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

[redacted]

v. Docket No. 26-3375

HealthSource Rhode Island

DECISION

I. INTRODUCTION

A Microsoft Teams meeting on the above-entitled matter was held on July 16, 2026. [redacted] (Appellant) initiated this matter to appeal a Rhode Island Health Benefits Exchange, also known as HealthSource RI (HSRI), decision to correctly terminate her Qualified Health Plan (QHP) coverage and the Advanced Premium Tax Credit (APTC) effective November 1, 2025. The Appellant is seeking to have coverage from September 1, 2025, through November 30, 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 her appeal timely, and 2) if so, did HSRI disenroll the Appellant with the correct effective end date.

IV. PARTIES AND EXHIBITS

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

- Medicare Part A Notice dated August 30, 2025.
- Screenshot of HSRI contact log covering dates November 29, 2026, through July 2, 2026.
- Screenshot of the Appellant's Full Payment History covering dates January 18, 2025, through November 18, 2025.
- Disenrollment Notice dated November 21, 2025.
- Disenrollment Notice dated July 27, 2025.

The Appellant attended the hearing and testified on her own behalf. Her spouse, [redacted] testified as a witness. The Appellant submitted the following evidence into the record:

- Typed letter of explanation of appeal request and actions taken, dated May 12, 2026.
- Typed letter of Appeal Form Addendum dated July 2, 2026.
- Aetna Explanation of benefits dated October 14, 2026.
- Aetna Explanation of benefits dated November 12, 2026.

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. Prior to becoming eligible for Medicare, the Appellant was enrolled in both a medical and dental plan through HSRI.
2. On August 1, 2025, a Medicare Part A Notice was sent to the Appellant advising her she may be eligible for Medicare. The Notice advised the Appellant it is her responsibility to report changes in circumstance within 30 days of the event, and receiving Medicare is a change that must be reported. The Notice advised the Appellant of the possible ramifications of having to repay the Advanced Premium Tax Credits to the Internal Revenue Service (IRS).
3. The Full Payment History shows payments continued to be made as recurring payments had been set up with the Appellant's bank account.
4. The HSRI communication log shows no contact from the Appellant to HSRI from August 30, 2025, through November 20, 2025.
5. On November 21,2025, the Appellant contacted HSRI requesting to have her coverage terminated effective August 31, 2025, as her Medicare coverage was effective September 1, 2025.
6. An HSRI enrollee must report within one month of the effective start date of the new coverage.
7. Per the Rhode Island Policy Manual, Chapter 12, Section E, the Appellant's last day of enrollment should have been November 30, 2025, because it was not until November 21, 2025, that she requested an August 31, 2025, termination date. However, HSRI accommodates retroactive coverage end dates for one month prior to the request date, therefore her retroactive termination date is October 31, 2025.
8. A Disenrollment Notice dated November 21, 2025, was sent to the Appellant advising her that the health and dental coverage she had through HSRI was terminated effective October 31, 2025. The Notice advised the Appellant she was paid in full through

December 31, 2025, and further advised her to check her account to determine if she was entitled to a refund. That Notice provided the Appellant with her appeal rights. She did not appeal that decision.

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 Medicare Part A Notice dated August 30, 2025, advised the Appellant she was eligible for Medicare, therefore no longer eligible for the APTC or the Cost Share Reduction. That notice also informed the Appellant of her responsibility to notify HSRI within 30 days of becoming Medicare eligible, and the possible repercussions of having to repay the APTC.

The Appellant became Medicare eligible effective September 1, 2025. She did not report this change in circumstances to HSRI within the required 30 day reporting period.

Payments continued to be automatically taken out of the Appellant's bank account until November 18, 2025. The Appellant questioned why they were automatically taken out as they had been paying at a local pharmacy using the billing barcode. HSRI explained it was because in 2024 the Appellant had provided her bank account number and automatic payments were taken out at that time.

On November 21, 2025, the Appellant contacted HSRI requesting to be disenrolled from health coverage as she now had Medicare. A November 21, 2025, Disenrollment Notice was subsequently issued notifying the Appellant her health and Dental insurance with Blue Cross & Blue Shield was ending effective October 31, 2025. This notice contained the Appellant's appeal rights. The Appellant did not appeal that notice. Based on the regulations, the appeal should have been filed by December 5, 2025, and it was not filed until May 12, 2026.

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 Medicare part A Notice and the Disenrollment Notice. The Disenrollment Notice contains the Appellants appeal rights, however the appeal request was not timely.

The Appellant maintains she did not receive the August 30, 2025, Medicare Part A Notice. The mailing address was confirmed, and other notices had been received so it is assumed Medicare Part A Notice was sent correctly. The Appellant stated she was working with a Medicare advisor who advised her that because she was on record with Medicare as having a plan, she did not have to notify Blue Cross/Blue Shield or HSRI. While it is understandable that the Appellant would follow the advice of the Medicare advisor, it is unfortunate this information was inaccurate. Given the Disenrollment Notice was sent on November 21, 2025, and the appeal request was filed on May 12, 2026, the appeal was filed over five months late. Accordingly, the EOHHS Appeals Office does not have jurisdiction to hear the merits of the appeal.

VIII. CONCLUSION OF LAW

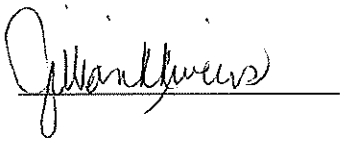
After careful consideration of the testimony and evidence presented at the administrative hearing, this Hearings Officer concludes:

1. HSRI correctly notified the Appellant she was going to be enrolled in Medicare and needed to report that to HSRI within 30 days of this change.
2. HSRI sent proper notification as to the agency action and the Appellant's right to appeal.
3. The Appellant did not contact HSRI to disenroll from his QHP within the required time frames.
4. 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

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 her Authorized Representative [redacted]; copies were sent, via email, to [redacted], and to [redacted], and to HSRI/Exchange Representatives Ben Gagliardi, Mary Laurila, Lindsay Lang, and Gabriel German on this 31st day of July, 2026.

Rebecca Rau