

***HealthSource RI Customer*Rights and Responsibilities

HEALTHSOURCE RI FACTS & DATES**

**HealthSource RI Contact Center**

**1-855-840-4774/*www.healthsourceri.com***

**Applicant Rights and Responsibilities**

HealthSource RI and the Rhode Island Executive Office of Health and Human Services (EOHHS) (the State Medicaid Agency) must:

* Help you fill out all requested forms: Contact HealthSource RI or EOHHS for assistance.
* Provide interpreter or translator services at no cost when communicating with Health- Source RI or EOHHS.

In accordance with federal and state law and U.S. Department of Health and Human Services (HHS) policy, HealthSource RI is prohibited from discrimination on the basis of race, color, national origin (limited English proficiency persons), age, sex, disability, religion, gender identity or political beliefs.

To file a complaint of discrimination, you may contact HHS. Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). HHS is an equal opportunity provider and employer.

**Applicant responsibilities for all health coverage programs**

During the application process, individualsapplying for health coverage, including Rhode Island Medicaid, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR), must provide the Social Security number (SSN) for everyone in the household who has an SSN, including the applicant.

If requested by the agency, applicants must provide any information or proof needed to determine eligibility.

**Important rules for all health coverage programs**

There are certain state and federal lawsthat govern the operation of HealthSource RI and EOHHS, which administers RIte Care (Medicaid), customer rights and responsibilities, and the coverage obtained through HealthSource RI and EOHHS. By filling out the HealthSource RI application, applicants agree to comply with these laws and coverage obtained hereby.

1. You must provide the Social Security number (SSN) for anyone in your household, including yourself, who applies for health coverage, including Rhode Island Medical Assistance , Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR), under Federal Law (45 CFR 155.305 and 42 CFR 435.910). SSNs are used to check identity, citizenship, alien status and income as well as prevent fraud and verify health care claims. We also use SSN information with other federal and state agencies, including the Internal Revenue Service, to manage our programs and follow the law.



1. If requested by the agency, provide any information or proof needed to decide if you are eligible. Report changes in income, family size or other application information as soon as possible.
2. Requirement to provide voter registration assistance

The National Voter Registration Act of 1973requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining to register to vote will not affect the services or benefits that you will be provided by HealthSource RI. You can register to vote at: <http://www.elections.ri.gov/voting/registration.php>.

1. Right to appeal

Customers may ask for an appeal. If a customer disagrees with a decision that was made by HealthSource RI regarding eligibility, customers have a right to appeal that decision. Pursuant to EOHHS Rule #0110, “Complaints and Hearings,” customers may file an appeal of an eligibility determination and a hearing officer will hear the matter. More information about appeals rights and the appeals process may be found in Chapter 9.

Personal information will be protected as described in the HealthSource RI Privacy Policy, which may be made available to you upon request. Contact HealthSource RI to request a copy. This policy is available on our website ([www.healthsourceri.com](http://www.healthsourceri.com)) for your to review at any time.

1. HealthSource RI is not responsible for administering commercial health plans

Questions about the terms of a health insurance plan, including benefit eligibility, out of pocket expenses under a plan, and making a benefit claim or appealing a denial of benefits, should be addressed to the health insurance carrier.Health insurance carriers will provide individuals with more information about plan benefits. Assistance with such inquiries and appeals may be obtained through the Rhode Island Office of the Health Insurance Commissioner (OHIC) at 855-747-3224.

If eligible for COBRA following the termination of any health insurance coverage, the former employer or issuer is responsible for administering COBRA and providing the required COBRA notices and election period.

Individuals should not cancel any current insurance coverage or decline any COBRA benefits until they have received an approval letter and insurance policy, also known as insurance contract or certificate, from the insurance carrier selected during the enrollment process. Individuals should make sure they understand and agree with the terms of the policy, and pay special attention to the effective date, waiting periods, premium amount, benefits, limitations, exclusions, and riders.

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