



RI Executive Office of Health and Human Services  
Medicaid Program

<Last 4 of MID#>

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

## **Your Neighborhood INTEGRITY Coverage is Ending**

### **KEEP THIS NOTICE FOR YOUR RECORDS**

Dear <Name>:

Your health and prescription coverage through Neighborhood INTEGRITY will end on **<Disenrollment effective date>** because Medicare has informed us that you are incarcerated. You will now have Original Medicare but will not be able to access services due to your current incarceration status. **If you think this information is wrong**, please call Social Security at 1-800-772-1213 (Monday to Friday 7am – 7pm) to ask them to fix your records. TTY users should call 1-800-325-0778.

#### **What happens when I am released and no longer incarcerated?**

When you are released, you need to report your release to SSA, and contact your local Medicaid office to reapply for Medicaid and join the Neighborhood INTEGRITY plan.

You will have a special opportunity to join a Medicare health or Part D plan. This opportunity begins the month you are released and lasts for two additional months. If you don't enroll at that time, you can enroll in a new Medicare health plan or Medicare prescription drug plan from October 15 through December 7 of each year for coverage to start the following year. Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

Your new Medicare coverage will begin the 1st of the following month after you enrolled in a new Medicare health plan or Prescription Drug plan.

**If you have any questions about this letter or your Medicaid coverage**, please call the

No. 25: Disenrollment Due to Incarceration

Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday – Friday, 8:00 am- 6:00 pm.

**For questions about Medicare**, call 1-800- MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit [www.Medicare.gov](http://www.Medicare.gov) TTY users should call 1-877-486-2048.

---

### **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 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).

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]