

CHAPTER 9: INDIVIDUAL ELIGIBILITY AND SHOP APPEALS

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CHAPTER 9: INDIVIDUAL ELIGIBILITY AND SHOP APPEALS

A. Overview of HealthSource RI Complaints and Appeals Process

HealthSource RI operates a fully integrated and customer-centered customer assistance complaints and appeals process. To the maximum extent possible, the process enables customers to resolve issues promptly and informally, with the goal of avoiding the need for a formal hearing while simultaneously supporting a customer's right to pursue a hearing where desired.¹ MAGI, Medicaid and HealthSource RI appeals are handled in a coordinated manner across HealthSource RI and the Executive Office of Health and Human Services (EOHHS).²

Applicants and enrollees are entitled to a hearing to appeal the following actions:³

- Whether they are eligible to buy a Marketplace plan, including a Catastrophic health insurance plan;⁴
- Whether they can enroll in a Marketplace plan outside the regular open enrollment period;⁵
- Whether they are eligible for lower costs based on their income;⁶
- The amount of savings they are eligible for;⁷
- A redetermination of eligibility, including the amount of APTCs and level of CSRs;⁸
- Whether they were properly terminated or dis-enrolled from a QHP;⁹
- Whether they are eligible for an exemption from the requirement to have health insurance;¹⁰ and
- Whether employers or employees are eligible for the SHOP Exchange;¹¹

HealthSource RI administers Large Employer Appeals,¹² including whether the employer provides minimum essential coverage through an employer sponsored plan or whether that employer provided coverage that is unaffordable.

B. Complaints Process Rules

The formal appeals process may not always be the most appropriate nor the most efficient venue for all customer issues. Many questions, concerns and disputes can be informally resolved without the need for a hearing. In many cases, HealthSource RI will be able to resolve a customer's appealable issue prior to the customer's scheduled hearing date. Customers are therefore encouraged to report questions and concerns first by calling, mailing or faxing the HealthSource RI Contact Center, or by logging in to their account online and submitting a complaint. Customers may submit a complaint by logging in to their account, choosing the "Tasks" tab on the Home Page, and then clicking "File a complaint" in the Tasks tab.

Complaints may be submitted:

- by phone at 1-855-840-4774 ;

¹ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, V 1.0 (July 26, 2013) at 9; OHHS 0110.

² Id.

³ R23-1-1-ACA §1.12; OHHS 0110

⁴ R23-1-1-ACA §1.8(a), §1.8(c); OHHS 0110

⁵ R23-1-1-ACA §1.8(a); OHHS 0110

⁶ R23-1-1-ACA §1.8(b); OHHS 0110

⁷ R23-1-1-ACA §1.8(b); OHHS 0110

⁸ R23-1-1-ACA §1.8(b); OHHS 0110

⁹ R23-1-1-ACA §1.8(d); OHHS 0110

¹⁰ R23-1-1-ACA §1.13; OHHS 0110

¹¹ R23-1-1-ACA §1.30, §1.31; OHHS 0110

¹² R23-1-1-ACA §1.1; OHHS 0110

- by mail at **HealthSource RI, Hazard Building Mailroom, 74 West Road, Suite 500, Cranston, RI 02920-8409;**
- by fax to the HealthSource RI Customer Support Center at **401-223-6317;** or
- by accessing their account online, choosing the “Tasks” tab on the Home Page, and clicking “File a Complaint”.

In the event HealthSource RI is able to accommodate a customer’s request to retroactively change the customer’s coverage start date or eligibility, it may take up to 30 days to process the request. Accordingly, once a customer has requested a change to his or her coverage, the customer will be responsible for paying for the requested coverage as long as the request is processed within 30 days of approval.

C. Appeals Process Rules

The following outlines the rules governing the EOHSS appeals processes, highlighting any differences between individual eligibility and SHOP appeals processes.

1) Notice of Appeal Rights

Customers are provided information about their appeal rights in their application packet and upon their eligibility determination. Every Eligibility Decision Notice informs customers of their right to a hearing, procedures by which to request a hearing, the right to designate an authorized representative or his or her choosing and the circumstances under which aid may be continued pending an appeal.¹³ Each Eligibility Decision Notice also includes an appeal request form (see Appendix for a sample copy of the Appeals Form).

Medicaid notices must be sent at least 15 business days before the date of action,¹⁴ and include a statement of the action to be taken by the agency and the effective date of such action, reasons for taking the action, sources of law or regulation that support the action, and the customer’s right to request a state Medicaid agency hearing.¹⁵ Notices must explain that the outcome of an appeals decision may result in a change of eligibility for other household members and that such a change may be treated as a redetermination.¹⁶

The same requirement to provide a notice of appeal rights exists for employers and employees applying for eligibility in the SHOP Exchange.¹⁷ The notice of appeals rights must be included in a notice of denial issued to an employer and employee. Employers and employees may both appeal the failure of the SHOP Exchange to make a timely eligibility decision.¹⁸ If an employer does not include an employee on the Employee Census, the employee will not be eligible for the SHOP Exchange and will not receive a denial of eligibility from the SHOP Exchange.¹⁹

2) Request for Appeal

Customers must request an appeal within **30 days** of the date of the notice of eligibility determination.²⁰ The request must be filed or postmarked within the 30-day period. The customer is presumed to have received

¹³ 42 CFR 431.206 and NPRM; 42 CFR 431.210 and NPRM; 45 CFR 155.515.

¹⁴ Rhode Island Medicaid Rules & Regulations Ch. 0302(D)(1)

¹⁵ 42 CFR 431.211 and NPRM; 42 CFR 431.210 and NPRM.

¹⁶ 45 CFR 155.515(b).

¹⁷ 45 CFR 155.740(e)(2).

¹⁸ 45 CFR 155.740(c)(2) & (d)(2).

¹⁹ 45 CFR 155.710(e).

²⁰ OHHS Code of Rules § 0110.20.

the notice of action 5 business days after the date on the notice unless the customer can show that he or she did not receive it within that 5-day day period.

Requests for Appeals may be submitted:

- In-person to the HealthSource RI Contact Center or the DHS field office;
- By telephone through the Contact Center;
- By fax to the HealthSource RI Customer Support Center;
- By U.S. Mail to the address indicated on the appeals request form;
- Online by accessing the user’s account, choosing the “Tasks” tab on the Home Page, and then clicking “File an Appeal”.²¹

When submitting an appeal by mail, customers should provide an explanation, and documentation whenever possible, regarding the decision being challenged and why he or she believes the determination is inaccurate.²² For example, if a customer is appealing a termination notice, the customer should submit a copy of that notice along with the appeal. Customers submitting an appeal from within their online account are required to select the notice they are appealing from a drop-down menu, and may upload other relevant documentation to their account. If filing an appeal online, customers should also provide a short explanation regarding the reason for their appeal in the box provided.

3) Notice of Receipt of Appeals Request

EOHHS, upon receipt of an appeal request, will send timely acknowledgement to the appellant of receipt of the request. The acknowledgement will include information regarding potential eligibility pending appeal, and must clarify that any APTCs applied to the account pending the appeal are subject to reconciliation.²³

Because an appeal submitted by an employee covered through SHOP may impact the employer, the employer will be notified if an employee submits a valid appeal.²⁴

4) Appeals Account Management

Customers can manage their appeal request in the same channels that they submit their appeals request: in-person, by mail, by telephone, by fax, or online. From within their online account, customers may designate an authorized representative, request the appeal to be expedited, choose to withdraw an appeal, and upload supportive documents. Customers may be provided an opportunity to examine documents and records used during the hearing, at a reasonable time before the hearing, and during the hearing.²⁵

In the SHOP Exchange, appellants will receive “desk reviews”, although hearing requests will be considered.²⁶ A “desk review” means the hearing officer reviews, and bases his/her decision on, written submissions and evidence from the appellant and any appropriate state agency representative(s). To request a desk review, the appellant must notify the EOHHS appeals office or the HealthSource RI Contact Center in advance and:

²¹ OHHS Code of Rules § 0110.20; Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 9.

²² Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 14.

²³ 45 CFR 155.520(d)(1).

²⁴ 45 CFR § 155.740(g)(1).

²⁵ OHHS 0110.30.25

²⁶ OHHS 0110.30.35

- If the hearing has already been scheduled, this advance notice shall be given no less than five business days before the scheduled hearing. In such cases, the written submissions shall be due on the day the hearing would have occurred.
- If the hearing has not yet been scheduled, the appellant may request the desk review at any time, and the written submissions shall be due within ten (10) days of such request or at such other deadline to be agreed between the appellant and the EOHHS Central Appeals Office.

Upon requesting a desk review, the appellant forfeits his or her opportunity for an in-person hearing.

5) Assignment of Authorized Representative

Appellants have the right to designate an Authorized Representative to represent them at any stage of an appeal.²⁷ Designation of an authorized representative may be made in the following ways:

- By mailing in a signed document to a DHS office or the HealthSource RI Customer Support Center;
- By adding a representative via telephone through the Contact Center;
- By accessing their online account; or
- By going in-person to the HealthSource RI Contact Center or DHS Office. If the designation is in person, a written designation will also be required.

For SHOP appeals, employers and employees may select an Authorized Representative specifically for an appeal as part of the appeal request. If an employer already has an agent or broker as an Authorized Representative and does not actively select an Authorized Representative, the agent or broker remains the Authorized Representative for the appeal. Employees must actively select an Authorized Representative for an appeal.

All correspondence generated through the EOHHS Appeals Office for an appellant who has designated an Authorized Representative must be sent to that representative, in addition to the appellant.²⁸

6) Informal Resolution

The Informal Resolution (IR) process is a fundamental component of the appeals process. HealthSource RI will make a concerted effort to resolve customer disputes prior to the formal hearing date. DHS may conduct informal resolution for MAGI Medicaid-related appeals. Informal resolution involves reaching out to the customer at the telephone number and email address listed in the customer's online account and asking for additional information that will help HealthSource RI resolve the issue. Every attempt will be made to resolve the appealable issue(s) prior to hearing, however if the appellant remains dissatisfied with the outcome of the IR process, his or her right to a hearing is preserved.²⁹

If the attempt was successful, the customer will be provided an opportunity to withdraw his or her formal hearing request. If the attempt was unsuccessful, the customer's right to a formal hearing stands and the scheduled hearing date remains unchanged.³⁰ HealthSource RI may continue its efforts to resolve the customer's issue informally, up until the date of the applicable agency's decision, if necessary. If the appeal

²⁷ 42 CFR 435.923(a) and (b); 45 CFR 155.505(e).

²⁸ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 17.

²⁹ Medicaid Rules & Regulations 0110.20.05

³⁰ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 24.

advances to a hearing, the appellant will not be asked to provide duplicative information or documentation that he or she previously provided during the application or informal resolution process.

An informal resolution process for a SHOP appeal may end in either a formal appeal decision or the employer or employee may withdraw the appeal. Similar to the individual market appeals process, all withdrawals of appeals must be in writing.³¹

7) Withdrawal of Hearing Request

The appeal request must be dismissed if an appellant withdraws the request in writing or by phone.³² When requesting the withdrawal the customer may:

- Upload a signed withdrawal request in customer's online account;
- Call HealthSource RI;
- Request a withdrawal in-person at a HealthSource RI Walk-In Center by completing a withdrawal request form; or
- Mail or fax a written withdrawal request form to a DHS Field Office or to HealthSource RI .³³

8) Request for a Continuance (Reschedule)

An appellant must request to reschedule the hearing by contacting EOHHS Appeals Office at (401) 462-2132 prior to the hearing. No more than three requests for continuance will be granted unless the EOHHS Appeals Office exercises its discretion to allow for more than three continuances after a demonstration of good cause.³⁴

9) Abandonment of Hearing Request

A hearing will be dismissed upon determination that it has been abandoned.³⁵ Abandonment occur when, without good cause, an individual or his or her Authorized Representative fails to appear at a hearing and has not notified the EOHHS Appeals Office prior to the hearing. The customer may call the EOHHS Appeals Office to reschedule the hearing up until the time of the hearing.

The customer will be notified in writing that the hearing request is considered abandoned and that he or she may contact the EOHHS within ten days if he or she wishes to reschedule the hearing and can demonstrate good cause for failing to attend the hearing.³⁶

Good cause for failure to attend a hearing shall include, but is not limited to:

- Sudden and unexpected event (such as loss or breakdown of transportation, illness or injury, or other events beyond the individual's control) which prevented the individual's attendance;
- Injury or illness that reasonably prohibited the individual from attending;
- Death in the family.³⁷

³¹ 45 CFR § 155.740(i)(1)(i).

³² 45 CFR 155.530; 42 CFR 431.223; Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 24; Medicaid Rules & Regulations 0110.

³³ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 34.

³⁴ Medicaid Rules & Regulations § 0110.40.

³⁵ Medicaid Rules & Regulations § 0110.40.

³⁶ Medicaid Rules & Regulations § 0110.40.

10) Notice of Hearing

Appellants must be provided with written notice once a hearing has been scheduled. The EOHHS Appeals Office will provide written notice to the appellant of the date, time, and location or format of the hearing once it is scheduled and no later than 10 business days prior to the hearing date and no later than 15 days if it is an appeal related to eligibility for APTCs or CSRs.³⁸

For appeals related to the SHOP Exchange, employers and employees both retain the option to elect a “desk review” in lieu of a hearing.³⁹ A desk review means the written submissions and evidence shall be reviewed and a decision will be issued by an EOHHS hearing officer.

SHOP appellants may request a desk review by notifying the EOHHS appeals office or HealthSource RI. If the hearing has been scheduled, the appellant may schedule a desk review any time at least 10 or more days prior to the date the hearing is scheduled. An appellant may request a desk review at any time if a hearing has not yet been scheduled. Evidence and written submissions must be provided within 10 days of the request for desk review or at an agreed upon date between the appellant and the EOHHS Central Appeals Office.⁴⁰

11) Aid Pending

A customer who files an Eligibility Appeal may be eligible to continue their previous level of eligibility pending appeal.⁴¹ Aid pending is available to customers who appeal an eligibility redetermination that occurred within 30 days of the date the appeal is filed. The customer must request to receive Aid Pending by telephone to HealthSource RI within 30 days of the eligibility redetermination occurring. Aid Pending is limited to customers appealing an eligibility redetermination.⁴² New applicants who have been denied eligibility may not receive Aid Pending.⁴³

Once a customer is determined eligible to receive Aid Pending, HealthSource RI will continue the customer’s eligibility for enrollment in a QHP, APTCs and CSRs, as applicable, in accordance with the level of eligibility in effect immediately before the redetermination being appealed. A customer must continue to pay premiums or HSRI may terminate coverage as provided in 45 CFR 155.430(b)(2)(ii). APTCs paid while the appeal is pending are subject to IRS reconciliation at the end of the tax year. If the appeal results in a determination that is unfavorable to the customer (e.g., reduces the amount of APTCs for which he or she is eligible) the individual would be liable to repay APTCs for which the IRS determines he or she is not eligible.

12) Supportive Documents

Customers have the opportunity to submit supportive documents in person, online, by mail, or by fax via HealthSource RI. Documents submitted online will be automatically uploaded to the customer’s online account. Documents submitted in-person, by mail, or by fax will be digitally scanned and uploaded into the

³⁷ Medicaid Rules & Regulations § 0110.40.

³⁸ 45 CFR 155.535(b)

³⁹ Medicaid Rules & Regulations § 0110.30.35.

⁴⁰ Id.

⁴¹ 45 CFR §155.525; R23-1-1-ACA §1.8

⁴² 45 CFR §[155.330\(e\)\(1\)\(ii\)](#); 45 CFR §[155.335\(h\)\(1\)\(ii\)](#); 78 Fed. Reg. 169

⁴³ 78 Fed. Reg. 169

customer's account and will be included in the Evidence Packet for all appeals other than SHOP. Documents submitted for a SHOP appeal will be incorporated into the evidence presented.⁴⁴

13) Evidence Packet

Individuals must be given the right to examine their case file/appeal record, including all documents and records to be used during the hearing, at a reasonable time before the date of the hearing and during the hearing. Customers must be given the right to question or refute any evidence being used in the appeal.⁴⁵ Requests for copies of the evidence packet may be submitted by telephone or in-person.

In order for Federal Tax Information (FTI) to be included in the evidence packet and reviewed during the hearing, all adults in the household must sign a release. The Hearing Officer and support staff must also sign a user acceptance form in order to view FTI.

In the SHOP Exchange, customers are permitted to submit evidence.⁴⁶ The Exchange will consider requests for an evidence packet for SHOP Exchange from appellants whose appeal will be adjudicated with a hearing.

14) Agency Response

The responsible agency for the appeal will prepare an agency response that will be presented at the appeal hearing and will be included in the evidence packet. The agency response summarizes the agency's findings, supports the original agency action and includes the regulation or policy used for the decision. The state agency's response shall be returned, electronically or manually, to the EOHHS Central Appeals Office within seven (7) days.⁴⁷

15) Appeal Hearing Modality and Adjudicators

Appeals hearings must be heard orally; conducted at a reasonable time, date and place; and adjudicated by an impartial hearing officer.⁴⁸

An Interpreter will be made available for individuals needing interpretive services.

During the hearing, the customer may present additional documentation and present his or her case to the Hearing Officer, who will be hearing the case *de novo* (with no prior knowledge of the specific issue).

The hearing must be recorded and witnesses will be sworn in by the appeals officer.⁴⁹ The following procedure shall be followed for every hearing:

- A statement by the appeals officer reviewing the hearing purpose; the reason for the hearing; the hearing procedures; the basis upon which the decision will be made; and the manner in which the individual will be informed of the decision;
- A statement by the agency representative setting for the policies under which the action was taken or denied;

⁴⁴ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 34.

⁴⁵ 42 CFR 431.242 and NPRM; 45 CFR 155.535(d).

⁴⁶ 45 CFR § 155.740(j).

⁴⁷ Medicaid Rules & Regulations § 0110.30.15

⁴⁸ 42 CFR 431.205(d); 42 CFR 431.240; Proposed 45 CFR 155.505(d); Proposed 45 FR 155.535(c); Preamble 4648.

⁴⁹ OHHS Code of Rules § 0110.55.

- A statement by the claimant (or his or her Authorized Representative) outlining his or her understanding of the issue; and a full and open discussion of all facts and policies at issue by participants under the active leadership of the appeals officer.⁵⁰

16) Expedited Appeals

A customer may request an expedited process when there is an immediate need for health services because a standard appeal could seriously jeopardize the customer’s life or health or ability to attain, maintain or regain maximum function.⁵¹ If the request for an expedited appeal is denied, the EOHSS Appeals Office must handle the appeal request under the standard timeframe and make “reasonable efforts” to inform the appellant through electronic or oral notification of the denial.⁵² Expedited appeal requests will be reviewed on a case-by-case basis.⁵³

Expedited appeals are not available for SHOP-related appeals.

17) Decisions

The appeal decisions must be written and based exclusively on relevant evidence provided during the course of the appeal, including during the hearing, and applicable law. Decisions must:

- State the decision, including a plain language description of its effect on an appellant’s eligibility;
- Summarize the facts relevant to the appeal;
- Identify the legal basis for the decision, including the regulations that support it and any and all conclusions of law;
- State the effective date of the decision; and
- Explain the customer’s right to pursue an appeal with HHS if he or she remains dissatisfied with the APTC/CSR eligibility determination.⁵⁴

EOHSS will issue the written notice of the appeal decision to the customer within 30 days,⁵⁵ but in no case shall exceed 90 days of the appeal request “as administratively feasible.”⁵⁶

EOHSS must make the appeal record or decisions, as relevant, accessible to the customer at a convenient place and time, and must also provide public access to all appeal records or decisions subject to applicable federal and state privacy and confidentiality laws, which will require redactions of personal information where appropriate.⁵⁷ EOHSS will ensure that appeal records or decisions, as relevant, are made available to the appellant or the public upon request and in hard copy or electronically.⁵⁸

⁵⁰ OHHS Code of Rules § 0110.55.

⁵¹ 45 CFR 155.540(a); 42 CFR 431.244.

⁵² 45 CFR 155.540(b); 42 CFR 431.244(f)(3)

⁵³ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 12.

⁵⁴ 45 CFR S. 155.545(a), also OHHS 0110.60

⁵⁵ OHHS Code of Rules § 0110.45.

⁵⁶ 45 CFR 155.545(b)(1)

⁵⁷ 45 CFR 155.550

⁵⁸ Preamble 4666

In the SHOP Exchange, the appeal record must be accessible to employers for an employer appeal. The appeal record must be accessible to both employers and employees for employee appeals.⁵⁹ Confidential information will be redacted and SHOP appeals will not be publicly available.⁶⁰

Decisions will be disseminated in writing to the following people and agencies, dependent upon the program eligibility of the customer:

- Appellant
- Authorized Representative, if assigned
- DHS Field Worker
- DHS Casework Supervisor
- DHS Regional Manager
- EOHHS Policy Office
- Associate Director, Division of Medical Services (only in cases when the Medicaid decision was in favor of the appellant)
- HealthSource RI Legal Counsel and Appeals Team⁶¹
- Employer in the case of an employee appeal in the SHOP Exchange.⁶²

Any decision in favor of the individual shall apply:⁶³

- Prospectively, on the first day of the month following the date of the notice of appeal decision, or consistent with §155.330(f)(2), (3), (4), or (5); or
- Retroactively, to the date of the incorrect eligibility determination was made, at the option of the appellant.

Additionally, if a decision is entered in favor of an individual, HealthSource RI will redetermine the eligibility of household members who have not appealed their own eligibility determinations but whose eligibility may be affected by the appeal decision, in accordance with the standards specified in§ [155.305](#).

D. Appendix

1) Sample Appeal Form, Page 1

⁵⁹ 45 CFR §155.740(o) referencing 45 CFR §155.550

⁶⁰ Id.

⁶¹ Appeals Operations Manual, Rhode Island Unified Health Infrastructure Project, Draft v 1.0 (July 26, 2013) at 10-11.

⁶² 45 CFR § 155.740(m).

⁶³ 45 CFR §155.545(c)

Date:
Account Number:

HEALTHSOURCE RI/EOHHS
HSD MAILROOM
74 WEST ROAD STE 500
CRANSTON RI 02920-8409

Appeal Form
Form Number: OHHS 121

Appeal Request Process

You may request an appeal (a review of our decision) by doing one of the following below. If you submit this form, the state will complete a review of your case to try to resolve the issue.

- Online. Visit www.healthsourceri.com;
- By phone. Call (855) 712-9158;
- In person. To find an office near you, go to <http://www.dhs.ri.gov/tabid/835/Default.aspx> or call us at (855) 712-9158
- By mail or fax. Complete this form and mail it to HSD MAILROOM, 74 WEST ROAD STE 500, CRANSTON RI 02920-8409 or fax it to 1-401-223-6317

Name (required): _____

Date of Birth (required): _____

Account Number : _____

Address (required): _____

Phone number: _____

Email: _____

Do you need help speaking, reading or writing English? No Yes:

If yes, what is your primary language? _____

Preferred method of contact (circle one): email / paper mail

Please explain the reason for your appeal:

Do you need important health services immediately? If so, would you like an expedited (fast) appeal?

Yes / No. If yes, please explain:

Would you like your coverage and benefits to continue unchanged while you wait for a hearing? Yes /No



Date:
Account Number:

HEALTHSOURCE RI/EOHHS
HSD MAILROOM
74 WEST ROAD STE 500
CRANSTON RI 02920-8409

Appeal Form
Form Number: OHHS 121

Appeal Request Process

You may request an appeal (a review of our decision) by doing one of the following below. If you submit this form, the state will complete a review of your case to try to resolve the issue.

- Online. Visit www.healthsourceri.com;
- By phone. Call (855) 712-9158;
- In person. To find an office near you, go to <http://www.dhs.ri.gov/tabid/835/Default.aspx> or call us at (855) 712-9158
- By mail or fax. Complete this form and mail it to HSD MAILROOM, 74 WEST ROAD STE 500, CRANSTON RI 02920-8409 or fax it to 1-401-223-6317

Name (required): _____

Date of Birth (required): _____

Account Number : _____

Address (required): _____

Phone number: _____

Email: _____

Do you need help speaking, reading or writing English? No Yes:

If yes, what is your primary language? _____

Preferred method of contact (circle one): email / paper mail

Please explain the reason for your appeal:

Do you need important health services immediately? If so, would you like an expedited (fast) appeal?

Yes / No. If yes, please explain:

Would you like your coverage and benefits to continue unchanged while you wait for a hearing? Yes /No

