

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
APPEALS OFFICE
600 New London Avenue
Cranston, Rhode Island 02920
(401) 462-2132/Fax# (401) 462-1678
TDD# (401) 462-3363

Docket # 15-121
Hearing Date: March 24, 2015

March 26, 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 policy reference(s) were the matters before the hearing:

MEDICAL ASSISTANCE POLICY MANUAL: SECTIONS: 0308.05, 0318.05, and 0318.10.

The facts of your case, the agency policy, 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, agency representatives: Nancy Delprete, Linda Demoranville and the Policy Unit.

Present at the hearing were: you, and agency representative Linda Demoranville.

ISSUE: Should the appellant's Medical Assistance end effective June 16, 2014 because she failed to return the required Medical Assistance Recertification application? Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Department of Human Services Policy Manual.

DISCUSSION OF THE EVIDENCE:

The agency representative provided the following testimony:

- The agency sent the appellant a notice dated June 5, 2014 informing her that her Medical Assistance would end on June 16, 2014 because she did not return her Medical Assistance recertification renewal form.
- The agency representative stated that the appellant's case was already scheduled to close automatically through the computer system, as the appellant's renewal was not received before June 5, 2014.
- The agency representative stated that the agency did receive the appellant's renewal application on July 14, 2014 and her case was re-appld. for July 1, 2014. The appellant's eligibility for July 1, 2014 was approved by the agency on August 6, 2014 and her Medical Assistance was re-instated.
- The agency representative stated that the computer system auto-closes a recipient's case when the recertification application is not entered into the system 10 days prior to the end of a recipient's certification period. The appellant's case auto-closed effective June 16, 2014 due to the appellant's failure to return her recertification.
- The HMO, in this case Rhody Health Options, closes on the same date as the Medical Assistance closure.
- The agency representative stated that when Medicaid is re-instated there is a lag time for the HMO to re-instate a recipient. It usually takes the HMO 2 to 3 weeks from the approval date of Medical Assistance eligibility.
- The agency Office of Health & Human Services (OHHS) sent the appellant a notice dated September 11, 2014 notifying her that she would be automatically enrolled in Rhody Health Options for her Medicaid Services on November 1, 2014 if OHHS did not hear from her by October 9, 2014.
- The agency representative stated that the renewal application was received on July 14, 2014 and the actual re-approval of the eligibility was done in the system on August 6, 2014. The renewal was acted on in a timely manner.

The appellant testified:

- The appellant stated that her Medicaid was unintentionally cancelled as of June 16, 2014 because she apparently did not fill out the needed paperwork to keep her Medical Assistance active.
- She stated that she did fill out the necessary paperwork and her Medical Assistance was re-activated and put back retroactively from the date of closure.
- She stated that at the same time her Medical Assistance was closed her Rhody Health Options was also cancelled.
- She stated that the problem she has had is that her Rhody Health Options coverage did not re-activate at the same time as her Medical Assistance.
- She stated that during the months that her Rhody Health Options was not active she accumulated a large medical bill.
- She questions why it took so long for Rhody Health Options to re-activate her coverage. The doctor that she has been seeing for her monthly pain management visits does not accept Medical Assistance coverage.

- She submitted a bill from her doctor indicating co-payment charges for the months of July 2014, August 2014, September 2014, October 2014 and November 2014 totaling \$190.00.
- She stated that she continues to receive bills from her provider for the months identified above because her Rhody Health Options coverage was not active at that time.

FINDINGS OF FACT:

1. The agency sent the appellant a notice dated June 5, 2014 notifying her that her eligibility for Medical Assistance would end effective June 16, 2014 because she failed to return her Medical Assistance Renewal form.
2. The appellant submitted her renewal application on July 14, 2014.
3. The agency processed the appellant's renewal application on August 6, 2014 and the appellant's Medical Assistance eligibility was approved effective July 1, 2014.
4. The agency OHHS sent the appellant a notice dated September 11, 2014 notifying her that she would automatically be re-enrolled in Rhody Health Options on November 1, 2014 if OHHS did not hear from her by October 9, 2014.
5. The appellant's eligibility with her Rhody Health Options HMO did not resume until November 1, 2014.
6. The appellant has submitted outstanding unpaid bills from her provider incurred between July 1, 2014 and November 24, 2014, as her provider does not accept Medical Assistance.

CONCLUSION:

The issue to be decided is whether the appellant failed to submit the required Medical Assistance renewal form by June 16, 2014 as required by the agency.

The agency notified the appellant by notice dated June 5, 2014 that her eligibility for Medical Assistance would end effective June 16, 2014 because she failed to return her Medical Assistance Renewal form. The agency redetermined the appellant's Medical Assistance on August 6, 2012, effective July 1, 2014 following receipt of her renewal application on July 14, 2014.

The appellant has submitted unpaid bills that she incurred during a lapse in her Medical Assistance HMO coverage that occurred during July, August, September, October and November of 2014.

Review of the agency testimony determines that the appellant was sent a renewal application packet that was to be returned to the agency by June 16, 2014. The agency representative testified that because the renewal application was not received by June 16, 2014 the appellant's Medical Assistance auto-closed on June 16, 2014 per the June 5, 2014 notice. The appellant's case "auto-closed" in the agency system because the case was not processed until August 6, 2014. The appellant's case was re-opened by the agency with a July 1, 2014 Medical Assistance effective date. The agency testimony

is that when a case "auto closes" there is a lapse in eligibility of 2 to 3 weeks before the HMO reopens the eligibility.

In this matter the appellant's HMO did not reopen the appellant's eligibility until November 1, 2014. The appellant's provider does not accept Medical Assistance and as a result the appellant has been billed for services by her provider incurred from July 2014 to November 24, 2014.

Agency policy (0318.10) states that if a renewal application is not received by the 20th of the month or 10 days prior to the end of the certification period, in this case June 30, 2014, the worker enters a non-cooperation code into the system. The agency did not receive the appellant's the appellant's renewal application until July 14, 2014. The agency sent the June 5, 2014 discontinuance notice to the appellant as required. As a result a non-cooperation code was entered into the system which "auto closed the appellant's case effective June 16, 2014.

The agency reviewed the appellant's renewal application and processed the case for recertification on August 6, 2014. The HMO in this matter did not reinstate eligibility until November 1, 2014.

After careful review of the agency policy, the evidence and testimony submitted, it must be found that the agency complied with its recertification policy. The agency recertified the appellant's Medical Assistance eligibility effective July 1, 2014.

This hearing officer has no jurisdiction with the HMO and the date of the appellant's reinstatement determination by Rhody Health Options. The appellant is advised to re-submit the November 24, 2014 charge to her provider as her HMO was active at that time. The appellant is advised to submit the charges from July, August, September and October 2014 through Medical Assistance as a fee-for-service bill.

I find the agency decision to end the appellant's eligibility effective June 16, 2014 to be correct. The appellant's request for relief is denied.

APPEAL RIGHTS (SEE PAGE#7)


Michael Gorman
Hearing Officer

APPENDIX

APPLICANT REQUIRED TO COOPERATE
REV: 04/2001

0308.05

As a condition of eligibility, the MA applicant must meet certain cooperation requirements. These requirements include:

- o Providing the information needed for an eligibility determination;
- o Assignment of rights to medical support or other third party payments for medical care to the Department;
- o Cooperating in establishing paternity and obtaining support (an exception exists for pregnant women with no other children, pregnant women are not required to cooperate with Child Support Enforcement until the birth of the child);

APPLICANT REQUIRED TO COOPERATE 0308.05

- o Cooperating in identifying and providing third party liability information;
- o Making resources available and utilizing resources;
- o Cooperating in Quality Control procedures;
- o Enrollment in cost effective employer-sponsored health insurance through the Rite Share Premium Assistance Program (Section 0349).

REDETERMINATION OF MA ELIGIBILITY 0318.05

REV: 05/1999

The redetermination of MA eligibility is based on a new application (DHS-2 or MARC-1) and supporting documents, as needed, from which a determination is made that the recipient continues to meet all eligibility requirements.

A redetermination results in a recertification at the existing scope of services, recertification for a reduced scope of services or case closure. Redetermination precedes a case closure. A case is not closed without a positive finding of ineligibility.

For Categorically Needy and Medically Needy INDIVIDUALS and FAMILIES, a full redetermination is completed every twelve (12) months. In addition, eligibility must be redetermined whenever a change in circumstances occurs, or is expected to occur that may affect eligibility.

REDETERMINATION OF MA ELIGIBILITY 0318.05

the client remains eligible, the recipient's next redetermination date is advanced up to twelve months, as appropriate. If new information results in ineligibility or a change in the level of coverage, the worker must approve the results.

If the application is not received by the 20th of the month or ten days prior to the end of the certification period, the worker enters a non-cooperation code on the InRHODES STAT/STAT panel causing a TEN-DAY NOTICE of discontinuance to be sent.

The case closes at the end of the old certification period if the recipient has not responded by the end of the 10-day notice period.

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.