STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE - LP Bldg.
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Date: June 2, 2014

Docket # 14-277
Hearing Date: May 13, 2014

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 policy reference(s) were the matters before the hearing:

RHODE ISLAND POLICY MANUAL (HSRI MANUAL)
Chapter IX: INDIVIDUAL ELIGIBILITY AND SHOP APPEALS
B. Appeals Process Rules, 1-Notice of Appeal Rights, 17-Decisions

Chapter IV: ELIGIBILITY FOR ADVANCED PREMIUM TAX CREDITS AND COST SHARING REDUCTIONS
B. APTC Eligibility, 4-Ineligibility Based on Access to Minimum Essential Coverage, i) Time of Eligibility

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 (the appellant), Susan Geary, RI Legal Services; DHS Agency representatives: Fina Cicerchia, Kristen Grosso, Betty Perez, HSRI representative Lindsay Lang, and the Policy Unit.

Present at the hearing were: You, your mother (and authorized representative), RI Legal Services Susan Geary, and Agency representatives: Kristen Grosso, and Fina Cicerchia.

ISSUE: Was the appellant's medical eligibility accurately assessed for the months of January and February 2014?

DHS POLICIES:
Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Department of Human Services Policy Manual.

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

DISCUSSION OF THE EVIDENCE:

The Agency representative testified:

- The applicant was denied medical coverage through the UHIP/Health Source system.
- If you're enrolled in Medicare or have access to Medicare, you are not eligible through the Exchange.
- The application actually says she (the appellant) is enrolled in a Medicare plan.
- The Agency cannot verify if she was enrolled in Medicare, because she does not show in their InRhodes system.
- Health Source dealt with this case from the beginning and DHS is now trying to fix it for the benefit of the client.
- DHS cannot see everything submitted in the Health Source application, but it appears that the system misread the dates of Medicare eligibility.
- According to the document (Social Security), it also appears as if the clients' Medicare eligibility begins in December as she received benefits, but no premiums are taken until March. Thus, medical coverage might be retroactive to December as policy allows Medicaid to go back three months.

- Perhaps she (the client) was receiving Part A, but had not yet begun to receive Part B.

- She should also apply for Medicaid through the DHS office.

The appellant with her legal representative testified:

- My client receives Social Security disability insurance benefits.

- There is a twenty four month waiting period for SSDI beneficiaries before they can receive Medicare.

- The basis for this appeal is that, her (the appellant) twenty four month waiting period ended on February 28th, 2014, and her start up for Medicare was not until March 1st. She was not eligible to receive Medicare until March 1st, although she was enrolled.

- She applied for medical coverage through Health Source (HSRI) in November through a phone call with them, and understood that the health coverage would begin on January 1, 2014.

- She received a December 10th Eligibility notice which allowed for Medicaid coverage from January 1st until April 1, 2014. She had other coverage prior to January 1st.

- She received her eligibility notice, she got her cards (effective January 1), and used them until her denial notice.

- We are looking for coverage for the two month gap of January and February.

- As a result of the denial, she stopped going to the doctors, but has some pharmacy bills totaling about $28.00.

- There is some frustration around the second issue which arose, which is that she filed timely, and asked for aid pending, and no one could fix this, though resolution was attempted through DHS legal and Health Source Rhode Island (HSRI) legal.

- We are aware that this is a new system, and in January there was no resolution team set up.

- We are still unsure of what happened and whether someone went back to January and February and fixed this.

- HSRI legal last identified that DHS and HSRI systems were not really talking to each other and no one could fix this.

- The Social Security document shows that my client could not receive either Part A or Part B Medicare coverage until March 2014.

- A third issue which arose is that she (appellant) did not receive any Health Source documents since the initial January 16th denial, nor did she receive the notice for today's hearing.

- She is not sure if she requested electronic notices only, when first applying for Health Source, but she did receive the initial denial notice in January.

- The Legal services representative is not sure if she received any Health Source documents either, although she received documents from the appeals office for hearing.

- The appellant's mother is her authorized representative, but she lives in the same home, and did not get the notices.

FINDINGS OF FACT:

- An Eligibility Decision notice dated January 16, 2014, informed the appellant that he was not eligible to purchase health insurance through Health Source RI because he was enrolled in a Medicare plan and not eligible for Medicaid.

- The appellant submitted a timely request for hearing dated January 31, 2014.

- A Social Security verification letter dated February 28, 2014 identifies that the appellant is eligible for monthly disability benefits.

- Monthly benefits were $1156.30 from December 2013 to January 2014 with no deductions taken out. Medicare hospital and medical insurances were scheduled to begin in March 2014 with monthly medical premium deductions of $104.90.

CONCLUSION:

The issue to be decided is whether the appellant's medical eligibility was accurately assessed for the months of January and February 2014.

The Agency presented that the appellant appeared to have been denied medical coverage through the UHIP system as a result of her enrollment in, or access to, Medicare. They argued that Health Source policy does not allow insurance to be extended to applicants who already have access to Medicare coverage. They identified that the appellant had enrolled through Health Source via phone, and as a result they were unable to verify her Medicare status or other information through the DHS InRhodes system. The Agency indicated they were unsure if the appellant would have been eligible for Medicaid based on her disability status, as they had not received her application.

HSRI representatives were not present at the hearing to support the Medicaid finding.

The appellant argues that she applied through Health Source Rhode Island (HSRI) with the understanding that coverage would begin in January. She received an initial notice dated December 10, 2013 which indicated she would have Medicaid eligibility from January 1, 2014 until April 1st. The notice identified that she would receive her cards in the mail, which she did, and she began to use them for medical coverage. On January 16th, the appellant reported that she received her last correspondence from Health Source which informed her she was not eligible to purchase health insurance through HSRI because she was enrolled in a Medicare plan and not eligible for Medicaid. Documents of emails submitted into evidence identified that the appellant had contacted HSRI who indicated that her Medicaid was stopped and that her coverage had ended. As a result, the appellant incurred some initial pharmacy bills. She had requested aid pending status while she awaited her hearing, but due to no clear response, she simply stopped using her health insurance. Additionally, the appellant complained that she had not received any notices since her January 16th denial notice, nor had she received notification of the hearing, except through her legal representative.

There is no dispute that the appellant was not eligible to purchase health insurance through Health Source Rhode Island (HSRI) if she was receiving Medicare benefits. A review of policy indicates that the appellant would be ineligible for HSRI coverage if she was receiving benefits, or had access to benefits. However, the appellant argues she did not have access to the Medicare coverage until March 1st, as a result of a waiting period imposed by the Federal program prior to use. Further exploration of HSRI policy clarifies that an individual is considered eligible for the Medicare on the first day of the first full month in which he/she may actually **begin** receiving benefits. Thus, although the appellant had Medicare eligibility she was unable to access the medical benefits until March 1st.

The notice indicated as well, that the appellant was not eligible for Medicaid. It is unclear how this determination was made as the Agency did not support their decision by citing any sources of law, policy, or regulation. The Agency has a legal responsibility to provide the appellant with this information. Additionally, the DHS worker was unable to rule out the possibility that the appellant might be eligible for Medicaid. No evidence was submitted at hearing to clarify this decision.

The evidence and testimony presented did support the appellant's attempts to obtain aid pending in order to allow continued receipt of benefits during the appeals process. Policy allows for this consideration when the consumer makes the request in a timely manner-which she did. However, the appellant chose not to receive these benefits as a result of the lack of clarity obtained both from the DHS and HSRI agencies. The appellant also complained of the lack of direct receipt of paperwork. She received neither the notices after January 16, nor the notices of hearing. Upon further review it appears that all other notices sent out by EOHHS on that same day, were received by the other clients. Since the appellant was missing mail from two separate sources, it is unclear if she is having some difficulties overall with her mail. There was no supporting information to determine whether or not the HSRI notices were sent via mail, and the appellant herself was unsure if she herself had requested email only as one of the delivery choices.

In conclusion, the appellant was informed on January 16th that she was ineligible for insurance through HSRI. The notice further identified the following reason- enrolled in a Medicare plan and not eligible for Medicaid. For purposes of HSRI eligibility, Policy dictates that the appellant should not be considered Medicare eligible until she is actually receiving the medical coverage. Thus, the appellant should have been assessed for HSRI coverage at the time of application. With regards to Medicaid coverage, the notice did not allow the appellant due process in order to rectify or address that denial, as a result of the omission of any supporting reasons, law or policy included in the paperwork. With regards to consideration for Aid pending, this is a moot point, as the appellant chose not to utilize any medical services while her appeal was pending.

In summary, the appellant should not have been disqualified for HSRI coverage based upon her Medicare status. Additionally, she was not afforded due process with respect to her Medicaid denial, as a result of an incomplete notice.

After a careful review of the Agency's policies, as well as all the evidence and testimony given, this Appeals Officer finds that the appellant was incorrectly assessed for medical eligibility for the months of January and February 2014. The appellant's request for relief is granted.

ACTION FOR THE AGENCY:

The HSRI Agency is to make a determination for health coverage eligibility for the months of January and February 2014. If the appellant is found to have been eligible for those months, and would owe premiums retroactively, she may then elect to accept or refuse such coverage.
The DHS Agency is to assess the appellant for the possibility of Medicaid coverage during the months of January and February 2014, and to take appropriate retroactive action if found eligible.

These determinations are to be made in collaboration with the Legal services representative, and are to be completed no later than June 13, 2014.

Pursuant to DHS Policy General Provisions section 0110.60.05, action required by this decision, and completed by the Agency representative must be confirmed in writing to this Hearing Officer.

Karen E. Walsh
Appeals Officer