



# **EOHHS Medicaid Managed Care Organization (MCO) Requirements for Medicaid Member Demographic Changes**

## ***Policy and Procedures for Managed Care Core Contract***

Rhode Island Executive Office of Health and Human Services

**April 24, 2020**

**Version 1**

# Introduction to Policy

The Executive Office of Health and Human Services (EOHHS) recognizes that our contracted Managed Care Organizations (MCOs) are often the primary sources of contact for Medicaid members providing updated demographic information. Although EOHHS encourages members to report demographic changes directly to Health Source Rhode Island (HSRI) and/or Department of Human Services (DHS) per the current standard operating procedure, this policy provides an alternative means for Medicaid managed care members to change his/her address and/or phone number through the MCOs member services team.

## Purpose

The purpose of this policy is to set forth a telephonic address/phone/ email change confirmation process to help EOHHS and contracted vendors (hereafter referred to as 'vendors') report accurate addresses and phone numbers for Medicaid managed care members. This policy allows vendors to exchange member addresses and phone number updates to EOHHS. This will help drive effective member communications (to include correct delivery of member notices); as well as improve other Medicaid communication functions to reduce returned mail and improve other operational efficiencies for both vendors and EOHHS.

## Policy

The effective date of this policy is July 1, 2020 and is only applicable to members who are in non-institutional settings.

This policy outlines a procedural option for vendors to submit address, phone number and/or email changes to EOHHS via an EOHHS approved template. Establishing this process ensures a more efficient method for member communications and reduces mailing errors and returned mail for both vendors and EOHHS.

## Section 1: Procedures

The following section outlines MCO procedures and requirements for reporting member addresses, phone numbers and/or email addresses. MCOs are required to comply with all EOHHS and contractual reporting requirements.

### A. Preferred Method for Member Updates

Vendors must inform members that the preferred method to report changes in demographic information is to make changes through the Customer Portal at [https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount.action?accountFlow=true&request\\_locale=en\\_US](https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount.action?accountFlow=true&request_locale=en_US) or by contacting Health Source Rhode Island (HSRI) and/or the Department of Human Services (DHS).

1. Members may contact HSRI at (855) 840-4774 during normal business hours (Monday-Friday, 8:00 a.m.–7:00 p.m. except designated State holidays) or log on to <https://healthsourceri.com/reporting-a-change>, to update their address, phone number and/or email address. Members may also contact DHS at 1-855-MY-RIDHS (1-855-697-4347).

## **B. Procedures for Receiving Updates to Member Addresses/Phone Numbers/Email Addresses**

Vendors must follow the procedures below for a member who elects to report an update to demographic information through the MCO. (Prospective member address changes may not be submitted to EOHHS.)

This procedure describes member demographic updates that are performed during updates during recorded phone calls with the vendor. **All demographic change updates by the vendor must be performed on a recorded phone call to ensure compliance with this policy.**

*Special Note for SSI Members:* MCOs must inform member that if he/she or any individual of the household is on SSI, demographic changes for that member must be reported directly to the Social Security Administration (SSA). Once the change has been reported to the SSA, it will be reported back to EOHHS and communicated to the MCO through the normal 834 update processes. The vendor cannot accept demographic changes for any member on SSI.

1. **For Rltc Care members, vendor must verify that they are speaking with the Medicaid head of household. For Expansion and Rhody Health Partners (RHP) cases, vendor must verify that they are speaking with the Medicaid member or power of attorney.**
  - a. If confirmed, vendor may proceed to next procedure.
  - b. If no, vendor must notify the caller that only the head of household may report demographic changes. Vendor can refer member to procedure A in this policy if members wants to update their demographic information. **Vendor must inform caller, for future reference, that Medicaid's policy requires the member to report changes to his/her household to the State within ten (10) days of the change.** Failure to provide updated address information to the State may result in a termination of Medicaid coverage.
2. **Vendor must obtain permission to share demographic changes with EOHHS.**
  - a. This question must be posed as an affirmative statement to ensure the member has a clear choice of yes/no. If the member does not give permission for vendor to provide EOHHS updated mailing address and/or phone number change and/or email address, vendor may update internal records, but may not forward the change of demographics to EOHHS. Vendor should remind member that they must report demographic changes to the State within ten (10) days of change.

3. **Vendor must verify member's current address and phone number.\***

- a. If a member reports a different address and/or phone number than what is present on the member record, vendor must verify whether he/she has already reported this change to HSRI.
- b. If member confirms this new information has been reported to HSRI, no further action is needed by vendor. Corrected information will be present on a future eligibility file.
- c. If no, vendor may proceed to report demographic change to EOHHS.

\*Vendors are required to report to EOHHS any members that are not living in Rhode Island and are receiving mail outside of the State of Rhode Island. This is reported to EOHHS through the monthly *Member Out of State Fraud Report* submitted to EOHHS by MCOs. This compliance requirement only applies for out-of-state address changes, not phone/email changes. MCOs can also provide out of state mailing address updates in the 'VendorAddressChangeReport.xls' template.

4. **Vendor must confirm the type of change using one of the following options in the VendorAddressChangeReport.xls:**

- a. *Mailing only*: Member wants to change address for mailing communication purposes only.
- b. *Residential only*: Member has moved but does not want mail to be sent to new address. Vendor should confirm mailing address and inform member that mail will continue to go to that address.
- c. *\*Both Mailing and Residential*: Member moved and wants both mail and residence address changed.\*
- d. *N/A Phone Number Only*: Member is only changing their phone number on the record.
- e. *Email Only*: If member is only updating their email address on file.
- f. *\*All Changes*: This option is inclusive of 'both mailing and residential' and a phone number change.

\*EOHHS recommends for only address changes that the MCO selects the 'Both Mailing and Residential' or 'All Changes' to help ensure that records match.

**Vendor must clearly note which type of change option described above is chosen in the drop-down tabs in the weekly VendorAddressChangeReport.xls to the State.**

5. **Vendor must inform the member that he/she will receive a notification from the State at the new mailing address within 7-30 days and the change will be noted in the member's account.**

Notification template is Attachment 3 to this policy.

6. **Vendor must inform the member that he/she may receive additional demographic confirmation notices if the member is enrolled in other State programs, including but not limited to SNAP.**

### **C. Reporting Requirements for Vendors to Update Member Addresses/Phone Numbers/Email Addresses**

The following procedures outline the reporting process vendors must utilize in providing EOHHS updated member information. Vendors must use the 'VendorAddressChangeReport.xls' (Attachment 1) to notify EOHHS of member mailing address or phone number changes (and email addresses if provided). Alternate formats will not be accepted by EOHHS and MCOs should follow file naming conventions set forth in this policy.

Vendors must submit to the EOHHS file transfer portal (FTP) a weekly incremental file with updated member demographic information in the standard reporting template on Fridays, or the last day of the week if there is a State observed holiday, by 12 p.m. E.S.T. Reports must contain only the week's data. Submission folder on FTP will be titled 'Weekly Address Change Report'. All data received after this deadline will be added in the following week's address update file run.

Demographic changes are subject to EOHHS audit and must comply with policies and procedures set forth in this policy, the Vendor Contract, and all state and federal regulations.

**MCOs must not remove columns, modify header fields and convert report other than the template provided by EOHHS.**

#### **1. Report Field Specification Requirements**

Vendors must include the following file specifications for member mailing address/phone number updates:

- **HOH SSN (Required)**
- **MMID (Required)**
- **First/Last Name (Required)**
- **DOB (YYYYMMDD) (Required).**
- Previous Address (Required if reporting new address)
  - New Address (All fields required if updating new address)
- Previous Phone Number (Required if reporting new a phone number)
  - New Phone Number
- New Email

In the 'Previous Address/Phone Number' and 'New Mailing Address/Phone Number' columns of the reporting template, vendors may leave field(s) blank if the field is not being updated. For example, the vendor would be required to provide the previous mailing address, including the Apt number, Street Number, Address, Address 2 (if

applicable), State, Town, Zip Code fields if a new mailing address is given by a member. The same rule would apply if a member updates his/her phone number. Blank data fields will not overwrite existing data. **Vendor must ensure that the member information is accurate and complete, as incorrect member information will cause the address update to error off.**

Vendors may include up to 500 demographic changes in a single report. The vendor must use the same heading format in the template for all rows. If a vendor needs to submit more than 500 demographic changes in a given week, the vendor must use a new template. In addition, the vendor must indicate the date the template is submitted to EOHHS and the name of the vendor submitting the report to EOHHS in the report (i.e., NHP, THP, UHC). If a member updates their address multiple times, the most recent submitted address will be considered valid. It may take up to 20 days for the file to be processed and for the new mailing address/phone number to be updated on all data systems, including 834 processing form.

## 2. Report File Naming Convention

- a. Vendor must use the following naming convention when submitting the reporting template to EOHHS:  
VENDORAddressChangeReportV#\_VENDORNAME\_YYYYMMDD.xls
- b. Vendor must insert their name (i.e., NHP, UHC, THP) in VENDORNAME and the date (YYYYMMDD) the report is submitted in the file naming convention to EOHHS. The file naming convention should be the same as the date submitted within the report. Reports that fail to include approved file naming convention may be rejected by EOHHS and need to be resubmitted.
- c. Vendor must submit report via the EOHHS FTP portal into the vendor's respective report submission folder. After the report has been submitted to EOHHS on the FTP portal, the vendor must email [OHHS.MCOOversight@ohhs.ri.gov](mailto:OHHS.MCOOversight@ohhs.ri.gov) notifying EOHHS that the report has been uploaded and can be retrieved.
- d. EOHHS will follow up with the MCO if there is any further action necessary to update member's addresses and phone numbers.

## D. Exception process

Any errors, or exceptions, that occur during the update process will be provided to Health Source Rhode Island (HSRI) for follow up. EOHHS will provide an update to MCOs, as necessary, for addresses reported by MCOs to EOHHS that cannot be updated because of file processing issues and/or errors.

## Attachments to this Policy

1. VendorAddressChangeReport.xls
2. MCO Demographic Update Process PowerPoint April 17, 2020
3. Member Demographic Change Notice

DRAFT - Final Documents to be provided to awarded Contractor



# MCO Demographic Update Process

Managed Care Organization Rollout Workshop

April 17, 2020





# Agenda and Information Session Overview

## Agenda

- Introductions and Session Overview
- Policy Goals & Objectives
- MCO Process Overview
  - Data Collection Requirements
  - MCO Reporting Process
- Implementation and Testing Timeline
- Questions
- Next Steps

## Session Information

- Please mute your phone/computer mic during WebEx.
- Please save questions for end of presentation.
- Session is being recorded for review.
- Please make sure to have all relevant documents:
  1. Policy Document
  2. Template
  3. PPT Deck

DRAFT - Final Documents to be provided to awarded Contractor



# Problem Statement, Policy Goals and Objectives

## Problem Statement

Members are confused on how to change addresses which has resulted in:

- Increased mailing errors and returned mail for both vendors and EOHHS
- 834 files sent by EOHHS to MCOs overwriting correct demographic information.

## Policy Goals and Objectives

Outline procedure for vendors to submit member demographic changes to EOHHS. Goals of this policy include:

- ✓ Simplified process for members to update demographic information with MCOs for EOHHS/DHS programming (Medicaid, SNAR, etc.);
- ✓ Reducing mailing errors and returned mail to reduce unnecessary mailing costs;
- ✓ Communicating timely notifications to EOHHS of members moving out of state/terminations
- ✗ Does not cover RHO and SSA based changes.



# Project Team Overview



**Deloitte.**



**EOHHS:** Subject matter expertise and leadership in policy development and eliciting input from stakeholders across State agencies and vendors

**HSRI:** Input, guidance, consultation concerning RI Bridges/HSRI eligibility impacts.

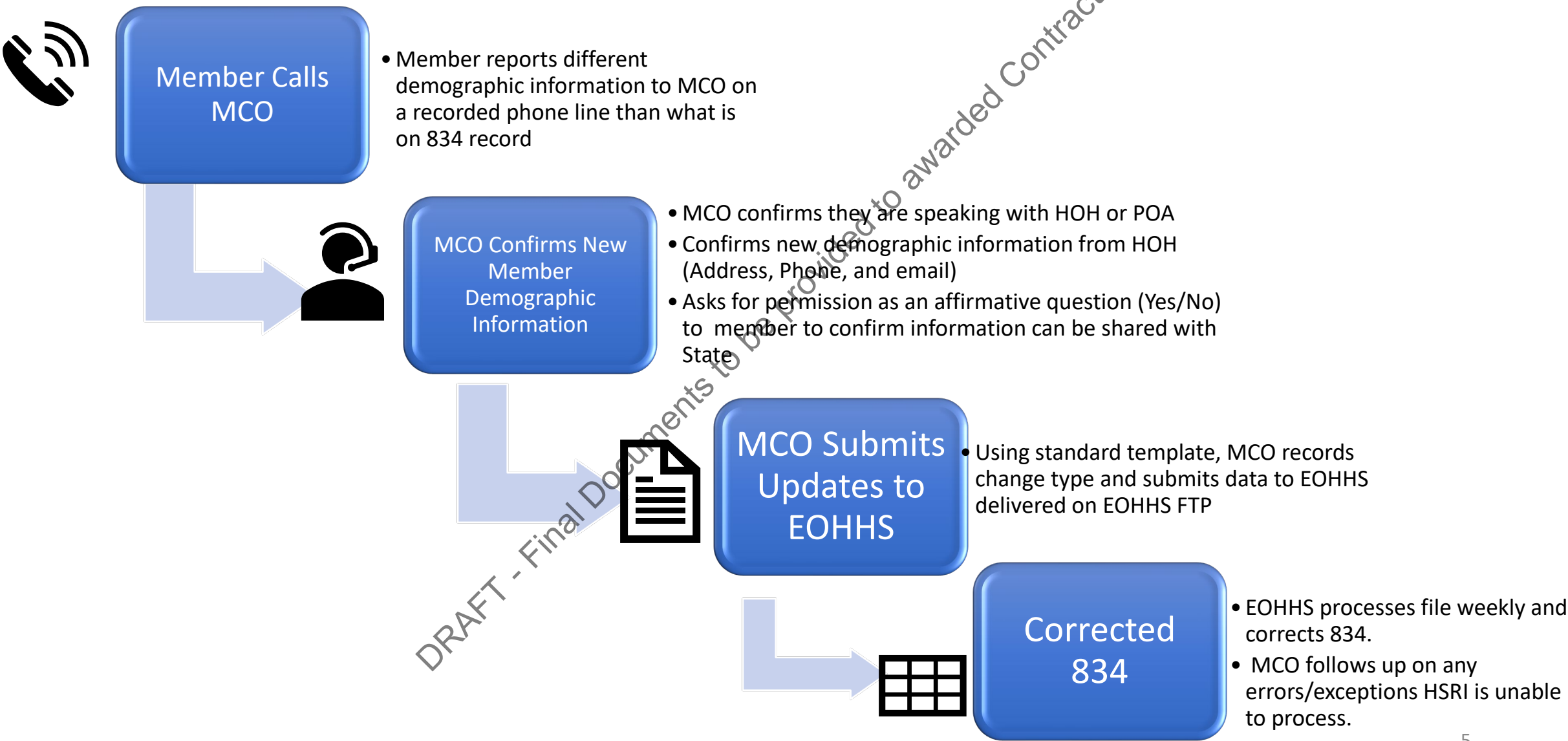
**DHS:** DHS Program integration support and technical support.

**Deloitte:** Technical support for script process build for updating member demographic information

**KPMG:** Project management, research and organizational support.



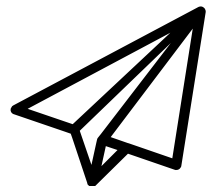
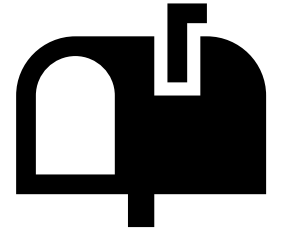
# MCO Demographic Change Policy Overview





# MCO Call Center Requirements

- MCO must use **recorded phone line** to confirm new member demographic information.
- MCOs can collect new demographic for the following categories:
  - Address Changes (Both Mailing and Residential)
  - Phone Number
  - Email Address
- For Rlte Care members, **MCO must confirm that CCR is speaking with Head of Household (HOH). For RHP/RHE MCO must confirm MCO is speaking with Power of Attorney (POA).** (*"Are you the head of household for the account or power of attorney to make changes to this account?"*) MCO must verify based on 834 information.
- MCO must confirm new member demographic information and ask for **explicit permission as an affirmative question** to member to allow MCO to report changes to the State. (*Do you give permission for VENDOR to provide this information to the State of Rhode Island to update your records?"*). **EOHHS cannot accept addresses from members that do not give permission and collection is subject to EOHHS audit.**
- MCO must inform member that for SSI benefits, or members within a household on SSI, members must contact SSI office to update information.





# Call Script Requirements For When Members Want to Update Demographic Information with EOHHS

## **MCOs must develop a telephone call script that incorporates the following verification and collection elements:**

- Share preferred method for making address changes (HSRI/Customer Portal)
- HOH/POA verification process
- Permission to share information with the state – Y/N
- Verify member name, DOB, SSN, MMID
- Confirmation of type of change: Mailing only, Residential only, Both Mailing & Residential, Phone number only, Email only, all changes
- Inform member that their DHS benefits, such as SNAP will also be updated
- Inform member of follow up confirmations (mail and or call) of the changes from the Stat
- SSI disclosure

## **Call Script Readiness Requirements**

- MCOs have flexibility to develop call script to update requirements, however, must confirm all verification and collection elements (described on left).
- **By May 29, 2020, EOHHS requests updated call scripts for MCOs to begin August implementation for EOHHS marketing review.**
- Once call script has been approved, MCO must next submit to EOHHS documentation that MCO will collect information including updated call center policies and procedures that abide by demographic change requirements. (Please submit no later than June 30<sup>th</sup>).
- MCO will be permitted to offer test files to EOHHS prior to required implementation by all MCOs no later than September 1, 2020. Test files can start on July 15<sup>th</sup>.



# Vendor Address Change Report Requirements

Required Member Information					Previous Mailing Address/Phone Number								New Mailing Address/Phone Number									
HOH SSN	MMID	First Name	Last Name	DOB (YYYYMMDD)	Apartment Number	Street Number	Street Name	Address Line	City	State	Zip	Phone Number	*Type of Change	Apartment Number	Street Number	Street Name	Address Line	City	State	Zip	Phone Number	Email

## File Specification Requirements

- MCO must record demographic updates in Vendor Address Change Report
- Required Member Information Fields
- Previous Mailing Address/Phone Number
- New Mailing Address/Phone Number
- \*Type of Change – Ensure type of change is selected from drop down:
  - Mailing Only
  - Residential Only
  - Both Mailing and Residential
  - Phone Number Change Only
  - All Changes

## File Submission Requirements

- MCO to send file weekly by 12 p.m. on Fridays to the EOHHS FTP. File must contain only week's data.
- MCO must use required file naming convention: VENDORAddressChangeReport\_VENDORNAME\_YYYYMMDD.xls
- Report will be delivered on EOHHS FTP under reporting folder titled 'Weekly Demographic Folder' EOHHS will delete file from FTP once downloaded and processed.



# Demographic Change Types Triggers

Change Type	When Applicable
Mailing Only	When member wants to change only their mailing address.
Residential Only	When a member wants to change their residence on file.
*Both Mailing and Residential	When a member wants to change both their mailing and residential records.
Phone Number Only	When member only wants to change their phone number
Email Only	When a member wants to change their email on file.
*All	Applicable when member is changing all relevant fields listed above.

*MCO is responsible for confirming with member and indicating on reporting template which type of change is being made.*

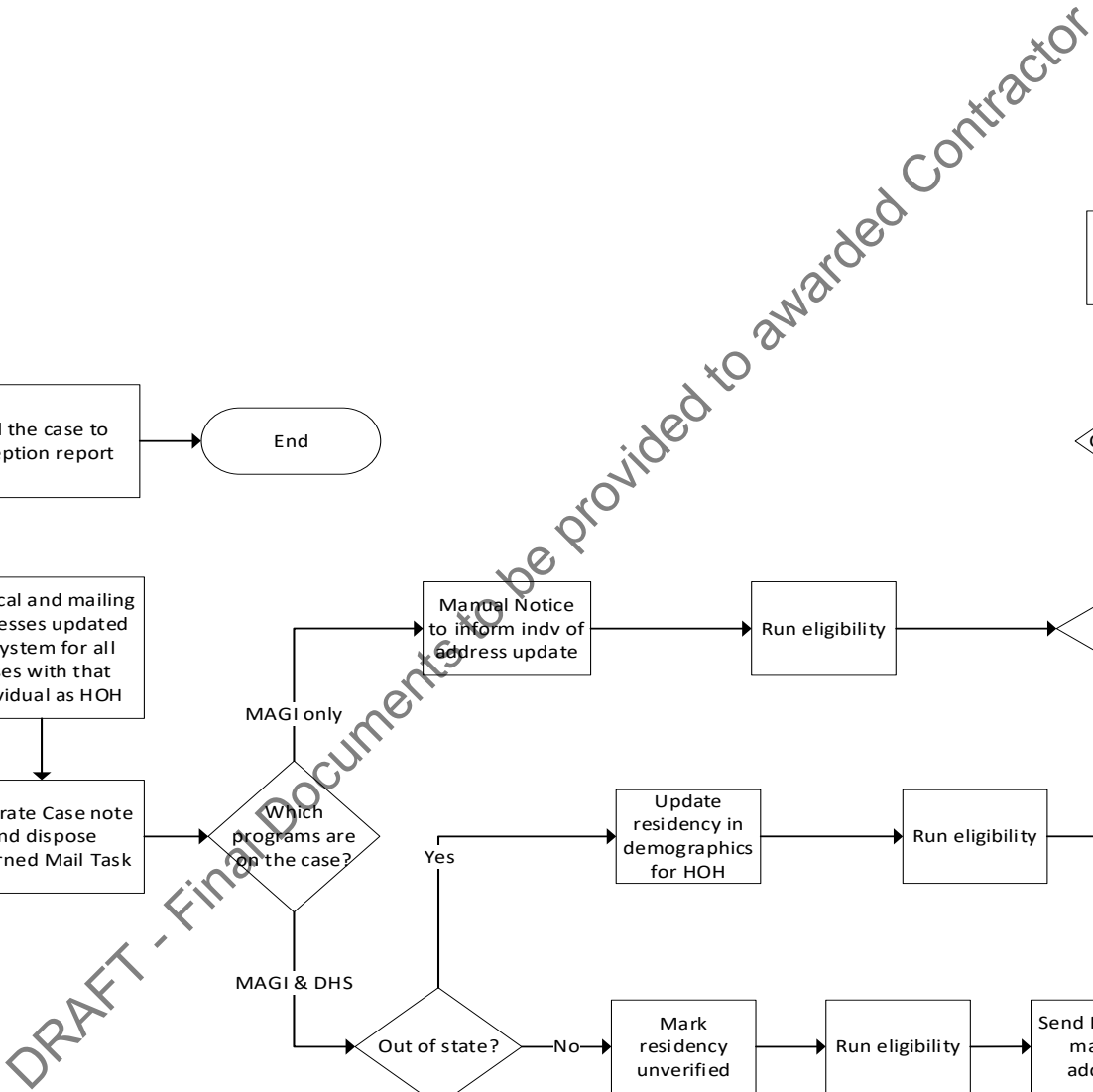
*\*Recommended defaults*





# File Processing Times and Feedback/Exception Process for Errors

- Processing varies based on a variety of factors such as:
  - Population segment (Rite Care, Expansion, RHP)
  - File matching based on required fields
  - The type of change being requested
- In general, it may take between **7 and 30 days** from when an MCO submits change from when the member profile can be updated on 834/eligibility portal.
- Errors or exceptions that occur during the update process will be provided to Health Source Rhode Island (HSRI) for follow up, correction and/or verification with member(s).
  - There may be populations that cannot be updated based on factors such as: excessive amounts of changes (profile becomes locked), member is on SSI or member is not authorized to make such changes.
- EOHHS will provide an update to MCOs, as necessary, for demographic changes reported by MCOs to EOHHS that cannot be updated because of file processing issues and/or errors.





# Timeline for Implementation and Next Steps

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- **April 17** – Meet with MCOs, Review Policy, Address Questions.
- **April 24**–EOHHS issues final policy and guidance for MCOs to begin build.
- **May 29** – MCOs submit draft call center telephone scripts to EOHHS for review and approval
- **June 30**– MCO submit P&P for EOHHS review internal review process
- **July 15** – MCOs send test files/UAT. Files delivered to EOHHS FTP.
- **August 15—September 1** – Implementation/data into production. All MCOs must implement no later than September 1.



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# Questions?

DRAFT - Final Documents to be provided to awarded Contractor



# Contact Information

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If you have further questions, please contact:

- Mark Kraics, Medicaid Managed Care Director, [Mark.Kraics@ohhs.ri.gov](mailto:Mark.Kraics@ohhs.ri.gov)
- Lissa DiMauro, Associate Director, [Lissa.DiMauro@ohhs.ri.gov](mailto:Lissa.DiMauro@ohhs.ri.gov)
- Jan Begert, Medicaid Managed Care Project Manager, [Janet.Begert.CTR@ohhs.ri.gov](mailto:Janet.Begert.CTR@ohhs.ri.gov)

DRAFT - Final Documents to be provided to awarded Contractor



HOH Name  
Case address Line 1  
Case address Line 2  
Case address Line 3

#### How to Contact Us

Go online : [www.healthyrhode.ri.gov](http://www.healthyrhode.ri.gov)

For questions about affordable health coverage,  
call HealthSource RI at 1-855-840-4774

For questions about affordable health coverage or  
human services programs, call Department of  
Human Services at 1-855-MY-RI-DHS  
(1-855-697-4347)

#### Notice Title

Dear XXX,

This letter is to confirm that we recently received your change of address and/or phone number from your managed care plan. We have updated your information in our eligibility and enrollment systems. Having your accurate address and phone number allows us to keep you informed about any changes to your benefits. If you did not make this change, please contact Health Source Rhode Island (HSRI) at (855) 840-4774 immediately. If you did make this change, no further action is needed.

If your address and/or phone number changes in the future, please notify us within ten (10) days of the change. You can do this in several ways:

- Log on to your account in the Customer Portal  
([https://healthyrhode.ri.gov/HIX/WebI3/CreateGenericUserAccount.action?accountFlow=true&request\\_locale=en\\_US](https://healthyrhode.ri.gov/HIX/WebI3/CreateGenericUserAccount.action?accountFlow=true&request_locale=en_US))
- Call Health Source Rhode Island (HSRI) at 1-855-840-4774
- Log on to <https://healthsourceri.com/reporting-a-change>.
- Call DHS Customer Service at 1-855-MY-RIDHS (1-855-697-4347).

Thank you.



You have a RIGHT to non-discriminatory treatment. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Executive Office of Health and Human Services (EOHHS) and the Department of Human Services (DHS), do not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, EOHHS and DHS do not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, RI 02907 telephone number 415-8500 (for deaf/hearing impaired 1-800-745-6575 Voice; 1-800-745-5555 TTY or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs. The Secretary of EOHHS is responsible for Medicaid related discrimination issues and any such complaints will be referred accordingly.



ATTENTION: Language assistance services are available to you free of charge. Call . 1-855-697-4347 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-697-4347 (TTY 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-697-4347 (TTY 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-697-4347 (TTY 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-697-4347 (TTY 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-855-697-4347 (TTY 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-697-4347 (ATS 711)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-697-4347 (TTY 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-697-4347 (TTY 711)

ملحوظة: إذا كنت تتحدث اذكر اللغة فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم) 1-855-697-4347 TTY 711

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-697-4347 (телетайп 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-697-4347 (TTY 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-697-4347 (TTY 711)

주의: 한국어를 사용하시는 경우, 언어지원 서비스를 무료로 이용하실 수 있습니다. 1-855-697-4347 (TTY 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-697-4347 (TTY 711).

Dè dè nà kè dyédé gbo; Ǿ jǔ ké m̃ [Bàsòò-wùdù-po-nyò] jǔ ní, níí, à wuḍu kà kò dò po-poò béin m̃ gbo kpáa. Ǿá 1-855-697-4347 (TTY 711)

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