
[Income](#)
[Tax Filing Status](#)
[Name](#)
[Social Security Number](#)
[Date of Birth](#)

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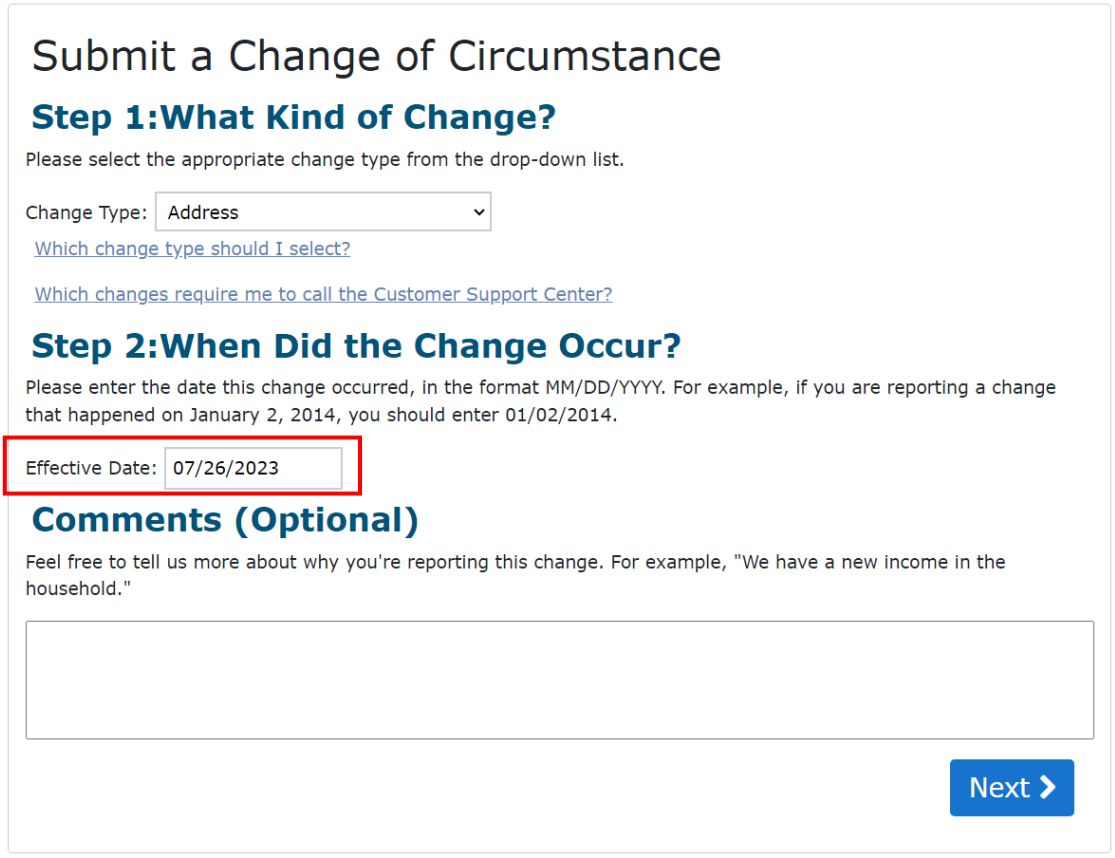
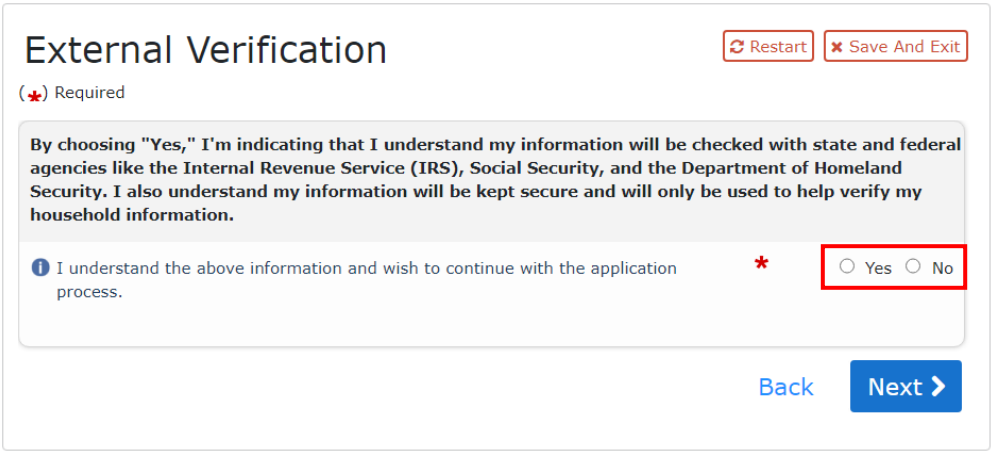
Note: Once the Change Type has been selected, you will be given the option to enter the date that the change occurred. The **Effective Date** should never be changed; please leave the default (today's) date.



To discard the change and select a different change type, select **Restart** at any time. To save the change and return to it later, select **Save And Exit**. Saved changes can be resumed from the My Applications page under the My Changes tab.

The **External Verification** screen appears during every change. The customer must agree and select "Yes" to continue. Selecting "No" will result in an error message stating the change cannot be completed.



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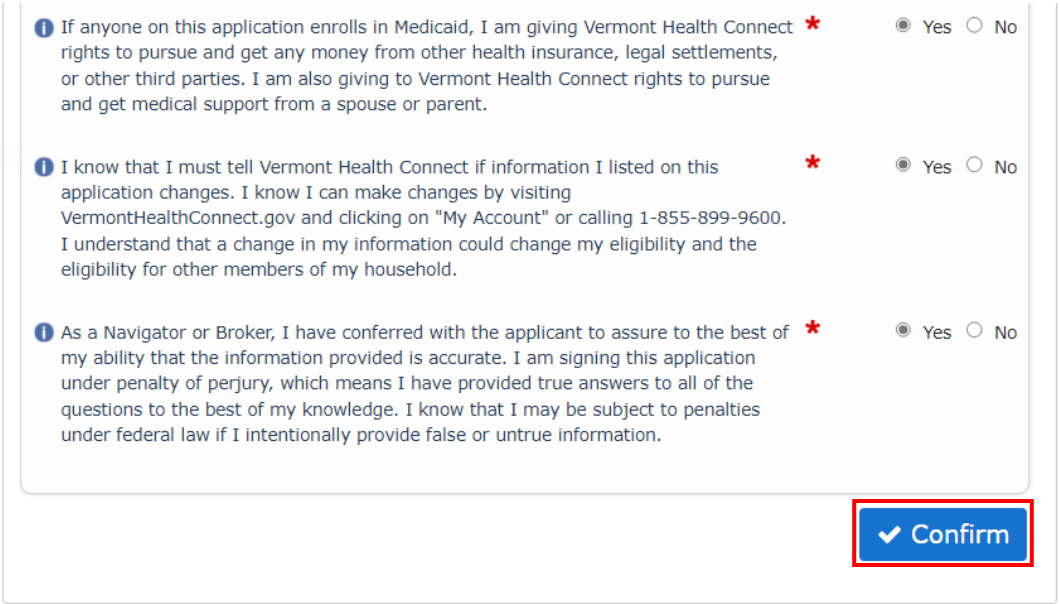
Before submitting the change, review the **Confirmation** page to ensure the information is correct. Fields that have been changed/updated will be indicated with the below icon:

Once the information has been reviewed, select "Yes" for each acknowledgement and click **Confirm**.



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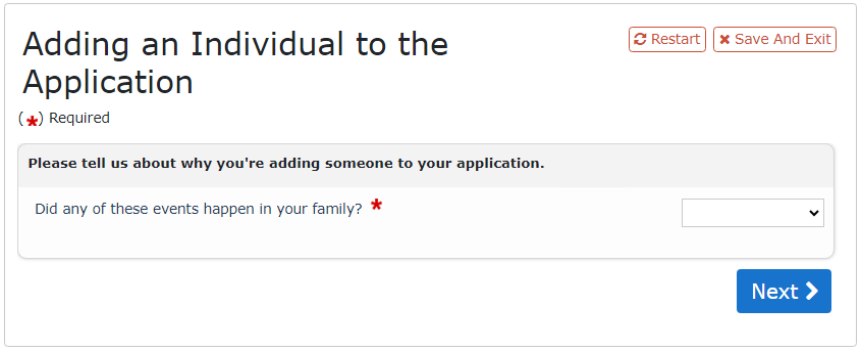
Addition of a Household Member

Adding someone to the application, even if this person is not enrolling in health coverage. Examples include adding someone because of marriage, moving into the same home, becoming a tax dependent, or other reasons.

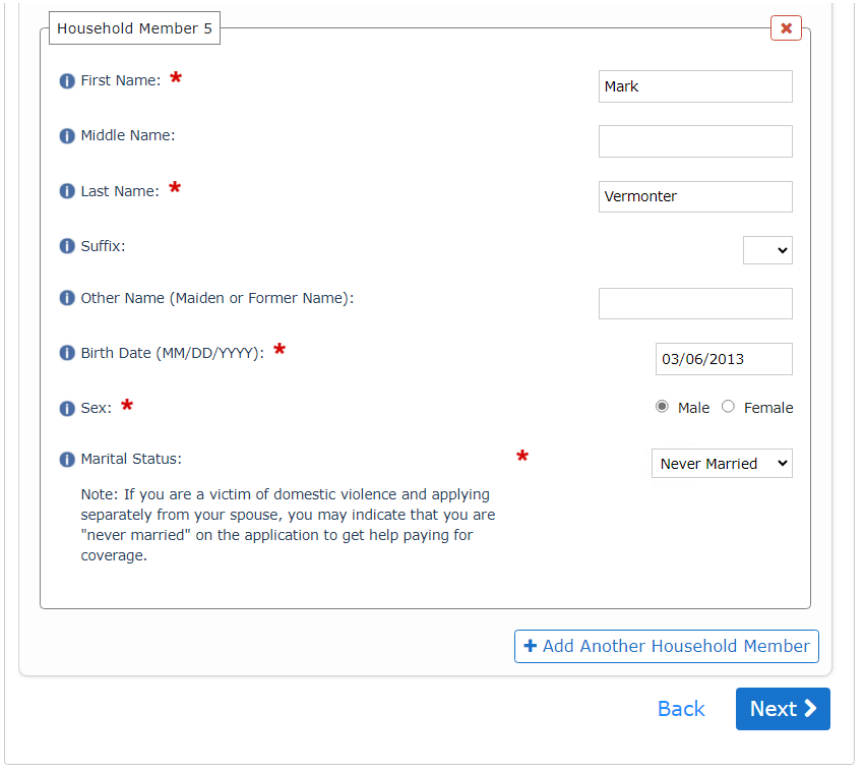
Note: This change type may not be used to report a birth. Call the customer service center to report a birth in the household.

When adding a member to the household, you can select from the below options:

a. Adoption
b. Birth (*do not select this change type*)
c. Foster care change
d. Loss of eligibility for health coverage
e. Marriage
f. Domestic Partnership
g. Civil Union
h. Gained dependent by court order
i. Other



Select the reason for the addition of the household member.



Enter the new household member's name, date of birth, sex, and marital status.

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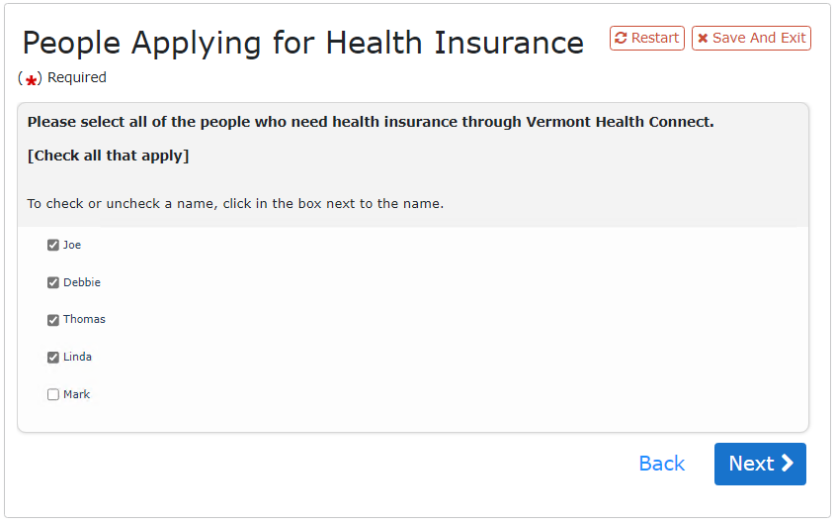
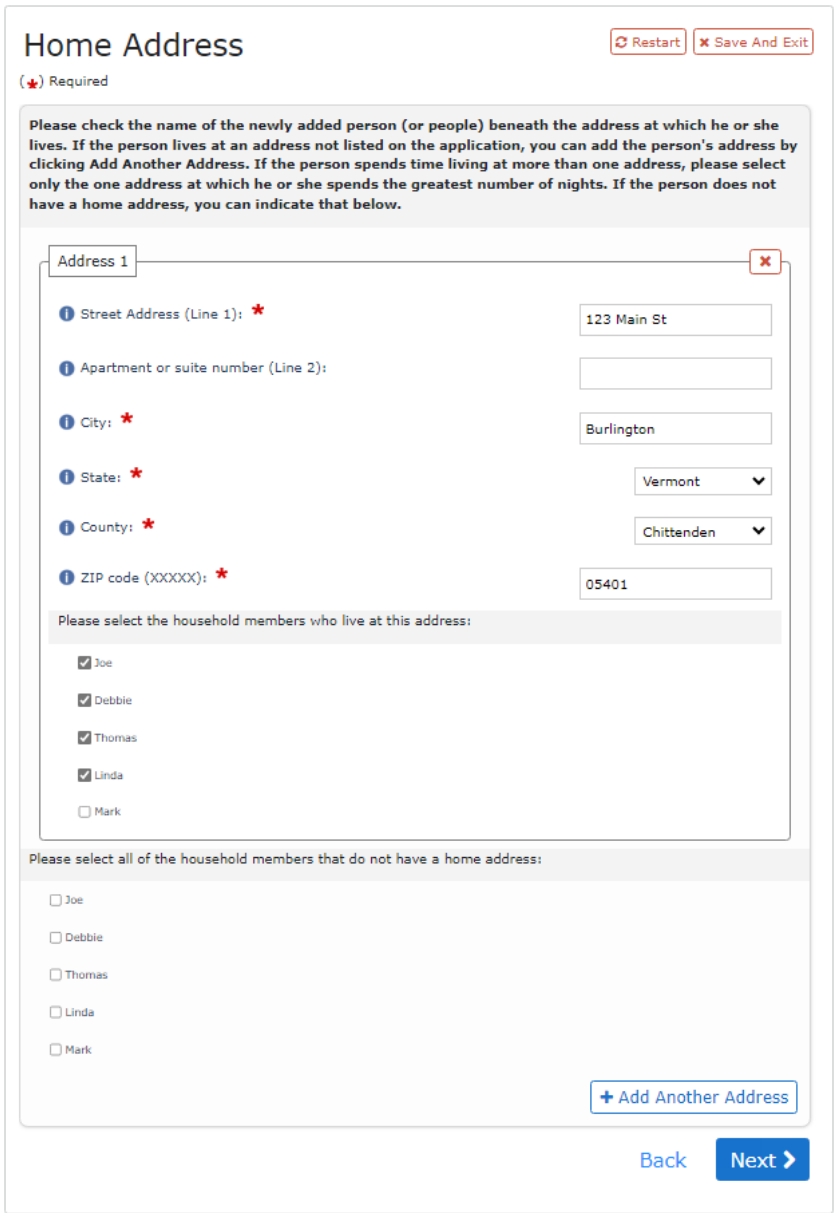


Indicate whether the new household member would like to apply for coverage through VHC.

If the new household member **is** applying for coverage, you will be required to answer follow-up questions regarding citizenship/immigration, income, health coverage, etc. Refer to the appropriate section for additional details.



If the new household member lives at the same address, check the member's name.

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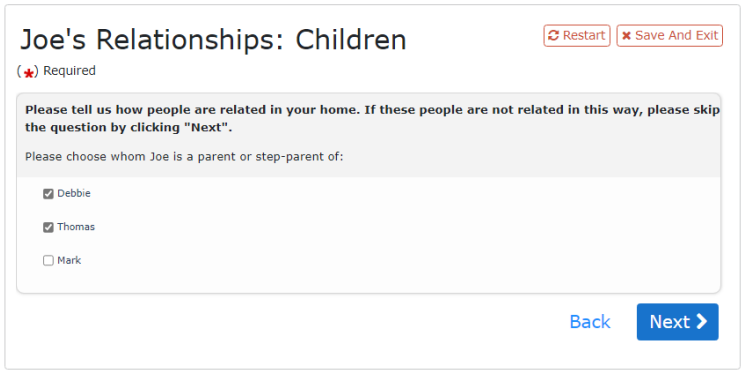
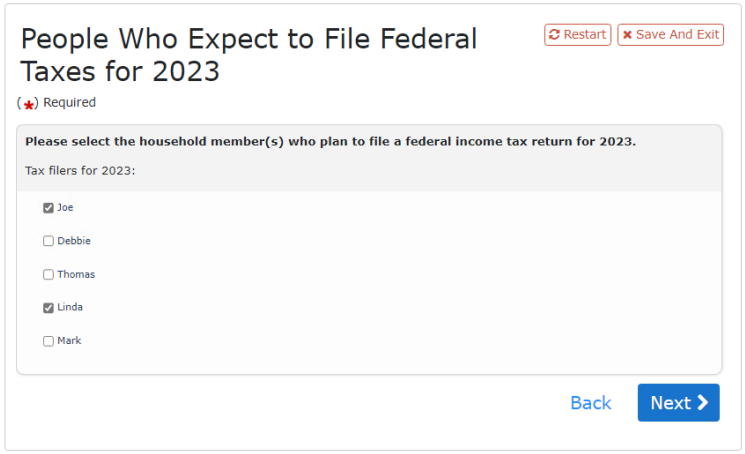
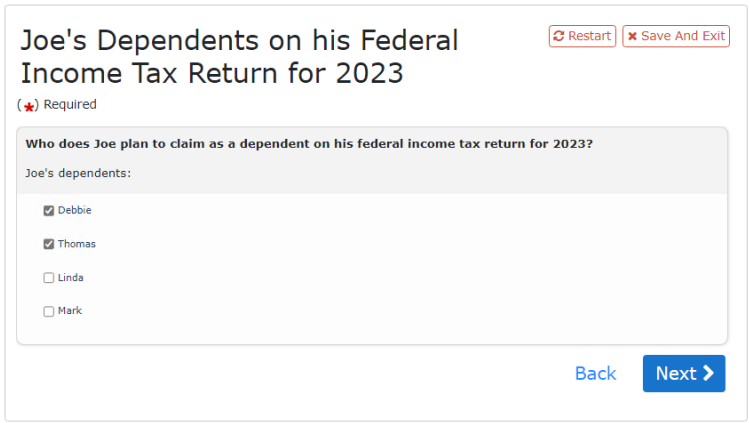


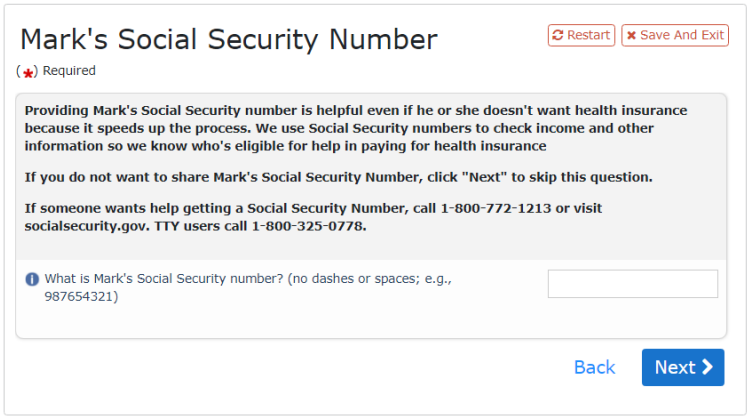
Indicate the new household member's relationship(s) with other household member(s).



Indicate whether the new household member plans to file a federal income tax return for the current year.



Indicate whether the new household member will be claimed as a dependent by another tax filer in the household.



Enter the new household member's Social Security Number.

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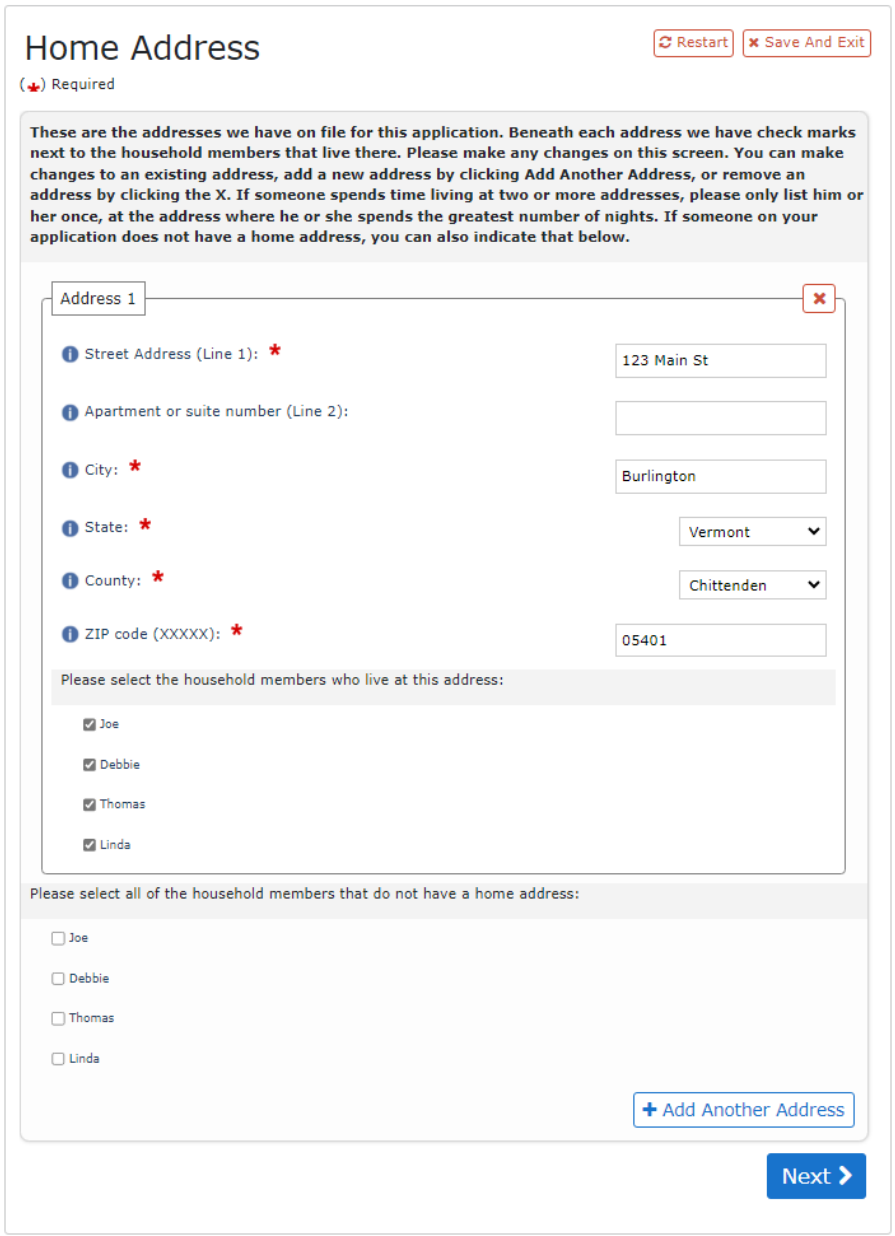
Address

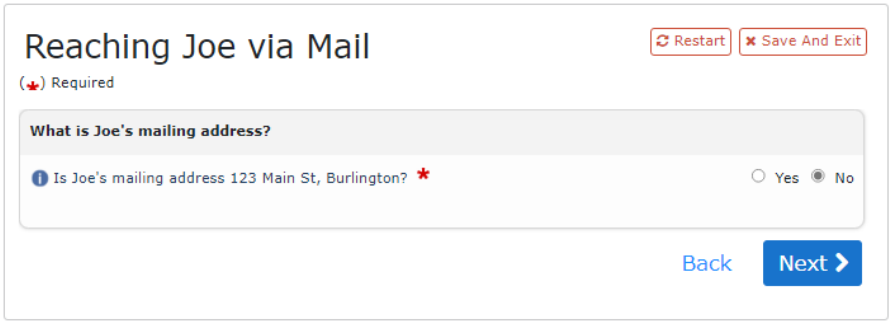
A change to address information. Examples include moving to a new address, changing which household members live at which address, or whether the primary contact's mailing address is the same as their home address.



Indicate the household's residential address, which household members live at this address, and any household members who do not have a home address.

If there is more than one home address for the household, click **Add Another Address**.

If the customer does not have a home address, enter "Homeless" as the street address. Use the same city/town as the mailing address.



Select **Yes** if the primary contact's home address is the same as their mailing address.

Select **No** if the primary contact has a different mailing address. The next screen will allow you to enter the mailing address.

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Citizenship/Immigration Status

Gain or loss of citizenship and/or immigration status. Examples include changes to whether someone is a US citizen, details about immigration documentation, or information about qualified immigration status. This change may occur for a variety of reasons and it is important that information is reported accurately. Before starting the change, ensure all necessary documents are available.

Select the household member(s) whose citizenship/immigration status has changed.

Indicate whether the household member is a US Citizen or US National.

If the answer to the previous question was **Yes**, indicate whether the household member is a Naturalized or Derived Citizen.

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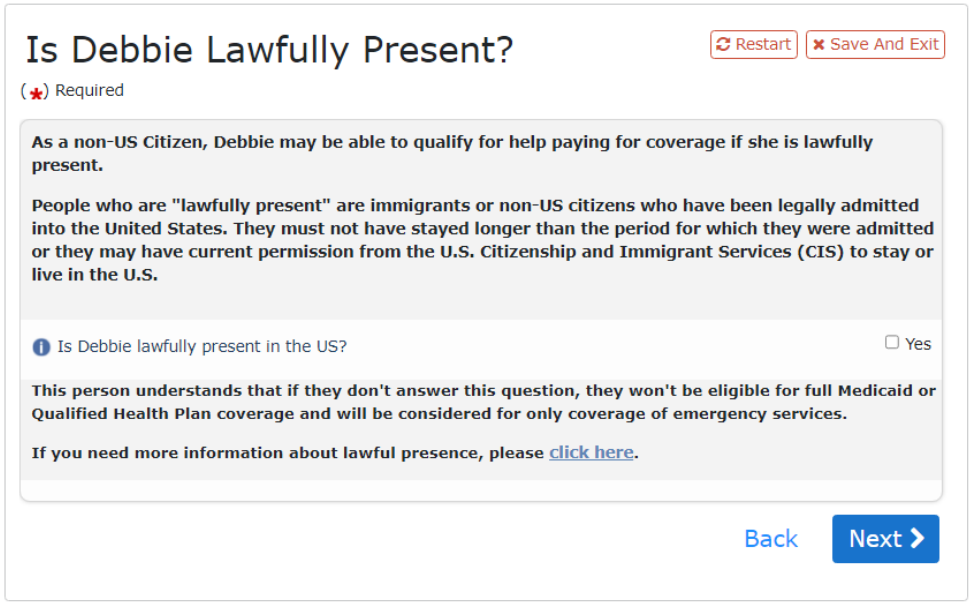
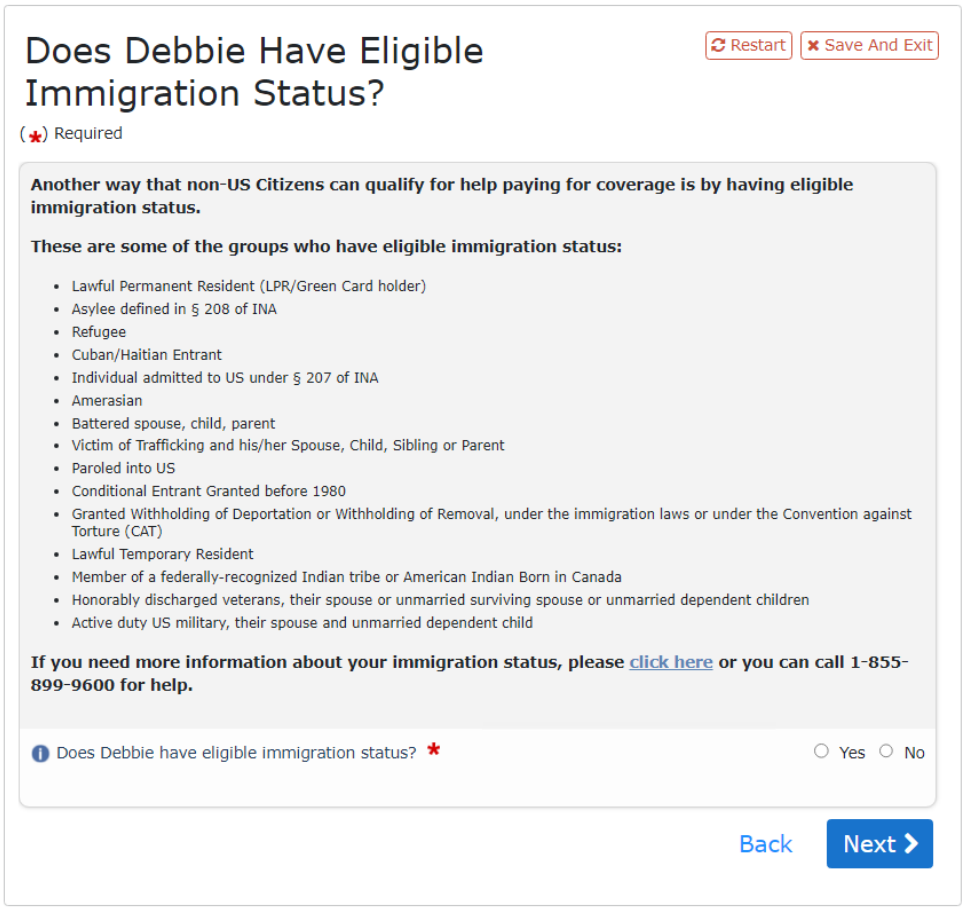


If the answer to the citizenship question was **No**, indicate whether the household member is lawfully present.



If the answer to the lawfully present question was **Yes**, indicate whether the household member has eligible immigration status.

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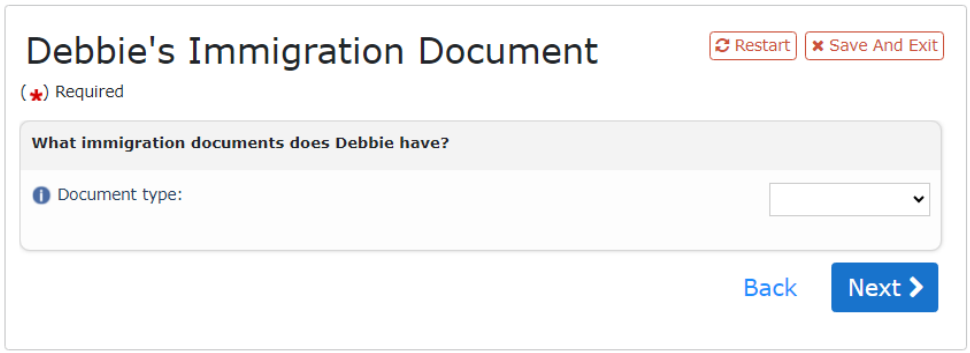
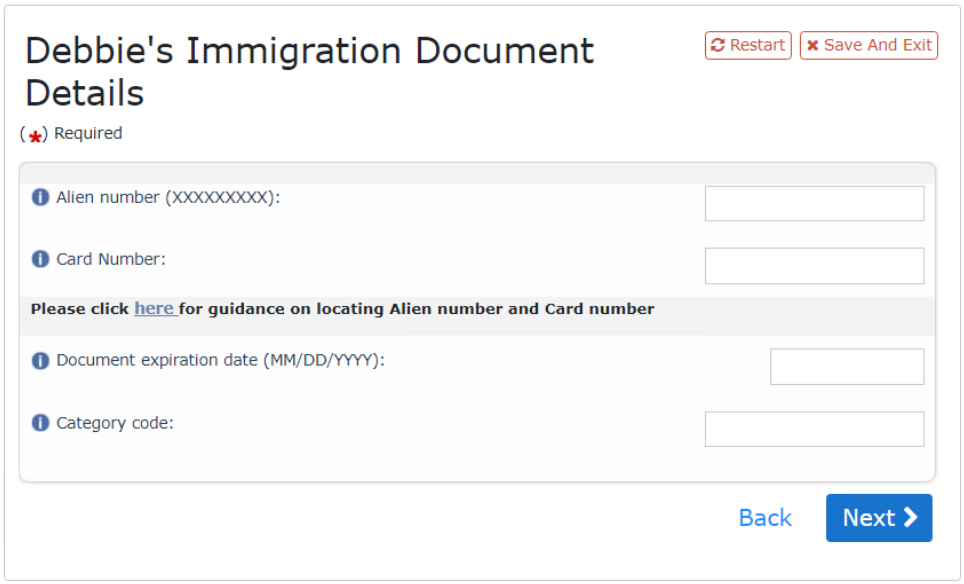


If immigration documentation is available, select the document type from the drop-down.

If documentation is not available, click **Next**.

Select the type of immigration document from the list:

a. Permanent Resident Card ("Green Card," I-551)
b. Temporary I-551 Stamp (on passport or I-94, I-94A)
c. Machine Readable Immigrant Visa (with temporary I-551 language)
d. Employment Authorization Card (EAD, I-766)
e. Arrival/Departure Record (I-94, I-94A)
f. Arrival/Departure Record in foreign passport (I-94)
g. Foreign passport
h. Reentry Permit (I-327)
i. Refugee Travel Document (I-571)
j. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
k. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
l. Notice of Action (I-797)
m. Other documents or status types



Enter as many details from the immigration document as possible.

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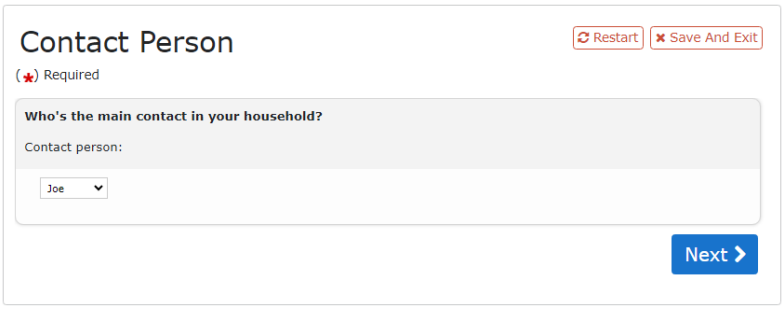
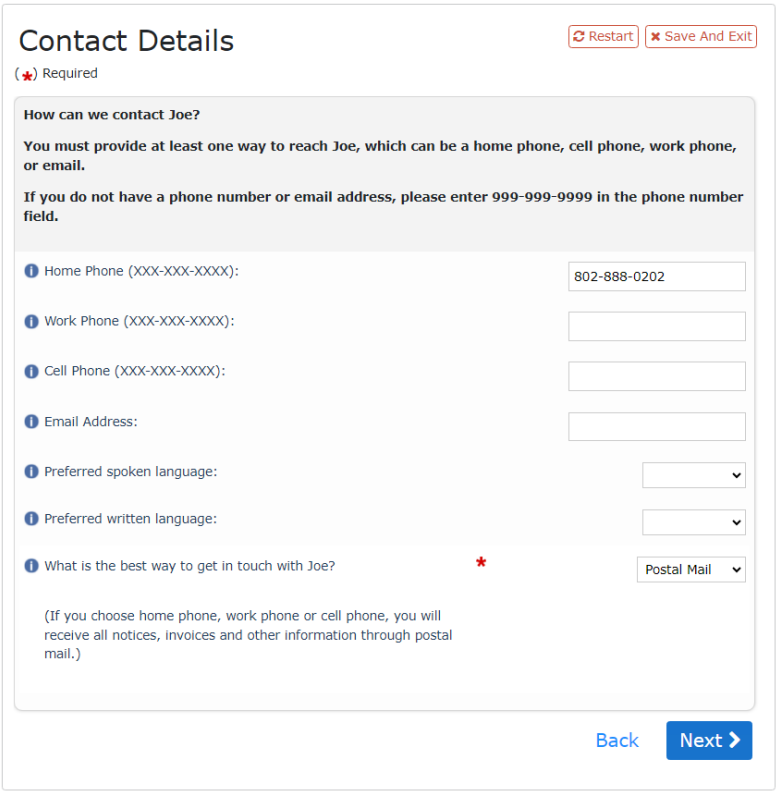
Contact Preferences

A change to the household's communication preferences. Examples include preferred contact person, language of contact, phone numbers, email addresses, and whether the contact person's mailing address is the same as their home address. If the change is related to a household member's home address, select the Address change type instead.

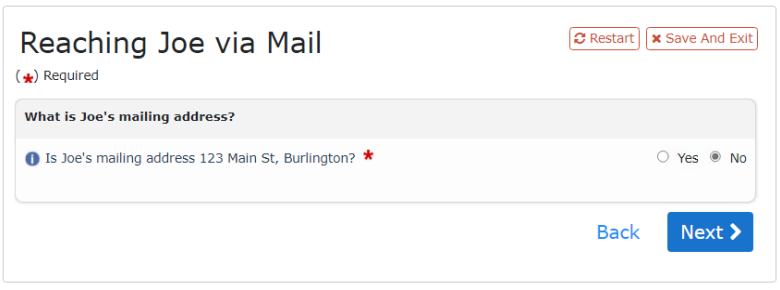
It is important to keep contact preferences up to date to ensure notices and other communications are received in a timely manner. Without the most current contact information, there may be delays in communication.



Indicate which household member is the main contact for the household.



Add or update phone numbers, email address, preferred language, and the best method for reaching the primary contact.



Select **Yes** if the primary contact's home address is the same as their mailing address.

Select **No** if the primary contact has a different mailing address. The next screen will allow you to enter the mailing address.

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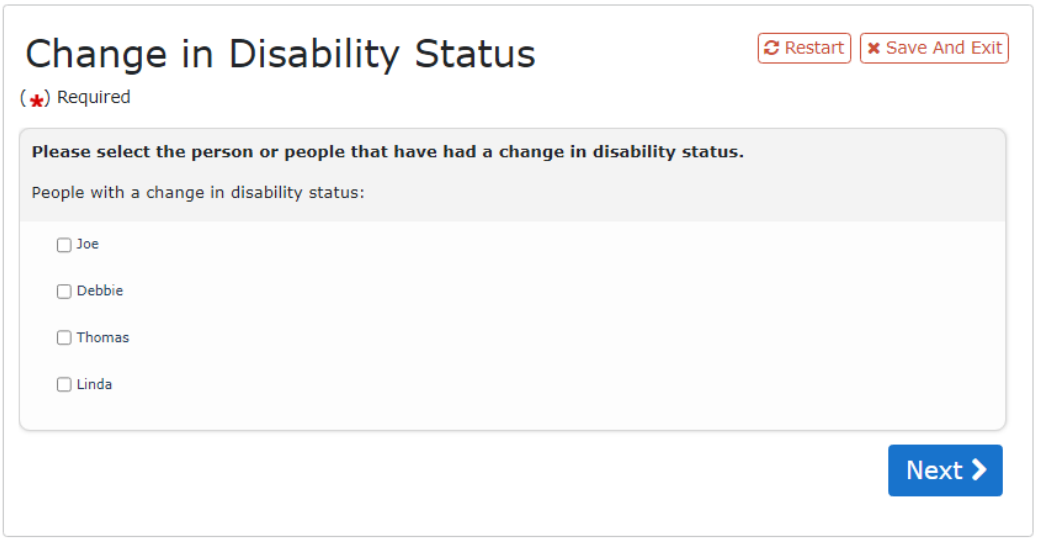
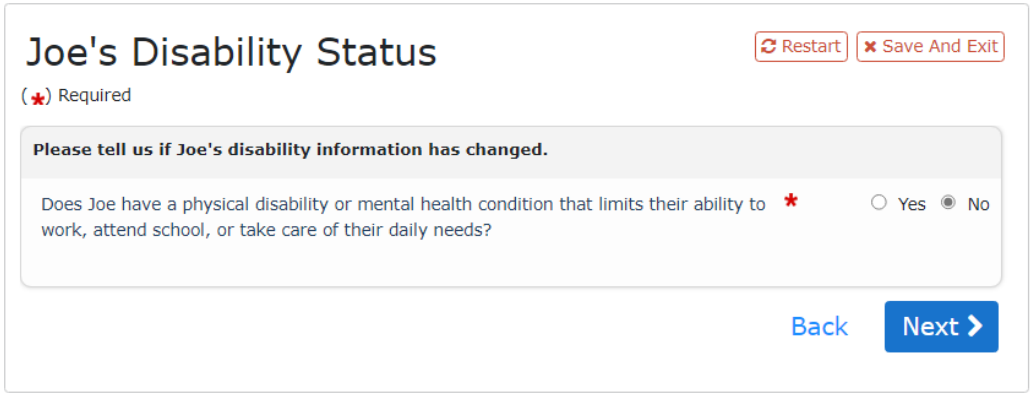
Disability Status

Gain or loss of disability for selected household member.



Indicate which household member has had a change in disability status.



Answer the follow-up question for the household member whose disability status has changed.

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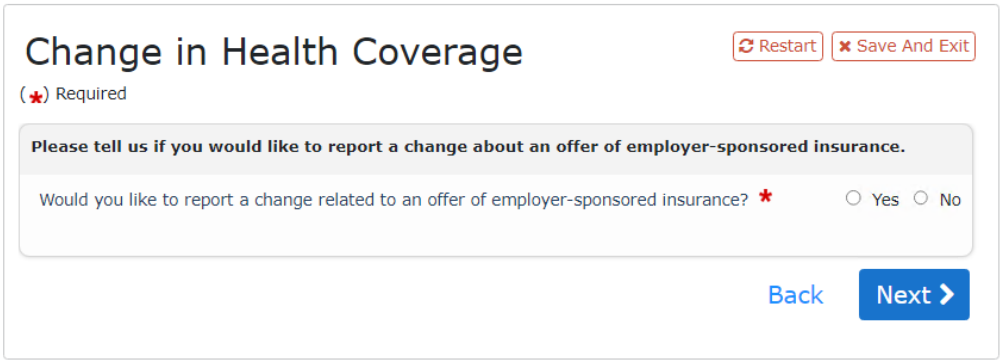
Health Coverage Information

A change to health coverage or access to health coverage from other sources. Examples include changes to eligibility for or enrollment in employer-sponsored insurance, TRICARE, or Medicare.

When changing/updating health coverage information for the household, you can select from the below options:

a. Employer-sponsored insurance
b. Medicaid/Dr. Dynasaur
c. Medicare
d. TRICARE
e. VA Health
f. Peace Corps
g. Individual Health Insurance
h. Other limited benefit coverage

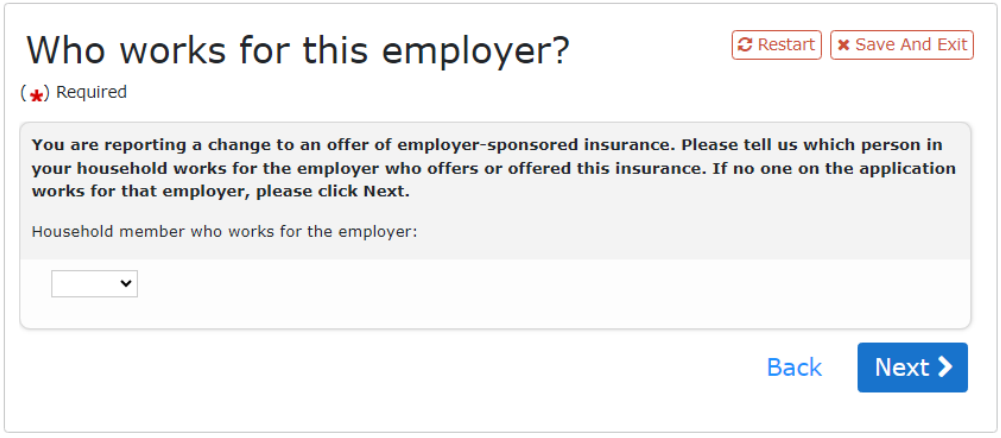
Depending on the type of coverage selected, additional information may be required, such as a policy ID.



Indicate whether the change is related to an offer of employer-sponsored insurance for any/all household member(s).

Employer-Sponsored Insurance

If the coverage change is related to insurance offered by an employer, answer the below follow-up questions.



Select the household member who works for the employer offering insurance.

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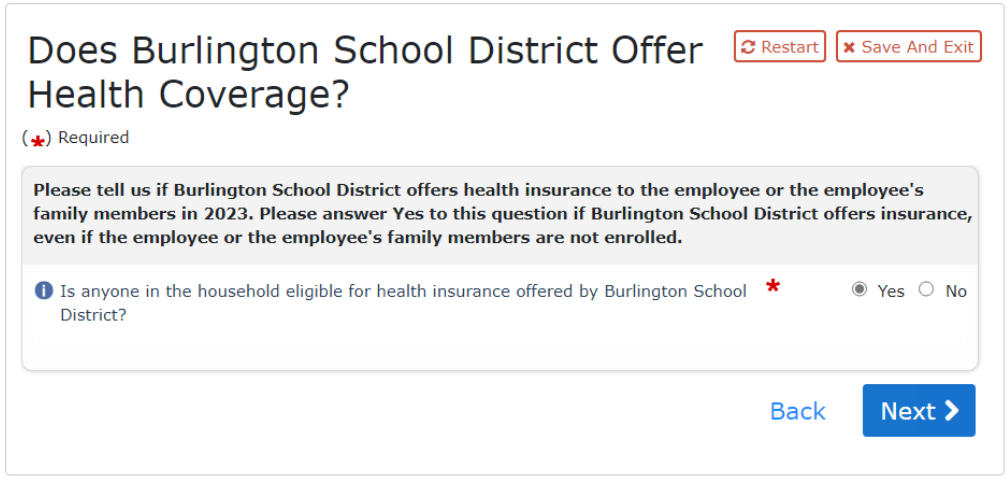
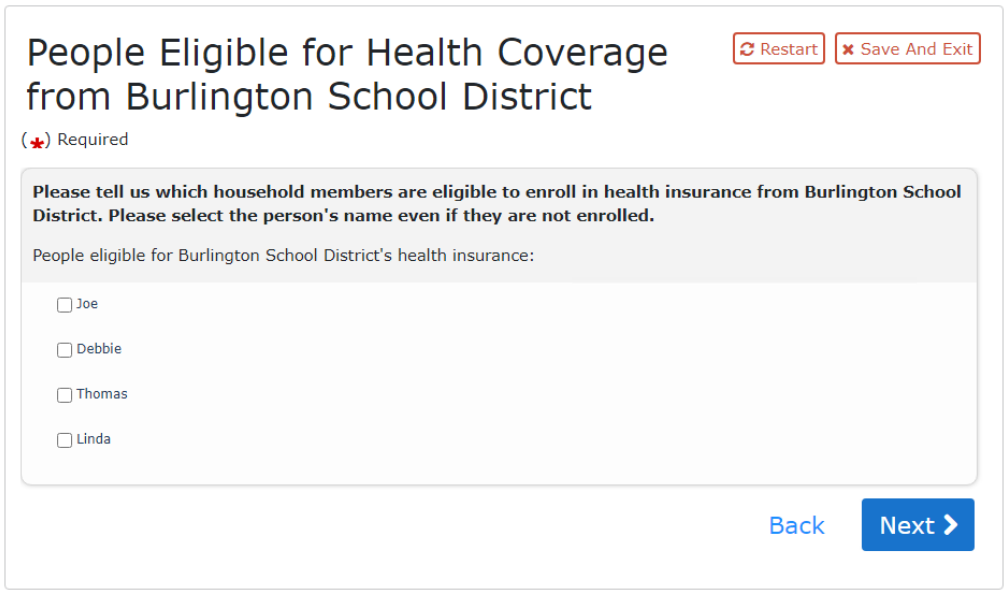
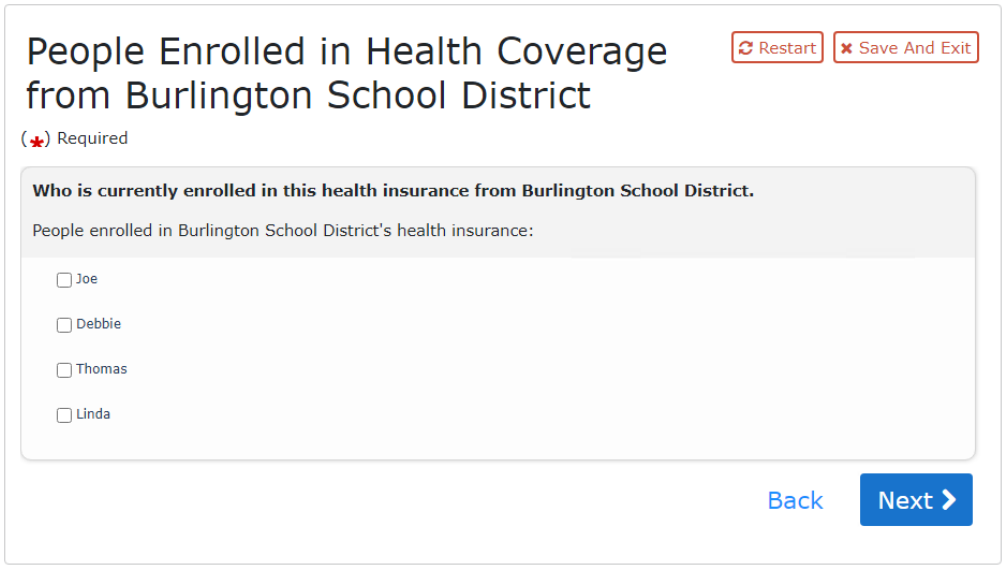


Indicate whether any household member is offered health insurance through the employer.



Choose the household member(s) who is **eligible** to enroll in the employer-sponsored insurance.



Choose the household member(s) who is **enrolled** in the employer-sponsored insurance.

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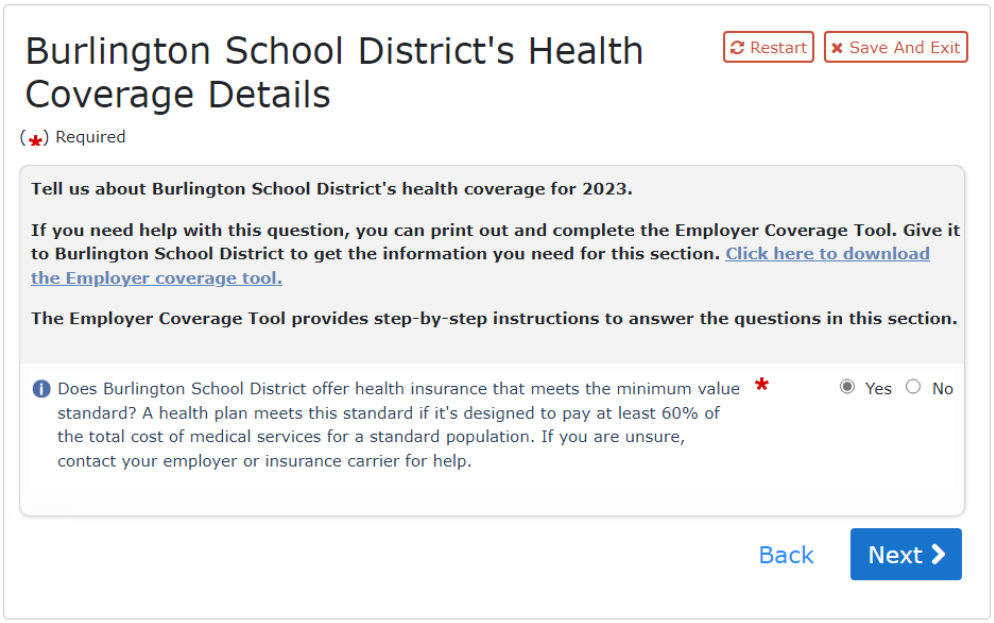
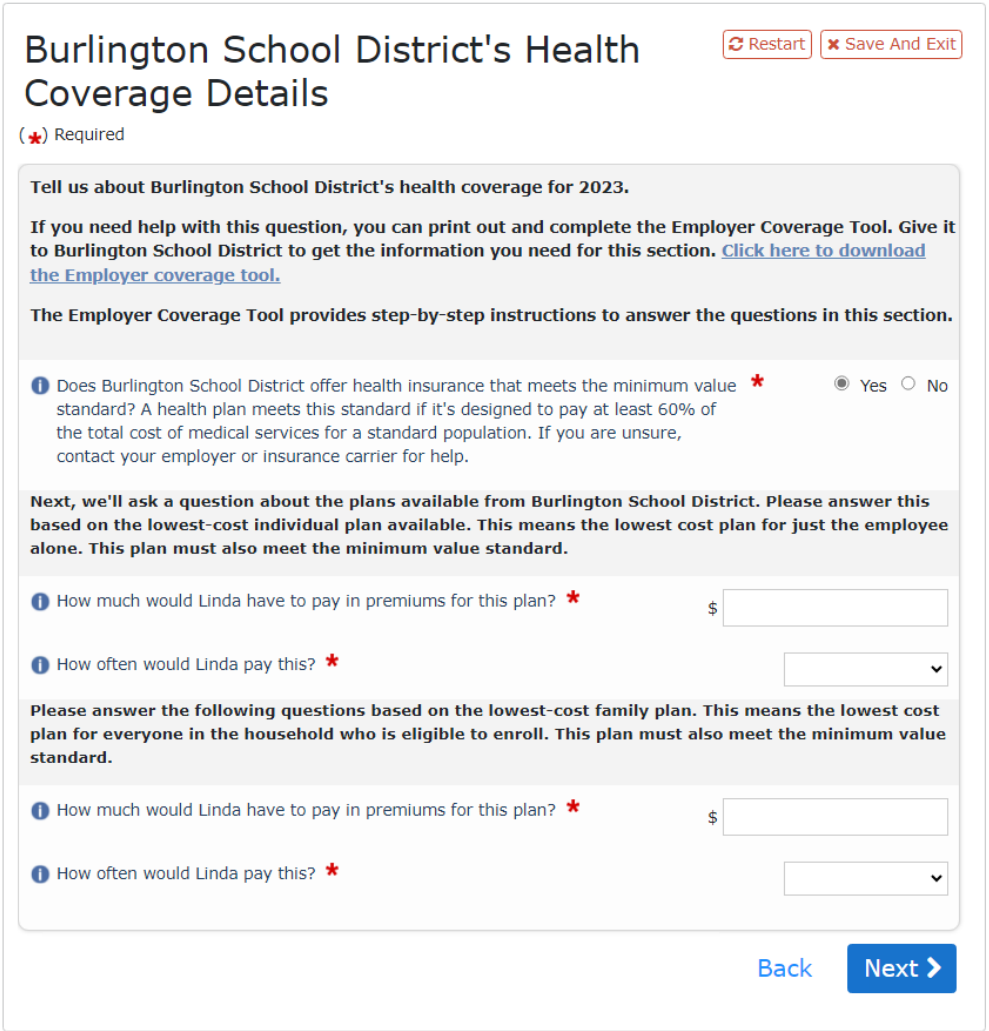


Indicate whether the employer-sponsored insurance meets the minimum value standard.



Once the previous question is answered, indicate the cost of both the **individual-only** and **family** premiums.

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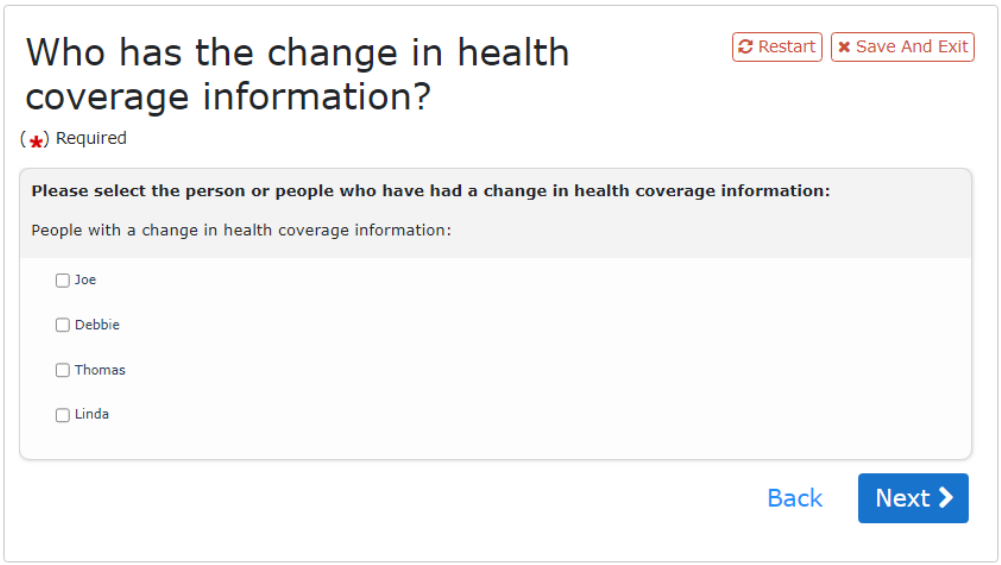
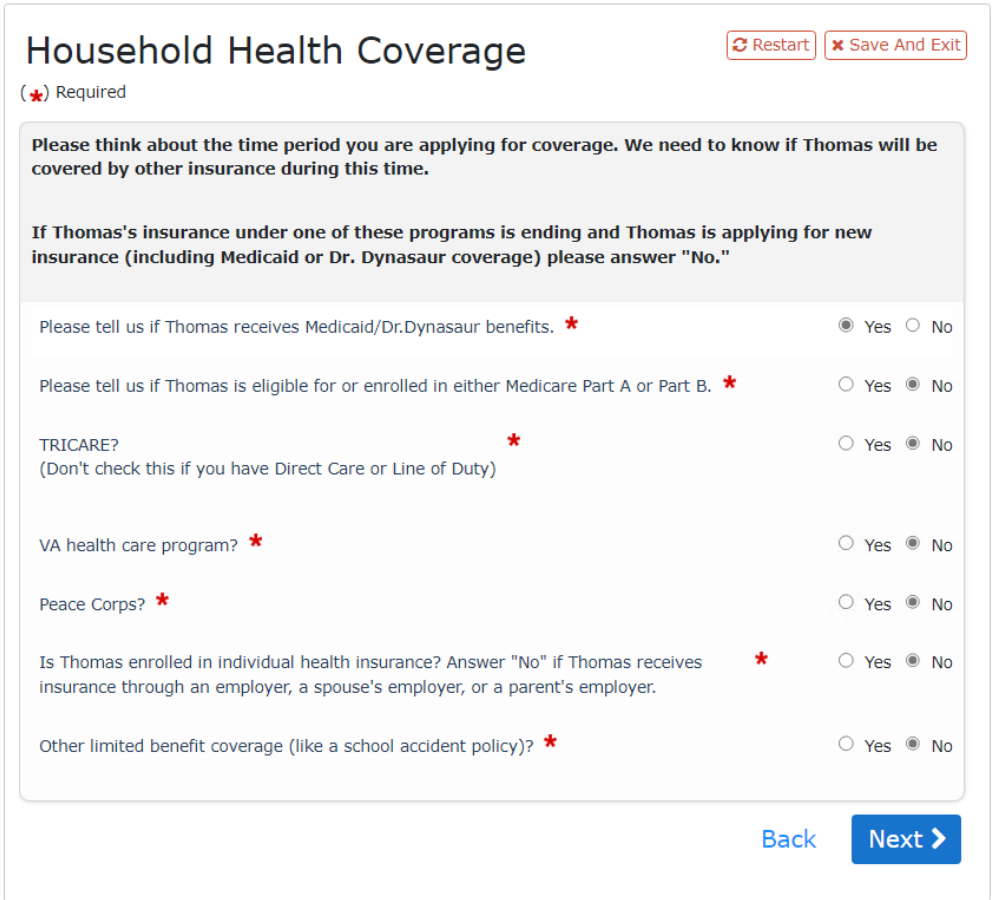
Other Insurance

If the coverage change is not related to insurance offered by an employer (e.g., Medicare, TRICARE, Medicaid, etc.), answer the below follow-up questions.



Indicate which household member(s) has had a change in health coverage information.



Indicate the type of health coverage that is changing for the household member.

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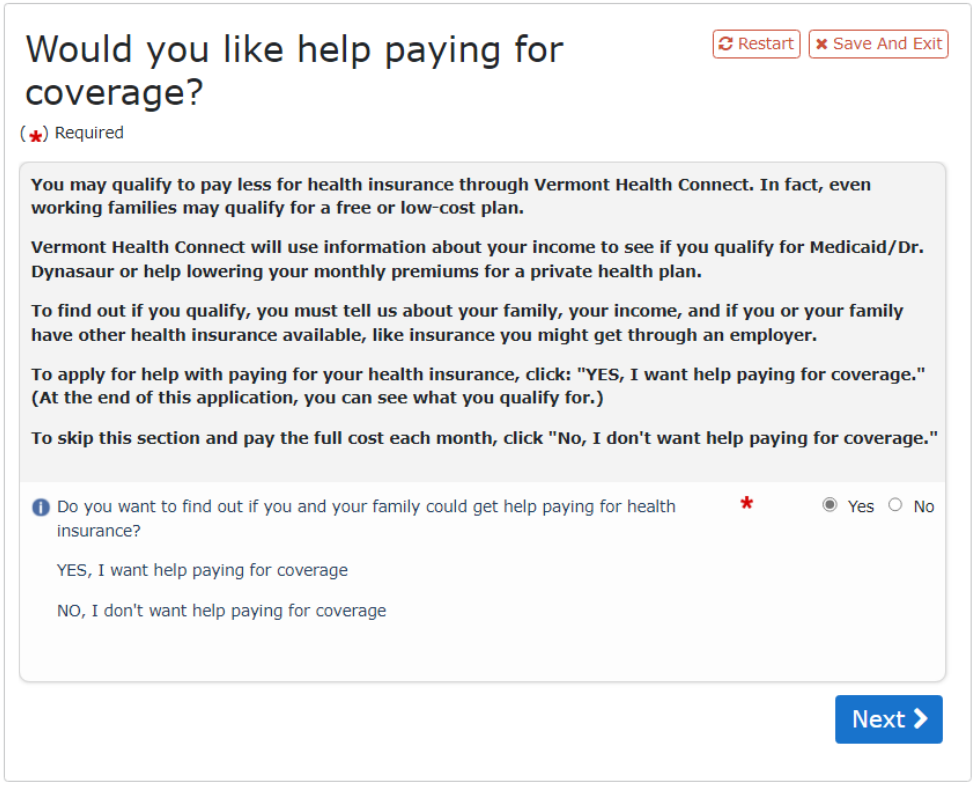
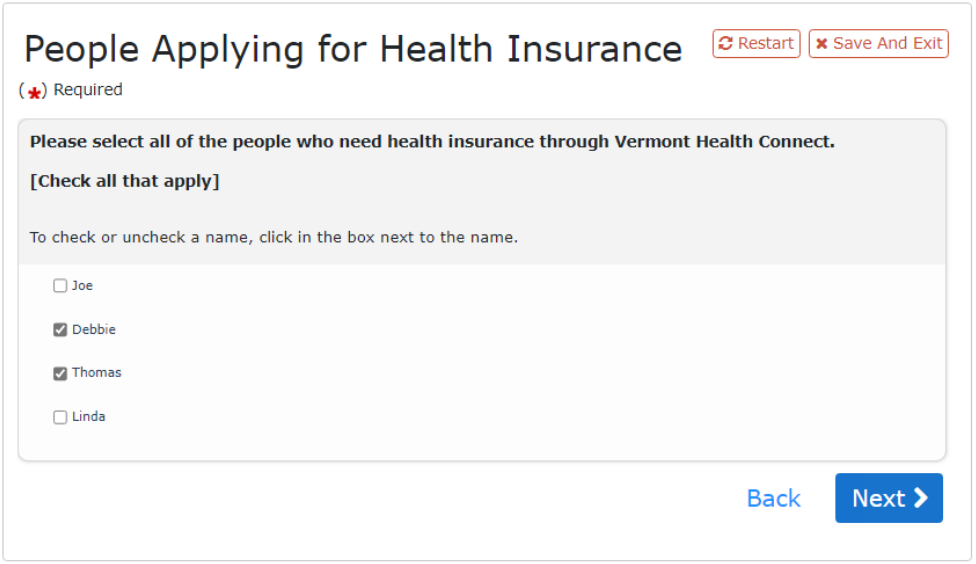
Help Paying for Coverage

This change reflects if the household would like to change its decision to be screened for financial assistance (APTC, VPA, CSR, and Medicaid).



Indicate whether the household would like to be screened for financial assistance.

If any member of the household would like to be screened for MCA/financial assistance, the answer to this question must be **Yes**.



Indicate which household member(s) would like to apply for coverage through VHC.

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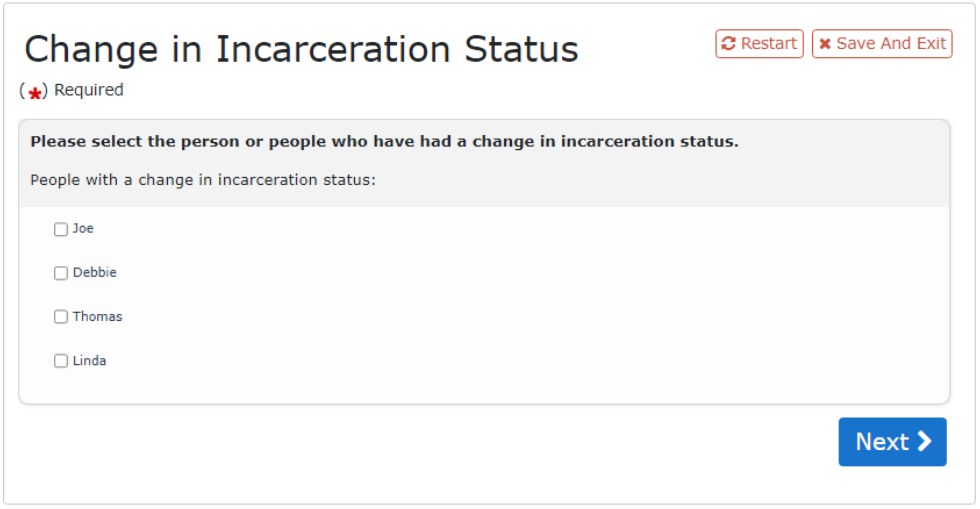
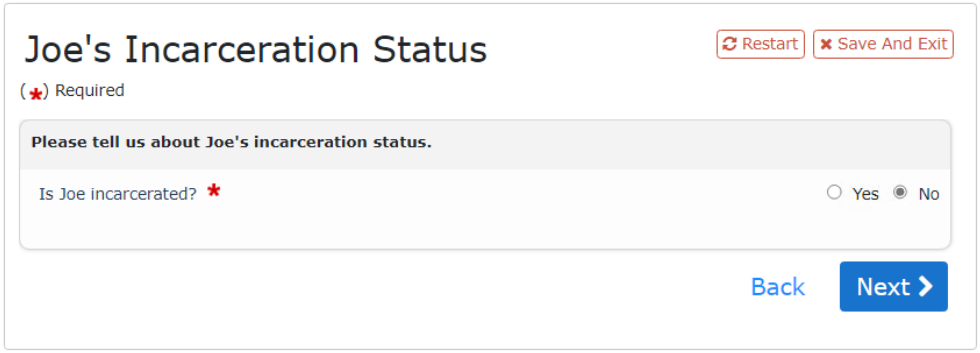
Incarceration Status

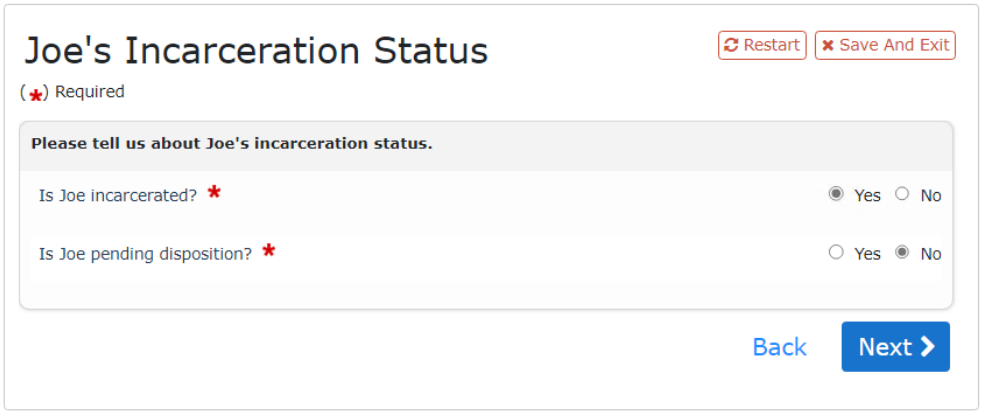
A change to whether someone is incarcerated or in prison, including whether someone is incarcerated pending disposition of charges. You may indicate whether this change will occur within 60 days.



Indicate which household member(s) has had a change in incarceration status.



Indicate whether the household member is currently incarcerated.



Answer the follow-up question for the household member whose incarceration status has changed.

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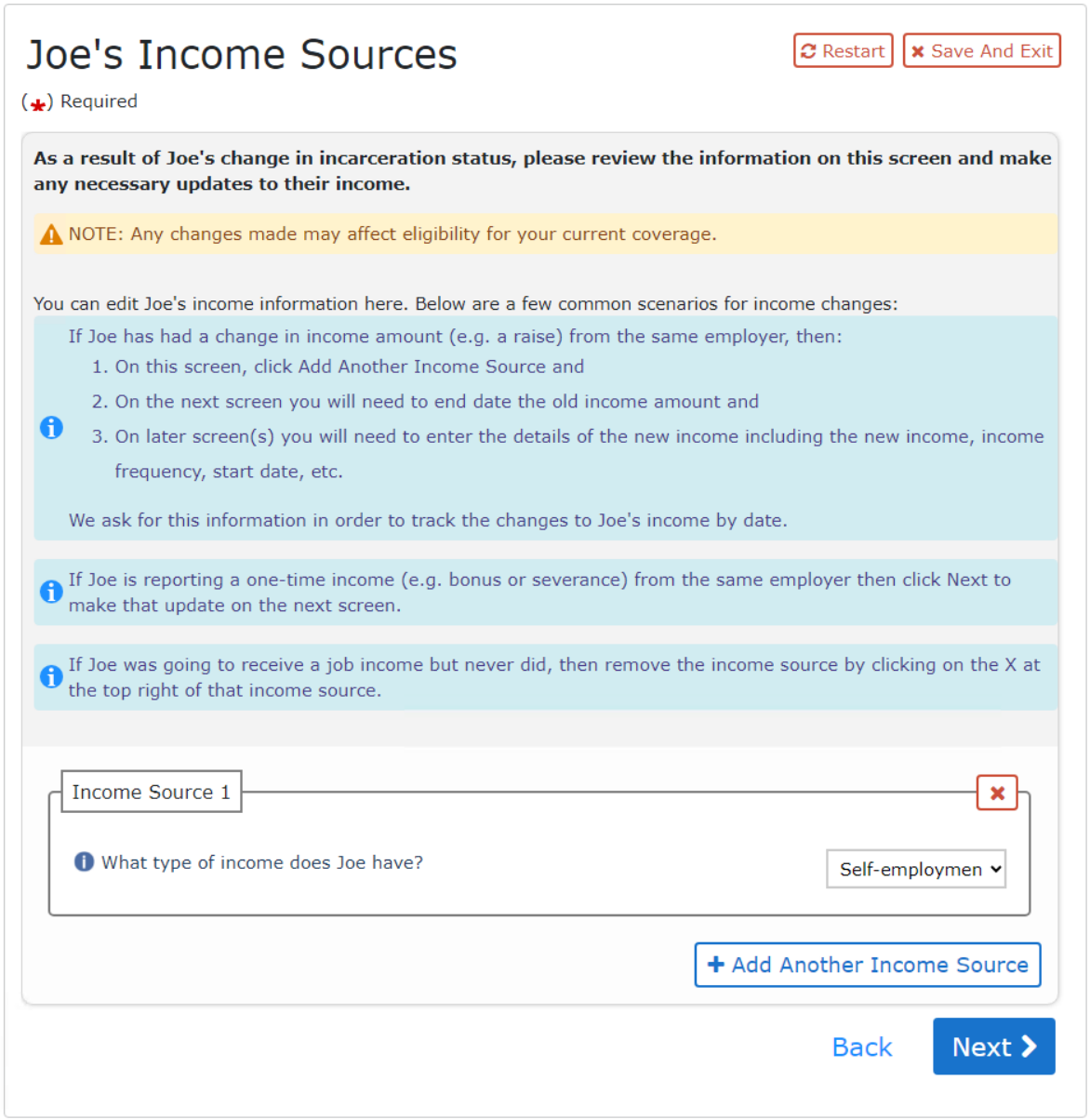
If the household member is incarcerated, review their income and deduction information and make updates as needed. Refer to the Income section for additional details.



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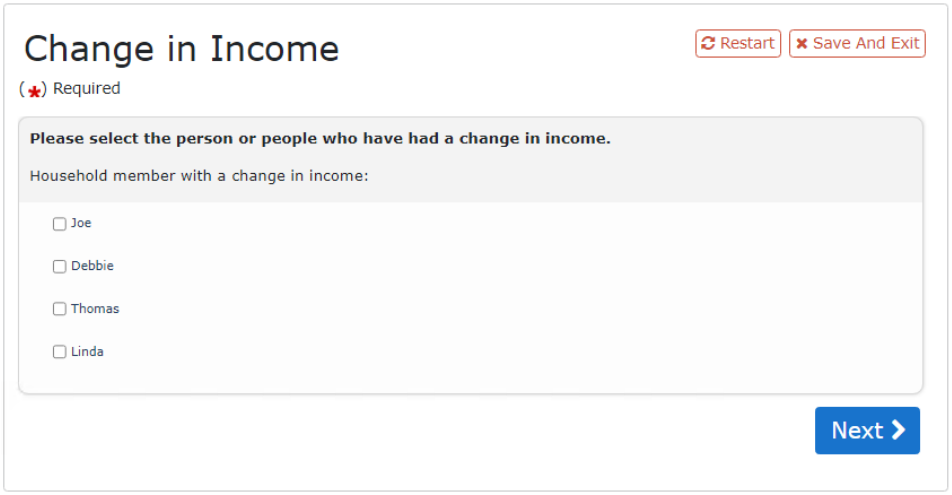
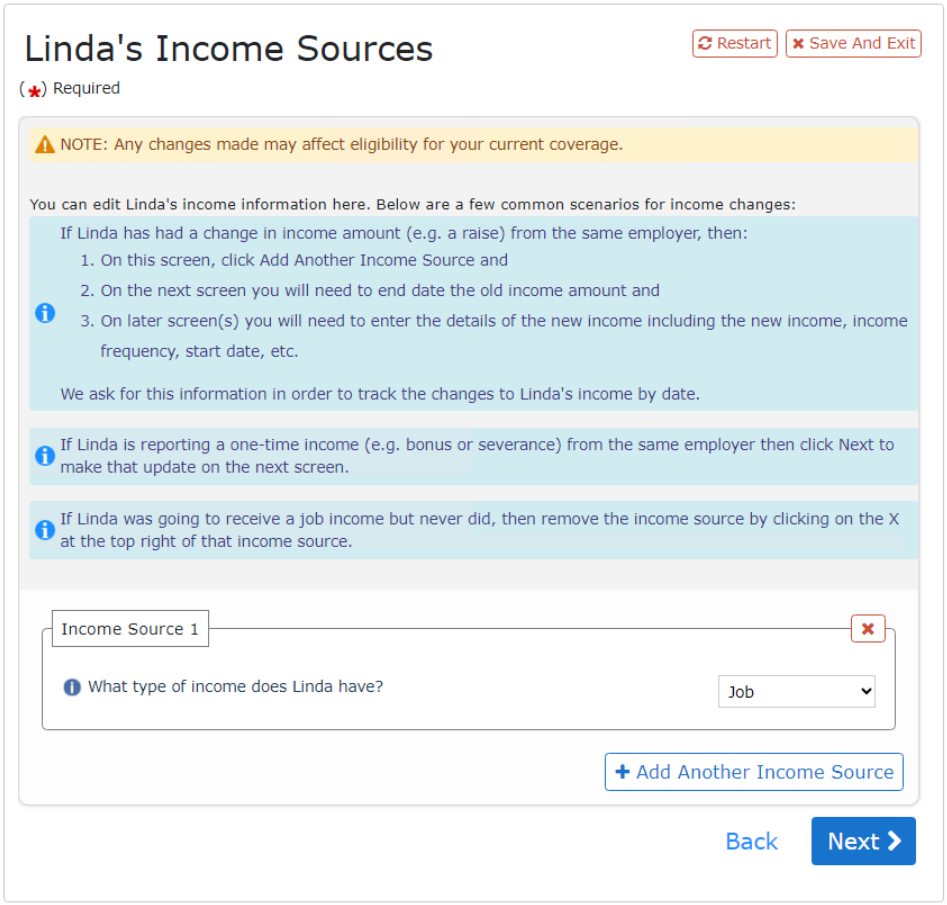
Income

A change in income or in income-related deductions. Examples include getting a new source of income, losing a source of income, or changing the amount of income or the dates that income is received.

Note: Please do not enter income changes with start/end dates in the future. Income changes should not be entered until the change occurs.



Indicate which household member(s) has had a change in income.



Follow the instructions to add another income source. **DO NOT** click the red X to delete previous income information.

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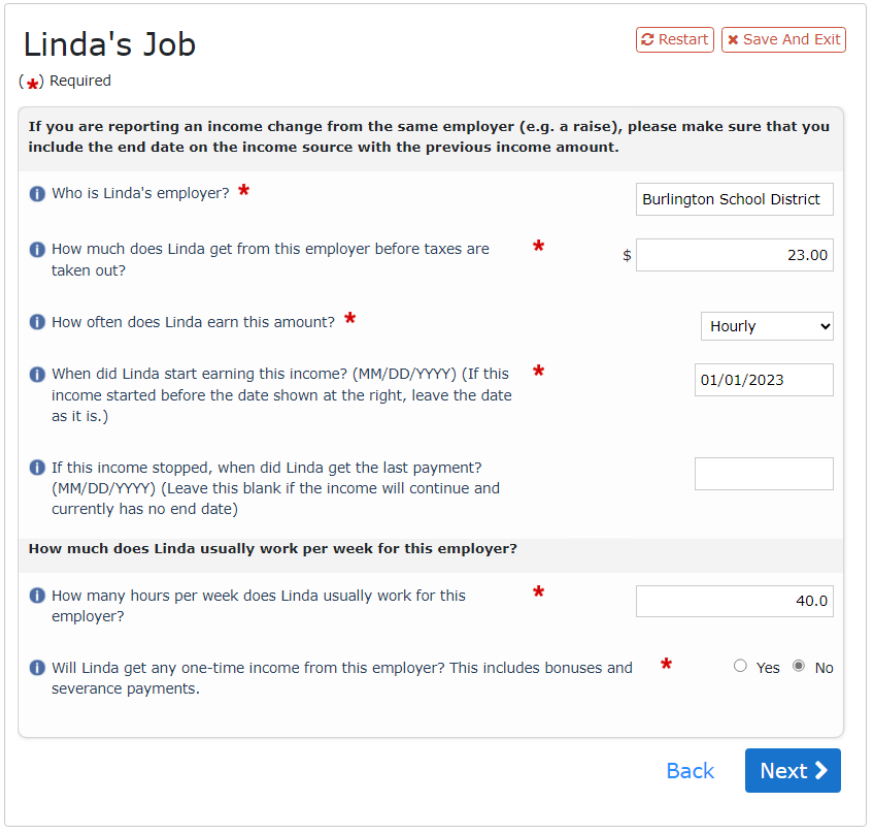
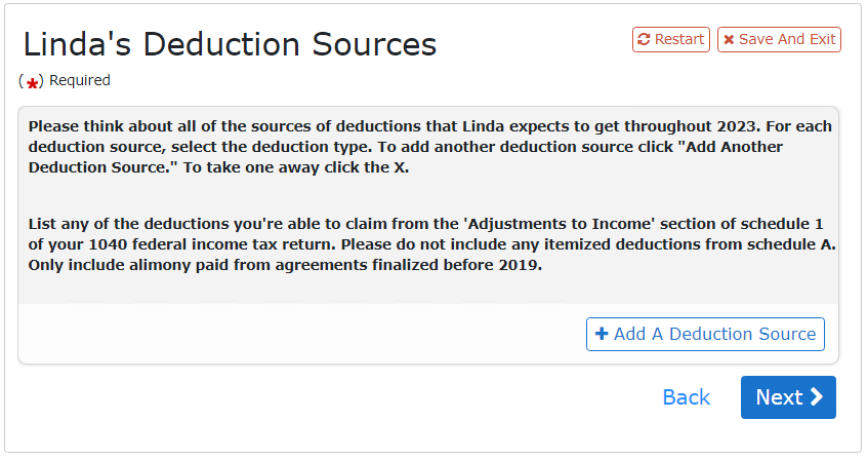


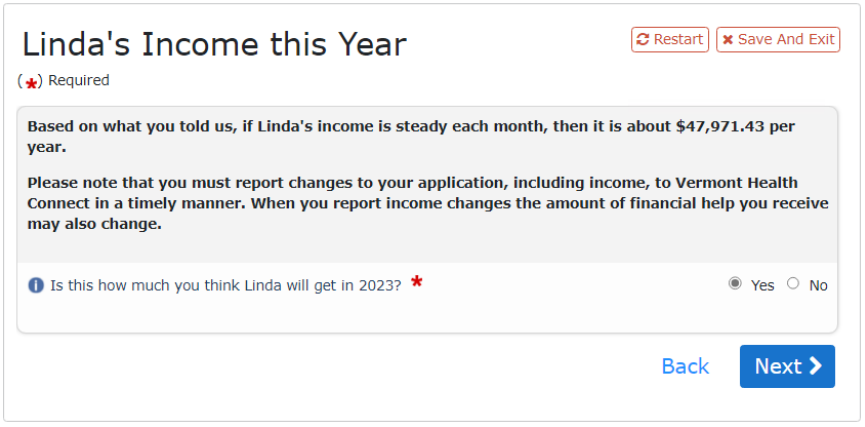
Review previous income information. If there is no change, click **Next**.

If an income source has ended, follow the instructions to **add an end-date**.

If a new income source was added, click **Next** until you are given the option to enter the relevant information.



Add new deduction source(s) or edit existing sources. If none, click **Next**.



Based on answers to previous questions, the system will calculate the household member's expected yearly income. Eligibility for programs is based on this yearly amount.

If this number is not representative of the household member's income, select **No** and indicate how much they expect to receive in the applicable year.

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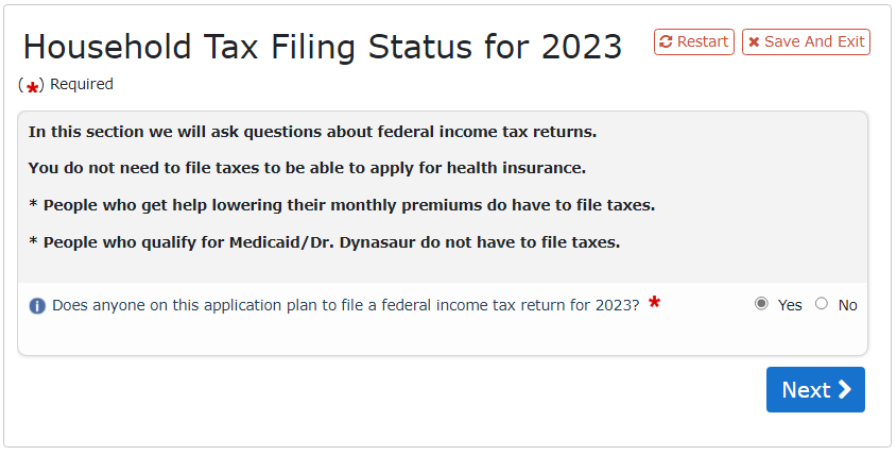
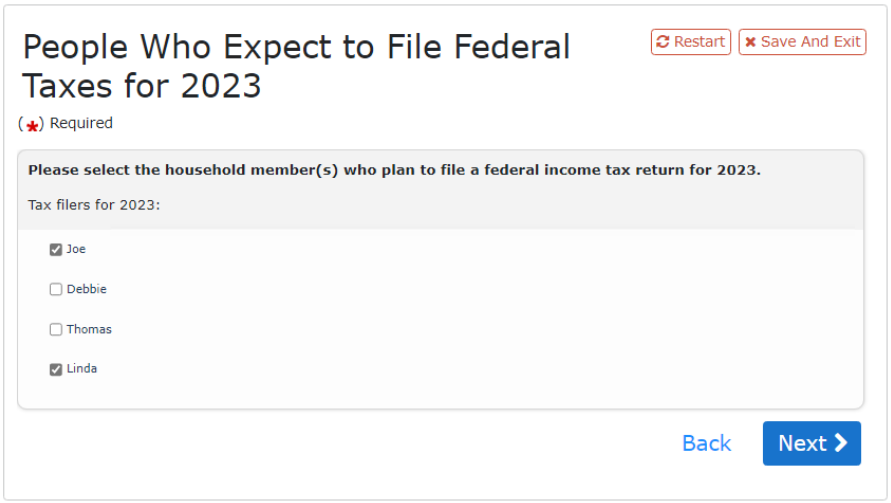
Tax Filing Status

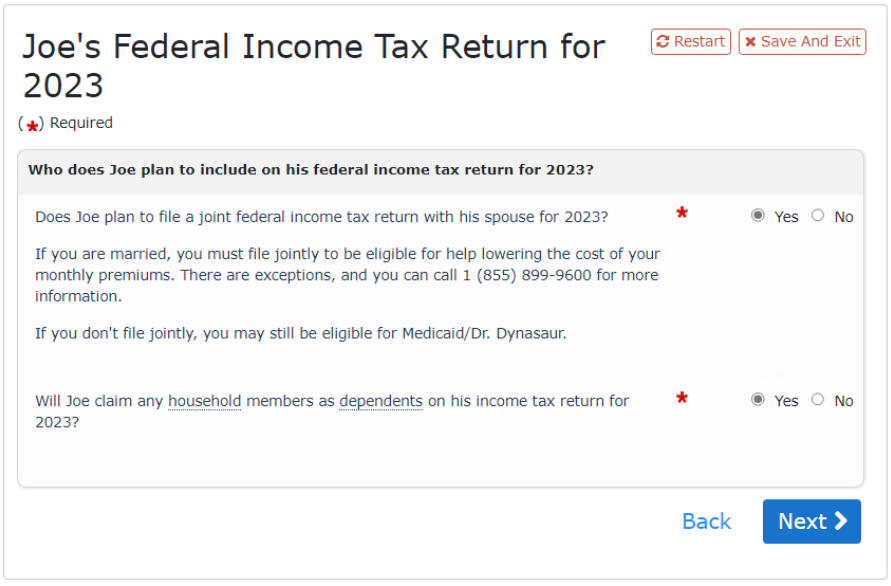
A change to tax filing information. Examples include who is filing taxes, who is claimed as a dependent by other household members or by people outside the application, or whether a person plans to file jointly with their spouse. If you need to report a change to income-related deductions, choose the Income change type instead.



Indicate whether anyone in the household plans to file a federal income tax return for the current year.



Indicate which household member(s) plan to file a federal income tax return for the current year.



For each household member who plans to file taxes, answer the follow-up questions. Tax filing questions must be answered for all household members.

Indicate whether the household member plans to file taxes jointly with a spouse and whether they will claim any household members as tax dependents.

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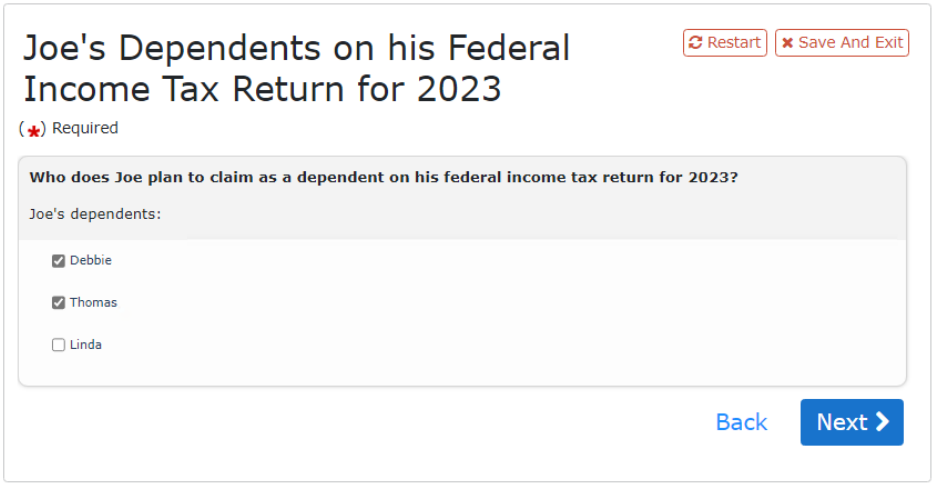
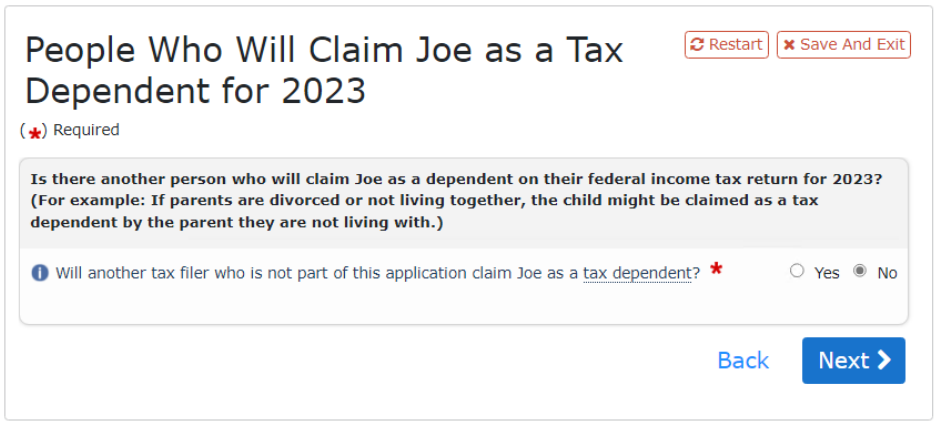


Indicate which household member(s) the tax filer plans to claim as a dependent, if applicable.



Indicate whether another person outside of the household will claim the tax filer as a dependent for the current year.

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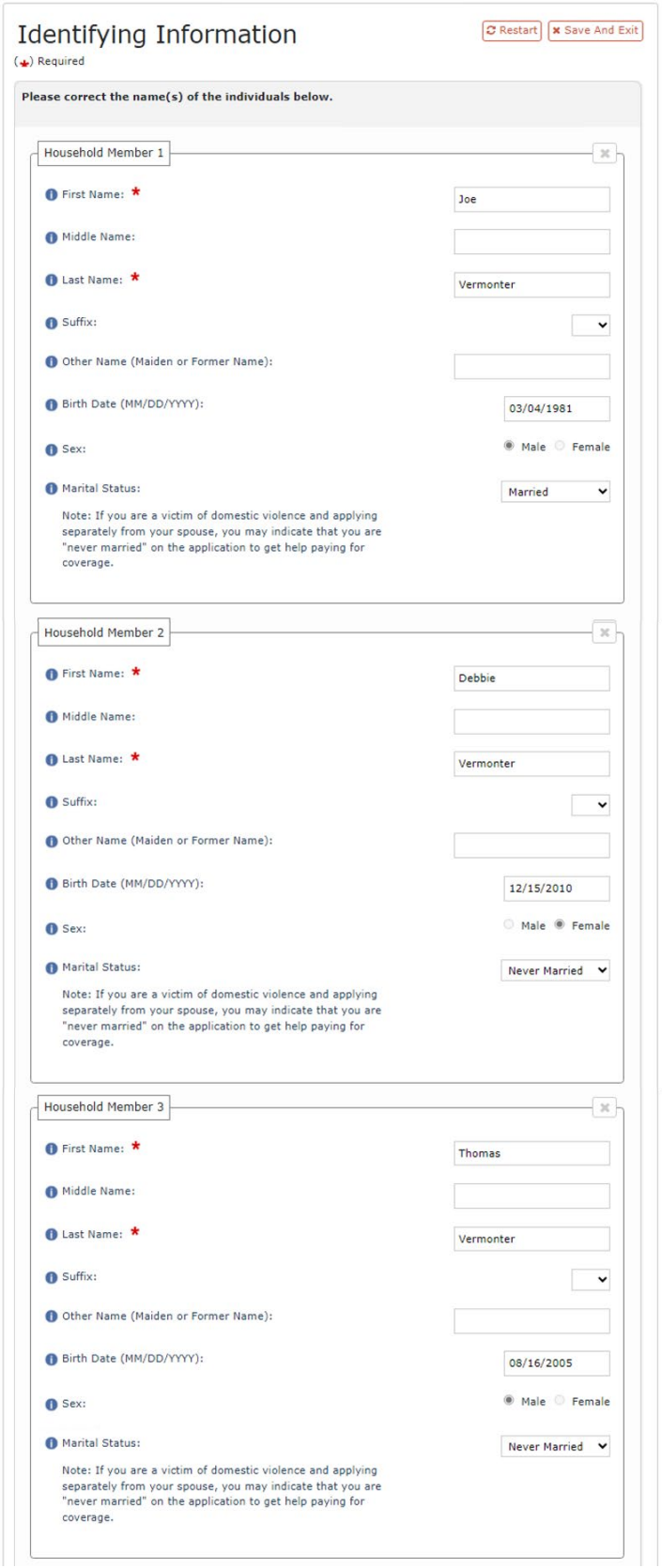
Name

Change a household member's first, middle, and last name.



This screen will list all household members. Make applicable updates to the appropriate household member.

Do not change any member's date of birth, sex, or marital status on this screen.

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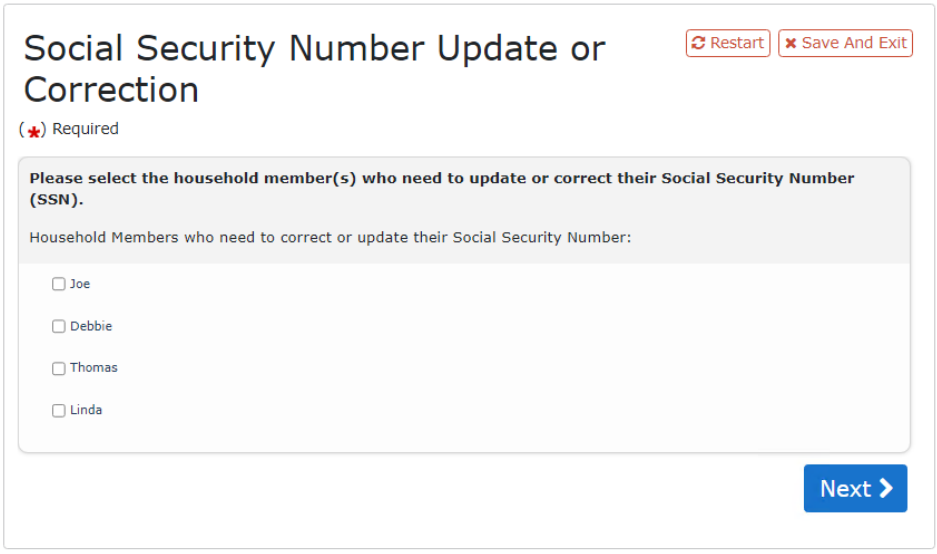
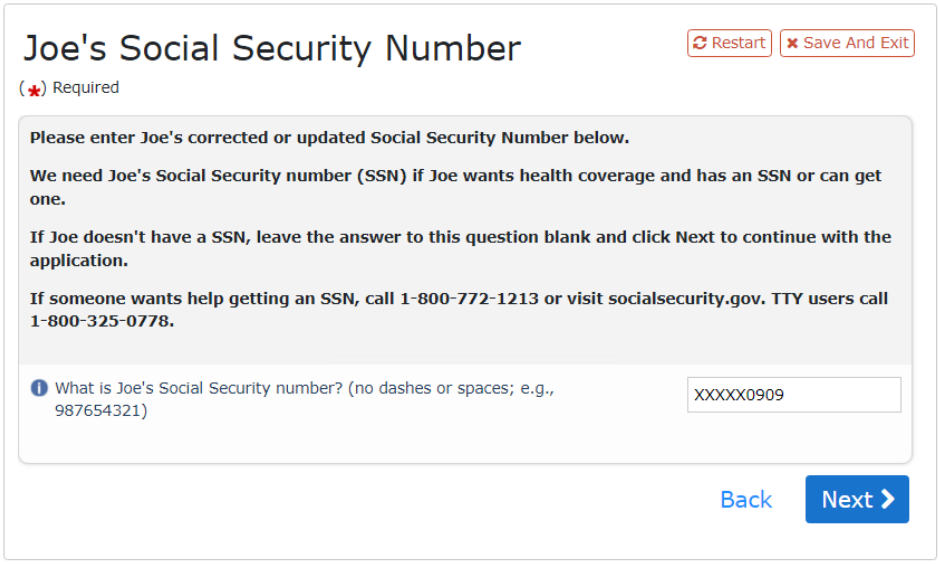
Social Security Number

Change or update a household member's Social Security Number (SSN). This may occur as a result of gaining a permanent Social Security Number or a change in current SSN as a result of marriage.



Indicate which household member(s) has had a change/update to their SSN.



Enter the household member's new/updated SSN.

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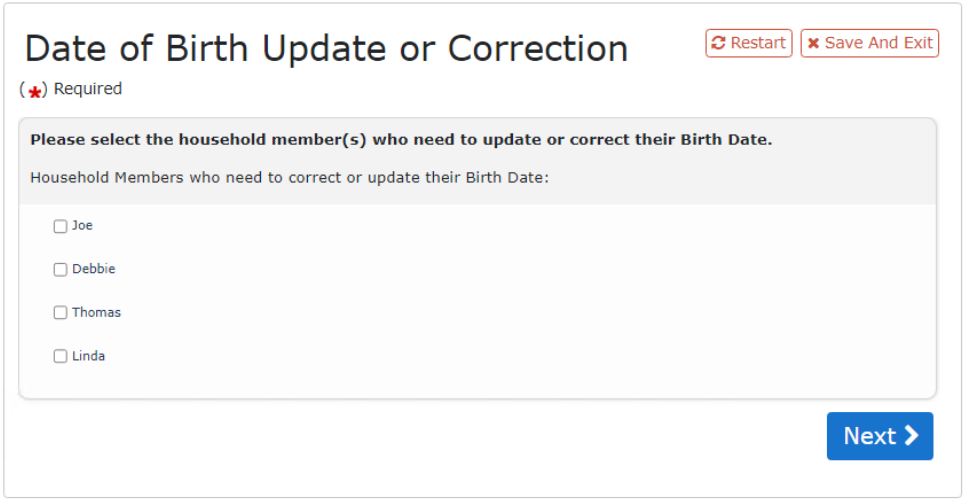
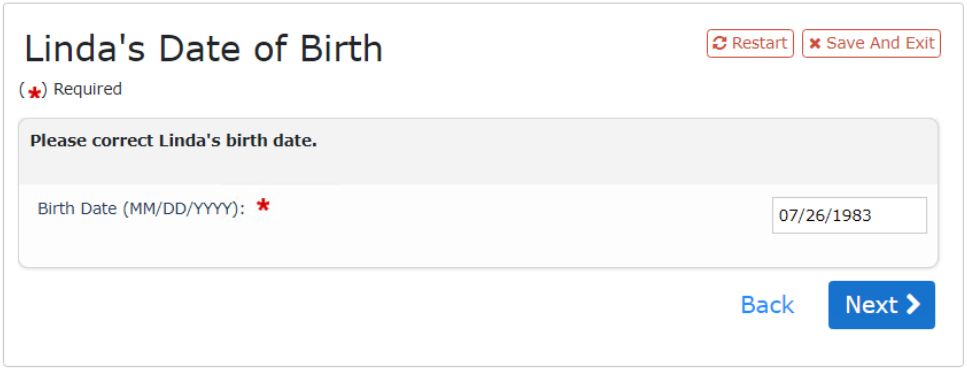
Date of Birth

Change or update a household member's date of birth (i.e., due to a typo when originally entering the data)



Indicate which household member(s) has had a change in their date of birth.



Enter the household member's updated date of birth.

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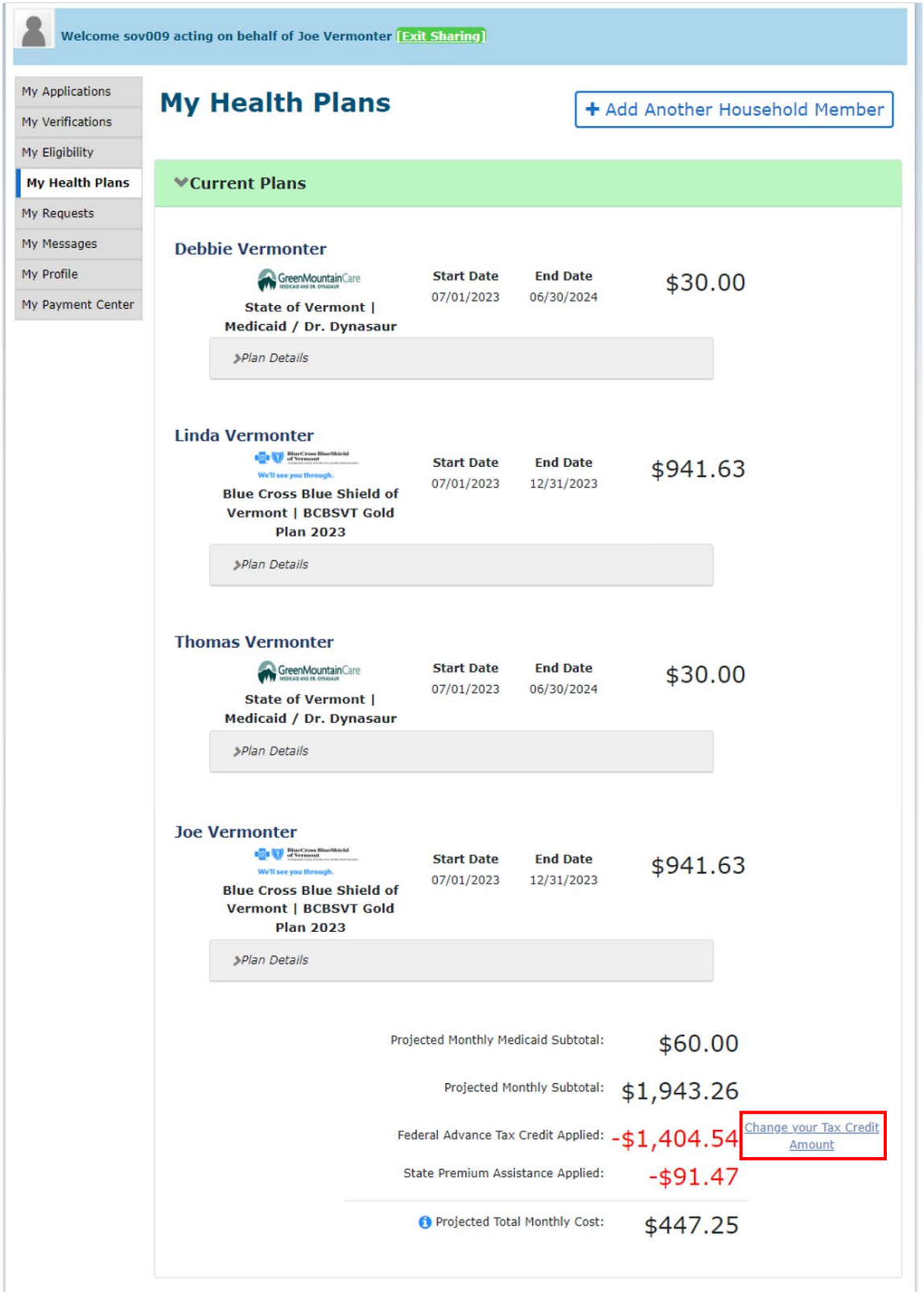
Change APTC Amount

If the household is eligible for tax credits, changes to the amount accepted on a monthly basis can be made by navigating to **My Health Plans** and clicking on the **Change your Tax Credit Amount** hyperlink.



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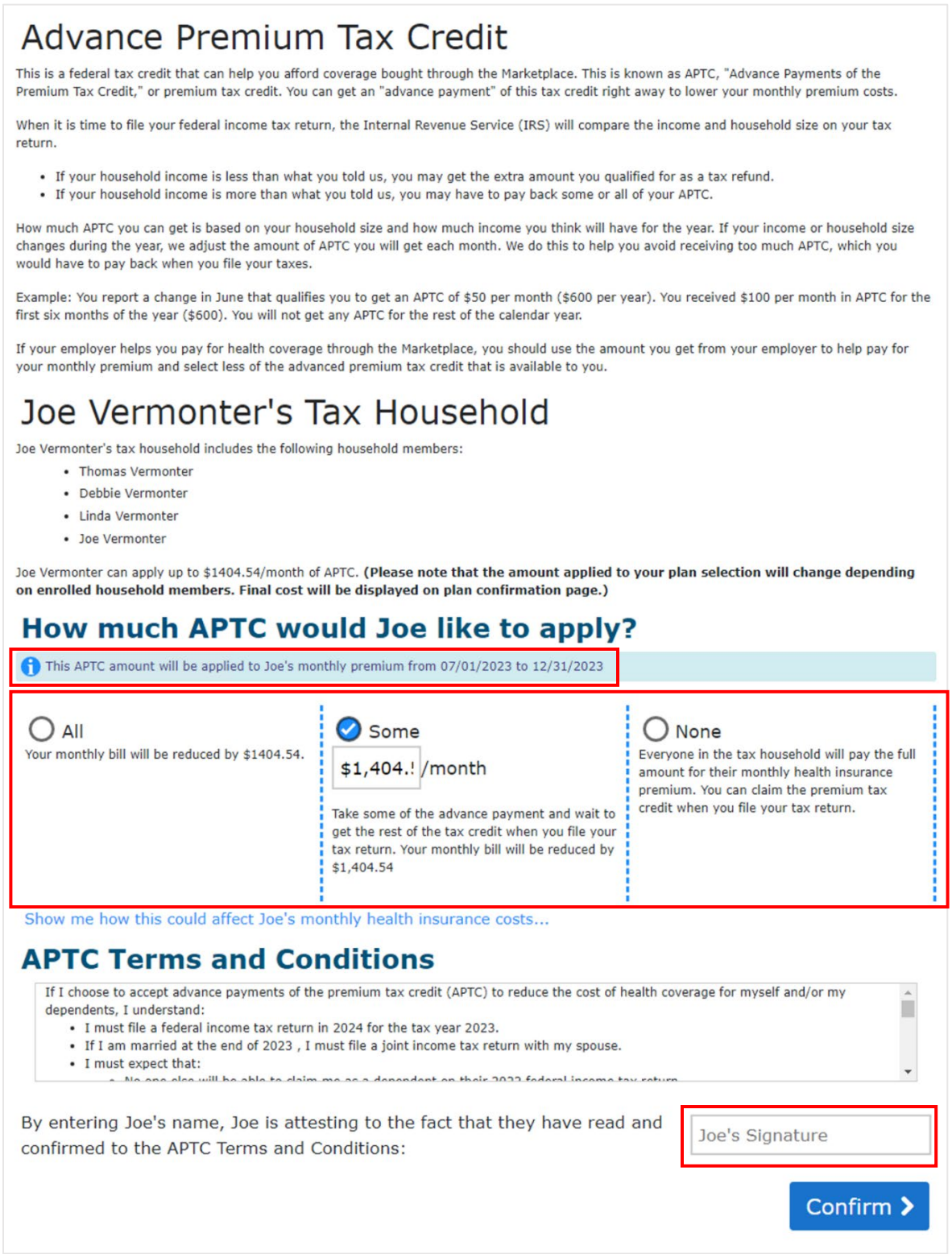
On the following screen, make applicable updates to the household's APTC amount. Take note of the date on which the change will be applied. If the household would like to apply only some of their total APTC amount (e.g., they are self-employed, their income fluctuates, they are unsure of their expected income, etc.), indicate the amount they would like to apply each month. Once the selection has been made, type the primary tax filer's name in the signature field and click **Confirm**.



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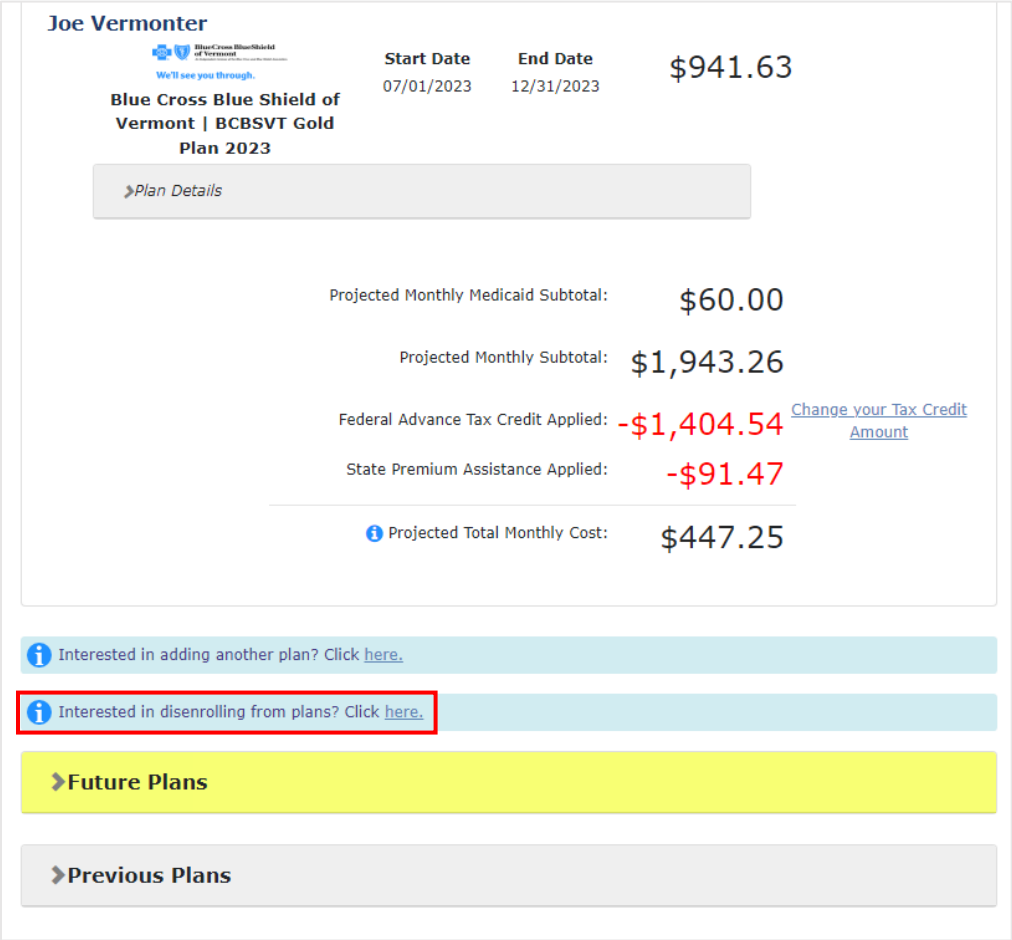
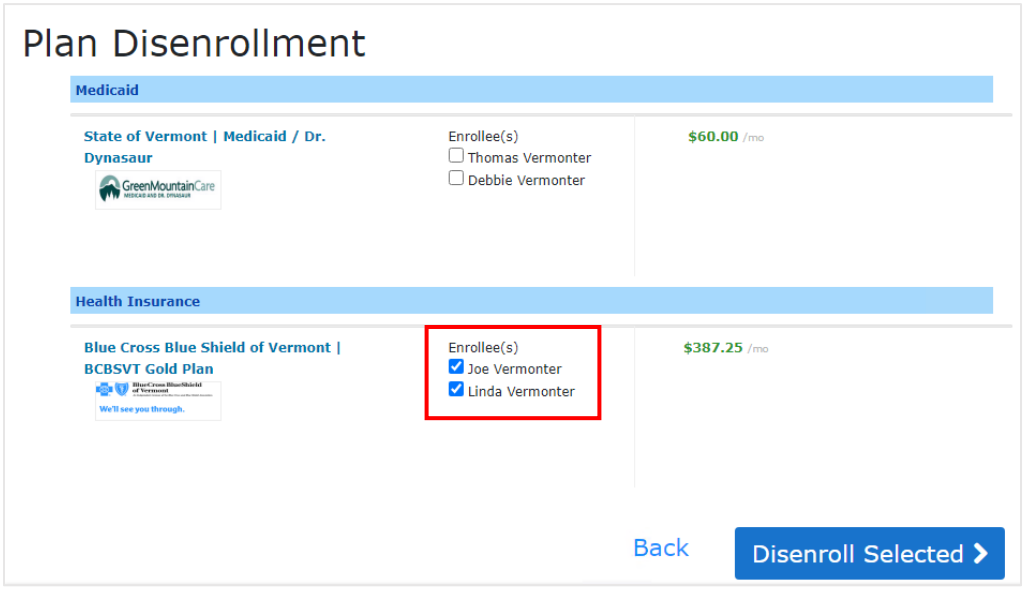
Disenroll from Plan

Disenroll some or all household members from a plan (Medicaid, QHP, and/or Dental) by navigating to **My Health Plans** and following the hyperlink to begin the disenrollment.



On the next screen, indicate the household member(s) who would like to disenroll from the applicable plan.



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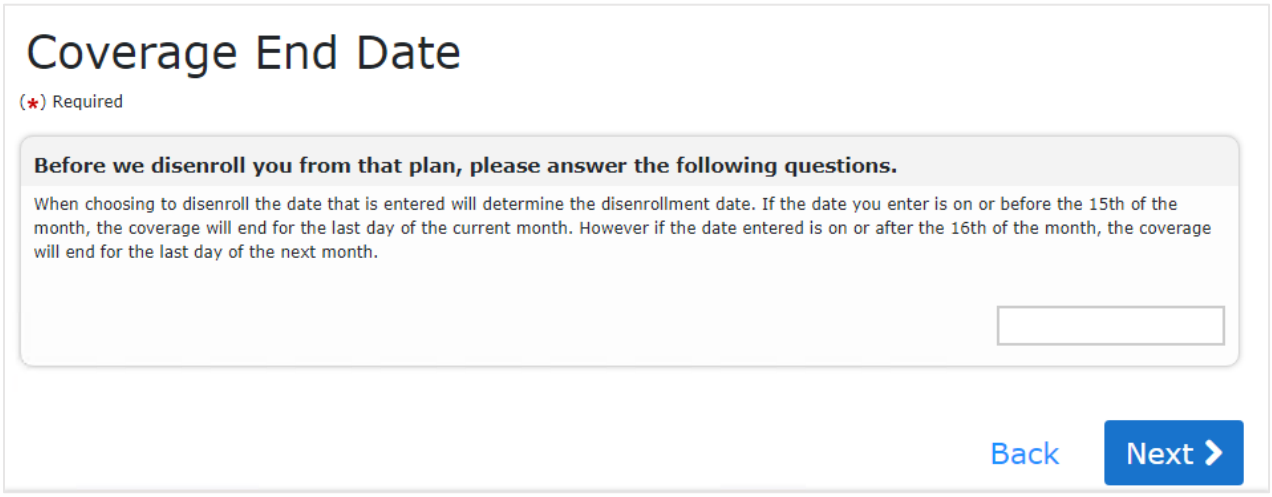
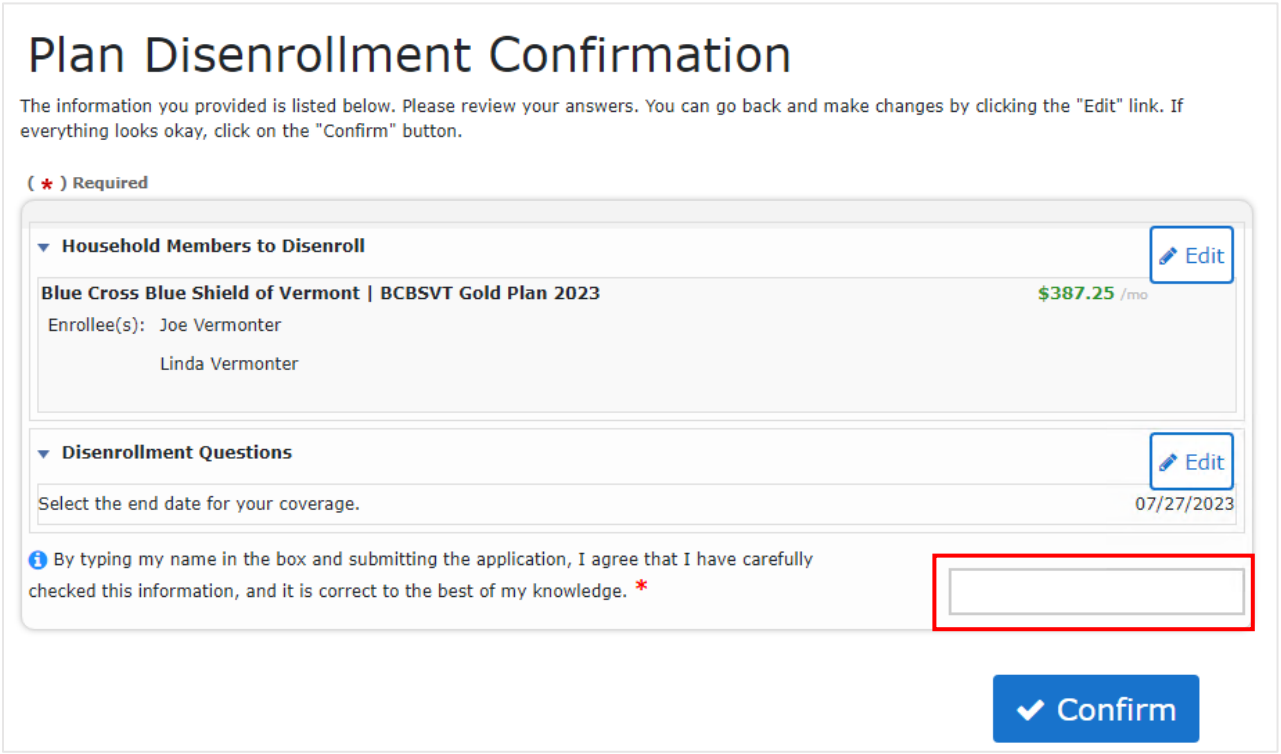
Enter any date in the current month to drive the appropriate coverage end date. If the date is on or before the 15th of the month, coverage will end on the last day of the current month. If the date is on or after the 16th of the month, coverage will end for the last day of the next month.

Example: Today is July 20. The household would like coverage to terminate on July 31. Entering any date on or before July 15 will drive a termination date of July 31.



Review the confirmation page to ensure the information is correct. Type the customer's name in the signature field and click **Confirm** to complete the disenrollment.



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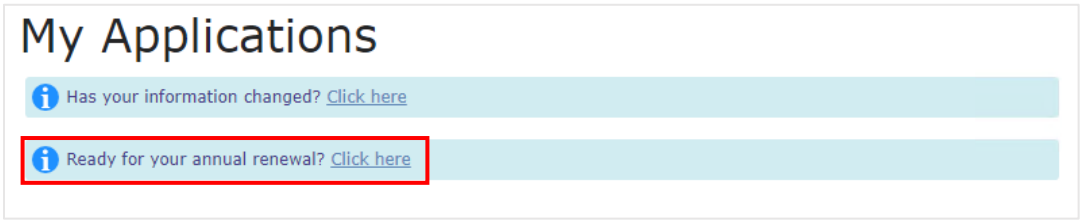
Section 2: Renewal Form

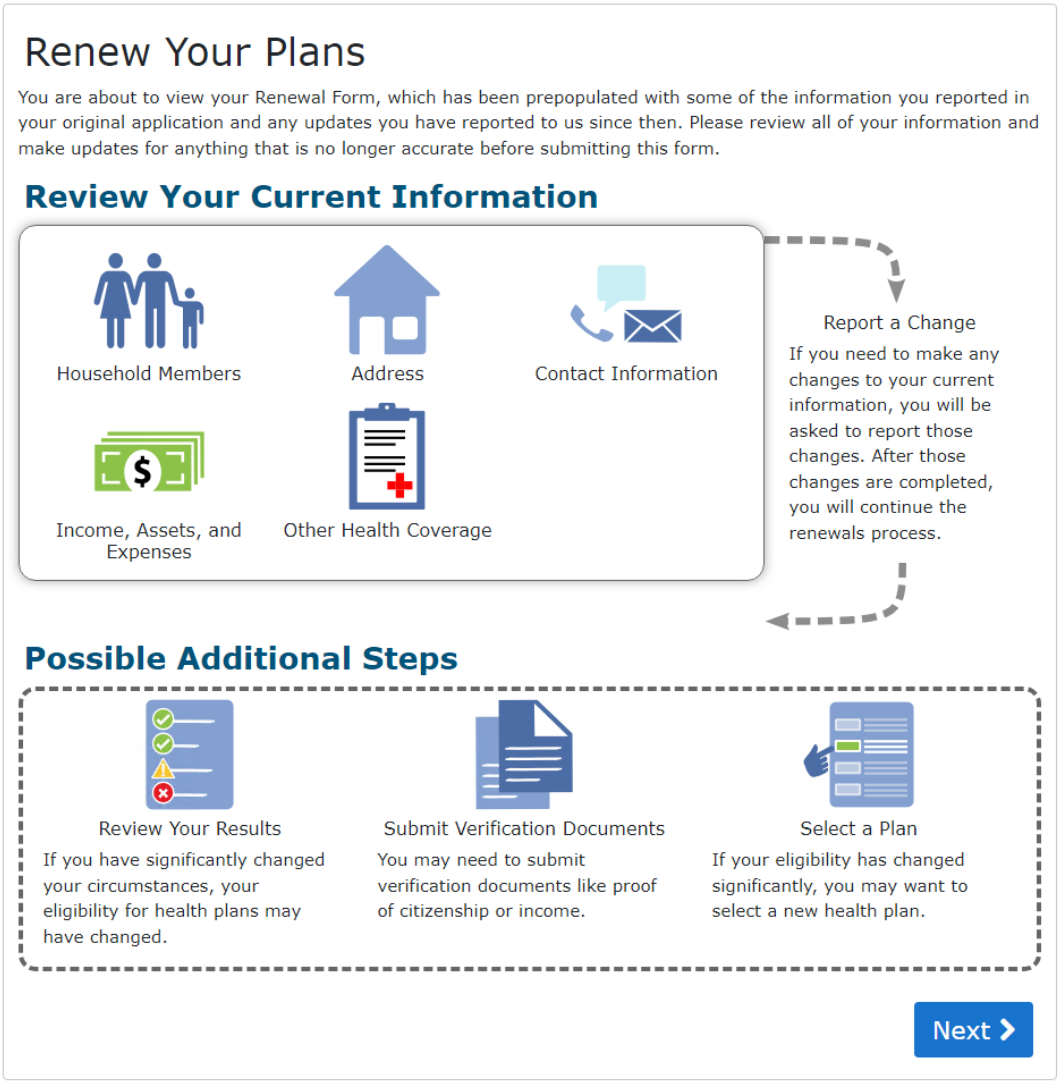
The Renewal Form becomes available when members of the household are due for their annual renewal. Households with QHP enrollment must renew during Open Enrollment, which occurs between November and January each year. Households with Medicaid enrollment may renew up to 2 months prior to the end of their current coverage.

To complete the Renewal Form through self-service, log into the VHC Portal and navigate to the home screen. Under **My Applications**, follow the hyperlink to begin the change.



Completing the Renewal Form

Click **Next** to begin the renewal.



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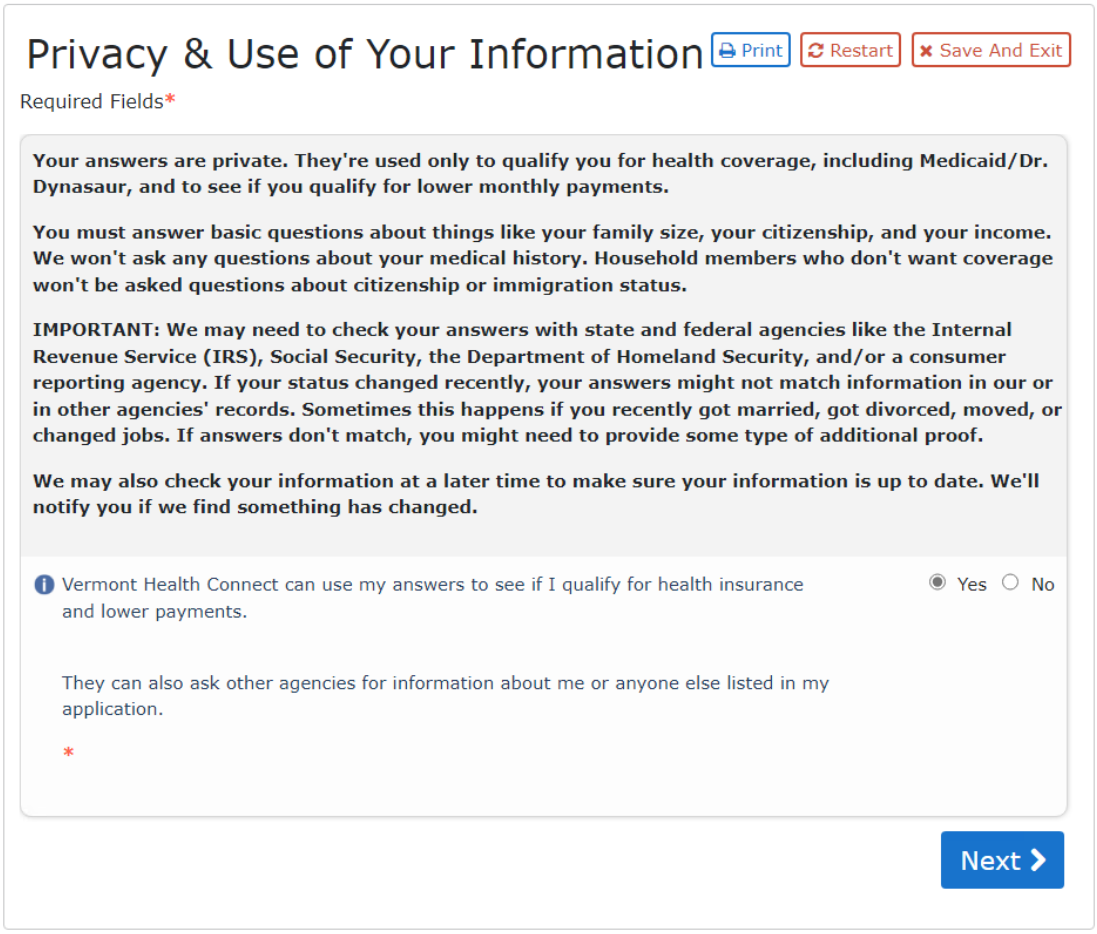
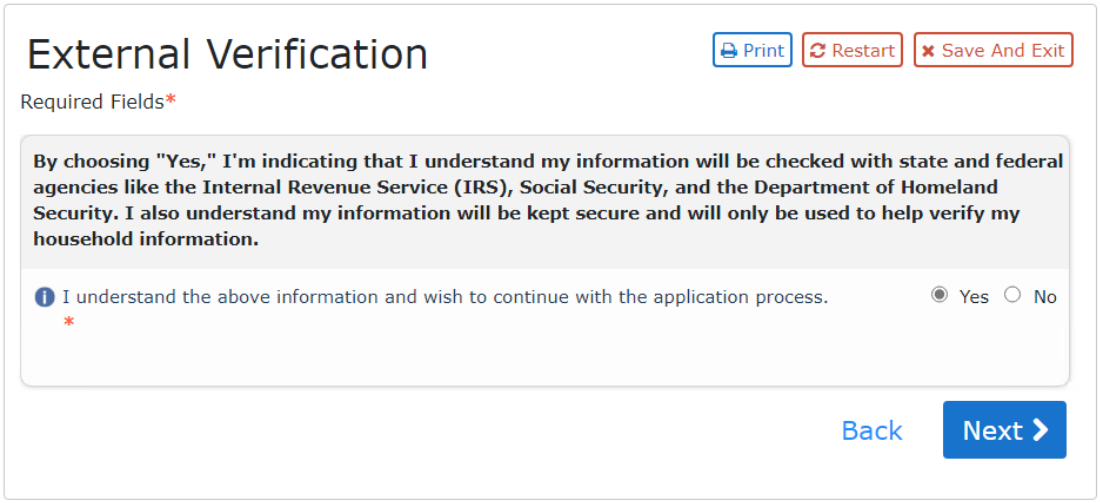
The customer must agree to the **privacy statement** to continue. Selecting “No” will result in an error message and you will be unable to move to the next screen.



The **External Verification** screen appears during every change. The customer must agree and select “Yes” to continue. Selecting “No” will result in an error message stating the change cannot be completed.



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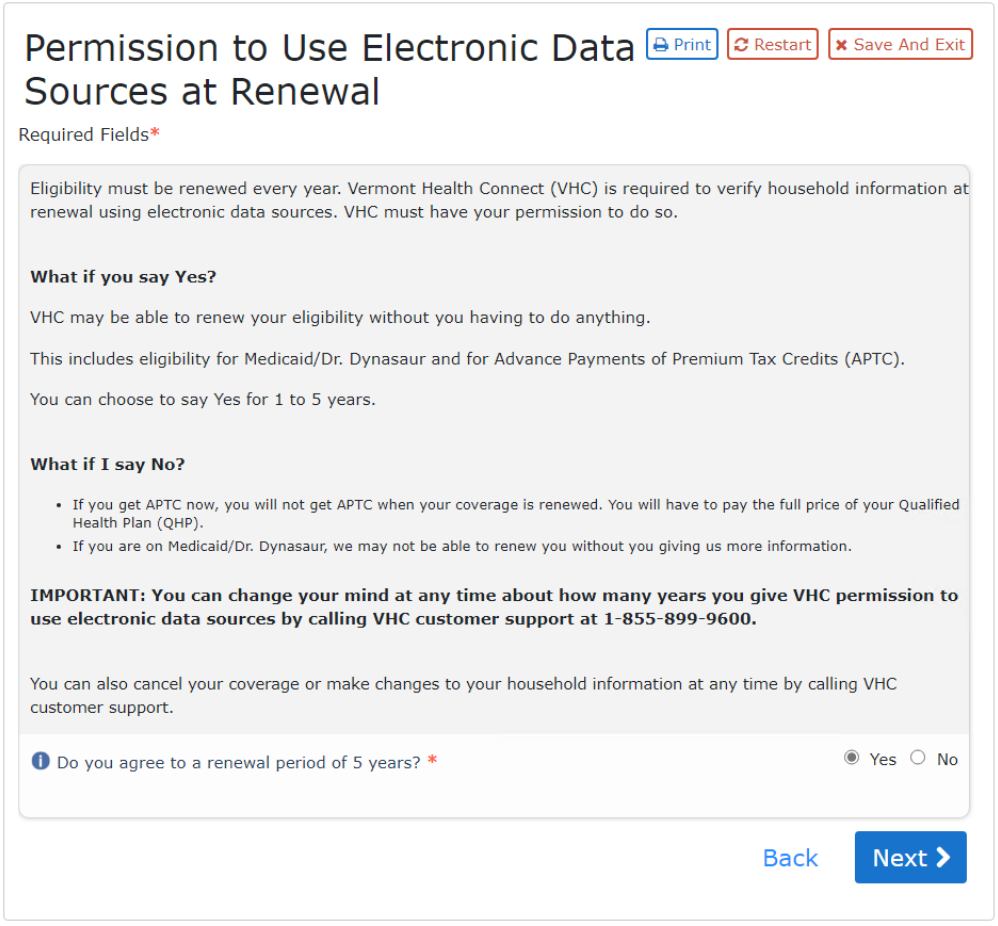
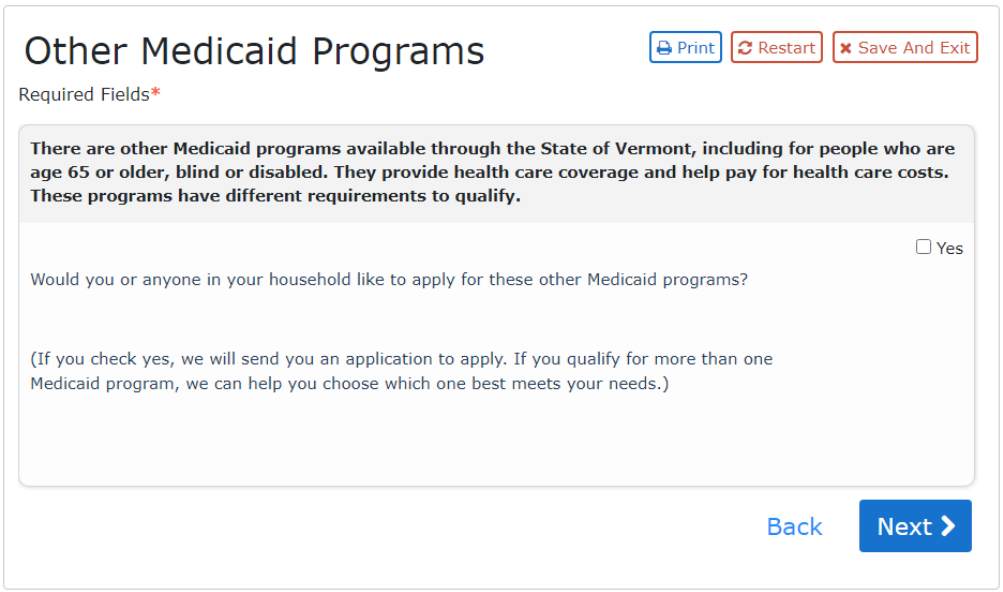
Select “Yes” if the customer agrees to a renewal period of 5 years. Selecting “No” will allow you to choose the number of years for autorenewal from 0 (do not auto renew) to 5.



This is an optional question regarding customers who may qualify for Medicaid for the Aged, Blind, and Disabled. Selecting “Yes” will result in a healthcare application (205SUPP) being sent to the customer.



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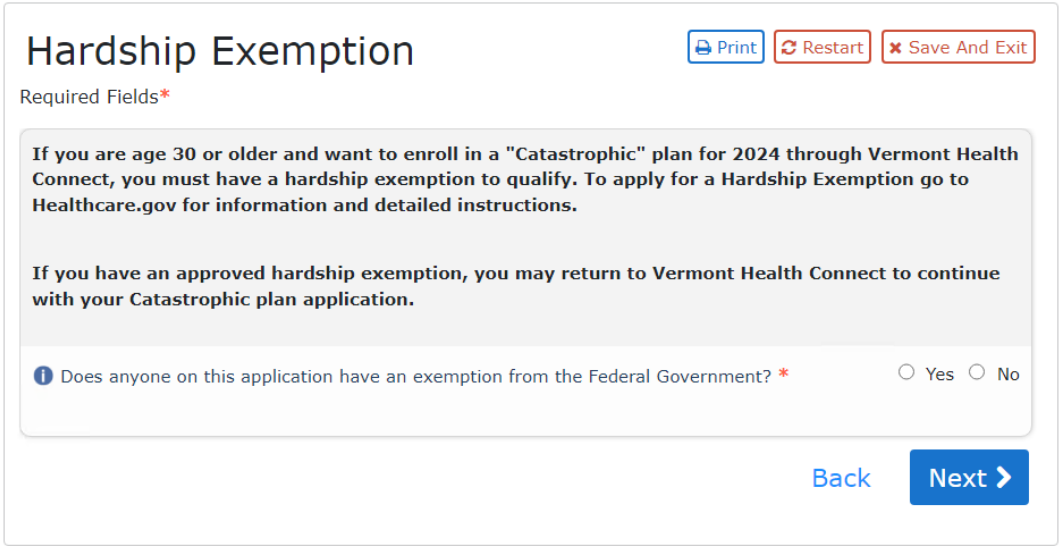
If any household member has a Hardship Exemption from the Federal government, select "Yes". If the customer is unsure or does not provide an answer, select "No".



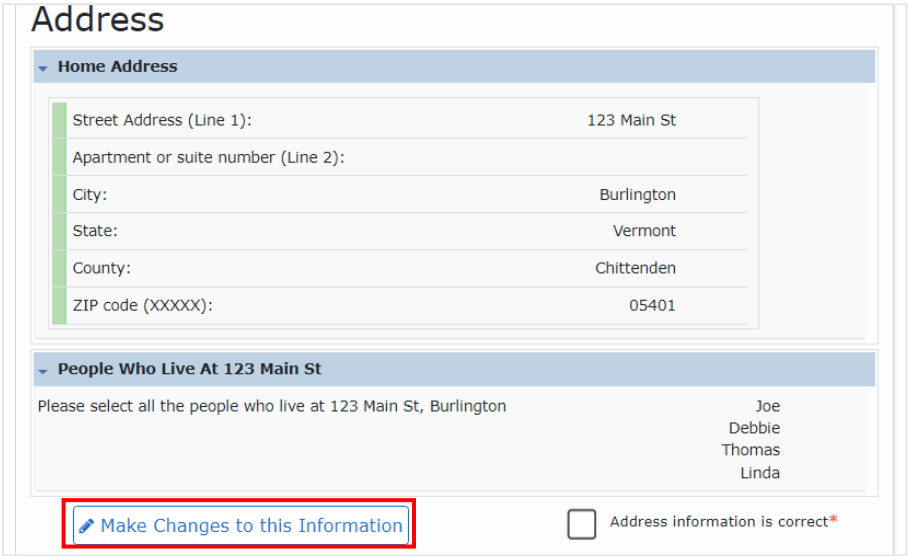
This screen may be followed by additional questions, such as whether any household member was in foster care at age 18. These are questions that may not have been asked/answered on initial application and must be completed to continue with the renewal.

Making Changes and Confirming Information on the Renewal Form

The Renewal Form will populate the most recent information on file for the household. Review each section to ensure the information is still accurate. Changes can be submitted by selecting **Make Changes to this Information**. This will direct you to the appropriate application questions to update the existing information.

Renewal Form sections:

a. Household Composition
b. Address
c. Contact Information
d. Income
e. Health Coverage



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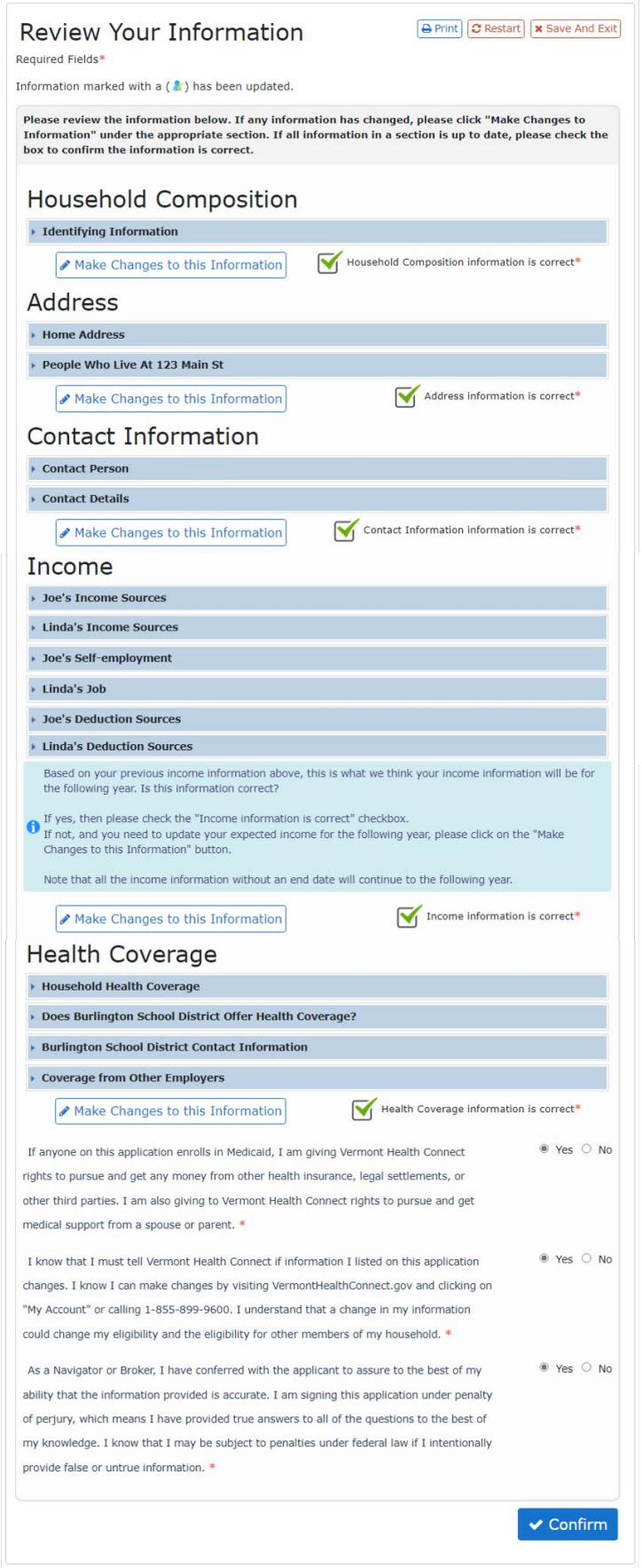

Once the information in each section is reviewed and updated as needed, select the checkbox to indicate that the section is complete and information is correct.

All sections must be checked off in order to complete the renewal.

Once the information has been reviewed, select “Yes” for each acknowledgement and click **Confirm**.

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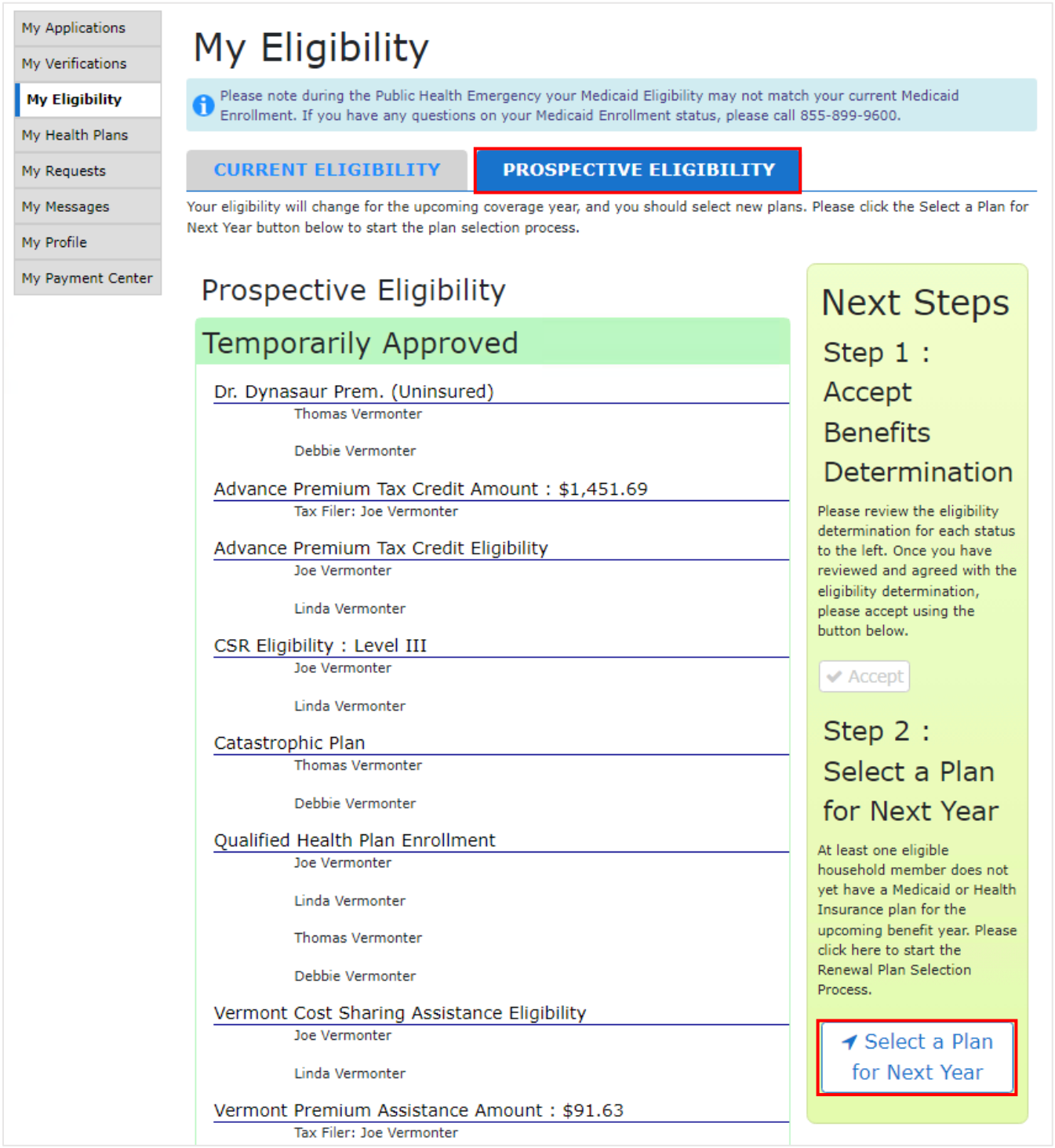
Changing Plans for Renewal Year

After completing the annual renewal, the household may choose to change plans for the next calendar year. To change plans for the renewal year, navigate to **My Eligibility**, then select **Prospective Eligibility**. Accept the benefits determination and click **Select a Plan for Next Year** to be directed to the APTC and plan selection pages.



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