

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
APPEALS OFFICE - LP Bldg.
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Date: June 17, 2014

Docket # 14-558
Hearing Date: April 15, 2014

ADMINISTRATIVE HEARING DECISION

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

**RHODE ISLAND POLICY MANUAL (HSRI Policy)
Chapter III: Open Enrollment Periods, Special Enrollment Periods, and Enrollment Effective Dates
Part I: Overview of Enrollment in the Individual Market
B. First Year Open Enrollment Period**

The facts of your case, the Agency policy, 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), DHS Agency representatives: Ted Morgan, Nancy DelPrete, and HSRI representative Lindsay Lang.

Present at the hearing were: You, DHS representative Ted Morgan, and HSRI representative Zachary Sherman.

ISSUE: Should the appellant receive health insurance coverage for the month of April 2014?

DHS POLICIES:

Please see the attached APPENDIX for pertinent excerpts from the Rhode Island Policy Manual (HSRI Policy)

APPEAL RIGHTS:

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

DISCUSSION OF THE EVIDENCE:

The HSRI representative testified telephonically:

- Policy indicates coverage must be initiated by the 23rd of March for eligibility beginning on April 1st, but the applicant did not enroll for coverage until March 24th.
- As a result, he was not eligible for coverage until May 1st, 2014.
- There is no way to determine when the appellant began his application, only when it was submitted. There is no record of activity on March 23rd.
- Until enrollment in a plan is formally submitted, it doesn't show as successful.
- He had to have an actual enrollment on the 23rd, not necessarily all the documents, as he would have had a verification period. He would not necessarily know this.
- The system didn't say conditional enrollment, because there is certain information that does not need to be verified. In other cases, if the issue is not verification, and the information is not uploaded in the proper way, the computer could not accept it.

The appellant testified:

- He started his application back in January, and was slow in applying.

- The system asked him for numerous documents for verification including household income for each child, immigration for each child, and social security verifications.
- He did not get back on the website until the afternoon of the 23rd of March.
- When he did get back on he was unaware that he needed to scan a resolution for every single question individually, as he understood the passports would suffice for multiple questions.
- He scanned the passports, and notated on each submission, to check the previous scan.
- He thought he had submitted the needed information, as he was not yet aware of what a completed application looked like until he went back to the computer in the early evening (March 23).
- He realized that he needed to scan a resolution for every single question individually, rather than submit one passport would suffice for multiple questions.
- It took him most of the evening to determine what the issue was, and to rescan every single item. This included passports for all family members, immigration for each, green cards, social security cards, tax returns and all else.
- Due to the length of time needed to rescan each item- the application did not end up being processed and successfully submitted until about 17 minutes after midnight on the 24th.
- The system immediately identified that he would have no eligibility until May 1st.
- On Monday March 24th, he tried to call and went into the Warwick office for HSRI. All the information was verified, and accepted, and the woman recommended filing an appeal regarding the May 1st eligibility status which could not be changed.
- The worker told him she was unsure why the cross with federal records did not inform the system of social security information unless the system was down.

- He did try the appeal verification line to attempt to reconcile by phone, and was told to appeal.
 - He tried to pay for direct coverage through Blue Cross, but this was not possible due to the origination of the policy through HSRI.
 - He cannot show any read out identifying prior notifications from the website because when your application is accepted, some previous notices disappear.
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- He was unable to get any information from the website to support his time frames, because he wanted to clearly show that he completed his efforts at 17 past midnight, and these applications could not have been completed in that short a time frame.
 - He appealed because he is aware of the known issues of the website, not because his family has any special health issues, but because he is anxious about not being covered for one month.
 - His family comes from Australia where the health system works, and everyone is covered, and it's not a very comfortable feeling to not have casualty insurance.

FINDINGS OF FACT:

- On March 24, 2014, the appellant appealed his submission of an application he had just submitted. This was prior to receipt of the Eligibility Decision Notice.
- An Eligibility Decision Notice dated March 25, 2014 informed the appellant he was successfully enrolled in a health plan which would begin on May 1, 2014.

CONCLUSION:

The issue to be decided is whether the appellant should receive health insurance coverage for the month of April 2014.

The appellant argues that he made a good faith effort to apply for his health insurance through Health Source Rhode Island (HSRI) using the online application process. He attempted to complete his application on March 23rd, and due to the ongoing complications and computer glitches he spent several hours applying, attempted submission, and later realized he had been unsuccessful. He reapplied sometime the

same evening, and was unable to complete the application successfully until seventeen minutes after midnight on March 24, 2014. His intent was to submit the application on the 23rd in order that he would be able to access his coverage beginning on April 1st. As a result of the submission one day later, he was unable to attain coverage until May 1st. The appellant faults the process which he described as repetitive. He stated further that if the time of completion could be proved, it would be obvious that he had begun the process much earlier as he could not have completed such a lengthy process in just seventeen minutes.

The Agency contends that the application was not completed until the 24th, and as such, the appellant was ineligible for coverage until May 1st. There was no dispute that he had submitted his application on the 24th. A review of policy indicates that in order to be eligible for coverage on the first of the month, both enrollment and payment must be received by HSRI by the 23rd of the prior month. The Agency further identified that there was no way of confirming that the appellant had begun his application earlier in the day on the 23rd, and there was no way of confirming the time he completed his application on the 24th.

The appellant had begun his initial application sometime in January as evidenced by a January 23, 2014 Eligibility Decision Notice which informed him of the needed documentation in order to complete his application. The appellant further identified that he had continued the application on March 23rd by uploading family passports in order to meet the requirements needed. He later realized that the computer system had not extracted necessary information for each family member. As a result, the appellant had to duplicate his initial efforts because the system did not allow corrections. Instead, the process required a whole new and completed application for each household member, which in turn, took a great deal of time. In reviewing the appellant's initial notice dated January 23rd, it was evident that the appellant needed numerous forms of documentation for each of the 5 family members. He had a 59 day opportunity between his initial application and his March 24th date of completion, to present by fax or mail the verification. Additionally, the initial requests did not identify a request for use of passports as a possible verification source. Thus, the appellant also had a period of time in which to clarify with the HSRI representatives, what could and could not be used to meet the verification requirements. Review of all the notices entered into evidence, showed that on March 16th, the appellant was again reminded that he was not currently enrolled in a plan, and that he must select and pay for a plan by March 23rd in order to received coverage by April 1, 2014.

The appellant admitted to starting late on completing his application. He also admitted to an understanding that the new computer system was fraught with difficulties. He stated he was aware of "known issues of the website". However, he still chose to complete his application on the last month allowed for open enrollment, and at the last minute with respect to the midnight deadline he was trying to meet. The appellant was able to extend his opportunity to apply beyond the work week, as the application was accessed on the weekend. The appellant was applying on the Sunday, and could have also utilized the online support offered up until 6pm through Health Source representatives. He identified that he realized the problem after 6pm.

The Agency agreed that navigating the system was most likely difficult and cumbersome. However, they declined to accommodate the appellant's request for insurance coverage to begin on April 1st.

In summary, the appellant attempted to complete his health insurance application on line through Health Source Rhode Island. He states he began the application on March 23rd in order to obtain completion that day, and be found eligible for insurance on April 1st. His time of application could not be verified, and the application itself was approved and confirmed on March 24th. Despite admitted difficulties with the computer system, the appellant was able to successfully enroll, thus affirming that the system was working. The Agency admitted to difficulties with the computer system, and supported the appellant's credible testimony regarding the inordinate length of time needed to apply. However, the appellant did not successfully submit his application on March 23rd, because in the end, he had not left himself enough time to complete the application. By his own admission, the appellant had not left himself the seventeen extra minutes needed to apply, as he completed the submission just seventeen minutes past midnight. Therefore, the appellant failed to establish good cause for his inability to complete the application in a timely manner. As a result, he would not be eligible for health coverage until May 1, 2014.

After a careful review of the Agency's policies, as well as all the evidence and testimony given, this Appeals Officer finds that the appellant is not eligible for health insurance for the month of April 2014. The appellant's request for relief is denied.

Karen E. Walsh
Appeals Officer