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

[redacted]

v. Docket No. 26-1230

HealthSource Rhode Island

DECISION

I. INTRODUCTION

A Microsoft Teams meeting on the above-entitled matter was held on June 5, 2026[redacted] (Appellant) initiated this matter to appeal a Rhode Island Health Benefits Exchange, also known as HealthSource RI (HSRI), decision to auto-enroll his household in a Qualified Health Plan (QHP) coverage and grant the Advanced Premium Tax Credit (APTC) for July and August 2025. The Appellant is seeking to have coverage from July 1, 2025, through August 31, 2025, corrected and have the APTC payments rectified. For the reasons discussed in detail below, the Appellant's appeal is dismissed due to timeliness.

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 210-RICR-10-05-2.

III. ISSUE

The issues on appeal are whether the Appellant 1) filed his appeal timely, and 2) if so, was he correctly auto enrolled into a QHP and the corresponding APTC.

IV. PARTIES AND EXHIBITS

Mary Laurila, Appeals Specialist, testified on behalf of HSRI. HSRI submitted the following evidence:

- Exhibit #1: Benefits Decision Notice (BDN) dated May 31, 2025.
- Exhibit #2: Enrollment Notice dated June 23, 2025.
- Exhibit #3: Screenshot of HSRI contact log covering dates October 2, 2024, through April 29, 2026.
- Exhibits #4.1 through 4.5: Five monthly invoices covering period June 4, 2025, through October 3, 2025.
- Exhibit #5: Disenrollment Notice dated July 27, 2025.

The Appellant attended the hearing and testified on his 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 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 May 31, 2025, a BDN was sent to the Appellant informing him that eligibility for health coverage was changing for the Appellant and his spouse effective July 1, 2025. Specifically, the BDN stated they were approved for Private Health Insurance, and provisionally approved for the Cost Sharing Reduction, and APTC effective July 1, 2025. 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 June 23, 2025, informed the Appellant that he and his spouse would be automatically enrolled in Neighborhood VALUE (CSR 87) plan effective July 1, 2025, with a monthly premium share amount of $71.60 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 five monthly invoices for the months starting June 4, 2025, and ending October 3, 2025, all with a monthly share amount of $71.60.
4. The HSRI communication log shows no contact with the Appellant between October 2, 2024, and February 6, 2026. On February 6, 2026, the Appellant advised HSRI that he was not aware they had a QHP in July and August of 2025.
5. The Appellant filed an Appeal Request on February 6, 2026, stating there were two months of coverage that were paid and subsidized which the household did not need.

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 May 31, 2025, advised the Appellant he and his spouse were approved for Private Health Insurance, and provisionally approved for both the APTC, and Cost Share Reduction effective July 1, 2025. That BDN also informed the Appellant of the closing of both their Medicaid cases effective July 1, 2025, due to being over income for that program. The Appellant did not appeal that BDN. Based on the regulations, the appeal should have been filed by May 5, 2025. 210-RICR-10-05-2.2.1(A)(9).

A June 23, 2025, Enrollment Notice was subsequently provided and confirmed their enrollment, premium amounts/responsibility, as well as his appeal rights. The Appellant did not appeal that notice. Based on the regulations, the appeal should have been filed by July 28, 2025.

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

HSRI maintains they gave proper notice to the Appellant when sending the BDN and the enrollment notices. The BDN contains the Appellant appeal rights and also advises him on page 14 that he may owe money to the State or Federal government related to the provisional coverage if he opted not to dis-enroll. The Enrollment Notice also contains the Appellant's appeal rights and also advises him "**If you do not need or do not want this coverage,** you must opt-out no later than 08/30/2025. Failure to do so may result in tax liability or premiums owed to the carrier."

The Appellant does not dispute that he received the BDN and stated he does not remember when he received the subsequent correspondence. His reason for this is that because he was going on commercial insurance, he really did not care what the correspondence was about.

While it may be understandable that the Appellant did not review the notices in their entirety because he had obtained commercial insurance, HSRI did provide him with the appropriate notice and deadlines to appeal their decision on the BDN dated May 31, 2025. HSRI further informed the Appellant of potential financial consequences of failing to dis-enroll from the QHP on the Enrollment Notice dated June 23, 2025. Finally, the Enrollment Notice contained the Appellant's appeal rights, however, he did not challenge the effective enrollment date at that time. Given the appeal was filed on February 6, 2026, the appeal was filed over seven months 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:

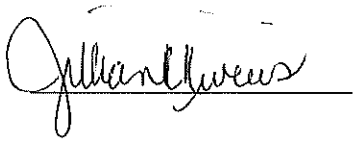
1. HSRI sent proper notification as to the agency action and the Appellant's right to appeal.
2. The Appellant did not contact HSRI to disenroll from his QHP within the required time frames.

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



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] and his Authorized Representative [redacted]; copies were sent, via email, to [redacted] and to HSRI/Exchange Representatives Ben Gagliardi, Mary Laurila, Lindsay Lang, and Gabriel German on this 10th day of June, 2026.

Tamara McTeuskell