

STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE

[REDACTED]

V.

DOCKET No.

25-1500

HealthSource Rhode Island &
Department of Human Services

DECISION

INTRODUCTION

The Appellant, [REDACTED], initiated this matter to appeal the Medicaid determination made by the Department of Human Services. HealthSource RI also attended as many of the calls the Appellant had were with HealthSource RI and not with the Department of Human Services. A Microsoft Teams hearing in this matter occurred on July 18, 2025, at 9:00 AM. The Appellant declined the option of a video hearing. For the reasons discussed in more details below, the Appellant's appeal is dismissed for being filed untimely.

JURISDICTION

The Executive Office of Health and Human Services is authorized and designated by R.I.G.L. § 42-7.2-6.1, 210-RICR-10-05-2, and 220-RICR-90-00-1.14 to be the entity responsible for appeals and hearings related to the Department of Human Services, HealthSource RI, and the Health Exchange. The administrative hearing was held in accordance with 210-RICR-10-05-2 and the Administrative Procedures Act (R.I.G.L. § 42-35-1 et. seq.).

ISSUE

The issues are whether the appeal was filed timely and, if filed timely, was the closure of Medicaid done in compliance with federal and state regulations.

STANDARD OF PROOF

It is well settled that in adjudications modeled on the Federal Administrative Procedures Act a preponderance of the evidence is required to prevail. This means that for each element to be proven, the factfinder must believe that the facts asserted by the proponent are more probably true than false. 2 Richard J. Pierce, *Administrative Law Treaties* § 10.7 (2002) & see *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 130, 134 (R.I. 1989) (preponderance standard is the “normal” standard in civil cases). When there is no direct evidence on a particular issue, a fair preponderance of the evidence may be supported by circumstantial evidence. *Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006).

PARTIES AND EXHIBITS

The Appellant, DHS Eligibility Technician III Brandon Klibanoff, and HSRI Legal Counsel Ben Gagliardi, Esq. attended the hearing. The following exhibits were presented as evidence:

- The Additional Documentation Required notices issued to the Appellant and dated August 25, 2024, October 21, 2024, and December 4, 2024.
- A printout of the Appellant's Eligibility Determination Results.
- A printout of the External Data Details screen for the Appellant.
- A printout of the MMIS Individual Summary screen for the Appellant.
- A printout of the Department of Labor and Training interface hits for the Appellant.
- An email from the Appellant accompanying the appeal.
- The Appellant's appeal.

- The Benefits Decision Notices issued to the Appellant and dated September 11, 2024, October 21, 2024, and December 5, 2024.

RELEVANT LAW/REGULATIONS

Appeals for both Medicaid and HealthSource RI must be filed within 35 days of the mailing of the notice of the contested action. 210-RICR-10-05-2.2.1 (A)(9), 220-RICR-90-00-1.14 (C), & HealthSource RI Policy Manual, Chapter 9, Section C, Paragraph 2. The Executive Office of Health and Human Services regulations allow for informal resolution of an appealed issue; however, an informal resolution attempt is not required before appealing. An appellant can elect to bypass the informal resolution process entirely. 210-RICR-10-05-2.2.4 (C).

OBJECTIONS AND MOTIONS

Both the Department of Human Services and HealthSource RI raised the issue of the appeal being filed untimely. Since this issue is decisive of the matter, it is discussed in more details below.

FINDINGS OF FACT

Effective July 1, 2024, the Appellant was approved for Medicaid. On August 25, 2024, an Additional Documentation Required notice was generated asking the Appellant for verification of their employment income. At that time, the Department of Human Services had information from the Department of Labor and Training interface showing the Appellant earning wages in Quarter 3 of 2024. These wages were not reported to the state. The additional documentation was due by September 9, 2024.

On September 11, 2024, the Appellant was issued a Benefits Decision Notice informing them that their Medicaid was being closed effective October 1, 2024. The Benefits Decision Notice also informed them that they have the right to appeal the decision but should do so quickly as there are deadlines for appealing. The Benefits Decision Notice also informed the Appellant that they can call to see about

resolving the issue quicker through an informal resolution process. The Benefits Decision Notice also states that the right to a hearing will not be affected by any informal resolution efforts.

The Appellant asserts they called HealthSource RI in October or November of 2024 and talked to a representative. From this conversation, the Appellant understood that their Medicaid coverage would be fixed with a November 1, 2024, start date. However, a second Additional Documentation Required notice for wages was issued with a due date of November 5, 2024.

In November of 2024, the Appellant went to the emergency room and incurred approximately \$4,000 of debt from the stay.

On December 5, 2024, the Appellant was issued a Benefits Decision Notice stating that they were approved for Medicaid effective December 1, 2024. This Benefits Decision Notice also contained the same language about appealing and informal resolution efforts that the September 11, 2024, Benefits Decision Notice had.

The Appellant's appeal was filed on April 2, 2025. The Appellant claims that they were not aware of the coverage start date still being an issue until after they received the bill for the emergency room visit.

DISCUSSION

The first issue is the timeliness of the appeal. Regulations require an appeal for Medicaid or HealthSource RI to be filed within 35 days of the notice of the agency action. 210-RICR-10-05-2.2.1 (A)(9), 220-RICR-90-00-1.14 (C), and HealthSource RI Policy Manual, Chapter 9, Section C, Paragraph 2.

The Appellant was issued a Benefits Decision Notice on September 11, 2024, about the Appellant's Medicaid ending on October 1, 2024. The Appellant was issued a second Benefits Decision Notice on October 21, 2024, about the Appellant's eligibility to purchase private health insurance closing.

The Appellant was issued a third Benefits Decision Notice on December 5, 2024, about being approved for Medicaid starting on December 1, 2024. The Appellant would have 35 days to file an appeal following each of these three notices. This would result in the Appellant having three opportunities to file a timely appeal. Specifically, between September 11, 2024, through October 16, 2024, between October 21, 2024, through November 25, 2024, and between December 5, 2024, and January 9, 2025. The Appellant's appeal was not filed until April 2, 2025. This is clearly outside the three different windows the Appellant had to timely file an appeal about her November 2024 coverage and 83 days after the last appeal window closed.

The Appellant raises a few arguments for why the appeal should be decided on the merits despite its late filing. First the Appellant believed at the time that they had to go through the informal resolution process before filing an appeal. However, regulations and the Benefits Decision Notice make it clear that the informal resolution process is optional and is not a requirement to filing an appeal. See 210-RICR-10-05-2.2.4 (C).

Second, the Appellant relied on the conversation they had with HealthSource RI about her coverage. According to the Appellant, HealthSource RI advised them that coverage would start on November 1, 2024. However, this reliance can only go so far. The verbal word alone of a HealthSource RI worker does not overrule the legal notices that were issued. Furthermore, that conversation occurred in October or November. However, the Appellant received a third notice in December of 2024 stating that their coverage begins in December 2024. That notice should have alerted the Appellant that November coverage was still not in place and consider filing an appeal on the issue at that time.

CONCLUSION OF LAW

After careful review of the testimony and evidence present at the administrative hearing, this tribunal concludes:

1. The Appellant could have filed a timely appeal as late as January 9, 2025, regarding her November 2024 coverage. However, such appeal was not filed until April 2, 2025. This appeal is 83 days late.
2. The reasons provided by the Appellant, such as having to go through the informal resolution process first or relying on the word of an HealthSource RI worker, are legally insufficient to warrant hearing the merits of this untimely filed appeal.

DECISION

Based on the foregoing findings of fact, conclusions of law, evidence, and testimony it is found that a final order be entered that the appeal is untimely and therefore is dismissed.

APPEAL DISMISSED

/s/ Shawn J. Masse

Shawn J. Masse

Appeals Officer

NOTICE OF APPELLATE RIGHTS

This hearing decision constitutes a final order pursuant to R.I.G.L. § 42-35-12. An appellant may seek judicial review to the extent it is available by law. 45 C.F.R. § 155.520 grants appellants who disagree with the decision of a State Exchange appeals entity, the ability to appeal to the U.S. Department of Health and Human Services (HHS) appeals entity within thirty (30) days of the mailing date of this decision. The act of filing an appeal with HHS does not prevent or delay the enforcement of this final order. You can file an appeal with HHS at <https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf> or by calling 1.800.318.2596.

This final order constitutes a final order of the Department of Human Services & HealthSource RI pursuant to R.I.G.L. § 42-35-12. Pursuant to R.I.G.L. § 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.

CERTIFICATION

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to

_____; copies were sent, via email, to _____

_____, the DHS Appeals Unit, Ben Gagliardi, Mary Laurila, Vianchell

Tiburcio, Laura Larrivee, the DHS Policy Unit, and Kirsten Cornford on this 23rd day of

July, 2025.

Rebecca Adams