



To Management
Rhode Island Health Benefits Exchange

We have examined the compliance of Rhode Island Health Benefits Exchange d/b/a HealthSource RI (HSRI or the Exchange), a function within the State of Rhode Island, with the requirements in Title 45, Code of Federal Regulations Part 155 (45 CFR 155), Subparts C, D, E, K and M for the year ended June 30, 2020. We noted the matters below for your consideration.

Eligibility Verification

Verification Process Related to Eligibility for Enrollment in a QHP through the Exchange

BerryDunn tested a sample of 95 cases for verification of data, and in one case the data indicated that the State's integrated eligibility and health benefits exchange system (RI Bridges) did not generate an Additional Documentation Required (ADR) notice when the case required verification of information. The case received an initial eligibility determination on January 10, 2020 and an ADR notice was issued with a due date of April 9, 2020. The case received a subsequent eligibility determination on May 28, 2020, but the system did not generate an ADR notice because the system incorrectly considered that the previous ADR notice was still in effect. HSRI's policy is to generate an ADR if an eligibility determination occurs after the previous ADR is expired. According to the HSRI's policy, an ADR should have been created for the May 28, 2020 eligibility determination since the previous ADR issued on January 10, 2020 expired as of April 9, 2020.

In March of 2020, HSRI notified the Centers for Medicare & Medicaid Services (CMS) that the Exchange had temporarily paused all insurance coverage terminations resulting from data inconsistencies that were not verified in response to the COVID-19 pandemic. Because of this temporary pause on data inconsistency related terminations, the error presented above would have had no effect. However, we recommend that HSRI work with its Systems Integrator to implement the system capability to generate ADRs for eligibility determinations if the previous ADR expired during the temporary pause on data inconsistency related terminations.

Management's Response

HealthSource RI agrees with this observation. Due to the temporary pause on verification related terminations and redeterminations as a result of the ongoing Public Health Emergency, where an expired verification remains open, a new ADR will not be generated for the same data inconsistency during a subsequent eligibility run. While the cost and level of effort to implement the recommended system capability would be too great for HealthSource RI to bear in the near term, the Exchange will work with its Systems Integrator on a robust communication plan in advance of restarting its verification related termination and redetermination process once the Public Health Emergency ends. This communication plan will include drafting and resending an ADR like notice to all customers who have ongoing conditional eligibility as a result of an outstanding data inconsistency and have not received in updated ADR in more than 90 days.

Eligibility Determination

Verification Process Related to Eligibility for Enrollment in a QHP through the Exchange

BerryDunn sampled 95 cases for eligibility testing, and in one case the data indicated that the applicant was denied eligibility for Advanced Premium Tax Credit (APTC) when the self-attested data indicated that the applicant should have been eligible for APTC. HSRI confirmed that RI Bridges had a defect where a record in the system failed to update. When the individual provided consent for their data to be verified with the federal hub, the user's e-signature date was correctly updated in their user record. However, the e-signature date was not updated in the system's authorization record and remained as the previous date that the user gave consent. Since the e-signature date in the system remained as 2017 the user was denied APTC.

This defect resulted in an incorrect eligibility determination for a customer that should have been determined eligible for tax credit. HSRI identified six households that were affected by this defect and implemented a data fix (RIB-49213) in March 2018 to mitigate this issue with future cases. Since there was no data fix executed for the impacted population, the incorrect date was still stored in the authorization record for this case and the applicant was denied APTC. After implementation of the data fix no defects were logged with similar issues in the system. We recommend that HSRI work with its Systems Integrator to update the authorization records for the impacted population, and test and verify that the code fix has been working.

Management's Response

HealthSource RI agrees with this observation. Six accounts were impacted by this defect. In April 2018, a code fix (RIB-49213) was deployed to correct this issue. This problem has not been raised since the code fix was deployed. As part of our annual Open Enrollment testing, HSRI will work with its Systems Integrator to validate that all data consents have been properly updated so as not to improperly deny APTC eligibility during our annual redetermination process.

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We sincerely appreciate the cooperation and courtesy provided to our personnel by management and the employees of HSRI during the engagement. We have previously discussed the comments and suggestions contained herein with management, and we will be pleased to discuss them further at your request.

This report is intended solely for the information and use of management and is not intended to be, and should not be, used by anyone other than this specified party.

Berry Dunn McNeil & Parker, LLC
Portland, Maine
May 24, 2021