

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

█
v.

HealthSource Rhode Island

DOCKET No. 25-2731

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 Premium Tax Credits (APTC). The Appellant is seeking to have coverage from February 1, 2024, through May 2024 corrected and end dated effective February 1, 2024. 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., 210-RICR-10-05-2, and 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) if so, was she 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 evidence:

- Exhibit #1 - Benefits Decision Notice (BDN) dated January 9, 2024.
- Exhibit #2 - Enrollment Notice dated January 12, 2024.
- Exhibit #3 - Screenshot of HSRI contact log covering dates June 10, 2022, through July 1, 2025.
- Exhibit #4 - (in full) - Three monthly invoices covering the period of February 5, 2024, through April 3, 2024.
- Exhibit #5 – Disenrollment Notice dated May 20, 2024.

The record was held open for seven days for HSRI to resubmit the HSRI contact log in a format able to be opened, as well as the May 2024 BDN. HSRI submitted both documents.

The Appellant attended the hearing and testified on her own behalf. At the time of the hearing the Appellant had not submitted any evidence. The record was held open for seven days for the submission of the Medicaid termination notice she stated she had received, as well as her telephone records. The Appellant did not submit either document.

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 HSRI 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 January 9, 2024, a BDN was sent to the Appellant informing her that her eligibility for health coverage was changing effective February 1, 2024. Specifically, the BDN stated that she was approved with auto enrollment for Private Health Insurance, Cost Sharing Reduction, and APTC effective February 1, 2024. The Notice included appeal rights and the mandated timeframes to file an appeal. The Appellant did not appeal that BDN.
2. An Enrollment Notice dated January 12, 2024, informed the Appellant that four members of her household would be automatically enrolled in Neighborhood VALUE (CSR 94) plan effective February 1, 2024, with a monthly premium share amount of \$3.36 after the APTC was applied. That notice included appeal rights and the mandated timeframes to file an appeal. The Appellant did not appeal that notice.
3. The Appellant received 3 monthly invoices, each for the following month. The February 5, 2024, invoice had a share amount of \$0.00, the March and April invoices had a share amount of \$3.36. The invoices covered eligibility periods from February 2025 through May 2025.
4. The Appellant filed an Appeal Request on April 7, 2025, stating she needed to rectify her QHP end date due to having issues with her tax return.

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 January 9, 2024, advised the Appellant she was approved for Private Health Insurance, the Advanced Premium Tax Credit, and Cost Share Reduction effective February 1, 2024.

That BDN also informed the Appellant that her Medicaid would close effective February 1, 2024, because she was over income for that program. She did not appeal that BDN. Based on the regulations, the appeal should have been filed by 13, 2024. 201-RICR-10-05-2.2.1(A)(9).

A January 12, 2024, 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 February 16, 2024.

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 they gave proper notice to the Appellant when sending the enrollment notices. The Appellant argues that she contacted HSRI in late February or early March of 2024, and was told that her issue was resolved, and she was “all set.” She then received additional invoices and contacted HSRI again on May 20, 2024. However, HSRI has no record of the Appellant calling between June 10, 2022, and May 20, 2024. HSRI asserts that it was not until May 20, 2024, that the Appellant contacted HSRI and advised that she had employer sponsored health insurance, and she was disenrolled from her QHP effective May 31, 2024.

The Appellant does not dispute that she received both notices and the three subsequent monthly invoices that were mailed to her. It is her position that she had contacted HSRI to be disenrolled from her QHP, which did not occur. She stated that she did not have Medicaid or QHP in 2023, therefore she could not have re-enrolled. The BDN dated January 9, 2024, clearly states that due to COVID-19 federal law required that the State of Rhode Island was required to keep Medicaid customers enrolled on Medicaid on or after March 18, 2020, and as a result of the Appellant’s eligibility at the time of the federal mandate, she would be automatically enrolled in the health plan that was listed on the BDN. Likewise, the Enrollment Notice dated January 12, 2024, clearly states that the Appellant had until April 1, 2024, to opt out and that failure to do so may result in tax liability or premiums owed to the health plan

carrier. Finally, the BDN dated May 20, 2024, advised the Appellant that her family had been disenrolled from QHP effective May 31, 2024. That BDN contained the Appellant's appeal rights, however, she did not challenge the effective disenrollment date at that time. Given the appeal was filed on April 7, 2025, the appeal was filed almost a year late. Accordingly, the EOHHS Appeals Office does not have jurisdiction to hear the merits of the appeal.

VIII. CONCLUSION OF LAW

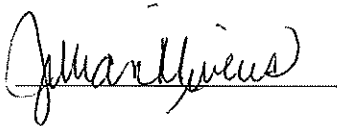
After careful consideration of the testimony and evidence presented at the administrative hearing, this Hearings Officer concludes:

1. HSRI sent proper notification as to the agency action and the Appellant's right to appeal.
2. The Appellant did not contact HSRI to disenroll from her QHP until May 20, 2024.
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 cursive script, appearing to read "Jillian Rivers", is 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/marketplace-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 18th day of August, 2025.

