



There is no dispute that the Department sent the notices to the address that had been designated by the petitioner.

ORDER

The Department's decision 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, the Department adopted regulations establishing monthly "premiums" to be paid prospectively by VHAP recipients beginning on January 1, 2004. VHAP 4001.91, Bulletin No. 03-17F. Unfortunately, the regulations require that "coverage shall be terminated if an individual does not pay the required program fee by the billing deadline". W.A.M. § 4001.91. In this case there is no dispute that the petitioner did not pay her program fee by the November 30, 2005 deadline and that she was duly and timely notified by the Department of the closure of her benefits as of that date.<sup>1</sup>

The regulations also provide that individuals terminated from VHAP for non-payment of the premium must pay a new

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<sup>1</sup>The regulations require the Department to provide 10 calendar days of notice before terminating benefits. See W.A.M. § M141.

premium and reapply for benefits. W.A.M. § 4001.91. The regulations allow the Department up to 30 days to act on any application for benefits. W.A.M. § 4002.2. There is no dispute in this matter that the Department reinstated the petitioner's benefits within 30 days after receiving her late program fee and reapplication--December 5, 2005.

Unfortunately, the regulations make no provision for retroactive reinstatement of coverage after a closure for nonpayment of a premium.

Inasmuch as the Department's decision in this matter 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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