STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

[redacted] Docket: 26-3107

v.

HealthSource RI

ADMINISTRATIVE HEARING DECISION

I. INTRODUCTION

On May 5, 2026, the Executive Hearing Office ("EHO") received a HEARING REQUEST from [redacted] ("Appellant") to appeal a health coverage decision made by HealthSource RI ("HSRI") in appeal [redacted] RI Bridges case [redacted] on April 13, 2026.

An administrative hearing was conducted on October 7, 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 select the option of a video hearing. For the reasons detailed below, the appeal is denied.

II. JURISDICTION

The Executive Office of Health and Human Services ("EOHHS") is responsible for legal services including applying and interpreting the law, oversight of the rule making process, and administrative duties for all publicly funded health and human services programs. (220-RICR-90-00-1.14).

III. ISSUE

The issue is whether the actions taken by HSRI were in compliance with regulations.

IV. STANDARD OF PROOF

It is well stated 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. 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 represented herself and submitted the following evidence, marked as:

- Exhibit 1 Appeal request.
- Exhibit 2 Appellant's Letter attached to appeal request.
- Exhibit 3 Benefits Decision Notice.

VI. RELEVANT LAW/REGULATIONS

The Patient Protection and Affordable Care Act ("ACA") provides 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). The rules and regulations pertaining to the ACA are governed by the Code of Federal Regulations ("CFR") Title 45 – Public Welfare, part 155.400 – 155.430, in Rhode Island by HSRI according to 220-RICR-90-00-1 and the current version of the HSRI policy manual.

Per 45 CFR 155.330(b)(1) HSRI requires QHP enrollees to report changes that affect eligibility, such as income within 30 days of when the change occurred, this is echoed in the HSRI 2025-2026 policy manual, Chapter 8, Section B-1, page 74. Additionally, the manual instructs that changes can be reported online, through their secure user account at www.HealthSourceRI.com; by phone, by calling the HSRI Contact Center at (855) 840-4774; or at the HSRI Contact Center at 401 Wampanoag Trail, East Providence, RI 02915, either by mail or in person.

Per 220-RICR-90-00-1.10(G)(2) an enrollee can be involuntary terminated by HSRI if they are no longer a qualified individual upon receipt of information from the enrollee. Notice is sent to the individual at least 14 days before the effective termination date.

HSRI policy manual, Chapter 12, Section E, Page 120 clarifies that when an enrollee is determined eligible for Medicaid, the last day of QHP coverage is the last day of the month that the enrollee is determined eligible for Medicaid.

VII. FINDINGS OF FACTS

1. The Appellant was enrolled in a QHP effective January 1, 2026.

2. On April 13, 2026, the Appellant called HSRI and reported receipt of Temporary Disability Insurance ("TDI") payments.

3. HSRI processed the change and issued a BDN, on April 13, 2026, that stated, Health Coverage eligibility has changed, Medicaid was approved as of April 1, 2026, and QHP was closed as of May 1, 2026.

4. The Appellant made three arguments as to why HSRI's decision should be overturned, and retroactive Medicaid should be granted as of February 1, 2026:

I. Several unsuccessful calls were attempted to report the income change prior to April 13, 2026.

II. She was unaware that this information must be reported directly to HSRI.

III. 210-RICR-40-05-3 supports this request.

5. HSRI testified that actions taken were done according to regulations. They pointed out the relevant sections in the HSRI policy manual that supports their decision.

VIII. DISCUSSION

Per 45 CFR 155.330(b)(1) QHP enrollees must report changes that affect eligibility within 30 days. The Appellant testified she was not aware that she must contact HSRI directly and report these changes. She as well as all other QHP enrollees have access to the HSRI Policy Manual, both online and through their customer portal account, which includes QHP enrollees reporting responsibilities and where to report them.

HSRI testified that the only call from the Appellant was on April 13, 2026, while the Appellant testified she attempted several calls, she did not submit evidence or testify of any details such as dates, phone numbers or to whom she spoke, which would have given some validity to her claims. She also declined HSRI's request to hold the record of hearing open for them to submit their incoming call logs.

The Appellant cited 210-RICR-40-05-3 as the basis of her argument for retroactive Medicaid coverage. This regulation does state that Medicaid coverage may start retroactively up to three months prior to the month of application, but for a specific population only. This appeal does not involve a Medicaid application, and the Appellant does not fall into any of the specified categories, therefore this does not apply.

The evidence does not support that the Appellant attempted to contact HSRI prior to April 13, 2026. Nor does it support that the Appellant was not aware of the QHP enrollee reporting requirements, as they are readily available.

The evidence does, although, support that the Appellant reported her income change on April 13, 2026. In accordance with 220-RICR-90-00-1.10(G)(2) HSRI involuntarily terminated her QHP enrollment, based on the reported change of the TDI income and issued a BDN on April 13, 2026, that gave the required as least 14 days advance notice of the effective QHP termination date, of May 1, 2026. The last day of QHP eligibility was April 30, 2026. This is in accordance with HSRI's policy manual which states the last day of QHP coverage is the last day of the month that the enrollee is determined eligible for Medicaid. The evidence supports that the actions taken by HSRI to the Appellant's health coverage benefits are correct.

IX. CONCLUSION OF LAW

After a review of the administrative record, I conclude that there is sufficient evidence, by a preponderance of the evidence standard, to support HSRI's decision in this matter, as it is in accordance with regulations.

X. DECISION

Based on the foregoing Findings of Facts and Conclusion of Law, evidence and testimony a final order is entered that HSRI's decision is upheld; therefore, the Appellant's request for relief and this appeal is denied

XI. CORRECTIVE ACTION

Does not apply.

APPEAL DENIED

/s/Holly Young, EOHHS 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 electronically to Agency representatives Julia Harvey, Esq., Mary Laurila, and Lindsay Lang, on this 15th day of October, 2026

[signature]