

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

[REDACTED]

V.

DOCKET No. 26-1165

HEALTHSOURCE RHODE
ISLAND

DECISION

I. INTRODUCTION

A Microsoft Teams hearing on the above-entitled matter was held on April 16, 2026. The Appellant, [REDACTED], initiated this matter to appeal her enrollment in a qualified health plan (QHP), Neighborhood Health Plan of RI (NHPRI), through HealthSource Rhode Island (HSRI), which resulted in the receipt of \$2,932.72 in Advance Premium Tax Credits (APTC) as outlined in a 1095-A Health Insurance Marketplace Statement. The Appellant wants the APTC in the 1095-A form changed to zero instead of \$2,932.72 because she testified she did not use the NHPRI coverage and thought it had been canceled. HSRI argued that the appeal was not timely because the Appellant should have filed her appeal in response to the December 4, 2024, Enrollment Notice, not more than a year later and in response to the 1095-A form, which is not an appealable document. For the reasons discussed in more detail below, the Appellant's appeal is denied due to timeliness.

II. JURISDICTION

The Executive Office of Health and Human Services (EOHHS) is authorized and designated by R.I. General Laws § 42-7.2-6.1, the Rhode Island Code of Regulations (RICR) 210-RICR-10-05-2, and HSRI regulation 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 the Administrative Procedures Act, R.I.G.L. § 42-35.1 et. seq., and 210-RICR-10-05-2.

III. TRAVEL OF THE CASE

The record was held open so HSRI could provide additional evidence discussed at hearing – specifically, calls between the Appellant and HSRI, HSRI’s case notes and HSRI’s policy manual. HSRI provided its evidence by the April 27, 2026, deadline. The only response from the Appellant was a request for compensation of medical expenses, depending on the outcome of the appeal. That request has been denied.

IV. ISSUE

The issue before this Appeals Office is whether HSRI’s enrollment of the Appellant was done in compliance with Federal and State Policy, and whether the appeal was filed timely.

V. 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. 2 Richard J. Pierce, *Administrative Law Treatise* § 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). 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. *Narragansett Electric Co. vs. Carbone*, 898 A.2d 87 (R.I. 2006).

VI. PARTIES AND EXHIBITS

Present for HSRI was Mary Laurila (HSRI representative) who provided testimony and evidence regarding the case. The Appellant testified on her own behalf. The following exhibits were presented as evidence:

- HSRI Exhibits:
 - Exhibit #1: Annual Open Enrollment Notice dated October 12, 2024.
 - Exhibit #2: Enrollment Notice dated December 4, 2024.
 - Exhibit #3: Disenrollment Notice dated August 5, 2025.
 - Exhibit #4: Phone call recordings on August 1, 2025, between Appellant and HSRI.
 - Exhibit #5: HSRI Policy Manual 2024-2025.
 - Exhibit #6: Screen shots of Case Notes from August 1, 5, 6, and 7, 2025, September 3, 2025.
- Appellant Exhibits:
 - Exhibit #1: Appeal dated February 4, 2026.
 - Exhibit #2: 1095-A Form, Communication Notice dated January 2, 2026, from HSRI.

VII. RELEVANT LAW/REGULATIONS

HSRI customers are provided information about their appeal rights in their application packet and upon their eligibility determination. Each Eligibility Decision Notice includes an appeal request form, and customers must request an appeal within 30 days of the date of notice of eligibility determination, with the request filed or postmarked within the 30-day period. Policy Manual Chapter 9: Enrollment and Eligibility Appeals. (C)(1)&(2)

The timelines for filing an appeal can also be found in 210-RICR-10-05-2.2.1(A)(9), which states that for both HSRI and Medicaid, appeals must be filed within 30 days of the contested agency action, with an additional five days allowed for mailing.

In addition, 45 C.F.R. 155.505(b)(1)(i) states that an applicant, enrollee or application filer must have the right to appeal an eligibility determination, including an initial determination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; and determination of eligibility for an enrollment period.

The HSRI Policy Manual Chapter 12: QHP Terminations and Billing section P states that in cases where customers have active coverage in a given year, HSRI may notify the customer that they are eligible for automatic renewal for the following year. If the customer who has been notified owes less than \$5.00 on the payment due date for January coverage in December, including the premium for January of the upcoming year, the customer's coverage may automatically renew for January in the upcoming year. The customer may be liable to pay back any tax credits paid out for the month January, and every other month of coverage where the customer does not pay their full share of the premium. Customers who have been notified that their coverage will automatically renew for the following year who owe less than \$5.00 and do not wish to be renewed for January 1 need to request to disenroll by December 31 or they will be automatically renewed into a plan and potentially liable for any tax credits paid on their behalf.

VIII. FINDINGS OF FACT

1. The Annual Open Enrollment Notice dated October 12, 2024, states the Appellant would be enrolled in the NHPRI Neighborhood Value plan for 2025 as long as she paid her first month's premium and any outstanding balances. Her monthly premium payment was listed as \$1.21, with her estimated advanced premium tax credit amount at \$418.96, for a total estimated cost of \$420.17.
2. The Appellant received an Enrollment Notice dated December 4, 2024, notifying her that she was enrolled in an NHPRI plan effective January 1, 2025, and her monthly bill is \$1.21. Appeal rights and appeal information are included on the notice, stating that appeals must be

filed 30 days after the notice date plus five days to account for mailing time. The notice also advises the recipient to call HSRI to discuss the benefit decision if she disagrees with it.

3. The Appellant thought the Enrollment Notice was sent to her by mistake because she did not make any premium payments and thought that would disqualify her from enrollment. The Appellant did not file an appeal after receiving the notice, nor did she call HSRI.
4. The HSRI representative testified that a customer is considered paid if the first payment for the year is less than \$5.00. Because the premium payment was \$1.21, the Appellant's coverage was renewed without her making a payment, according to HSRI policy, the HSRI representative testified. The Appellant argued that the notices do not say anything about automatic renewal if the cost of the premium is less than \$5.00.
5. The Appellant called HSRI on August 1, 2025, because she received a letter from HSRI indicating a higher premium balance, and did not understand why she was being charged for coverage she thought had expired and had never paid for.
6. The Appellant asked HSRI to cancel the NHPRI plan, and requested retroactive disenrollment to December 31, 2024. HSRI disenrolled the Appellant as of July 31, 2025, denying her request for retroactive disenrollment because the Appellant did not reach out to HSRI within 30 days to report her employer-sponsored insurance.
7. The Appellant received a Disenrollment Notice dated August 5, 2025, stating her enrollment in NHPRI's Neighborhood Value plan ended July 31, 2025, because she voluntarily withdrew due to receiving employer coverage. Appeal rights also were included in the notice. The Appellant did not file an appeal after receiving this notice.
8. The Appellant received a 1095-A form from HSRI on January 2, 2026, stating that she had health coverage from NHPRI from January 1, 2025, through July 31, 2025, and received \$2,932.72 in APTC during that period.

9. The Appellant filed an appeal on February 4, 2026, requesting retroactive disenrollment to December 31, 2024, for the NHPRI Neighborhood Value plan, and a re-issuance of the 1095-A form showing zero in APTC.

VIII. DISCUSSION

The Appellant testified she did not appeal the Enrollment Notice that she received in December 2024 detailing her enrollment in the NHPRI Neighborhood Value plan as of January 1, 2025, because she thought it was a mistake as she had not paid the first month's premium and the October 2024 Open Enrollment Notice stated she would not have coverage if she did not pay it.

However, the Appellant told HSRI during the August 1, 2025, phone call that she had been receiving bills for the health insurance plan. It is conceivable that the Appellant believed she would not have health insurance coverage according to the language in the Open Enrollment Notice, but once she received the Enrollment Notice she should have called HSRI to clarify what was happening with her coverage, instead of assuming it was a mistake, especially if she continued to get bills. If the issue had been addressed when she received the Enrollment Notice in December, she would not have been enrolled, and would not have received the 1095-A form more than a year later regarding the APTC paid on her behalf.

While her argument about the notices lacking information about automatic renewal into a health plan if the premium cost is under \$5 has merit, it does not change the fact that once the Appellant received the Enrollment Notice notifying her of her enrollment in a NHPRI plan she failed to take any action. Furthermore, even though she clearly had health insurance through HSRI because she continued to receive bills, it still took her until August 2025 to call HSRI about the issue. In addition, she did not appeal the Disenrollment Notice that HSRI sent her notifying her that her enrollment in the NHPRI plan ended July 31, 2025; appeal rights also were included in the Disenrollment Notice.

Regarding her concerns about the tax impact of the APTC she received, the Appellant could contact the Internal Revenue Service.

IX. CONCLUSION OF LAW

After careful review of the testimony and evidence presented at the Administrative Hearing, this Appeals Officer concludes that the Appellant failed to appeal her enrollment in the NHPRI Neighborhood Value plan within the 35-day appeal timeframe.

X. DECISION

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony, the appeal is being denied based on timeliness.

APPEAL DENIED

/s/ Lori Stabile

Lori Stabile

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 Ben Gagliardi, Mary Laurila, Gabriel German, and Lindsay Lang on this 6th day of May, 2024.

Samara M. Kenestall