



Rhode Island Executive Office of Health and Human Services
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Date: July 10, 2015

Docket # 15-1047

Hearing Date: 7-8-2015



ADMINISTRATIVE HEARING DECISION

The Administrative Hearing that you requested has been decided for you. During the course of the proceeding, the following issue(s) and Agency regulation(s) were the matters before the hearing:

EXECUTICE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)

HEALTHSOURCE RI POLICY: Chapter XII: Terminations, Billing, and Late Payment Policies

The facts of your case, the Agency regulation(s) and the complete administrative decision made in this matter follow. Your rights to judicial review of this decision are found on the last page of this decision.

Copies of this decision have been sent to the following: You (the Appellant) and Noah Zimmerman, Esq., HSRI Representative.

Present at the hearing were: You (the Appellant), your spouse and Noah Zimmerman, Esq., a HSRI Representative.

ISSUE: Did the Appellant terminate his healthcare coverage with HSRI for April 2015.

EOHHS RULES AND REGULATIONS:

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Executive Office of Health and Human Services Medicaid Code of Administrative Rules (MCAR).

APPEAL RIGHTS:

Please see attached NOTICE OF APPELLATE RIGHTS at the end of this decision.

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Executive Office of Health and Human Services Medicaid Code of Administrative Rules (MCAR).

DISCUSSION OF THE EVIDENCE:**The HealthSource RI Representatives testified:**

- HealthSource RI (HSRI) has no records of the Appellant dis-enrolling in his healthcare plan in March, April or May 2015.
- HSRI does have in their records a termination notice being issued on February 21, 2015 but the Appellant was not even covered at this time; the Appellant's healthcare coverage began March 1, 2015.
- The only way that HSRI can tell if the an individual dis-enrolls, is if they actually checks off the termination box or they re-submits their application; HSRI computer system is limited, HSRI cannot see that an applicate attempted to dis-enroll, all they can see would be the finished product of what an individual does on the computer.
- HSRI is willing to concede that they have problems with their website; they are willing to concede that the Appellant may have made an attempt at dis-enrolling but HSRI cannot prove or disprove the Appellant's dis-enrollment.
- The Appellant's healthcare coverage was terminated for the month of May 2015, the only question that remains is for the month of April 2015.

The Appellant testified:

- The Appellant filed an appeal because HSRI has no record of him dis-enrolling from his healthcare plan in March of 2015, which would cancel his coverage for the month of April 2015. As a result of not having a record of the dis-enrollment, HSRI is billing the Appellant for the month of April 2015.
- The Appellant and his spouse enrolled in a Blue Cross/Blue Shield health plan through HSRI by February 23, 2015 for coverage that would begin March 1, 2015. The Appellant's premium for this coverage was \$948.92 per month.
- The Appellant and his spouse has had several frustrating experiences with using the HSRI computer system while on line. Sometimes after hitting a button, the computer screen doesn't refresh or it just "hangs there" and sometimes it does refresh without any conformation information.
- The Appellant has a computer back ground.
- The Appellant purchased healthcare through HSRI due to the Appellant being out of work.
- The Appellant indicated that he initially picked a wrong healthcare plan but realized it and was able to pick a different plan and was able to have the plan paid for in full by February 23, 2015. The healthcare plan selected also allowed the Appellant and his spouse to receive tax credits to off-set some of the expense.

- The healthcare coverage was just going to be a month by month plan, just until the Appellant found a new job.
- On March 16, 2015 the Appellant received notice that he was hired by a new employer that provided healthcare through UnitedHealth and with a start date of March 23, 2015. The day after receiving word regarding his new employment, the Appellant terminated his and his spouse's BC/BS healthcare plan by going on line to the HSRI and terminating their coverage. The Appellant nor his spouse have a confirmation number or a screen shot of this transaction nor did they receive an error message that the terminating of coverage wasn't received.
- In April 2015, the Appellant received a notice from HSRI informing them that if payment is not made soon, it could affect their coverage.
- The Appellant's spouse called HSRI questioning their April notice and was told that HSRI has no record of the Appellant and his spouse terminating their coverage with HSRI. The Appellant's spouse terminated the healthcare coverage verbally, over the phone at that time.
- The Appellant and his spouse also drove to HSRI's Royal Little Drive location and dis-enrolled in person. At that time, they were not provided with a dis-enrollment form because the Appellant was told that they were at a paperless office; HSRI could not even provide a cancellation number or anything to confirm that the coverage ended. The Appellant and his spouse expressed their frustrations with being on hold for up to an hour on the telephone and with HSRI's website. The HSRI customer service representative informed them that they were aware of some issues with the website.
- The Appellant and his spouse still may not have received a termination notice, they only receive invoices.

FINDINGS OF FACT:

- The Appellant and his spouse enrolled in a Blue Cross/Blue Shield health plan through HSRI by February 23, 2015 for coverage that would begin March 1, 2015. The Appellant's premium for this coverage was \$948.92 per month.
- The Appellant and his spouse has had several frustrating experiences with using the HSRI computer system while on line and with being placed on hold for a very length time when they telephoned HSRI.
- On March 16, 2015 the Appellant received notification that he was hired by a new employer that provided healthcare through UnitedHealth and the next day the Appellant dis-enrolled from his healthcare plan with HSRI.
- Although the Appellant dis-enrolled from his healthcare plan, he did not receive a confirmation number or print a screen shot of his dis-enrollment.
- HealthSource RI (HSRI) has no records of the appellant dis-enrolling in his healthcare plan except for February 21, 2015 but the Appellant was not insurance at that time. The Appellant's coverage started March 1, 2015. HSRI has no explanation as to why a termination of a plan was done on February 21, 2015.

- In April 2015, the Appellant received a notice from HSRI informing them that if payment is not made soon, it could affect their coverage.
- The Appellant's spouse called HSRI questioning their April bill and was told that HSRI has no record of the Appellant and his spouse terminating their coverage with HSRI. The Appellant's spouse terminated the healthcare coverage verbally, over the phone at that time.
- The Appellant and his spouse also drove to HSRI's Royal Little Drive location and dis-enrolled in person. At that time, they were not provided with a dis-enrollment form because the Appellant was told that they were at a paperless office; HSRI could not even provide a cancellation number or anything to confirm that the coverage ended.
- HSRI cannot see that an applicant attempted to dis-enroll, all they can see would be the finished product of what an individual does on the computer.
- HSRI is willing to concede that they have problems with their website; they are willing to concede that the Appellant may have made an attempt at dis-enrolling but HSRI cannot prove or disprove the Appellant's dis-enrollment.
- The Appellant's healthcare coverage was terminated for the month of May 2015, the only question that remains is for the month of April 2015.
- To date, the Appellant still has never received a termination notice from HSRI.

CONCLUSION:

The issue to be decided is whether the Appellant dis-enrolled from his healthcare coverage with HSRI for April 2015.

As a result of being unemployed, the Appellant applied for healthcare coverage through HSRI in February 2015 with the assistance of a HSRI customer service representative. Shortly after picking a healthcare plan and making a payment, the Appellant and his spouse realized that the wrong plan was picked. The Appellant picked another more expensive plan, which required another payment which the Appellant's spouse hand delivered so that it was received by the February 23, 2015 dead line. With the healthcare plan paid in full and paid prior to the dead line, coverage would begin March 1, 2015.

On March 16, 2015, the Appellant received and accepted an offer for employment that also provided healthcare coverage. The Appellant testified that on the next day (March 17, 2015), he dis-enrolled from the healthcare plan with HSRI through his computer by logging in and dis-enrolling. The Appellant did not receive an error message that the dis-enrollment was not accepted or receive a confirmation number that the dis-enrollment was accepted nor did he print a screen shot of his last screen of the dis-enrollment process was complete.

According to HSRI's records, the Appellant's spouse contact HSRI on April 22, 2015 to contest a bill. The Appellant's spouse testified that it was her that called HSRI to questioning why they are receiving a bill for a policy that her husband cancelled in March 2015. The Appellant and spouse then drove to HSRI's Royal Little Drive location to dis-enroll in person but mainly to obtain print outs or a confirmation number that their healthcare policy had been terminated. Unfortunately, they were told that this office that the Appellant and spouse went to is a paperless office and could not be provided with a printout nor a confirmation number that the healthcare plan had been cancelled.

The representative from HSRI testified that there are no records of the Appellant's dis-enrolling with HSRI, ever. In fact, the only records of the Appellant's healthcare plan every being terminated is on February 21, 2015; the Appellant's healthcare policy did not start until March 1, 2015. Furthermore, the representative testified that HSRI will concede that there are problems with their website and that the Appellant may have very well dis-enrolled in March 2015 and although the Appellant may have actually did dis-enroll, HSRI cannot prove or disprove the Appellant's dis-enrollment.

In accordance with HSRI Policy, Chapter 12 – Termination, Billing and Late Payments § A, it states in part:

Voluntary Termination: The Exchange will allow an enrollee to terminate his or her coverage in a QHP at any time, including as a result of the enrollee obtaining other minimum essential coverage.¹ An enrollee may terminate his or her coverage through U.S. mail, fax, calling or visiting the HealthSource RI contact center in person.

Since HSRI has a "No Wrong Door" policy and the undisputed fact that there is a dis-enrollment button that can be checked on HSRI's own website, an enrollee is also allowed to dis-enroll in their coverage by going on-line, through the HSRI website and dis-enroll.

In addition, there is policy as to when an enrollee can voluntarily dis-enroll in their coverage which is also addressed in HSRI Policy, Chapter 12 in § C, stating:

C. Effective dates for termination of coverage

In the case of a termination where the enrollee wishes to terminate his or her coverage in a QHP, the last day of coverage will be:

- The last day of the month during which termination is requested by the enrollee, so long as termination is requested at least fourteen days before the end of the month; otherwise the last day of the following month

The Appellant in this matter testified that he dis-enrolled in his coverage the day after accepting a new job on March 16, 2015; he dis-enrolled on March 17, 2015. As a result of the Appellant's claim that he dis-enrolled on March 17, 2015, if he acted on the March 17, 2015 then it was done at least 14-days prior to the end of the month.

¹ 45 CFR 155.430 (b)(1)

HSRI has no record of the Appellant dis-enrolling during this time frame although they do see some log-in interaction was done, HSRI just does not know what was done. The HSRI representative present at hearing and the HSRI customer service representative that the Appellant and his spouse dealt with at the HSRI's Royal Little Drive locate both confirmed that they are aware of their website having issues.

The deciding factor in this matter came down to the fact that to date, HSRI still had not issued or have record of a termination notice issuing to the Appellant. Even after the Appellant's spouse called on April 22, 2015 to question why they are being billed for a policy that they cancelled in March, a dis-enrollment/termination notice should have issued. HSRI has record of the call but only with regards to a billing issue, not because the Appellant was being billed after the Appellant terminated his policy. At the very least, a termination/dis-enrollment notice should have issued the day that the Appellant and his spouse went to the HSRI Royal Little Drive location but it did not. HSRI conceded that their website has issues; these issues should be no fault of the Appellant.

In conclusion, the Appellant picked a BC/BS healthcare plan with the assistance of a HSRI customer service representative in February 2015 and paid for the healthcare policy that would begin March 1, 2015. The Appellant testified that his intentions were that this policy would only be for the time that he was unemployed. On March 16, 2015 the Appellant was offered employment that provided healthcare and he accepted the employment offer. The following day, March 17, 2015, the Appellant contact HSRI through their website and dis-enrolls is the healthcare policy that he and his spouse had through HSRI. Although the Appellant claims to have a computer back ground and frustration with the HSRI's website, he did not obtain a confirmation number from his dis-enrollment or print a screen shot of the dis-enrollment. HSRI has no record of the Appellant ever dis-enrolling. On April 22, 2015, the Appellant' spouse received a bill in the mail and calls HSRI since she know that her husband had already dis-enrolled with HSRI and was informed that they still have coverage. The Appellant and his spouse drove to the HSRI office to dis-enroll again and to receive confirmation of the dis-enrollment but a di-enrollment notice could not be provided. The HSRI customer service representative and the HSRI representative present at hearing both indicated that the HSRI website has issues and the Appellant has demonstrated that this is so. A dis-enrollment notice or termination notice should have issue the day the Appellant and his spouse went to the HSRI Royal Little Drive location and it was not explained why it wasn't. A dis-enrollment notice or termination notice should have issue on April 22, 2015 when the Appellant's spouse called regarding a bill after their policy had terminated. But more importantly, a dis-enrollment notice or termination notice should have issue March 17, 2015, more than 14-days prior to the end of the month when the Appellant dis-enrolled in the healthcare plan on the HSRI website.

After a careful review of the Agency's policies, as well as the evidence and testimony given, this Appeals Officer finds that the Appellant should have had his BC/BS healthcare policy terminated as of March 31, 2015 as a result of his actions to dis-enroll. The Appellant's request for relief is therefore granted.

CORRECTIVE ACTION TO BE TAKEN BY THE HSRI:

HSRI IS TO ISSUE A DIS-ENROLLMENT NOTICE/TERMINATION NOTICE TO THE APPELLANT, INFORMING THE APPELLANT AND HIS SPOUSE THAT THEIR BC/BS HEALTHCARE PLAN ENDED MARCH 31, 2015.

HSRI IS ALSO TO REMOVE ANY HEALTHCARE BILL OR FEE FOR THE MONTH OF APRIL 2015 REGARDING THIS APPELLANT AND HIS SPOUSE.

HSRI IS TO NOTIFY THIS HEARING OFFICER WITHIN 30 DAYS THAT THE ABOVE CORRECTIVE ACTIONS HAVE BEEN COMPLETED.

A handwritten signature in black ink, appearing to read "Thomas Eucass". The signature is written in a cursive, flowing style.

Appeals Officer

APPENDIX

**EXECUTICE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS)
MEDICAID CODE OF ADMINISTRATIVE RULES (MCAR)**

HealthSource Policy

Chapter XII: Terminations, Billing, and Late Payment Policies

A. Termination of Coverage in the individual market

Issuers of QHPs may not terminate the coverage of any QHP enrollees for any reason. Should an issuer believe that termination of an enrollee is warranted, the issuer may request that termination be initiated by HealthSource RI by providing notice to the Exchange in writing or in such other format as the Exchange may determine. Upon examination and successful validation of such request, the Exchange will promptly initiate such termination and provide notice of termination to the enrollee and the Issuer.

Involuntary Termination: The Exchange will initiate the termination of an enrollee's coverage in the following circumstances²:

- The enrollee is no longer eligible for coverage through the Exchange;
- Non-payment of premiums, after the exhaustion of any applicable grace periods;
- The enrollee's coverage has been terminated;
- The QHP terminates or is decertified;
- The enrollee changes from one QHP to another during a qualified enrollment period.

Voluntary Termination: The Exchange will allow an enrollee to terminate his or her coverage in a QHP at any time, including as a result of the enrollee obtaining other minimum essential coverage.³ An enrollee may terminate his or her coverage through U.S. mail, fax, calling or visiting the HealthSource RI contact center in person.

B. Notification

Upon involuntary termination, the Exchange shall provide the Enrollee with a notice of termination as well as any other additional notices, as appropriate. This notice will include the reason for termination and will be sent at least 30 days prior to the last day of coverage.⁴ The issuer shall provide other notices upon termination, such as the certificate of creditable coverage, as appropriate.

C. Effective dates for termination of coverage

In the case of a termination where the enrollee wishes to terminate his or her coverage in a QHP, the last day of coverage will be⁵:

² 45 CFR 155.430 (b) (2)

³ 45 CFR 155.430 (b)(1)

⁴ 45 CFR 156.270 (b)

⁵ 45 CFR 155.430 (d)

- The last day of the month during which termination is requested by the enrollee, so long as termination is requested at least fourteen days before the end of the month; otherwise the last day of the following month; or
- If the enrollee requests a different termination date, than on the termination date specified by the enrollee, so long as reasonable notice (14 days) has been provided; or
- If the enrollee requests a termination with less than 14-day notice, the Exchange may in its discretion allow termination effective as of the date requested; or
- If the enrollee is terminating due to new eligibility for Medicaid, the day before new coverage in Medicaid is set to begin

In the case of a termination due to the individual becoming ineligible for coverage in a QHP through the Exchange, the last day of coverage will be the last day of the month following the month that the Exchange sent notification of an eligibility redetermination. The individual may also request an earlier termination date.⁶

In the case of termination due to the death of an enrollee, the last date of coverage shall be the day of the death. For mid-month terminations due to deaths, premiums shall be prorated in accordance with a 30-day prorating rule. The premium payable for that terminated enrollee shall be calculated as follows:

⁶ 45 CFR 155.430 (d)(3)

NOTICE OF APPELLATE RIGHTS

This Final Order constitutes a final order of the Department of 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.