



Rhode Island Executive Office of Health and Human Services  
Appeals Office, 57 Howard Ave., LP Building, 2<sup>nd</sup> floor, Cranston, RI 02920  
phone: 401.462.2132 fax: 401.462.0458

Date: February 25, 2015

Docket # 14-1800  
Hearing Date: February 11, 2015



### **ADMINISTRATIVE HEARING DECISION**

The Administrative Hearing that you requested has been decided for 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: 0302 Medicaid Application – Integrated Health Care Coverage Groups**

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), Sandra Cipriano, the Agency Supervisor and Noah Zimmerman, Esq., on behalf of HealthSource RI.

Present at the hearing were: You (the Appellant), Sandra Cipriano, the Agency Supervisor and Noah Zimmerman, Esq., on behalf of HealthSource RI.

**ISSUE:** Is the Appellant eligible to receive retro Medicaid coverage to September 1, 2014?

#### **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 HealthSource RI Representatives testified:**

- HealthSource RI issued a Medicaid Termination Notice to the Appellant on August 16, 2014 informing the Appellant that his and his wife's Medicaid benefits were terminating due to the household income could not be verified and income verification period had expired and that eligibility would end on August 31, 2014 for both.
- HSRI had made several regrettable errors ranging from calculating the benefits which that the Appellant would be entitled to the lack of return telephone calls to the Appellant.
- HSRI was able to have get retro healthcare coverage for the Appellant and his wife for September 1, 2014.
- TDI is not countable resource of income with regards to medical coverage.

### **The Agency Representative testified:**

- Before the agency could make a decision on eligibility, both the Appellant's and his wife's income would have to be reviewed.
- TDI is a countable resource of income with regards to medical coverage and therefore the Appellant may still not be found eligible.

### **The Appellant testified:**

- Due to the household income being so low, the Appellant and his wife had been receiving Neighborhood Health/Medicaid at no cost.
- Not knowing anything was amiss with his coverage, the Appellant went to the drug store on September 13, 2014 to fill a prescription and was informed that his Neighborhood Health Plan was no longer valid.
- The Appellant immediately called HealthSource RI (HSRI) to resolve the issue but was kept on hold for a long time.
- The Appellant called HSRI again first thing Sunday morning (September 14, 2014) and was told to come to the main office (Royal Little Drive, Providence) to resolve the problem.
- Upon arriving at the main office, the Appellant and his wife talked with a gentleman who identified himself as a supervisor for HSRI and was told that the issue involved the Department of Human Services (DHS) and being Sunday, the Appellant and his wife could not have their problem resolved since DHS was closed on Sundays. The Appellant and his wife were instructed to return the next day, Monday September 15, 2014 at noon.
- On September 15, 2014 the Appellant and his wife had a meeting with a HSRI representative, Karena. At that time Karena informed the Appellant that an appeal is needed to be filed and since the Appellant had been locked out of the HSRI computer system, Karena assisted in helping the Appellant log in.

- Also on September 15, 2014, the Appellant submitted information that he was receiving unemployment and that due to this new information; he would no longer be eligible for Medicaid due to being slightly over income. The Appellant was given two choices of coverage, one being Blue Cross/Blue Shield (BC/BS) or go without coverage. The Appellant choice BC/BS but was told that since it was already the middle of September, coverage would start October 1, 2014. The Appellant then pays the premiums for the next three months – October, November and December 2014.
- Although the Appellant filed his Appeal on September 15, 2014, it appears on the computer system as being filed on September 16, 2014. The reason for the appeal being filed was that the Appellant states that neither he nor his wife received the August 16, 2014 Medicaid Termination Notice.
- On September 17, 2014 the Appellant had a catastrophic motorcycle accident, resulting in 3 days of being in the trauma unit, breaking every rib on his left side and his left clavicle. Also, causing the Appellant to lose his unemployment benefits.
- Since the Appellant was no longer eligible for unemployment, he applied for TDI on November 8, 2014; he could not file earlier due to his medical condition at the time.
- As a result of the accident, the Appellant had roughly \$60,000 to \$80,000.00 in medical bills that have not been paid; he had lost his Neighborhood Health Plan and BC/BS would not start until October 1, 2014 and even with that, BC/BS would only cover 80% of the bills.
- Having not received an appeal hearing date, the Appellant called HSRI sometime in November 2014 to see what the hold-up could be. The following day, the Appellant was giving an appeal hearing date of December 2, 2014.
- Prior to the December 2, 2014 hearing date, the Appellant was working with Jaryssa, a member of the priority team at HSRI. The Appellant was told that he should withdraw his appeal request since HSRI is correcting the issue regardless and attempts were being made to retro actively granting Neighborhood Health Plan coverage. After being assured that he would not be penalized by Jaryssa and that she would there notify the Appeals Office of the Appellant withdrawal of his request for the December 2, 2014 Appeals Hearing.
- The Appellant was also informed by Jaryssa that the he had lost his BC/BS since he was now Medicaid eligible and the best that HSRI could do was to try to retro a BC/BS policy to September 2014 through November 30, 2014 because DHS cannot retro coverage, it's never done.
- Shortly after December 2, 2014, the Appellant received a Letter of Abandonment from the Executive Office of Health and Human Services (EOHHS) – Appeals Office.
- The Appellant called the Appeals Office spoke with "Fran" and informed her that it was not his intention to abandon his appeal; he was just following HSRI instructions. On December 9, 2014 the Appellant faxed a letter of Good Cause to the Appeals Office stating why he should be allowed to continue his appeal, the Appellant's request was granted.

- The Appellant was then granted another Hearing date of January 20, 2015, at a pre-conference the Appellant agreed to reschedule to allow HSRI an opportunity to resolve. The matter reached a calendar of February 11, 2015 and still without as much as a call or resolution from HSRI.
- The Appellant is not be satisfied with receiving retro coverage from BC/BS for the period of September 1, 2014 through November 30, 2014 since it only covers 80% of his medical bills.
- The Appellant repeatedly denies ever receiving the August 16, 2014 Medicaid Termination Notice issued by HSRI, explaining that if he did, he would have addressed the matter.
- Prior to September 15, 2014, the Appellant had received unemployment benefits in the amount of \$243.00 per week and due to the accident he was no longer eligible for those benefits but would be eligible for TDI, which he was not able to apply for until November 2014 due to breaking over 14 bones and the medication that had been prescribed.
- Although it isn't common not for the Appellant not to receive mailings, as the Appellant testified that he also must have not received the DHS notice informing me that DHS is requesting income verification; his mailbox has a lock on it.
- The Appellant submitted a copy of his "Benefit Rate Decision" from DLT showing the amount of benefits received by the Appellant, labeled Appellant's exhibit I.
- The Appellant submitted a copy of his November 12, 2014 "Benefit Payment Notice from TDI which specifically states " Temporary Disability Insurance (TDI) benefits payments are not taxable, therefore the Department will not be providing an IRS Form 1099G."

Sandra Cipriano, the DHS Agency Supervisor, Noah Zimmerman, Esq., representative from HealthSource RI as well as the Appellant were requested by this Appeals Officer to present sources and citations as to whether or not TDI is a countable income and to submit that information within seven days to the date of the Hearing. This Appeals Officer issued a letter to the three parties dated February 11, 2015 instructing them to respond with their position no later than close of business February 18, 2015.

#### **FINDINGS OF FACT:**

- HealthSource RI issued a Medicaid Termination Notice to the Appellant on August 16, 2014 informing the Appellant that his and his wife's Medicaid benefits were terminating due to the household income could not be verified and income verification period had expired and that eligibility would end on August 31, 2014 for both.
- The Appellant no knowledge of losing his Medicaid coverage until he was notified by the drug store on September 13, 2014 that he and his wife no longer had coverage.
- Having not been able to talk with anyone at HSRI on September 13, 2014, the Appellant and his wife went to HSRI office at Royal Little Drive in Providence on

September 14, 2014 only to be told that they need to come back on Monday, when DHS is open.

- On September 15, 2014, the Appellant submitted information to HSRI that he was receiving unemployment and that due to this new information; he would no longer be eligible for Medicaid due to being slightly over income. The Appellant was given two choices of coverage, one being Blue Cross/Blue Shield (BC/BS) or go without coverage. The Appellant chose BC/BS but was told that since it was already the middle of September, coverage would start October 1, 2014. The Appellant then pays the premiums for the next three months – October, November and December 2014.
- Although the Appellant filed his Appeal on September 15, 2014, it appears on the computer system as being filed on September 16, 2014. The reason for the appeal being filed was that the Appellant states that neither he nor his wife received the August 16, 2014 Medicaid Termination Notice.
- On September 17, 2014 the Appellant had a catastrophic motorcycle accident, resulting in 3 days of being in the trauma unit, breaking every rib on his left side and his left clavicle. Also, causing the Appellant to lose his unemployment benefits and leaving him with \$60,000.00 to \$80,000.00 in medical bills.
- Since the Appellant was no longer eligible for unemployment, he applied for TDI on November 8, 2014; he could not file earlier due to his medical condition at the time.
- As a result of the accident, the Appellant had roughly \$60,000 to \$80,000.00 in medical bills that have not been paid; he had lost his Neighborhood Health Plan and BC/BS would not start until October 1, 2014 and even with that, BC/BS would only cover 80% of the bills.
- Having not received an appeal hearing date, the Appellant called HSRI sometime in November 2014 to see what the hold-up could be. The following day, the Appellant was given an appeal hearing date of December 2, 2014.
- Prior to the December 2, 2014 hearing date, the Appellant was working with Jaryssa, a member of the priority team at HSRI. The Appellant was told that he should withdraw his appeal request since HSRI is correcting the issue regardless and attempts were being made to retro actively granting Neighborhood Health Plan coverage. After being assured that he would not be penalized by Jaryssa and that she would there notify the Appeals Office of the Appellant withdrawal of his request for the December 2, 2014 Appeals Hearing.
- The Appellant was also informed by Jaryssa that the he had lost his BC/BS since (he was now Medicaid eligible and the best that HSRI could do was to try to retro a BC/BS policy to September 2014 through November 30, 2014 because DHS cannot retro coverage, "it's never done".
- Shortly after December 2, 2014, the Appellant received a Letter of Abandonment from the Executive Office of Health and Human Services (EOHHS) – Appeals Office.
- The Appellant called the Appeals Office spoke with "Fran" and informed her that it was not his intention to abandon his appeal; he was just following HSRI instructions. On December 9, 2014 the Appellant faxed a letter of Good Cause

to the Appeals Office stating why he should be allowed to continue his appeal, the Appellant's request was granted.

- The Appellant was then granted another Hearing date of January 20, 2015, at a pre-conference the Appellant agreed to reschedule to allow HSRI an opportunity to resolve. The matter reached a calendar of February 11, 2015 and still without as much as a call or resolution from HSRI.
- The Appellant is not be satisfied with receiving retro coverage from BC/BS for the period of September 1, 2014 through November 30, 2014 since it only covers 80% of his medical bills.
- The Appellant repeatedly denies ever receiving the August 16, 2014 Medicaid Termination Notice issued by HSRI, explaining that if he did, he would have addressed the matter.
- Prior to September 15, 2014, the Appellant had received unemployment benefits in the amount of \$243.00 per week and due to the accident he was no longer eligible for those benefits but would be eligible for TDI, which he was not able to apply for until November 2014 due to breaking over 14 bones and the medication that had been prescribed.
- Although it isn't common not for the Appellant not to receive mailings, as the Appellant testified that he also must have not received the DHS notice informing me that DHS is requesting income verification; his mailbox has a lock on it.
- The Appellant submitted a copy of his "Benefit Rate Decision" from DLT showing the amount of benefits received by the Appellant, labeled Appellant's exhibit I.
- The Appellant submitted a copy of his November 12, 2014 "Benefit Payment Notice from TDI which specifically states " Temporary Disability Insurance (TDI) benefits payments are not taxable, therefore the Department will not be providing an IRS Form 1099G."
- Sandra Cipriano, the Agency Supervisor, Noah Zimmerman, Esq., representative from HealthSource RI as well as the Appellant were requested by this Appeals Officer to present sources and citations as to whether or not TDI is a countable income and to submit that information within seven days (February 18, 2015) to the date of the Hearing. The Appellant had his attorney submit a letter on his behalf which supports that TDI is a non-countable income resource; neither the representatives from the agency or HSRI submitted anything to support their position or dispute the Appellant's position.

## **CONCLUSION:**

The issue to be decided is whether the Appellant is eligible to receive retro Medicaid coverage to September 1, 2014.

HSRI issued a Medicaid Termination Notice on August 16, 2015 informing the Appellant and his spouse that their Medicaid healthcare insurance would be terminated on August 31, 2014 due to their household income could not be verified. Due to no action from the Appellant or his spouse, their benefit closed August 31, 2014.

The Appellant testified that neither he nor his wife received the HSRI August 16, 2014 Medicaid Termination Notice. Furthermore, the Appellant testified that not only had neither the Appellant nor his spouse ever received a Notice requesting household verification, that Notice that had issued requesting income verification was not discussed or presented as evidence by either the DHS agency or HSRI. It remains in question as to when and if that that ever issued and if so, did HSRI or DHS issue it. The Appellant has lived at the same address for some time and his mailbox has a lock on it, although he has occasionally had issues receiving mail.

The Appellant was not aware of no longer having Medicaid coverage until Saturday, September 13, 2014 when he attempted to fill a prescription at a drug store and was told that he and his wife no longer have coverage. After being informed that they no longer have coverage, the Appellant called HSRI but was placed on hold and never was able to speak with a person. The next day, Sunday September 14, 2014, the Appellant and his wife drove to the HSRI center at Royal Little Drive, in Providence, RI. Once the Appellant and his wife were able to talk to someone at HSRI, they were told that nothing could be done for them since it was a Sunday, DHS is closed on Sundays and that they would need to come back. Having made an appointment for the next day, the Appellant and his wife returned to HSRI at Royal Little Drive. The Appellant explained that they never received any Notice requesting income verification and submitted any information that was needed at that time. The Appellant had been locked out of his on-line account but with the assistance from a HSRI representative, was able to re-activate his HSRI account.

With the Appellant's household income now verified by those document submitted and received by HSRI, the HSRI representative informed him at his household income from his unemployment benefits was slightly over income eligibility for Medicaid and although he and his wife were no longer qualified for Medicaid, they now qualified for a Blue Cross/Blue Shield policy that had a \$1.88 monthly premium but since it was so late in the month (September 15, 2014) the coverage could not being until October 1, 2014. The Appellant then paid \$5.64 for coverage for his wife and himself for October, November and December 2014. The Appellant also files an Appeal of losing his Medicaid on September 15, 2014 but is reported being filed September 16, 2014 by HSRI's computer system; he is Appealing due to not have been given Notice of losing his coverage.

Two days later, on September 17, 2014 the Appellant suffered a horrific motor-cycle accident where he breaks every rib on his left side and his left clavicle bone, is hospitalized for 3 days in the trauma unit, which then causes the Appellant no longer to be eligible for unemployment benefits. Due to his medical condition, he was not able to then file for TDI until November 8, 2014. On November 18, 2014, the Appellant contacts HSRI, inquiring as to the status of his Appeal and on November 19, 2014 is informed that his Appeal Hearing is scheduled for December 2, 2014. Having informed HSRI on November 18, 2014 that he has lost his unemployment benefits due to his motor-cycle accident, he is then informed that he will be losing his BC/BS effective November 30, 2014 due to being eligible for Medicaid. When the Appellant asks about

the month of December BC/BS premium that he had already paid, he was informed that HSRI would try to apply the December premium to September 2014; HSRI told the Appellant that they have the ability to grant retro coverage whereas DHS does not. The Appellant continued to work with HSRI to rectify all the issues and was informed by "Jaryssa", a HSRI priority team representative that he didn't need to attend his Appeals Hearing since HSRI was working to resolve his issues. The Appellant was assured that by not going to his December 2, 2014 Appeals Hearing that he would not suffer any consequences.

On December 9, 2014 the Appellant receives an Abandonment Letter from the Executive Office of Health & Human Services (EOHHS) informing him that since he failed to appear at his December 2, 2104 Appeals Hearing, his appeal will be considered abandoned unless he presents in writing good cause as to why he did not show on December 2, 2014. On December 9, 2014 the Appellant faxed a letter to the December 2, 2014 Hearing Officer and was granted good cause and allowed a "new" Appeal date.

The Appellant received a new Appeal Hearing date of January 20, 2015 and on that day, at a pre-hearing conference, HSRI requested more time in order to resolve the matter, the Appellant agreed and Hearing did not go forward. The matter was later rescheduled to February 11, 2015.

This matter went to full Hearing on February 11, 2015 but it wasn't until just prior to Hearing that HSRI was able to confirm that they had worked with BC/BS and were able to get the Appellant retro healthcare coverage with BC/BS from September 1, 2014 through November 30, 2014. Receiving retro healthcare coverage from BC/BS did not satisfy the Appellant due to having \$60,000.00 to \$80,000.00 in medical bills as a result of his September 17, 2014 motor cycle accident; he would still be responsible for 20% of the medical bills and meet a deductible. The Appellant's position is that although he still may have lost his Medicaid *if* he had received the August 16, 2014 notice due to being slightly over income but once he lost that countable income from his unemployment due to his accident on September 17, 2014, he then would have been eligible for TDI. The Appellant and the HSRI representative testified that TDI is not countable income and therefore the Appellant would have become Medical eligible again. Although the record of hearing was kept open an additional seven days, DHS did not present any contradicting/disputing evidence or request additional time to do so to dispute the Appellant's and HSRI's position as to TDI being a non-countable income. Also, by filing his Appeal on September 16, 2014, the Appellant's appeal rights are perceived.

The Appellant had been told on September 15, 2014 that his household income was slightly too high to be found eligible for Medicaid due to his unemployment benefits but once those benefits stopped he figured he would then be Medicaid eligible again. In accordance with DHS Policy § 0302 Medicaid Application – Integrated Health Care Coverage Groups states in part:

D. Period of Eligibility

- 1) General eligibility period. When an individual is determined eligible for Medicaid, eligibility exists for the entire first month. Therefore, eligibility begins on the first day of the month in which the individual is determined eligible.

During the February 11, 2015 Hearing, the Appellant presented a "Benefit Payment Notice" dated November 12, 2014 and in the body of the letter, it states:

"Temporary Disability Insurance (TDI) benefit payments are not taxable; therefore, the Department (of Labor and Training) will not be providing an IRS Form 1099G."

HSRI is in agreement with the Appellant that TDI is not a countable income. Prior to the record of hearing closing the Appellant had his attorney submit a letter addressing this issue. Lawrence J. Signore, Esq. wrote on February 18, 2015 and cited the RI Department of Labor and Training web page, <http://www.dlt.ri.gov/tdi/tdifaqs.htm> stating in part that:

"TDI benefits paid to you ***are not*** subject to Federal or State income taxes. TDI withholdings from your earnings are deductible for Federal income tax reporting purposes."

The DHS agency representative indicated that a "source" has informed her that TDI is indeed countable but even with keeping the record open to allow that information to be submitted, nothing was.

In summary, HSRI issued a Medicaid Termination Notice to the Appellant and his wife on August 16, 2014 informing them that since the Appellant and spouse failed to verify their household income, their Medicaid coverage would terminate on August 31, 2014. It wasn't until September 13, 2014 when the Appellant attempted to fill a prescription at the drug store did he find out that neither he nor his wife had Medicaid healthcare coverage. The Appellant attempted to contact the HSRI call center but was not able to speak with a representative. On Sunday September 14, 2014 the Appellant and his wife went to the HSRI office at Royal Little Drive in Providence and was informed by a HSRI supervisor that due to it being a Sunday and DHS was closed on that day, the Appellant would have to come back another time. On Monday September 15, 2014 the Appellant and his wife returned to the HSRI office at Royal Little Drive, met with a HSRI representative and explained their issue. The representative assisted the Appellant signing on to his HSRI computer account, having been locked out and reviewed pay stubs which were needed to verify the household income. It was determined that the household was slightly over income for Medicaid eligibility but was eligible for a health insurance policy with BC/BS that had a \$1.88 monthly premium, a deductible and only covered 80% of the household's medical expenses. Although the Appellant and his wife were eligible for this BC/BS policy, it would not take effect until October 1, 2014 due to it being late in the month (September 15, 2014). The Appellant failed his appeal on that day and paid for his BC/BS policy for October, November and December 2014.

Two days later, on September 17, 2014 the Appellant suffers a catastrophic motor-cycle accident and was left with \$60,000.00 to \$80,000.00 in medical bills. Due to this accident, the Appellant lost his unemployment benefits and was not able to apply for TDI until November 8, 2014.

On November 18, 2014 the Appellant contacted HSRI with regards to his appeal request that he filed back in September and on the next day he was notified that he had a Hearing date of December 2, 2014. While talking with a representative from HSRI on November 18, 2014, the Appellant explained his accident, him to lose his unemployment benefits due to the accident and was then told by the HSRI representative that he is then eligible for Medicaid again and would be dropped from BC/BS effective November 30, 2014.

Since the Appellant filed his appeal on September 16, 2014, his appellant's rights have been preserved and he is not at fault for his Hearing finally making a hearing date of February 11, 2015. The Appellant is seeking to have his Medicaid reinstated retro to September 1, 2014, as permitted in DHS Policy § 0310.15 Procedures for Determining Retroactive Eligibility. During his Hearing, the Appellant submitted an exhibit that had been entered in as evidence, a "Benefit Payment Notice" from RI – DLT dated November 12, 2014. The DLT notice states, "Temporary Disability Insurance (TDI) benefit payments are not taxable therefore, the Department will not be providing an IRS 1099G." The HSRI representative present at the Hearing agreed that the Appellant's TDI weekly benefit hold not be counted as part of the household income in determining Medicaid. The Agency representative present testified that TDI was countable but was not able to state why or how she had reached that decision. This Hearing Officer requested all parties to submit reasoning behind their position and allowed seven days to submit that information. All parties were instructed to not only provide proof of their position to this Hearing Officer but to the other parties also. Only the Appellant complied by having his attorney Lawrence J. Signore, Esq. submit a letter citing RI – DLT web page that supports the Appellant's position. HSRI and the DHS agency did not submit any disputing information as to the Appellant's position.

Therefore, the Appellant is instructed to submit his income for the month of September 2014, if he has not already done and the DHS will evaluate the Appellant's case as to eligibility for Medicaid full month of September 2014.

After a careful review of the Agency's policies, as well as the evidence and testimony given, this Appeals Officer finds that the Appellant should be allowed to pursue Medicaid coverage eligibility retro to September 1, 2014. The appellant's request for relief is therefore granted.

**ACTION TO BE TAKEN BY THE DHS AGENCY:**

**THE AGENCY IS TO CALCULATE THE APPELLANT'S INCOME FROM ONLY THE APPELLANT'S UNEMPLOYMENT BENEFITS FOR THE MONTH OF SEPTEMBER**

2014 TO DETERMINE MEDICAID ELIGIBILITY AND TO ISSUE A NOTICE TO THE APPELLANT BASED ON THAT DETERMINATION WITHIN 14 DAYS OF THIS DECISION.

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

Appeals Officer

## APPENDIX

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

**0302 Medicaid Application – Integrated Health Care Coverage Groups**

REV: June 2014

**D. Period of Eligibility**

REV: June 2014

Written notice is provided to each applicant stating the Medicaid agency's eligibility decision, the basis for the decision, and an applicant's right to appeal and request a hearing. In instances in which the applicant is determined to be eligible, a notice is provided indicating the length of time the applicant will remain eligible – the "*eligibility period*" -- until before a renewal of continuing eligibility is required. The period of Medicaid eligibility for IHCC group members is as follows:

- (1) General eligibility period. When an individual is determined eligible for Medicaid, eligibility exists for the entire first month. Therefore, eligibility begins on the first day of the month in which the individual is determined eligible. Medicaid ends when the individual is determined to no longer meet the program's eligibility requirements and proper notification has been given or the beneficiary fails to renew eligibility as required. Medicaid benefits cease on the last day of the ten (10) day notice period when eligibility is determined to no longer exist. Individual and couple cases remain eligible for Medicaid for up to a maximum of twelve (12) months. Certifications may be for LESSER periods if a significant change occurs or is expected to occur that may affect eligibility.
- (2) Special eligibility period – Medically-needy. In cases where the *flexible test of income* policy is applied, eligibility is established on the day the excess income is absorbed (i.e., the day the health service was provided). Eligibility is for the balance of the six (6) month period. Medically-needy eligibility continues for the full six (6) months or the balance of the six (6) month period.
- (3) Medicare Premium Payment Program. Individuals eligible for benefits as a Qualified Medicare Beneficiary (QMB), a Special Low Income Medicare Beneficiary (SLMB) or a Qualified Working Disabled Individual (QWDI) are certified for a 12-month period. A Qualifying Individual (QI-1 or QI-2) is certified to the end of the calendar year.

**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.