



Rhode Island Executive Office of Health and Human Services  
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Date: February 19, 2015

Docket # 14-1797

Hearing Date: January 12, 2015



### **ADMINISTRATIVE HEARING DECISION**

The Administrative Hearing that you requested has been decided against you. During the course of the proceeding, the following issue(s) and Agency regulation(s) were the matters before the hearing:

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS)  
MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)  
SECTION: 0310.15 Procedures for Determining Retroactive Eligibility**

The facts of your case, the Agency regulation(s) and the complete administrative decision made in this matter follow. Your rights to judicial review of this decision are found on the last page of this decision.

Copies of this decision have been sent to the following: You (the Appellant), Richard Pray, Eligibility Tech. and Ted Morgan, Agency Supervisor.

Present at the hearing were: You (the Appellant), Richard Pray, Eligibility Tech. and Ted Morgan, Agency Supervisor.

**ISSUE:** Is the Appellant eligible to receive Medical Assistance prior to the date of enrollment?

#### **EOHHS RULES AND REGULATIONS:**

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Executive Office of Health and Human Services Medicaid Code of Administrative Rules (MCAR).

#### **APPEAL RIGHTS:**

Please see attached NOTICE OF APPELLATE RIGHTS at the end of this decision.

## **DISCUSSION OF THE EVIDENCE:**

### **The Agency Representatives testified:**

- The agency has no record of the Appellant applying for medical assistance benefits in June, July or August 2014.
- To date, the agency only has only been able to find the Appellant eligible for SNAP starting in September 2014.
- The agency would be willing to attempt to grant the Appellant retro Medicaid healthcare coverage eligibility that would begin June 1, 2014 providing that the Appellant could complete an application and provide a closure letter from the State of MA where she had last received "state medical".

### **The Appellant testified:**

- In June 2014, the Appellant moved to RI from the State of MA and had applied for SNAP and health insurance from HealthSource RI (HSRI) the first week of June.
- The Appellant received a confirmation number from successfully applying on a computer with HSRI but did not save, write down or print that confirmation number down.
- The Appellant cancelled her health care coverage that she had received through the State of MA prior to leaving the State of MA and had been given a 48-hour window to use the State of MA's coverage before it finally closed.
- The Appellant stopped in the Middletown DHS Office in August to check on the status of her application and was told at that time that the DHS Office had no record of the Appellant applying for benefits.
- The Appellant completed an application for SNAP and HealthSource RI individually on September 3, 2014 and received eligibility retro to September 1, 2014 for each program.

On the day of the Hearing (January 12, 2015) the record of Hearing was left open three (3) weeks to allow the Appellant time to obtain and submit to the agency a closure letter from the State of MA with regards to her benefits that she was receiving while residing in the State of MA. The Appellant was also instructed in a letter dated January 12, 2014 from this Hearing Officer to also send a copy of the closure letter from the State of MA to the Appeals Office no later than February 2, 2015; a copy of this letter was also sent to the agency. The agency had agreed that if the Appellant submitted a closure letter from the State of MA, the agency would pursue actions to grant the Appellant retro healthcare coverage to June 1, 2014.

### **FINDINGS OF FACT:**

- The Appellant stopped in the Middletown DHS Office in August to check on the status of her applications that she submitted via a computer and was told at that time that the DHS Office had no record of the Appellant applying for benefits.

- The agency has no record of the Appellant applying for medical assistance benefits in June, July or August 2014.
- To date, the agency only has only been able to find the Appellant eligible for SNAP starting in September 2014.
- The agency would be willing to attempt to grant the Appellant retro Medicaid healthcare coverage eligibility that would begin June 1, 2014 providing that the Appellant could complete an application and provide a closure letter from the State of MA where she had last received "state medical".

This Hearing Officer received an e-mail from Richard Pray, Eligibility Tech. for the agency indicating that as of February 10, 2015 the Appellant has not submitted the closure letter from the State of MA as she had been instructed to do in order for her to be eligible to receive retro healthcare coverage starting June 1, 2014.

## **CONCLUSION:**

The issue to be decided is whether the Appellant is to receive Medical Assistance prior to the date of enrollment?

The agency testified that they have no record of receiving any application for medical assistance by either a paper copy or an electronic copy from the HealthSource RI computer system (UHIP). The only application that the agency has received and had found the Appellant eligible was for SNAP for September 2014.

The agency was agreeable to retro actively finding the Appellant eligible for medical assistance (Medicaid), with a start date of June 1, 2014, if she was able to provide a closure letter from the State of MA where she had previously received state medical as of May 2014 and complete an application. Agency policy permits retroactive eligibility, § 0310.15 states in part:

To determine retroactive eligibility, complete the following:

- Verify that the bill is unpaid and is for a covered service provided within the three (3) months prior to the first of the month of application for SSI, RI WORKS, or Medicaid.
- Establish eligibility based on:
  - Residence
  - Characteristic (if required)
  - Relationship (if required)
  - Citizenship or alienage; and at the time of application, the applicant must fulfill cooperation and enumeration requirements.

Prior to the end of the Appeals Hearing of this issue on January 12, 2015, it had been agreed to keep the record open to allow the Appellant three (3) weeks to obtain and submit a closure letter from the State of MA to both the agency and this Appeals Officer.

The agency representative sent an e-mail to this Hearing Officer on February 10, 2015, stating that the Appellant had not submitted a closure letter by February 2, 2015 or as of the date of the e-mail. Therefore the agency had not been able to find the Appellant eligible for medical assistance (Medicaid).

The Appellant testified that prior to moving from the State of MA to the State of RI, she had called the State of MA to close her medical assistance case due to her moving to RI. Sometime during the first week of June 2014, the Appellant had used a computer (not her own) and applied for both the State of RI's medical assistance program and SNAP, although she was given a confirmation number after completing the process, she did not write the confirmation number down, save it or print it. Having not heard the status of her applications, the Appellant stops in the agency in August and was told that there is no record of the agency receiving her application. Shortly thereafter, the Appellant was found eligible for SNAP effective September 1, 2015 but it remains uncertain as to the Appellant's medical assistance eligibility.

Although the Appellant is claiming to have closed her medical assistance case in the State of MA, she has no paperwork that would reflect that her case is indeed closed. The Appellant also claims to have applied for health insurance through HealthSource RI the first week in June 2014 but is not able to present a confirmation number or having access to the computer that she had used. The agency agreed to grant retro coverage to the date that the Appellant is seeking but she had not cooperated with producing a closure letter from the State of MA. This Hearing Officer also issued a letter dated January 12, 2015 to the Appellant with instructions as to what is being requested of her and when the document in question had to be received and a copy of this letter has also been sent to the agency. With any state benefit that an applicant is applying for, not only is cooperation a requirement, it is vital.

In conclusion, the Appellant claims to have been active on medical assistance in the State of MA but closed her case in May of 2014, just prior to moving to the State of RI. The Appellant testified that she applied for health insurance through HealthSource RI once she moved to RI the first week of June 2014. Although she testified that she received a confirmation number for successfully completing her application, she failed to retain a copy of that confirmation number. In August the Appellant stopped at the Middletown DHS Office to check the status of her application and was told that there is no record of an application being filed/received. The Appellant filed an appeal seeking retro-active Medicaid coverage to June 1, 2014. Even though the agency had no application filed for that time, they agreed to granting her retro coverage to June 1, 2014 providing that she was able to present her closure letter from the State of MA and complete an application. The record of hearing had been kept open three weeks after the hearing date to allow the Appellant to produce a closure letter to the agency and this Hearing Officer. If there was any confusion at hearing as to what the Appellant needed to do, this Hearing Office issued a letter on January 12, 2015 with instructions on what had been requested and by what time line. The agency issued an e-mail on February 12, 2015 indicating that the Appellant did not cooperate, failing to bring in her closure letter from the State of MA.

After a careful review of the Agency's policies, as well as the evidence and testimony given, this Appeals Officer finds that the Appellant is not eligible to receive Medical Assistance prior to the date of enrollment. The Appellant's request for relief is therefore denied.

A handwritten signature in cursive script, appearing to read "Thomas Bracco".

Appeals Officer

## APPENDIX

### EXECUTICE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)

#### 0310.15 Procedures for Determining Retroactive Eligibility

REV: October 2013

In determining retroactive eligibility, the applicant's net income (after allowable deductions and disregards) and resources are compared to Medically Needy limits UNLESS the unpaid medical bill is for Categorically Needy service only. In this case, eligibility must be based on the applicable Categorically Needy limits.

To determine retroactive eligibility, complete the following:

- Verify that the bill is unpaid and is for a covered service provided within the three (3) months prior to the first of the month of application for SSI, RI WORKS, or Medicaid.
- Establish eligibility based on:
  - Residence
  - Characteristic (if required)
  - Relationship (if required)
  - Citizenship or alienage; and at the time of application, the applicant must fulfill cooperation and enumeration requirements.
- Compare the resources and net income (after allowable deductions and disregards) to the appropriate income limit for the month(s) in which there is a verified, unpaid bill(s) (income limits refer to Categorically Needy income limits, Medically Needy income limits and Low Income Aged and Disabled income limits). Resources must be within the applicable resource limit as of the first day of each month for which eligibility is being determined.
- Determine whether retroactive coverage is available to individual's coverage group.
- If eligible, certify the case for the month or months of eligibility. Retroactive eligibility is for one (1), two (2), or all of the three (3) months immediately preceding the month of application.
- If the income exceeds the Medically Needy Income Limits apply the Flexible Test of Income. If the Flexible Test of Income results in achieving Medicaid retroactive eligibility, only those bills not applied to excess income are authorized for retroactive coverage. If the bill is for a service not provided under the Medically Needy scope of services, the application must be determined for eligibility as Categorically Needy.
- If an unpaid bill is for a Categorically Needy service and the applicant's income exceeds the Categorically Needy Income Limits, the application for retroactive eligibility is denied. There is no Flexible Test of Income for income in excess of the Categorically Needy Income Limits.
- If unpaid bills for both Medically Needy and Categorically Needy services are submitted, the applicant must be found eligible as Categorically Needy or the bill(s) for the Categorically Needy service(s) must be denied. If the individual is eligible as Medically Needy, only the bill(s) for Medically Needy services can be authorized for retroactive coverage.

## **NOTICE OF APPELLATE RIGHTS**

This Final Order constitutes a final order of the Department of Human Services pursuant to RI General Laws §42-35-12. Pursuant to RI General Laws §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within thirty (30) days of the mailing date of this decision. Such appeal, if taken, must be completed by filing a petition for review in Superior Court. The filing of the complaint does not itself stay enforcement of this order. The agency may grant, or the reviewing court may order, a stay upon the appropriate terms.