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

February 18, 2015

Docket # 15-239
Hearing Date: January 22, 2015

[redacted]

ADMINISTRATIVE HEARING DECISION

The Administrative Hearing that you requested has been decided in your favor. 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 SERVICEW (EOHHS)
MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)
SECTION: 0110.25 Legal Basis for Appeals and/or Hearings
SECTION: 0110.50 The Appeals Officer

The facts of your case, the Agency regulations, 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) and Health Source RI (HSRI) Agency representatives: Noah Zimmerman, and Lindsay Lang.

Present at the hearing were: You (the Appellant), your wife, and Agency representative Noah Zimmerman.

ISSUE: Should the appellant have received medical coverage beginning on July 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 Agency representative testified:

- The eligibility decision notice dated July 5, 2014 reads that the family is covered by Blue Cross/Blue Shield medical insurance with an effective date of July 1, 2014.
- An enrollment notice dated July 6th also indicates an effective date of July 1, 2014.
- So, both those notices show effective enrollment dates of July 1, 2014.
- Because we provided these notices, you (the appellant) would have understood that your coverage started on that date, and we agree that your coverage should have started on July 1st.
- We would like to work with HSRI and with the carrier, Blue Cross/Blue Shield in order to obtain retroactive coverage for you if possible.
- Barring any other factors, this appears to be straightforward, but we will have to review all of the documents.
- I believe we should be able to obtain retroactive coverage for July 2014.

The appellant and his wife testified:

- They realized that she (his wife) wasn't covered when they began receiving bills from the health care providers in October.
- His wife was in an accident on July 25th, and underwent a procedure, and there were several medical bills subsequent to that.
- We were paying for our insurance beginning in July.
- Our first payment was on July 3rd with HSRI on the phone, and we used an ACH automatic payment to our checking account for a payment of $3.20.
- We understood that first payment was for the month of July.

- The Agency was allowed to debit the account monthly around the 13th of each month.

- In August we paid two premiums, totaling $6.40 which allowed coverage for August and September.

- We continued paying for October and November, and for December, and began new coverage through a new employer in January 2015.

FINDINGS OF FACT:

- The appellant received an October 9, 2014 medical bill for $713.00. The date of receipt of services was July 25, 2014.

- The appellant contested the bill, filing a timely appeal on October 24, 2014.

- An Eligibility Decision Notice dated July 5, 2014 informed the appellant that he and his wife had successfully enrolled with Blue Cross/Blue Shield of Rhode Island as of July 1, 2014.

- A July 6, 2014 Enrollment notice informed the appellant and his wife, that as of July 1, 2014 they were successfully enrolled in a health plan, and their monthly bill would be $3.20.

- A Health Source Rhode Island (HSRI) invoice dated July 3, 2014, showed a payment of $3.20 paid in full for the coverage month of July.

- A subsequent bill, invoice date of July 25, 2014, showed a previous balance of $0.00, and a current charge of $6.40 billed for the months of August and September, 2014.

- A hearing was held on January 22, 2015.

- Per the appellant's request, the record of hearing was held open until February 12, 2014 for any additional evidence, and possible reconciliation discussions between HSRI and the appellant.

- No additional evidence was submitted prior to the close of hearing.

CONCLUSION:

The issue to be decided is whether the appellant should have received medical coverage as of July 1, 2014.

There is no dispute that the appellant paid for a health coverage plan on July 3, 2014, and that payment was accepted by the Exchange for July coverage. There is no dispute that the appellant was billed again on July 25th for two payments which covered the subsequent months of August and September.

The appellant testified that he thought he had coverage as of July 1, 2014. His wife suffered an accident, and received emergency room services on July 25th. In October, the appellant received the first of the bills for services rendered, and determined that he did not have medical coverage at the time of the injury. Two notices were presented at hearing. The first notice, an Eligibility Decision Notice dated July 5, 2014 informed the appellant that he and his wife had successfully enrolled in a health insurance plan, and the effective coverage date was July 1, 2014. The appellant received an Enrollment Notice, dated July 6, 2014 which also indicated the couple had successfully enrolled with Blue Cross/Blue Shield, and the effective coverage date was July 1, 2014.

The HSRI representative allowed that in the absence of any additional evidence obtained during the held open period, he too was in agreement that the appellant should have been eligible for coverage. No additional evidence was submitted by the Agency.

Exploration of Appeals policy (see Appendix) insures protection of the individual's right to assistance, as well as insuring clarification of the issues by bringing out new and relevant facts. The notices received by the appellant on July 5th and July 6th, following his payment of the premium on July 3rd-clearly indicate that he is in receipt of the coverage for which he paid. He testified that he determined he did not have coverage as a result of bills incurred for medical services received on July 25th, and subsequent bills which were not covered. The HSRI representative was unable to clarify whether the Unified Health Infrastructure System (UHIP/computer system) was in err, whether an HSRI representative had made an error, or whether the carrier-Blue Cross/Blue Shield was at fault. He did however agree that the appellant had been wronged. Regardless, as of this date the Agency has not rectified the situation. Due process requires that a notice should inform a person what is happening. In this case, the notices were clear and self-explanatory and displayed no ambiguity about the effective coverage date beginning on July 1, 2014.

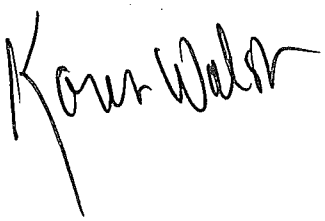
In summary, the appellant gave credible and undisputed testimony that he had paid for, and thought he had obtained, medical coverage through HSRI on July 3, 2014. Two subsequent notices received from HSRI indicated he was enrolled in a plan through Blue Cross/Blue Shield and coverage was effective as of July 1, 2014. A bill received by the appellant in October indicated that he did not have coverage later in July when his wife suffered an injury, which resulted in medical expenses. HSRI was in agreement

that the appellant had been wronged as a result of the lack of coverage, but to date, no resolution has been forthcoming. The appellant is due coverage for which he paid, and which was awarded him beginning on July 1, 2014.

After a careful review of the Agency's regulations, as well as the credible and undisputed testimony given, the Appeals Officer finds that the appellant's request for relief is therefore granted.

ACTION FOR THE AGENCY:

HSRI is responsible to insure that the appellant's medical coverage is rectified with the carrier-Blue Cross/Blue Shield. They are charged with insuring that the appellant has retroactive medical coverage beginning on July 1, 2014. The appellant is to be informed when the action is completed in order that medical bills may be resubmitted. This action is to be completed by March 19, 2015.



Karen Walsh
Appeals Officer

APPENDIX

MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)

0110.25 Legal Basis for Appeals and/or Hearings

REV: 08/2013

Procedures are available for applicants and/or recipients who are aggrieved because of a state agency decision or delay in making such a decision. Entitlements to appeals, reasonable notice and opportunity for a fair hearing, are provided by:

- Title 40 of the General Laws of Rhode Island, as amended;
- Rhode Island Works Program (RIW, as authorized under Title IV-A of the Social Security Act;
- Medicaid Program, as authorized under Title XIX of the Social Security Act and 42 C.F.R. 431.200 et seq.;
- Supplemental Security Income (SSI) Program, as authorized under Title XVI of the Social Security Act;
- Social Services Program, as authorized under Title XX of the Social Security Act;
- The Vocational Rehabilitation Act of 1972, as amended; and
- The Food Stamp Act of 1977, as amended.
- Title 15 of the R.I. General Laws;
- Chapter 42-7.2 of the Rhode Island General Laws
- Section 1411 of the ACA and 45 C.F.R. Part 155 Subpart F and section 155.740 of Subpart H;
- Chapter 42-35 of the Rhode Island General Laws, as amended.

0110.50 The Appeals Officer

REV: 08/2013

The hearing shall be convened by an impartial designee of the Secretary of EOHHS. No person who has participated in the pertinent matter under review shall be eligible to serve as an appeals officer.

The appeals officer shall endeavor to bring out all relevant facts bearing on the individual's situation at the time of the questioned state agency action or inaction and on state agency policies pertinent to the issue. The hearing shall not be closed until the appeals officer is satisfied that all interested parties have had the opportunity to present the facts needed for a decision

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.