

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

█
v.

HealthSource Rhode Island

DOCKET No. 25-2727

DECISION

I. INTRODUCTION

A Microsoft Teams meeting on the above-entitled matter was held on July 16, 2025.

█ (Appellant) initiated this matter to appeal a Rhode Island Health Benefits Exchange, also known as HealthSource RI (HSRI), decision to auto-enroll her into a Qualified Health Plan (QHP) giving her Advance Payment Tax Credits (APTC). The Appellant is seeking to have coverage from January 1, 2024, through May 2025 rectified and end dated effective the date her Employer Sponsored Insurance (ESI) began. For the reasons discussed in detail below, the Appellant's appeal is dismissed.

II. JURISDICTION

The Executive Office of Health and Human Services (EOHHS) is authorized and designated by R.I.G.L. §42-7.2-6.1 and 210-RICR-10-05-2, and HSRI regulation 220-RICR-90-00-1.14 to be the principal entity responsible for appeals and hearings related to HSRI. The

administrative hearing was held in accordance with the Administrative Procedures Act (R.I.G.L. §42-35-1 et. Seq.) and EOHHS regulation 210-RICR-10-05-2.

III. ISSUE

The issues on appeal are whether the Appellant 1) filed her appeal timely and 2) was correctly auto enrolled into a Qualified Health Plan (QHP).

IV. PARTIES AND EXHIBITS

Ben Gagliardi, General Counsel for HSRI, attended the hearing and submitted the following:

- Benefits Decision Notice (BDN) dated December 9, 2023.
- Auto Enrollment Notice dated December 22, 2023.
- Enrollment Notice dated December 24, 2023.
- Screenshot of verification of the Appellant's Employee Sponsored Health Plan/Insurance (ESI).
- Screenshot of HSRI call log covering dates April 21, 2025, through July 7, 2025.
- 13 monthly invoices covering period December 22, 2023, through December 4, 2024.

The Appellant attended the hearing and testified on her own behalf.

V. RELEVANT LAW/REGULATIONS

210-RICR-10-05-2.2.1(A)(1)(a) indicates that notices must include language regarding how long one has to file an appeal. 210-RICR-10-05-2.2.1(A)(9) specifies for both HSRI and

Medicaid, appeals must be filed within 30 days of the contested action. The 30 days begins five days after the mailing date of the intended agency action.

VI. FINDINGS OF FACT

1. On December 9, 2023, a BDN was sent to the Appellant informing her that her eligibility for health coverage was changing effective January 1, 2024.

Specifically, the BDN stated that she was approved for Private Health Insurance, Cost Sharing Reduction, and Advanced Premium Tax Credit effective January 1, 2024. The Notice included appeal rights and the mandated timeframes to file an appeal.
2. An Enrollment Notice dated December 22, 2023, informed the Appellant that she would be automatically enrolled in Neighborhood VALUE (CSR 94) plan effective January 1, 2024, with a monthly share amount was \$1.02. That Notice included appeal rights and the mandated timeframes to file an appeal.
3. An Enrollment Notice was sent to the Appellant on December 24, 2023, again informing her that she was enrolled in Neighborhood VALUE (CSR 94) effective January 1, 2024. That Notice also included appeal rights and the mandated timeframes to file an appeal.
4. The Appellant received a total of 13 monthly invoices, each for the amount of \$1.02. The first monthly invoice was sent on December 22, 2023. She then received an invoice every month through December 4, 2024.
5. The Appellant filed an Appeal Request on May 13, 2025, stating she needed to rectify her QHP end date due to her having ESI since 2021.

VII. DISCUSSION

For there to be a decision based on merits, first the appeal must be filed timely. Appeals must be filed within 30 days of the contested action. The 30 days begins five days after the mailing date of the intended agency action.

A BDN dated December 9, 2023, advised the Appellant she was approved for Private Health Insurance, the Advanced Premium Tax Credit, and Cost Share Reduction effective January 1, 2024. That BDN also informed the Appellant that her Medicaid would close effective January 1, 2024, because she was over income for that program. She did not appeal that BDN.

An Auto Enrollment Notice dated December 22, 2024, advised the Appellant that she had been auto-enrolled in Neighborhood VALUE effective January 1, 2024. She did not appeal that notice.

A December 24, 2023, Enrollment Notice was subsequently provided confirming the auto enrollment, her premium amounts/responsibility, as well as her appeal rights. The Appellant did not appeal that notice. Based on the regulations, the appeal should have been filed by January 28, 2024. 201-RICR-10-05-2.2.1(A)(9).

Generally, an appeal that is not submitted timely is denied. In some cases, it is possible to show that there was good cause to justify the late filing of the appeal.

HSRI maintains that they gave proper notice to the Appellant when sending the enrollment notices. HSRI was not informed that the Appellant had ESI until she notified them on April 21, 2025. They have no record of the Appellant calling to resolve her issue prior to that date.

The Appellant does not dispute that she received the three notices and the 13 subsequent monthly invoices that were mailed to her. It is her position that she had received a Medicaid termination notice in December 2019 advising her that her Medicaid case was closed. She stated that she never re-enrolled after 2019 and therefore she did not even open any of the mail she received from HSRI in 2023 and 2024. She feels that she was re-enrolled without her consent, however, had she opened the auto-enrollment notice dated December 22, 2024, she would have been informed of the COVID-19 federal law requirements, as well as her appeal rights at that time. Given the appeal was filed on May 31, 2025, the appeal was filed over a year late. Accordingly, the EOHHS Administrative Appeals Office does not have jurisdiction to hear the merits of the appeal.

VIII. CONCLUSION OF LAW

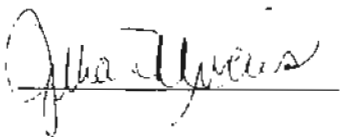
After careful consideration of the testimony and evidence presented at the Administrative Hearing, this Hearings Officer concludes:

1. HSRI sent proper notification as to the agency action and the Appellant's right to appeal.
2. The Appellant chose not to open the mail that HSRI sent to her.
3. The Appellant failed to file an appeal within the required time frame.

IX. 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 Appellant's appeal was not filed timely.

APPEAL DISMISSED

A handwritten signature in black ink, appearing to read "Jillian Rivers", written over a horizontal line.

Jillian R. Rivers, Appeals Officer

NOTICE OF APPELLANT RIGHTS

This Final Order constitutes a final order of the Executive Office of Health and 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.

This hearing decision constitutes a final order pursuant to RI General Laws §42-35-12. An appellant may seek judicial review to the extent it is available by law. 45 CFR 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/inmarketplace-appeal-request-form-a.pdf> or by calling 1-800-318-2596.

CERTIFICATION

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to [REDACTED]; copies were sent, via email, to the Appellant at [REDACTED] and to HSRI/Exchange Representatives Ben Gagliardi, Mary Laurila, and Vianchell Tiburcio on this 23rd day of

July, 2025.
