

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE - LP Bldg.
57 Howard Avenue
Cranston, RI 02920
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Date: June 26, 2014

Docket # 14-595
Hearing Date: May 6, 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:

**THE POLICY MANUAL: Medical Assistance
SECTION: 0302.20 Period of Eligibility**

**THE POLICY MANUAL: GENERAL PROVISIONS
SECTION: 0110.20.05 The Appeals Process
SECTION: 0110.50 The Appeals Officer**

The facts of your case, the Federal regulations, 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), HSRI representative Lindsay Lang, and Agency representatives: Denise MacCoy, and Nancy DelPrete.

Present at the hearing were: You (the appellant), your girlfriend, Health Source Rhode Island representative Benjamin Lee, and Agency representative Denise MacCoy.

ISSUE: Should the appellant receive retroactive Medicaid coverage for the month of February?

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 testified:

- I believe the issue for the appellant is that he was put into a commercial plan when he should have been put into Medicaid.
- This was based on the income that was reported at the time.
- Because of this, the commercial plan for which he applied and paid for, would have been effective beginning on April 1, 2013.
- He realized his mistake and reapplied in March, and he was then covered for Medicaid beginning on March 1st.
- He now wants Medicaid coverage going back to February 1st and effective for the time of his injury.
- From a HSRI standpoint, he was given Vantage Blue coverage and that was correct on their (HSRI representatives) part as he gave them the wrong information which put him above the level for Medicaid eligibility.
- Once the HSRI people received the correct information which made him eligible, he was taken out of the commercial plan immediately and put into the Medicaid system.
- Health Source is unable to rectify this further.
- Health Source does some initial verification of income, but given the information received, they would not have reconciled until the end of the year through tax reconciliation.
- It is now impossible to see the original application which shows that the girlfriend filled out the application with the HSRI personnel, but it sounds as if the personnel did the right thing by asking for continued permission.

- HSRI does not dispute that the girlfriend had filled out the application.
- HSRI should always have some paper trail and should not completely erase any information.
- HSRI understands that even if the information was incorrect initially, but he was still below the threshold for Medicaid at the time, he would still be eligible to go back to the date of his initial application.
- DHS is not sure if the appellant would be eligible in the month of February for coverage, as he did not change his income information until March.
- DHS is unclear about the policy on this.
- If the appellant had come into a DHS office, he would have been asked about his self-employment deductions, but he applied on line.

The appellant with the assistance of his girlfriend testified:

- The Vantage Blue Cross would have been available on April 1, 2013.
- We are still unclear if the Medicaid coverage began on March 1st.
- His girlfriend applied over the phone initially with a Health Source representative on February 28, 2014.
- He reapplied in mid-March after completing his taxes, as he realized the numbers given to HSRI were wrong.
- He feels that he should go back retroactively to February as that's when they started the application.
- His girlfriend does not think there was an authorization form filled out with HSRI.
- She spoke to someone at HSRI while filling out the application, as he (the appellant) was just out of the hospital with a head injury.
- She was unaware of the tax deductions, and she told the HSRI people this was just an estimate. She just estimated the gross annual income, based on the number of hours worked and she did not consider tax deductions.
- She was informed that HSRI would rectify any financial issues at tax time.

- They did ask about deductions, but she did not know this, which she told them.
 - She had authorization to speak with the Health Source people on the phone, but it doesn't show that on the form.
 - She got on the phone and spoke on his behalf because he was very ill with a recent head injury and he gave his permission.
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- HSRI would ask him (the appellant) to come to the phone and they would ask if she (the girlfriend) could speak on his behalf, and ask him his social security number which he would give them.
 - Every time she was on the phone with Health Source he had to give his permission to them, and then the representatives would speak with her.
 - He had been in an accident and recently left the hospital with a head injury.
 - HSRI should have a record of her (the girlfriend) calling them, even though she cannot see any authorization information.

FINDINGS OF FACT:

- The appellant filed a timely appeal on March 31, 2014.
- A notice dated March 5, 2014 informed the appellant he was eligible for a QHP (qualified health plan) through Health Source Rhode Island (HSRI).
- A notice dated April 1, 2014 indicated the appellant was eligible for Medicaid beginning March 1st, due to a household income limit below \$16,104.60.
- A second notice dated April 1, 2014 informed the appellant he was no longer eligible for his Health Source coverage.
- Per the appellant's request the record of hearing was held open until May 16th for the submission of additional evidence.
- Additional evidence was submitted and made part of the record of hearing.

CONCLUSION:

The issue to be decided is whether the appellant should receive retroactive Medicaid coverage for the month of February.

A review of MA policy indicates that if an individual is determined eligible for Medicaid, eligibility begins on the first day of the month in which the individual is determined eligible.

An Agency notice dated March 5th informed the appellant he was eligible for a QHP (qualified health plan) through HSRI. On April 1, 2014, the appellant received two notices, one identifying he was not eligible for Health Source coverage as previously allowed; and, the second, informing him he was eligible for Medicaid. The HSRI representative discussed that upon obtaining additional information from the appellant in March, the Health Source insurance coverage was rescinded, and the appellant was awarded Medicaid which began retroactively on March 1st. The representative further identified, that he had understood that if the appellant actually had applied in February, that he should be eligible for Medicaid beginning in that month as he would have been eligible for the Medicaid at that time. The DHS Agency testified that they were unsure about the policy regarding retroactive eligibility. Additionally, there was no documentation at hearing indicating that the appellant had ever applied in February.

The appellant argued that he applied late in February immediately following an accident. He was unable to remain on the phone due to a head injury and was asked to get on the phone periodically to submit his social security number and to authorize his girlfriend to speak for him. His girlfriend informed the HSRI representative at the time, that she was estimating some of the information, as she was only aware of specifics such as weekly income and hours worked. In March, the appellant became aware that the figures used by HSRI were incorrect and he appealed the initial finding while reapplying using the corrected information. He was subsequently found eligible for Medicaid. He contends that he should be allowed coverage beginning in February, as he applied at that time, and was eligible at that time.

The appellant and his girlfriend testified that they applied on February 28th following an accident, but the documentation shows neither their initial application, nor the fact that the girlfriend presented the information to Health Source. The application was made on the phone with the HSRI representative. The girlfriend testified that it was she that submitted all the needed (and incorrect) information. Following receipt of the second notices, there was no paper trail available on the website supporting their contention. The record of hearing remained open in order to substantiate the claim of the appellant. Additional evidence was submitted following hearing. An email from the Health Source representative confirmed that eligibility was first run on February 28th, at which time it was determined that the appellant qualified for a QHP. Health Source was unable to confirm if the appellant or the girlfriend had made application. In reviewing Appeals Process policy, policy dictates that all relevant and new facts or findings should be made part of the final decision. In this case, the appellant was unable to initially produce

any of the supporting documents indicating his attempt to obtain insurance prior to March 2013. Additionally, the appellant had an opportunity to rectify the initial error up to the time of hearing. He did so, in March when he submitted information which made him eligible for Medicaid. The Agency did not have initial access to the evidence later submitted which supported the appellant's claims.

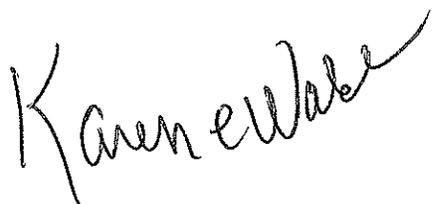
In summary, a preponderance of credible evidence obtained at hearing from the appellant and his girlfriend, as well as additional corroborating evidence received following the hearing; suggest that the girlfriend of the appellant attempted to sign up for health insurance. She did this, because the appellant was somewhat incapacitated having just left the hospital with a head injury. She presented incomplete information to the health insurance representative. She made a good faith effort to inform them that her information might be lacking. They informed her that the situation could be rectified next year at tax time. The HSRI representative affirmed that this was a plausible scenario, as the initial assumption, per the notice dated March 5th, was that the appellant qualified for a QHP-a program which could be reconciled when taxes were filed. In this case, the appellant actually qualified for the Medicaid program not a QHP. Evidence submitted post hearing further supported the testimony of the appellant identifying that an attempt was made in the month of February to apply for health insurance. At the time, although the appellant was not found eligible for Medicaid, he should have been based upon later information submitted to Health Source within the time frames of the request for hearing. Had the appellant been correctly assessed for Medicaid, he would have been eligible for coverage beginning in February.

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 Medicaid coverage beginning in February, the month of application.

ACTION FOR THE AGENCY

The Agency is to allow the appellant to have a determination for Medicaid as of February 2013, the initial month of application.

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