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

[redacted] Docket #: 26-0353

V. Case #: [redacted]

HealthSource Rhode Island Appeal #: [redacted]

DECISION

INTRODUCTION

The Appellant, [redacted], initiated this matter to appeal the lack of health insurance for 2025 with HealthSource RI (HSRI). A Microsoft Teams hearing in this matter occurred on August 12, 2026, at 2:00 PM. The Appellant did not elect the option of a video hearing. For the reasons discussed in more detail below, the Appellant's appeal is denied.

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 HSRI 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 issue is whether the lack of health coverage for 2025 for the Appellant was 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

In attendance at the hearing were:

- The Appellant
- HSRI Appeals Specialist Mary Laurila
- HSRI Representative Gabriel German

The following exhibits were presented as evidence:

- The Appeal with the Executive Office of Health and Human Services
- The Benefits Decision Notice of November 25, 2025
- Neighborhood HealthPlan of Rhode Island letter
- Appeal with Neighborhood HealthPlan of Rhode Island dated April 12, 2025
- [redacted] OPT invoice dated May 26, 2025
- Neighborhood HealthPlan of Rhode Island/Evolent Prior Authorization Approval for [redacted] Physical Therapy dated February 17, 2025

- Audio recording of a phone call between the Appellant, the HSRI Call Center, and the HSRI Help Desk
- Disenrollment Notice of May 7, 2025
- Benefits Decision Notice of June 30, 2025
- Screenshots of case notes
- Screenshot of the Appellant's payment history with HSRI
- HSRI letter titled Good News – No Action Required!
- Letter regarding the RI Bridges data breach and available credit monitoring dated January 10, 2025

RELEVANT LAW/REGULATIONS

Appeals for HSRI issues must be filed with the Executive Office of Health and Human Services within 35 days of the date of the notice. 210-RICR-10-05-2.2.1 (A)(9) & HSRI Policy Manual, Chapter 9, Section C, Subsection 2.

When someone is eligible to purchase a health plan under a special enrollment period, the coverage starts once the individual selects a plan and pays the premium by the deadline. HSRI Policy Manual, Chapter 3, Section D, Subsection 1.

OBJECTIONS & MOTIONS

HSRI moved to have the appeal dismissed for being filed untimely. While there was a ten-month gap between the months the Appellant is looking for coverage (January & February 2025) and when the appeal was filed (December 2025), the timeframe to appeal is based on when the notice was issued. In this case, the notices provided by HSRI do not clearly establish when the Appellant would have been notified of the January and February denial or absence of coverage to determine the appeal is untimely. The Appellant was sent a Disenrollment Notice in May of 2025, but that notice only said the 2024 plan ended as a different plan was selected. Benefit Decision Notices issued on June 30, and November 25,

2025, only state that the appellant had been approved going forward, leaving no mention of coverage status for January and February of 2025. As such there is insufficient evidence to dismiss the case.

FINDINGS OF FACT

The Appellant was notified that they were being terminated from Medicaid effective September 30, 2024. This resulted in them being eligible for a special enrollment period. The Appellant enrolled in a qualified health plan with a start date of October 1, 2024. The Appellant owed $42.17 a month in premiums for 2024. The Appellant made three payments in 2024 which totaled $168.68. These payments covered the three months of 2024. A balance of $42.17 was later refunded to the Appellant in 2025.

When the Appellant enrolled for 2024, the Appellant was beyond the automatic renewal deadline. As such they were not automatically renewed into a plan for 2025. In addition, a data breach with the RI Bridges system caused additional issues. Due to these issues, the Appellant was given another special enrollment period to enroll in 2025 coverage going back to January 2025. Based on the plans selected, the Appellant would owe $151.41 a month for coverage. No payments were made in 2025 to HSRI by the Appellant. The Appellant believes that the payments made in 2024 were to cover January and February of 2025. The Appellant also believes that they should not have to pay any more than what they already paid. The Appellant has an outstanding balance with one of their providers because of the lack of coverage.

DISCUSSION

The Appellant argues that the payments they made in 2024 covers the January and February 2025 health insurance premiums. This is incorrect. To date the Appellant has paid HSRI a total of $168.68. These payments all occurred in November of 2024. They were applied to 2024 coverage. In 2024, the Appellant owed $42.17 a month in health insurance premiums. This amounts to a total of $126.51 for the year. The Appellant overpaid by $42.17 for 2024 which was refunded to them in 2025.

If these monies were not refunded but instead applied to the 2025 health insurance premiums, it would only amount to about 28% of the $151.41 monthly premium. Assuming that all the monies paid in

2024, were applied to 2025 health insurance premiums, this would have only paid for just over one month of coverage. February 2025 would therefore have remained unpaid.

The Appellant also argues that they should not have to pay any more monies than what was already paid to obtain coverage for January & February 2025. This leaves out that one needs to pay their health insurance premiums each month to maintain their coverage.

CONCLUSION OF LAW

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

1. There is insufficient evidence to establish that the appeal was filed untimely.
2. The Appellant's payments covered 2024's premiums. The premiums for 2025 remain unpaid.

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 the lack of coverage for 2025.

APPEAL DENIED

/s/ Shawn J. Masse

Shawn J. Masse - Appeals Officer

NOTICE OF APPELLATE RIGHTS

This decision is a final order under R.I.G.L. § 42-35-12. Under R.I.G.L. § 42-35-15, this Order may be appealed to court within thirty (30) days of the mailing of this decision. Such appeal, if taken, must be completed by filing a complaint in 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.

Appeals are generally filed in the Providence County Superior Court. However, appeals affecting or concerning children under the age of eighteen (18) and/or appeals of a DCYF action may need to be filed in Providence Family Court. If you have any questions about which court a complaint for appeal should be made, you should seek the advice of an attorney, Rhode Island Legal Services, and/or the clerk of the court where you wish to file your appeal. The courts' contact information can be found on the judiciary's website (https://www.courts.ri.gov). Copies of the appeal must be served upon all parties in your case within ten (10) days of the filing of your appeal.

If you exercise any of these appellate rights, please inform the EOHHS appeals office of this so we can prepare a copy of the record for the court. You can contact the Appeals Office at OHHS.AppealsOffice@ohhs.ri.gov, 401.462.2132 (Phone), 401.462.0458 (Fax), or at 3 West Road, Virks Building, Cranston, RI 02908.

HEALTHSOURCE RI – FEDERAL REVIEW AVAILABLE

In addition to the Appellate Rights above, Healthsource RI matters can be appealed to the U.S. Department of Health and Human Services within thirty (30) days of the mailing of this decision by visiting https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf or calling 1-800-318-2596. See 45 C.F.R. § 155.520.

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], Ben Gagliardi, Esq., Mary Laurila, Gabriel German, Lindsay Land, and Julia Harvey, Esq. on this 18th day of August, 2026.

Marilyn Gladue