

Changing Medicare plans

You can leave a Medicare plan any time during the year if:

- you move out of the plan's service area,
- you want to join a plan in your area with a 5-star rating, or
- you qualify for *extra help* paying for prescription drug coverage. If you are getting *extra help* with your prescription drug costs, you may join or leave a plan at any time. If your *extra help* ends, you can still make a change for two months after you find out that you are not getting extra help.

If You Think There Is An Error With Your Medicaid Eligibility

Based on our current information, Neighborhood INTEGRITY can only cover your health and prescription drugs until <date>. If you think you might still qualify for RI Medicaid, please call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday- Friday, 8:30 am – 7:00 pm, Saturday 9:00 am -12 noon. The call is free.

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.

After completing Sections I and II on the enclosed form,

Please **MAIL** to:

EOHHS/ Medicare-Medicaid Plan [This address is for mail only.]
Hazard Building LL B23, 74 West Road
Cranston, RI 02920-8409

Or **FAX** to: (401) 462-3158

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. If you have questions about completing the form or locating a DHS Office, please call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday- Friday, 8:30 am – 7:00 pm, Saturday 9:00 am – 12 noon.

[Insert appeals form here]

[<Marketing Material ID: 021 DISENROLLMENT DUE TO LOSS OF MEDICAID STATUS>]

INSTRUCTIONS FOR COMPLETING DHS-121

This form is used by both the client and the agency representative to:

1. Identify in writing by the client the cause of his/her appeal; and
2. Identify, by the agency representative, the policy on which the decision causing the appeal was based.

The client receives this form at the time of notification of an Agency decision.

For Supplemental Nutrition Assistance Program (SNAP): A client has **90** days from the mail date of the Notice of Agency Action to request a hearing.

For General Public Assistance (GPA): A client has **10** days from the mail date of the Notice of Agency Action to request a hearing.

For All Other Programs: A client has **30** days from the mail date of the Notice of Agency Action to request a hearing.

Sections I and II

These two sections can be filled out by the client alone, or by the client and agency representative, if the client needs help in completing the form. The person requesting an appeal signs this section and returns the completed form to the appropriate regional or district office.

Section III

After Sections I and II are completed, the agency representative completes Section III, citing the agency policy(ies) with reference to the particular manual section(s) that was the basis for making the decision. This section is signed by the agency representative and supervisor. The area identifying the local office is completed. The form is routed promptly to the hearing office at Central Office.

NOTE: When the DHS-121 is completed by the client and mailed directly to Central Office, without being routed through the regional or district office, the hearing office makes a copy of the DHS-121. The original is sent to the regional or district office for completion of Section III. The DHS-121 must be returned to the hearing office at Central Office within seven (7) days.

Legal Help

At the scheduled hearing, you may represent yourself, or be represented by someone else such as a lawyer, a relative, a friend, or another person. If you want free legal help, call Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

