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

[redacted]

V. DOCKET No. 25-2879

Department of Human Services

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter came before an Appeals Officer on September 3, 2025, with the Department of Human Services (DHS) and [redacted] (hereinafter the "Appellant"). The Appellant declined the option of a video hearing. The Appellant initiated this matter to appeal against DHS' eligibility determination for their Medicare Premium Payment Program (MPPP) case as stated in the June 11, 2025, Benefit Decision Notice. DHS testified that they correctly closed the Appellant's MPPP case because they failed to complete and return the MPPP Renewal Form that was sent their last known address on May 1, 2025. For the reasons discussed in more detail below, the Appellant's Appeal is denied.

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 EOHHS regulation 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to DHS and EOHHS programs. 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

Did DHS correctly determine the Appellant's eligibility for MPPP?

IV. STANDARD OF PROOF

It is well settled that in formal or informal adjudications modeled on the Federal Administrative Procedures Act, unless otherwise specified, a preponderance of the evidence is generally required to prevail. See 2 Richard J. Pierce, Administrative Law Treaties §10.7 (2002) & *Lyons v. Rhode Island Pub. Employees Council 94*, 559 A.2d 1130, 134 (R.I. 1989) (preponderance standard is the "normal" standard in civil cases). 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. When there is no direct evidence on a particular issue, a fair preponderance of the evidence may be supported by circumstantial evidence. See *Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006).

V. PARTIES AND EXHIBITS

Eligibility Technician, Jessica Fox, attended the hearing on DHS' behalf and provided testimony. The following exhibits were offered as evidence by DHS:

Exhibit #1 – June 11, 2025, Benefit Decision Notice.

Exhibit #2 – May 1, 2025, MPPP Renewal Form.

Exhibit #3 – Rhode Island Bridges Medicare - Notice Reasons Screenshot for Case [redacted]

Exhibit #4 – Rhode Island Bridges Packet Received Screenshot for Case [redacted]

Exhibit #5 – Rhode Island Bridges Electronic Documents Inquiry and Re-Index Screenshot for Case [redacted]

Exhibit #6 – Rhode Island Bridges Case Notes - Search Screenshots for Case [redacted]

Exhibit #7 – Rhode Island Bridges Household Address Details Screenshot for Case [redacted]

The Appellant was present, testified on their own behalf, and provided the following exhibit as evidence:

Exhibit #8 – June 24, 2025, Electronic Appeal.

VI. RELEVANT LAW/REGULATIONS

Medicaid beneficiaries must provide accurate and complete information about any eligibility factors subject to change at the time of the application and annual renewal. Medicaid members must also provide any documentation that otherwise cannot be obtained related to any eligibility factors subject to change when requested by the Medicaid agency. The information must be provided within the timeframe specified by the Medicaid agency in the notice to the Medicaid member stating the basis for making the agency's request. Medicaid applicants and beneficiaries must also sign under the penalty of perjury that all information provided at the time of application and any annual renewals thereafter is accurate and truthful. 210-RICR-40-00-2.7(A)(3&5).

Medicaid beneficiaries are required to report changes in eligibility factors to the Medicaid agency within 10 days from the date the change takes effect. Self-reports are permitted through the eligibility system consumer self-service portal as well as in person, via fax, or mail. Failure to report in a timely manner may result in the discontinuation of Medicaid eligibility. 210-RICR-40-00-2.7(A)(2).

Continuing eligibility for MPPP is determined using a modified passive renewal process. 210-RICR-40-05-1.7.4(A). All IHCC beneficiaries are subject to a passive (ex parte) renewal process. If an IHCC beneficiary cannot be passively renewed, they will be sent a pre-populated form containing all information related to eligibility on record, typically in their IES accounts, that has been self-reported and/or obtained through electronic data matches at application, post-eligibility verification, and change reports. Beneficiaries are required to review this form, make any necessary changes and required actions, and then attest to the accuracy and completeness of the information provided on any eligibility factor

subject to change. Failure to return this form will result in the termination of eligibility. See 210-RICR-40-00-2.9.2(A)(5)(b).

VII. FINDINGS OF FACT

1. The Appellant was previously approved for MPPP.
2. DHS sent the Appellant a MPPP Renewal Form to their last known address. The MPPP Renewal Form stated that the Appellant's MPPP eligibility would not be renewed if it was not completed and returned to DHS by June 1, 2025.
3. The Appellant did not complete and return the MPPP Renewal Form before the due date.
4. DHS determined the Appellant to be ineligible for MPPP as of July 1, 2025, because they failed to return the MPPP Renewal Form by the due date.
5. The Appellant testified that they moved to a new address in April 2024, and they failed to notify DHS of their address change.
6. The Appellant did not dispute their failure to complete and return the MPPP Renewal Form by the due date.

VIII. DISCUSSION

As stated above, continuing eligibility for MPPP is determined using a modified passive renewal process and a failure to return the renewal form will result in the termination of eligibility. Medicaid beneficiaries are required to report changes in eligibility factors to the Medicaid agency within 10 days from the date the change takes effect and failure to report changes in a timely manner may result in the discontinuation of Medicaid eligibility.

DHS testified that they correctly determined the Appellant to be ineligible for MPPP as of July 1, 2025, because the Appellant failed to complete and return the MPPP Renewal Form mailed to them on May 1, 2025, at their last known address.

The Appellant conceded that they did not receive the MPPP Renewal Form in a timely manner because they failed to report their address change to DHS. The Appellant also did not dispute their failure to return the MPPP Renewal Form prior to the due date.

Because it is the Appellant's responsibility to report changes to DHS, DHS is not at fault for sending the MPPP Renewal Form to the Appellant's last known address. Because the Appellant did not complete and return the MPPP Renewal Form prior to the due date of June 1, 2025, there is a preponderance of evidence to support DHS' determination of the Appellant's eligibility for MPPP.

IX. CONCLUSION OF LAW

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

1. Medicaid beneficiaries are required to report changes in eligibility factors to the Medicaid agency within 10 days from the date the change takes effect.
2. The Appellant failed to report their address change to DHS prior to the MPPP Renewal Form being mailed to their last known address.
3. Failure to return a MPPP Renewal Form will result in the termination of eligibility.
4. The Appellant failed to return the MPPP Renewal Form sent to them on May 1, 2025, before June 1, 2025.
5. DHS correctly determined the Appellant's eligibility for MPPP.

X. DECISION

Based on the foregoing findings of fact, conclusions of law, evidence, and testimony it is found that a final order be entered that there is sufficient evidence to support DHS' determination of the Appellant's eligibility for MPPP.

APPEAL DENIED

/s/ Jack Peloquin

Jack Peloquin

Appeals Officer

NOTICE OF APPELLATE RIGHTS

This final order constitutes a final order of the Department of 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 an 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 [redacted]; copies were sent, via email, to [redacted] at [redacted], Kirsten Cornford, the DHS Appeals Unit at DHS.Appeals@dhs.ri.gov, and the DHS Policy Office at dhs.policyquestions@dhs.ri.gov on this 5th day of September, 2025.