STATE OF RHODE ISLAND

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

ADMINISTRATIVE DECISION

[redacted] Docket: 26-1991

V.

HealthSource RI

I. INTRODUCTION

The Appellant, [redacted], filed an ELECTRONIC HEARING REQUEST on March 13, 2026, to appeal adverse actions taken by HealthSource RI ("HSRI"), to the Appellant's Health Coverage in appeal [redacted] RI Bridges account [redacted]

An administrative hearing was conducted on June 30, 2026, in accordance with the Administrative Procedures Act R.I. Gen. Laws §42-35.1 and the Rhode Island Code of Regulations ("RICR") 210-RICR-10-05-2. The hearing was held, telephonically, as the Appellant did not request a video hearing. For the reasons detailed below, the appeal is denied.

II. JURISDICTION

The Executive Office of Health and Human Services ("EOHHS") is authorized and designated by RI Gen. Laws §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.

III. ISSUES

The issue is whether or not actions taken by HSRI were in compliance with regulations.

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. (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)). 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. (Id.). 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)

V. PARTIES AND EXHIBITS

HSRI was represented by Appeals Specialist Mary Laurila, the Appellant appeared and testified on their own behalf.

The following evidence was submitted into the administrative record:

- Exhibit 1 HSRI Benefits Decision Notice ("BDN") issued October 22, 2025.
- Exhibit 2 BDN issued February 25, 2026.
- Exhibit 3 Cancelation Notice issued on March 3, 2026.
- Exhibit 4 Customer Portal payment disclaimers.

VI. RELEVANT LAW/REGULATIONS

The rules and regulations pertaining to the Affordable Care Act are governed by the Code of Federal Regulations ("CFR") Title 45 – Public Welfare, part 155, HSRI regulations in Title 220 -Department of Administration, Chapter 90- Health Benefits Exchange Part 1 of the RICR and HSRI annual policy manual. The Patient Protection and Affordable Care Act provide the legal authority for states to establish health insurance exchanges, which are designed to provide affordable health insurance to eligible individuals and small businesses through Qualified Health Plans (QHPs).

HSRI provides a specified period each year called an "Open Enrollment Period" ("OEP") during which qualified individuals and their dependents can enroll in a QHP. There are also "Special Enrollment Periods" ("SEP" s) that allow individuals and their dependents to select a plan outside of the annual OEP. To be eligible for an SEP, individuals must have experienced a Qualifying Life Event ("QLE"). There are many categories of acceptable QLE as outlined in 45 CFR § 155.45.420(d)(6).

Per 220-RICR-90-00-1.6(C) qualified individuals must select a QHP and the Exchange must receive the first month's premium in full by the payment deadline established by the Exchange in order to effectuate coverage.

VII. FINDINGS OF FACTS

1. HSRI granted the Appellant an SEP for a QLE on February 25, 2026, a BDN was issued that informed the Appellant:

   i. A QHP must be selected and payment made prior to March 1, 2026.

   ii. It warned that if a selection was not made and payment was not received, health coverage would not be available again until open enrollment.

2. A disclaimer warning on the HSRI customer portal informs all customers prior to setting up reoccurring payments that "if reoccurring payments are set up after the 18th of the month, you must still pay your first month's bill by the payment deadline to activate your coverage."

3. On March 3, 2026, HSRI cancelled the Appellant's coverage because the first payment was not received by March 1, 2026.

4. The Appellant submitted an electronic appeal request on March 13, 2026, to dispute health coverage cancellation due to non-payment.

5. The Appellant testified that recurring payments were set up on February 25, 2026. The Appellant admitted the March 1, 2026, payment was not made at the time because they did not see the warning that the first month payment needed to be made because the recurring was set up after the 18th of the month.

VIII. DISCUSSION

The matter before this tribunal is the Appellant's dispute that health care was cancelled for non-payment. Although HSRI testified that the Appellant was already granted an SEP and their position is that cancellation for non-payment does not meet the criteria of QLE, that is not the matter that is being disputed. There is no information in the administrative record that suggests the Appellant applied for a new SEP after the March 3, 2026, cancellation. The Appellant is seeking an administrative determination that HSRI consider the March 3, 2026, cancellation for non-payment as a mistake and that the decision to cancel health coverage benefits be overturned. Therefore, this decision will only review and discuss HSRI's decision to cancel health coverage for non-payment.

The parties agree that the Appellant did not make the required first month payment by March 1, 2026, as instructed. Regulations are clear, in that to effectuate coverage, a QHP must be selected and payment made. The Appellant was aware of the requirements as they were informed in the BDN issued on February 25, 2026, and in the customer portal prior to setting up recurring payments that the first month's payment needed to be made into order for coverage to effectuate. The Appellant failed to do so, therefore HSRI's decision to cancel health coverage benefits for non-payment is correct.

IX. CONCLUSION OF LAW

After reviewing the administrative record, I conclude the following reasons for this decision:

Per 220-RICR-90-00-1.6(C) qualified individuals must select a QHP and the Exchange must receive the first month's premium in full by the payment deadline established by the Exchange in order to effectuate coverage.

The evidence supports that the Exchange did not receive the first month's premium in full by the payment deadline date.

X. DECISION

Based on the foregoing finding of facts, conclusions of law, evidence and testimony, there is sufficient evidence to support HSRI's cancellation of the Appellant's Health Coverage benefits as these actions were processed in accordance with regulations.

HSRI's decision is upheld and this appeal is denied.

This decision is a final order of the Executive Hearing Office. If you are dissatisfied or aggrieved by the decision, see the attached time sensitive notice of appellate rights.

/s/Holly Young | Appeals Officer | Executive Hearing Office

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] and via email to [redacted]; copies were sent electronically to Agency representatives Mary Laurila, Gabriel Germain, Ben Gagliardi, Esq. and Lindsay Lang, on this 16th day of July, 2026.