



RI Executive Office of Health and Human Services  
Medicaid Program

<Last 4 of MID#>

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

To the Estate of <Name>:

The Social Security Administration has informed us that <name> has passed away. We are sorry for your loss. Because of this report of death, <name>'s coverage in Neighborhood INTEGRITY will end as of <disenrollment effective date>.

If this information is wrong and you have already contacted the Social Security Administration, please disregard this letter. If this information is incorrect, here's how to fix this information:

**Call Social Security at 1-800-772-1213** (Monday to Friday 7am – 7pm) to have your records corrected. TTY users should call 1-800-325-0778.

Once you have called Social Security, please keep using your Neighborhood INTEGRITY providers for your health services and network pharmacies while your records are being corrected by Social Security.

If you need help with coverage or filing an appeal, call the RIPIN Healthcare Advocate at 1-855-747-3224 (TTY 711), Monday – Friday, 8:00 am – 5:00 pm, plus extended hours on Thursday until 7:00 pm. You can also email the RIPIN Healthcare Advocate at [HealthcareAdvocate@ripin.org](mailto:HealthcareAdvocate@ripin.org).

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### **Appeals Rights and Deadlines**

You 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.

If you need help in person or to hand deliver your appeals form, please go to a local Rhode Island Department of Human Services (DHS) Office.

**For more information**, visit [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **If you have questions**, call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday- Friday, 8:00 am – 6:00 pm. The call is free. You can get this information for free in other languages and formats, like large print, braille, and audio.

**Para obtener más información**, visite [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **Si tiene preguntas**, llame al Medicare-Medicaid Plan Enrollment Line (número telefónico para inscripciones en plan Medicare-Medicaid) al 1-844-602-3469 (TTY 711), de lunes a viernes, de 8:00 a.m. a 6:00 p.m. La llamada es gratis. Puede obtener esta información gratuitamente en otros idiomas y formatos, como letra grande, braille y audio.

**Para mais informações**, visite [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **Se tiver dúvidas**, ligue para a Linha de Inscrição do Plano de Medicare-Medicaid no número 1-844-602-3469 (TTY 711), de segunda a sexta-feira, das 8:00 às 18:00. A chamada é gratuita. Você pode obter estas informações gratuitamente em outros idiomas e formatos, como impressão grande, braile e áudio.

[Insert appeals form here]