

You still have Medicaid coverage: For more information about Medicaid coverage, please call the Rhode Island Department of Health and Human Services, 1-855-MY-RIDHS (1-855-697-4347), TTY 711 or contact your local DHS Office.

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.

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. **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. **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. **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.

Thank you for your attention to this matter.

[Insert appeals form here]

[<Marketing Material ID: 016 NOTICE TO CONFIRM VOLUNTARY
DISENROLLMENT>]