Rhode Island Executive Office of Health and Human Services
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July 7, 2015

Docket # 15-869
Hearing Date: June 3, 2015

[redacted]

ADMINISTRATIVE HEARING DECISION

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

RULES AND REGULATIONS PERTAINING TO THE RHODE ISLAND HEALTH BENEFITS EXCHANGE (RIHBE)

SECTION: 7.8 Effective Dates of Termination
SECTION 5.5 Calculation of Advance Payments of the Premium Tax Credit
SECTION 5.0 Advanced Payments of the Premium Tax Credit
THE DHS POLICY MANUAL: GENERAL PROVISIONS SECTION 0110.20 Definition of an Appeal.

The facts of your case, the Agency regulations, 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 Health Source RI (HSRI) Agency representative: Noah Zimmerman.

Present at the hearing were: You (the Appellant) and Agency representative Noah Zimmerman.

ISSUE: Is the appellant responsible for health coverage premiums incurred for the months of August 2014, September 2014 and October 2014?

RIHBE RULES AND REGULATIONS:
Please see the attached APPENDIX for pertinent excerpts from the Rules and Regulations Pertaining to the Rhode Island Health Benefits Exchange

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

DISCUSSION OF THE EVIDENCE:

The Agency representative testified:

- Based upon review of the appellant's eligibility for the months of August 2014, September 2014, and October 2014 it was determined that the appellant contacted HSRI on October 16, 2014 to disenroll because she could no longer afford the monthly premiums. The appellant had a monthly premium of $536.12 for those months.

- The appellant had most recently enrolled in a QHP (Qualified Health Plan) during May 2014. The appellant's eligibility ended effective October 31, 2014.

- HSRI sent the appellant notice dated October 17, 2014 informing her that she and the other adult member of the household would lose coverage effective October 31, 2014 because the appellant had notified HSRI that she could no longer afford the premium.

- The HSRI representative stated that all calls to HSRI are recorded. His review of the appellant's record of contacts with the agency determined that there were no records of any contact from the appellant during August 2014 requesting that her coverage end.

- The HSRI representative also submitted that the appellant did not report any household income changes from May 2014 through October 2014.

The appellant testified:

- She stated she could not afford the $563.12 monthly premium and she contacted HSRI during August 2014. She stated that she called the HSRI #855-609-3297 on August 20, 2014 and spoke with a HSRI representative named Margaret who told her that she would cancel the policy at that time. However she was billed for 4

more payments and she was not covered during that time even though HSRI told her that she was covered.

- She stated that she needs a less expensive plan. She is currently out of work due to surgery. She stated that she should have made her appeal sooner but due to her work related injury in October 2014 she misplaced the HSRI notice.

- She stated that she would appreciate any help that can be provided as she is unable to obtain insurance until the outstanding premium is paid. She stated that she began to receive Worker's Compensation income of $163.71 per week starting on October 10, 2014.

FINDINGS OF FACT:

- HSRI sent the appellant a notice dated October 17, 2014 notifying her and the other adult member of her household that they would be losing their coverage effective October 31, 2014. The October 17, 2014 notice states that the coverage was ending because the appellant could no longer afford the premium.

- The HSRI representative reviewed the appellant's eligibility for 2014. The representative determined that the appellant contacted HSRI on October 16, 2014 to request that her coverage end.

- The appellant testified that she contacted HSRI on August 20, 2014 to disenroll at that time because she could no longer afford the premium.

- The appellant requested a hearing in writing on this matter received by HSRI on April 14, 2015.

CONCLUSION:

The issue to be decided is whether the appellant is responsible for health coverage premiums incurred for the months of August 2014, September 2014, and October 2014?

The appellant testified that she contacted HSRI during August 2014 to request that her health coverage end because she could no longer afford the monthly premium of $563.12. She also testified that she was not covered through HSRI for August 2014, September 2014, or October 2014.

The HSRI representative submitted to this record the results of his review of the appellant's eligibility record corresponding to the matter under appeal. His review determined that the appellant contacted HSRI on October 16, 2014 to request that her

coverage end because she could no longer afford the monthly premium. The HSRI representative submitted that his review also determined that the only other contact from the appellant was during May 2014 when she was re-enrolled in a QHP. The HSRI review determined that there was no record of any contact from the appellant during August 2014 requesting that her coverage end.

Review of the record presented shows that the appellant is required to pay monthly premiums. During those months she received QHP coverage it was determined that her monthly household premium was $563.12. HSRI notified the appellant by notice dated October 17, 2014 that her Blue Cross & Blue Shield of RI coverage would end effective October 31, 2014 because the appellant reported to HSRI that her household could no longer afford the monthly premium.
HSRI had previously notified the appellant by notice dated May 13, 2014 that her household was eligible for a Qualified Health Plan (QHP) enrollment. The HSRI representative submits that his review of the HSRI record determined that from May 13, 2014 through October 16, 2014 there was no contact from the appellant requesting that she be disenrolled form her QHP. The appellant requested to be disenrolled on October 16, 2014.
The appellant testified that she contacted HSRI on August 20, 2014 to request that her QHP end because she could no longer afford the premium.

The appellant submitted a hand written appeal form on this matter on April 14, 2015. The HSRI action to end the appellant's QHP was by notice dated October 17, 2014. The October 17, 2014 HSRI notice states, "Appeal Rights and Deadlines: You and every member of your household have a right to a hearing, if you disagree with a decision we have made. You have 30 days from the date you receive this letter to request an appeal. If you do not request an appeal, you may lose the right to a hearing. Please see the enclosed appeal form for complete instructions."

Per agency policy: A.THE DHS POLICY MANUAL: GENERAL PROVISIONS-0110.20 COMPLAINTS AND HEARINGS

The merits of this case cannot be determined because of a jurisdictional issue.

The Rhode Island Department of Human Services Manual, Section 0110, General

Provisions, reads in pertinent part:

REV: 03/2007 DEFINITION OF AN APPEAL

A written request by a claimant (or his/her authorized Representative)
stating that s/he wants an opportunity to present
his/her case to higher authority may be considered an appeal. The

appeal must be filed within:

- Ten (10) days from the date of the notice of action if it pertains to General Public Assistance;
- Ninety (90) days when it concerns Food Stamps;
- Forty-five (45) days when it involves issues pertaining to the Office of Rehabilitation Services; and
- Thirty (30) days from the date of the notice when it involves any other DHS program.

Therefore any agency notice from October 17, 2014 would have required a request for hearing 30 days subsequent to any action taken by the agency notice.

As the notice under appeal from HSRI was from October 17, 2014 and the appeal request was received on April 14, 2015, this appeal is hereby dismissed because of a lack of jurisdiction; there is no further issue for this hearing officer.

Be advised that if you disagree with the hearing decision, you have the right to appeal for judicial review of the hearing decision by filing a complaint with the Superior Court within thirty (30) days of the date of this decision pursuant to Rhode Island General Laws 42-35-1 et seq.

Michael Gorman
Appeals Officer

APPENDIX

DEFINITION OF AN APPEAL 0110.20
REV: 03/2007

A written request by a claimant (or his/her authorized representative) stating that s/he wants an opportunity to present his/her case to higher authority may be considered an appeal. The appeal must be filed within:

- Ten (10) days from the date of the notice of action if it pertains to General Public Assistance;
- Ninety (90) days when it concerns Food Stamps;
- Forty-five (45) days when it involves issues pertaining to the Office of Rehabilitation Services; and
- Thirty (30) days from the date of any child support service.
- **Thirty (30) days from the date of the notice when it involves any other DHS program.**

RULES AND REGULATIONS PERTAINING TO THE RHODE ISLAND HEALTH BENEFITS EXCHANGE

7.0 TERMINATION OF COVERAGE AND GRACE PERIODS

7.8 Effective Dates of Termination(a) Voluntary termination

i) *Voluntary terminations.*

(1) Upon a voluntary termination request submitted at least fourteen (14) days prior to the end of the month, coverage shall be terminated at the end of the month. Coverage shall be terminated at the end of the following month if the termination request is submitted less than fourteen days prior to the end of the month.

(2) The Exchange may grant a different termination date if the request is submitted at least fourteen (14) days prior to the proposed termination date.

(3) The Exchange has discretion to grant an earlier termination date, on a case-by-case basis.

(4) If the enrollee requests coverage termination due to eligibility for Medicaid, coverage will terminate the day before Medicaid coverage begins.

›) *Involuntary terminations.*

(1) If the enrollee is no longer a qualified individual as determined upon receipt of information from the enrollee or information obtained by the Exchange, coverage will terminate on the last day of the month following the month in which the Exchange sent the enrollee notice of an eligibility redetermination. In such a case, the enrollee may request an earlier termination date, pursuant to §7.8(a) of these Regulations.

(2) If the coverage is terminated for non-payment pursuant to §7.5(c) of these Regulations.

(3) If the enrollee dies, coverage terminates on the day of the death. Premiums will be refunded by the Exchange to the estate for the remainder of the month.

(4) If the enrollee changes Qualified Health Plans, the existing Qualified Health Plan coverage terminates the day before the new coverage begins.

(5) If the Qualified Health Plan terminates or is decertified, coverage will terminate the day the Qualified Health Plan terminates or is decertified, unless the enrollee is granted an earlier termination date pursuant to §7.8(a) of these Regulations.

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.