

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. T-12/19-817
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Appeal of)
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INTRODUCTION

Petitioner appeals the denial of a special enrollment period by the Department of Vermont Health Access ("Department"). The following facts are adduced from a telephone hearing held February 14, 2020.

FINDINGS OF FACT

1. Petitioner was enrolled in a qualified health plan ("QHP") in 2019, purchased through Vermont Health Connect ("VHC"). With federal and state subsidies, petitioner's premium obligation was around \$166 per month.

2. As per VHC's customary practice (and the rules governing Vermont's health insurance exchange), petitioner's insurance was subject to renewal for 2020. In connection with the renewal process, VHC mailed petitioner a notice dated November 13, 2019 that his insurance for 2020 had been renewed; the notice included information about his federal and state subsidies for 2020 (respectively, \$491.74 and

\$24.82, each month). The notice also included information about petitioner's options if he wanted to change his plan for 2020, and in particular that, to do so, he needed to contact VHC by December 15, 2019, which was the end of the annual open enrollment period for 2020.

3. Petitioner denies ever receiving the November 13, 2019 notice. However, credible evidence from VHC established that the renewal notice was mailed by VHC, as a standard and customary business practice.

4. VHC then mailed petitioner his first invoice for 2020, dated December 8, 2019 and for January coverage. This invoice included the amount of petitioner's premium after deduction of federal and state subsidies. Petitioner's premium had increased to \$172.44, around six (6) dollars more than his 2019 premium. The invoice included a flyer about the annual open enrollment period, including that such would end by December 15, 2019.

5. Petitioner acknowledges receiving the invoice, but that he recalls receiving it December 13 (a Friday) or possibly December 14.

6. Petitioner then contacted VHC on December 17, 2019 concerned that his insurance premium had increased and wishing (potentially) to change plans. As this was after the

end of the annual open enrollment period, his request was treated as one for a special enrollment period ("SEP") and denied as not meeting any of the criterial for a SEP.

ORDER

The Department's decision denying petitioner a SEP is affirmed.

REASONS

Review of the Department's decision is de novo. The Department has the burden of proof at hearing if terminating or reducing existing benefits; otherwise, the petitioner bears the burden. See Fair Hearing Rule 1000.3.0.4.

Enrollment in a Qualified Health Plan ("QHP") through Vermont's insurance exchange is available during the annual open enrollment period, which has ended for 2020. Enrollments outside of this period are only available during special enrollment periods, based on specified circumstances in the rules. See Health Benefits Eligibility and Enrollment ("HBEE") Rules § 71.03. This includes factors such as loss of insurance, marriage, a new household member, and error or misrepresentation by VHC, among other reasons. See *Id.* Petitioner's situation meets none of the requirements for a SEP. VHC mailed petitioner a notice (followed by a premium

invoice) regarding his 2020 insurance, which included information about his subsidy for 2020, as well as the deadline for changing his plan during the annual open enrollment period.

As such, the Department's decision is consistent with the applicable rules and the Board must affirm. See 3 V.S.A. § 3091(d); Fair Hearing Rule No. 1000.4D.

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