

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

[REDACTED]

V.

Docket No: 26-1338

HealthSource Rhode Island

DECISION

I. INTRODUCTION

A Microsoft Teams meeting on the above-entitled matter was held on May 13, 2026. [REDACTED]

[REDACTED] (Appellant) initiated this matter to appeal a Rhode Island Health Benefits Exchange, also known as HealthSource RI (HSRI), decision to terminate his Qualified Health Plan (QHP) coverage as well as denying his retroactive coverage back to January 1, 2026. The Appellant is seeking to be granted special enrollment period and be enrolled effective March 1, 2026. For the reasons discussed in 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, 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 is whether HSRI correctly terminated the Appellant's health coverage in compliance with Federal and State regulations and policies.

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IV. PARTIES AND EXHIBITS

Present for HSRI were General Counsel for Ben Gagliardi, Esq., Appeals Specialist Mary Laurila, and Escalation Analyst Gabriel German. HSRI offered the following evidence:

- Exhibit #1: Annual Open Enrollment Notice dated October 11, 2025.
- Exhibit #2: Benefits Decision Notice (BDN) dated October 25, 2025.
- Exhibit #3: Screenshot of the Appellant's Payment History.
- Exhibit #4: Disenrollment Notice dated February 3, 2026.
- Exhibit #5: BDN dated February 3, 2026.
- Exhibit #6: BDN dated February 10, 2026.
- Exhibit #7: Screenshots of Case Activity Notes for April 20, 2026.

The Appellant attended the hearing and testified on his own behalf.

V. RELEVANT LAW/REGULATIONS

The Agency may only permit an enrollee to enroll in a QHP during the initial open enrollment period or a special enrollment period for which the enrollee has been determined eligible. 45 C.F.R. § 155.410(a)(2).

45 C.F.R. § 155.420(c & d) directs that an enrollee has 60 days from the date of a triggering event to select a QHP. HSRI must allow the enrollee to enroll in a QHP. In order to qualify for a special enrollment, one of the following triggering events must occur: (1) loss of essential coverage, (2) the enrollee gains a dependent, (3) the enrollee becomes newly eligible for enrollment in a QHP because they newly satisfy the requirements under 155.305(a)(1 or 2), (4) the enrollee's disenrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, (5) the enrollee adequately shows the QHP substantially violated a material provision of its contract in relation to the enrollee, (7) the enrollee gains access to a new QHP as a result of a permanent move, (8) the enrollee gains or maintains status as

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an Indian or becomes the dependent of an Indian, (9) the enrollee meets exceptional circumstances, (10) the enrollee is a victim or of domestic abuse or spousal abandonment, or a dependent of a victim who sought to separate from the perpetrator, (11) the enrollee or dependent applies during the open enrollment period or due to a qualifying event is determined to be ineligible for Medicaid, and is subsequently determined to be ineligible either after open enrollment has ended or more than 60 days after the open enrollment period has ended, (12) the enrollment in a QHP was influenced by a material matter error related to plan benefits, service area, cost-sharing, or premium, (13) the enrollee provides satisfactory documentary evidence verifying their eligibility for insurance affordability program or a QHP following termination due to failure to previously verify status within the allowed time frame or while waiting for the agency to verify their status, (14) the enrollee or dependent gains access to an HRA or is provided a qualified small employer, (15) the enrollee is enrolled in COBRA and the employer ceases continuation of COBRA.

VI. FINDINGS OF FACT

1. The Appellant was enrolled in a QHP from July 1, 2025, through December 31, 2025.
2. On October 11, 2025, an Annual Open Enrollment Notice was sent to the Appellant informing him his coverage was ending effective December 31, 2025. The Appellant would be auto renewed as long as he had no changes to his circumstances, such as household size. The Appellant would also need to make a payment by December 31, 2025, or his coverage would end.
3. On October 25, 2025, the Appellant removed a dependent, changing his household size from two to one.
4. The Appellant failed to pick a plan and/or make a payment by December 31, 2025; therefore, his QHP was terminated.

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5. On February 3, 2026, a Disenrollment Notice was sent to the Appellant confirming his coverage had ended effective December 31, 2025.
6. On February 3, 2026, the Appellant was granted a special enrollment period through April 5, 2026, with an effective start date of March 1, 2026. The Appellant failed to enroll in a plan or make a payment by the due date of April 5, 2026.
7. On February 10, 2026, the Appellant was granted another special enrollment period from February 10, 2026, through April 12, 2026, with an effective date of March 1, 2026. The Appellant failed to enroll in a plan or make a payment by the due date of April 12, 2026, after he completed another application on the Portal.
8. On April 20, 2026, the Appellant contacted HSRI for the first time regarding special enrollment. HSRI testified, and provided call logs that verified, the last contact with the Appellant was in May of 2025.
9. In order to qualify for special enrollment he needed to have a qualifying event allowing him to do so. The Appellant did not have a qualifying event which would allow him to be granted a special enrollment period at any time after he failed to enroll/make a payment during the prior two special enrollment periods.
10. The Appellant testified he did not choose a plan or make a payment at any time between the October 11, 2026, Notice or any subsequent notices. His reason is he was unable to do so due to having issues with the Portal.

VII. DISCUSSION

HSRI maintains their position that the termination of the Appellant's QHP was correct due to his failure to choose a plan and make a payment in a timely fashion.

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The Appellant's position is he was not notified until February 3, 2026, that his coverage was ending effective December 31, 2025, therefore he was not afforded the opportunity to enroll or appeal the decision.

The Annual Open Enrollment Notice dated October 11, 2025, clearly states on page one "...if you do not make a change by December 31, 2025, this will be the plan you are enrolled in for 2026 so long as you pay your first month's premium..." (emphasis added). The Notice goes on to state "**If you do not make a payment by December 31, 2025, you will not have coverage beginning January 1, 2026,**" (emphasis added). The statement above was repeated on page two. Therefore, the Open Enrollment Notice issued on October 11, 2025, advised the Appellant three times that his coverage would end if he did not make a payment, and serves as a Notice of Disenrollment.

The Appellant was granted two special enrollment periods. He did not choose a plan, nor make any payments, during either of those special enrollment plans. The Appellant's argument is he was not aware until he received the BDN dated February 3, 2026.

Regarding the Appellant's argument that his due process rights were violated because he was not provided with advance notice of the termination of coverage, the Open Enrollment Notice dated October 11, 2025, directly contradicts the Appellant's statements regarding due process as he was advised three times his coverage would end if he did not make a payment by December 31, 2025. Therefore, that Notice serves as confirmation his coverage would end effective December 31, 2025.

The Appellant's argument he was unable to access the Portal to choose a plan is erroneous as he had other options to obtain assistance, including calling 211, calling the HSRI Call Center, attending an Open Enrollment event, or going to an office. The Appellant stated he was not aware he had those options because no one advised him he could. This is inaccurate, as those options are listed on the

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October 11, 2025, Notice; the October 25, 2025, BDN; the February 10, 2026, BDN; and the February 3, 2026, BDN.

VIII. CONCLUSION OF LAW

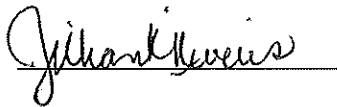
After careful consideration of the testimony and evidence presented at the administrative hearing, this Hearings Officer concludes:

1. HSRI sent proper notification as to the Open Enrollment requirements and consequences of inaction, i.e. termination of coverage.
2. The Appellant did not choose a plan nor make a payment by the due date for the Open Enrollment during either of the two granted special enrollment periods.
3. HSRI was in compliance with Federal Regulations in sending the required notices.
4. HSRI was in compliance with Federal Regulations with the required proper language and information on the notices.

IX. DECISION

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony it is found that HSRI correctly applied Federal Regulations when it terminated the Appellant's QHP coverage.

APPEAL DENIED



Jillian R. Rivers,

Appeals Officer

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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/inmarketplace-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 Gabriel German on this 15TH day of

MAY, 2026.
