

## Table of Contents

VHC Notice Requirements and Style Guide .....	1
SOV Notices: Font and spacing Requirements .....	4
BGS Address block specs .....	9
Blank NOD .....	10
Blank QHP Verification Template .....	14

## VHC Notice Requirements and Style Guide

11/29/2023 v.1

**Objective:** Guide that clarifies what all or most VHC notices must align to. The goal is to ensure that the noticing solution has no issues with extensibility and scalability to create those notices as a future phase but also **clarify it is outside scope for the project's first phase.**

**VHC Overview:** Vermont Health Connect generates hundreds of thousands of notices yearly. Three main generation methods span from batch noticing to individually created notices. Most of these notices use a similar master template structure that allows processing, printing, and uploading through various software. VHC does not use macros or blurbs, however Green Mountain Care notices do.

1. **Auto-generated:** Used for automatically generated large batch notices and is our preferred method. Performed by our vendor who pulls customer information from the CRM and creates PDFs for mailing.
  - **Requirements:**
    - BGS PRINTDOC image with specs. [Font and Formatting Document](#)
    - Font & formatting requirements [Font and Formatting Document](#)
    - BGS Address block specifications. [BGS Address block specs](#)
2. **Mail Merge:** Used for mailing large batches of notices. There are ~100 different VHC and ~10 GMC mail merge templates in use and are managed by the noticing team. Microsoft Word & Excel mail merge used with logic

based/dynamic templates that display multiple scenarios. Excel reports are provided by VHC reporting team via Tableau.

- **Mail Merge types:**
    - Notices of decision: Includes RTA language and rule citations. [Blank NOD](#)
    - Verification: Includes Customer return cover sheet and uploader information. [Blank Verification](#)
  - **All Mail Merge Requirements:**
    - PRINTDOC image with BGS specs. [Font and Formatting Document](#)
    - BGS Address block specifications. [BGS Address block specs](#)
    - BGS & VHC file sharing Requirements, using secure internal state network folders
    - Font & formatting requirements [Font and Formatting Document](#)
3. **Manual Noticing Tool (MNT):** A tool for individual staff to create a one-off individualized notice. Currently uses Microsoft Access software with a GUI for staff to select a template and add blurbs to build a specific notice. Staff then use an uploader to individually upload the notice to each case.

**ALL VHC notices use same font and formatting requirements:** Here is a link to the [Font and Formatting Document](#).

- **Sample:** Text Font and Size Requirements:
  - Notice Title: **Franklin Gothic Medium** (bold and 14pt.)
  - Section Headings: **Franklin Gothic Medium** (bold and 12pt.)
  - Any Bolded items: **Franklin Gothic Medium** (bold and 12pt.)
  - Body text: Palatino Linotype (not bold and 12pt.)

**What would a new vendor like to know to build VHC notices?** VHC noticing is complex and is responsible for multiple types of health care and eligibility. One notice template with logic can display itself in hundreds of different ways to customers depending on the scenario.

VHC noticing “dream state” would be that the CRM automatically triggers generations notices per each eligibility scenario. It would also include an opt-in paperless notice system for customers who do not want paper mail. The new notice system would send daily, weekly, monthly, and yearly notices directly to our printshop. All current generation methods in VHC (Auto, mail merge and MNT) are workarounds due to the lack of automation and processes between VHC and the existing Notices infrastructure. Automating VHC’s ability to communicate with the new Content Customer Management System (CCMS), notice request(s) data and its associated metadata will

allow for programmatic sharing and generation of the notices while providing appropriately provisioned users the ability to manage, create notices and modify notices as needed and permitted according to their role.

# SOV Notices: Font and spacing Requirements

## V.2.0

### Purpose:

This document describes the font and spacing requirements to be used in the creation and maintenance of State of Vermont health care notices.

### Text Font and Size Requirements

Notice Title: **Franklin Gothic Medium** (bold and 14pt.)

Section Headings: **Franklin Gothic Medium** (bold and 12pt.)



Any Bolded items: **Franklin Gothic Medium** (bold and 12pt.)

Body text: Palatino Linotype (not bold and 12pt.)

### 1. Header Section:

- a. VHC logo is always on the left side of the header section of 1<sup>st</sup> page.
- b. Notice ID is always on the right side of the header section of 1<sup>st</sup> page in Palatino Linotype 12pt font.
- c. Notice Date is always in upper left-hand corner under logo in Palatino Linotype 12pt font.
- d. Intro info is always in upper right-hand corner under the notice ID. Font is a mixture of Franklin Gothic Medium and Palatino Linotype 12Pt.
- e. PRINTDOC Image is always in Calibri 12pt font and is always placed per BGS requirements document.
- f. Address Box is always in Palatino Linotype 12pt is always placed per BGS requirements document.

Example:

	Notice ID: EE307
August 31, 2020	<b>Questions?</b> Call 1-855-899-9600 (toll free) <b>Deaf or hard of hearing?</b> Call 711 Master Case ID: 1-3315593739 Contact ID: 1-1IU0OE0
***PRINTDOC*** 	
Vicktreetbel Pokemon 552 Greeble St Montpelier, VT 05602	

2. Notice Title: Each notice has 1 notice title at the top of the notice that is in Franklin Gothic Medium 14pt font. The space between the notice title and the “Dear Customer” section is always 7pt size (1/2 size of the Title).
3. The space between the “Dear Customer” and the 1<sup>st</sup> paragraph is always 6pt size (1/2 size of the Dear customer. Dear Customer, is always in Palatino Linotype 12pt font.
4. The 1<sup>st</sup> Paragraph is always in Palatino 12pt font unless there is a bolded item which will be in Franklin Gothic Medium 12pt font.
5. The space between any paragraph is always a full 12pt space.

Example:

**Notice Title**

(7pt space)

Dear <Customer>,  
(6pt Space)

Here is the 1<sup>st</sup> paragraph text **Bolded Item...**  
(Full 12 Pt space between Paragraphs)

Paragraph 2...  
(Full 12 Pt space between Paragraphs)

Paragraph 3...

6. Sub-Titles are always Franklin Gothic Medium Bolded in 12pt font.
7. There is NO space between Subtitle and paragraph.

Example:

**Subtitle or Question Here**

Next paragraph language here... (no Space)

8. Bullets spacing – There will be no spaces between bullets.
9. There will be a 1/2 space of 6pt between subtitle/paragraph and bullets
10. There will be a 1/2 space of 6pt between bullets and next subtitle or paragraph.
11. Bullet will always be indented from subtitle or paragraph

Example:

**Subtitle** or Paragraph

(6 pt Space)

- Bullet (One indentation)
  - Sub-Bullet (Another indentation)
- Bullet
- Bullet

(6 pt Space)

**Subtitle** or Paragraph

12. Rule citations will always be in Palatino Linotype 8pt font and will include parenthesis.

Example:

This is a sentence. (HBEE Rule 12.02(b), 23.01)

13. Listed Names will always be bolded in Franklin Gothic medium 12pt.

14. Listed names will follow the same spacing rules as bullets

Example:

These are the people who need to respond:

(6 pt Space)

**<Name1>**

**<Name2>**

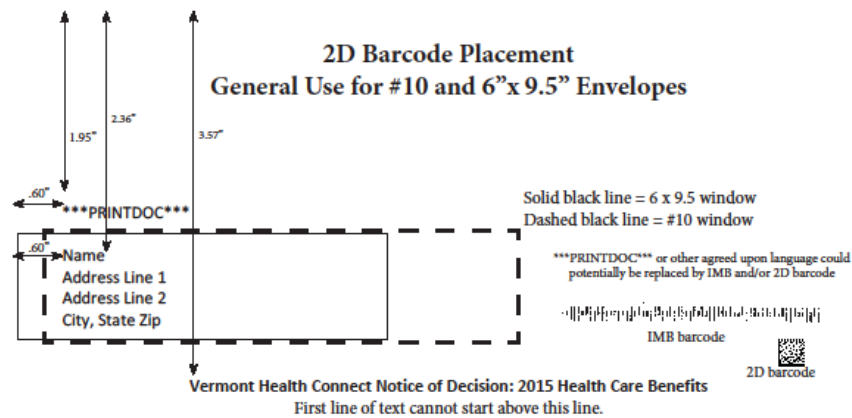
**<Name3>**

(6 pt Space)

They must send papers in now.



## BGS Address block specs



Note that both envelopes are 9.5" wide and the paper is 8.5" wide and the paper is centered in the envelope. The window location above reflects the piece as centered.

**Important PDF Properties:**

Must be traditional U.S. letter size, 8.5" x 11". We do not support any resizing options or page scaling.

Must be .PDF version 1.4. To ensure error free processing we do not support a .PDF version above 1.4 (Acrobat 5.x) at this time.

Must have embedded fonts

Minimum .25" of clear area on all sides

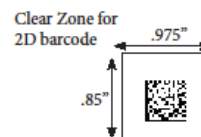
Both the template and test document **MUST** be printed as follows to be used as an overlay:

**Pages to Print**

☒ All  
☒ Current page  
☐ Pages:

**Page Sizing & Handling**

☒ Fit  
☒ Actual size  
☐ Shrink oversized pages  
☐ Choose paper name by PDF page size



«Notice\_Date»

**Notice ID:** AA123-MM

\*\*\*PRINTDOC\*\*\*

**Questions? Call Toll Free** 1-855-899-9600

**Deaf or hard of hearing?** Call 711

«First\_Name» «Last\_Name»

«Address1» «Address2»

«City» «State» «Zip»

**Title**

Dear «First\_Name» «Last\_Name»,

Thank you,

Vermont Health Connect Customer Service

### **Rights of People with Disabilities**

Is it hard for you to do the things we ask you to do? We can make changes to help you. Changes are called “reasonable accommodations” under the ADA (Americans with Disabilities Act).

Here are some of the changes we can make:

- Someone can write down your answers if you can’t.
- We can give you more time.
- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need **any** changes to help you? Tell us by calling **1-855-899-9600** for free.

## **Your Right to Appeal**

<p><b>What if I think the decision is wrong? You have the right to appeal.</b></p> <p>To appeal means to ask for a decision to be looked at again. You tell someone who did not make the decision why you think it's wrong. This is called a fair hearing.</p> <p>There are 4 ways to file an appeal:</p> <ol style="list-style-type: none"> <li>1. Call Customer Support for free: <b>1-855-899-9600</b></li> <li>2. Send a letter to: Human Services Board, 14-16 Baldwin Street, 2nd Floor, Montpelier, VT 05633-4302</li> <li>3. E-mail: <b><u>AHS.DVHAHealthCareAppealsTeam@vermont.gov</u></b>. Write Appeal as the subject.</li> <li>4. Sign in to your VHC account: <b><u><a href="https://healthconnect.vermont.gov/">https://healthconnect.vermont.gov/</a></u></b> Click on the Appeal button.</li> </ol> <p><b>Is there a deadline to appeal?</b></p> <p>Yes. You have <b>90 days</b> to appeal after the date of the decision. After you appeal, the Human Services Board will mail information to you. They have 90 days to decide your appeal.</p> <p><b>Can someone speak for me in my appeal?</b></p> <p>Yes. Speak for yourself <b>or</b> have a friend, relative or someone else speak for you. <b>OR</b> have a lawyer speak for you.</p> <p><b>Where can I get help with my appeal?</b></p> <p>Call Legal Aid's Office of the Health Care Advocate at <b>1- 800-917-7787</b> for free legal advice. You may get a free lawyer.</p> <p><b>What if I need health care right away?</b></p> <p>Will waiting for an appeal harm you? You can ask for a fast (expedited) appeal. Most fast appeals are decided in 7 working days. It may take longer if your appeal is about long-term care. <b>OR</b> about Medicaid for people who are aged, blind, or disabled. These appeals are decided as fast as possible.</p> <p><b>Can I keep my coverage or keep my monthly premium payment the same while I appeal?</b></p>	<p>appeal on or before the date your coverage ends. <b>OR</b> on or before the date your monthly premium payment changes.</p> <p><b>Want to keep your federal premium help (APTC) for your Qualified Health Plan?</b></p> <p>Tell us when you appeal. What if you get more help during the appeal than you meet the rules for? Then you may have to pay it back when you file your taxes.</p> <p><b>What happens after the appeal is decided?</b></p> <p>Did you get health services you did not meet the rules for? Then we may ask you to pay us back. Also, winning or losing the appeal may change health care for others in your household.</p> <p><b>Do I have to pay my monthly premium payment during my appeal?</b> Yes. If you don't, you could lose your health insurance.</p> <p><b>What if my health care coverage stops and I win my appeal?</b></p> <p>We will start your health care coverage again. It may go back to the date it ended. If you paid too much in monthly payments, we will pay you back.</p> <p><b>Can I apply again?</b></p> <p>Yes. Apply for Medicaid/Dr. Dynasaur <b>any time</b>. If you are denied, you may buy health insurance called a Qualified Health Plan. <b>Most people get help paying costs.</b></p> <p><b>You can only sign up for or change a Qualified Health Plan at certain times.</b></p> <ol style="list-style-type: none"> <li>1. Call <b>1-855-9600</b> to see if you meet <b>Income and other rules</b>. If you do, you can sign up for or change your Plan <b>any time</b>. Rules change from time to time. Call to see if you meet the rules <u>now</u>.</li> <li>2. <b>You may get a Special Enrollment Period after some life events</b>. Life events include marriage, divorce, having or adopting a child. It can also be losing Medicaid/Dr. Dynasaur or other health care. You must sign up <b>within 60 days</b> of the life event. Call <b>1-855-899-9600</b> to find out more.</li> </ol>
---	---

Yes. When you appeal, tell us you want "continuing benefits." This means you want your health care coverage to stay the same during the appeal. You must

**3.** You can sign up or change your Qualified Health Plan **once a year**. You can do this from **November 1st to January 15th**. This is called Open Enrollment.

«NoticeDate»

**Contact ID:** «HOHContactID»

**Mastercase:** «MC»

**Service Request:** «SRs»

\*\*\*PRINTDOC\*\*\*  
«First\_Name» «Last\_Name»  
«Address1» «Address2»  
«City» «State» «Zip»

Vermont Health Connect  
280 State Drive  
Waterbury VT 05671-8100

**IMPORTANT:**  
**Mail this page back with**  
**copies of your papers**

**Don't send us your original papers.**  
**You will not get them back.**



**IMPORTANT:**  
**Mail this page back with**  
**copies of your papers**

**Don't send us your original papers.**  
**You will not get them back.**

«NoticeDate»

**Notice ID:** EE000-MM

**Questions?** Call Toll Free 1-855-899-9600

**Deaf or hard of hearing?** Call 711

«First\_Name» «Last\_Name»

«Address1» «Address2»

«City» «State» «Zip»

**TITLE**

**Dear «First\_Name» «Last\_Name»,**

Thank you,

Vermont Health Connect Customer Service

### **Rights of People with Disabilities**

Is it hard for you to do the things we ask you to do? We can make changes to help you. Changes are called “reasonable accommodations” under the ADA (Americans with Disabilities Act).

Here are some of the changes we can make:

- Someone can write down your answers if you can’t.
- We can give you more time.
- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need **any** changes to help you? Tell us by calling **1-855-899-9600** for free.



# Create an Account and Sign In

Create an account in 3 easy steps:

## Step 1

- Go to **ahsuploader.vermont.gov** on the internet. Use the newest version of your internet browser.
- On the first page, click **"Create an Account"**.

VERMONT OFFICIAL STATE WEBSITE  
VERMONT

### Log in to the document uploader

Email address\*

Password\*

Login

[Forgot password?](#)  
[Unlock account?](#)

Forgot your e-mail address or have other account issues? Please see our [Help Page](#)

Don't have an account? [Create an Account](#)

## Step 2

- You will see a new page. Enter your email address and password for your new account.
- An email will be sent to the email address you gave us. Open the email and click **"Activate Account"**.
- Some users might see a page that says "Vermont Agency of Human Services Portal". If you see this page, click **"Document Uploader"** to continue.

VERMONT OFFICIAL STATE WEBSITE  
VERMONT

### Create an account

Required Fields (\*)

Login e-mail addresses for the Uploader and the Economic Services MyBenefits portal are the same. If you already have an account for either service, you will not be able to create a new account. You can log in with your existing account e-mail and password for both the Uploader and the MyBenefits portal.

Email address\*

You'll use this email address to log into your account.

Password\*

Create account

[Return to login](#)

## Step 3

- Enter your personal information and click **"Complete account creation"**.
- You will see a screen that says "Your account has been created." Click **"Continue to the document uploader"** to sign in to your account and upload documents.

VERMONT OFFICIAL STATE WEBSITE  
VERMONT

### You're almost done setting up your account

Fill out your name as it appears on legal documents (like your driver's license or Social Security card).

First name\*

Last name\*

Last 4 digits of Social Security Number\*

If you do not have a Social Security Number, please contact the Economic Services call center at 800-479-6151 or Healthcare call center at 855-899-9600, to complete Uploader registration.

Date of birth\*  
For example: 4 / 28 / 1986

Month / Day / Year

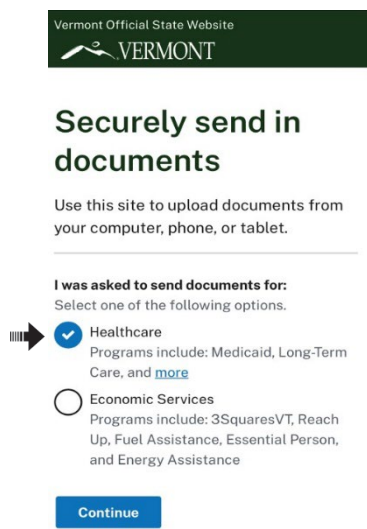
Complete account creation

# Need to Send Us Documents?

Use the internet. Do it the safe way in 3 easy steps!

## Step 1

- Take clear pictures of the documents you need to send us. You can use a smart-phone, tablet or digital camera. You can also upload a pdf file.
- Go to **ahsuploader.vermont.gov** on the internet. Use the newest version of your internet browser.
- Log in to the document uploader. If you don't have an account, create a new account (see the other side for instructions).
- On the first page, click "**Healthcare**". Then click "**Continue**".



## Step 2

- You will see a new page. Click on "**Qualified Health Plan**". Then click "**Continue**".
- The next pages ask questions about your account. Answer the questions and click "**Continue**".



## Step 3

- The next page lets you upload the documents we asked for. You can add more than one document by clicking "**Add another document**".
- When you're done, click "**Finish and submit**".

