

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. B-08/20-488  
 )  
Appeal of )  
 )  
 )

INTRODUCTION

Petitioner filed a request for fair hearing on the belief that an out of state bill for a medical procedure should be, but was not, covered by Vermont Medicaid. The following facts are adduced from multiple telephone status conferences held from August 2020 onward and documents introduced by the Department. The Department has moved to dismiss the case as moot.

FINDINGS OF FACT

1. Petitioner previously lived and worked in Vermont and was covered by Vermont Medicaid.

2. At some point, petitioner moved to Utah where she is a resident in a hospital. While in Utah, petitioner states she was told that Vermont Medicaid would cover her while she transitioned to health coverage in Utah.

Petitioner had an ultrasound procedure and received a bill from the Utah hospital for the procedure. Petitioner filed a

request for fair hearing regarding being billed for that procedure.

3. However, the Department ultimately reported that no provider had submitted a claim for this procedure with Vermont Medicaid and that, therefore, no decision had been issued. On that basis, on November 23, 2020, the Department filed a Motion to Dismiss based on mootness. On December 15<sup>th</sup>, the Clerk provided the petitioner with a December 30<sup>th</sup> deadline for response. Petitioner did not file a response.

ORDER

Petitioner's appeal is dismissed for lack of standing to bring the appeal.

REASONS

Review of the Department's determination 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.

The underlying reason for petitioner's appeal - that Vermont Medicaid should have paid for an out of state procedure - turned out not to be accurate as Vermont Medicaid

was never billed, and never denied, a claim for petitioner's out of state ultrasound procedure.

The Board's jurisdiction is limited to appeals from

An applicant for or a recipient of assistance, benefits, or social services from the Department . . . of Vermont Health Access. . .

3 V.S.A. §3091.

At the current time, petitioner does not have an active claim and therefore lacks standing to bring this appeal. See Fair Hearing No. 20,583 ("Standing is conferred upon those with a direct stake - individuals who find themselves aggrieved because their claims for benefits or services is being denied, terminated, reduced, or aggrieved by agency action.")

Petitioner lacks standing to bring this appeal and therefore the matter is not properly within the purview of the Human Services Board. 3 V.S.A. § 3091.

# # #