



HEALTHSOURCE RI/EOHHS
 HZD 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 HZD 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



Check this box if someone is going to help you with the appeal or represent you during the appeals process. This can be an attorney, friend, or family member. Please provide this person's contact information:

Name: _____

Phone: _____

Address: _____

Email: _____

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

Appeal Instructions

Deadlines

You must request your appeal within 30 days of the receipt of your eligibility determination notice . If you miss this deadline, you may lose your right to appeal. After you have filed your appeal, we must schedule your hearing and issue a decision within 90 days.

Expedited Appeals

You have the right to an expedited appeal if you have an immediate need for health services and waiting for a standard appeal could seriously jeopardize your life or health, or ability to attain, maintain, or regain maximum function. We must decide expedited appeals as quickly as possible, given the circumstances. If we deny your request for an expedited appeal, we must inform you quickly, and we must handle your appeal through our standard process.

Right to Continue Benefits While Awaiting Hearing

You may have the right to have your benefits continue unchanged while you wait for your hearing (this is called "Aid-Pending"). You can only request Aid-Pending if you appeal within 10 days after you receive the notice you are challenging. Unless you can show otherwise, we will assume that you received the notice 5 days after the date on the notice. If you pay monthly premiums, you must still pay those premiums during the Aid-Pending period. If you have Medicaid and you receive Aid-Pending, and then you lose your appeal, the State may make you pay back its costs for covering you during the Aid-Pending period. If you are receiving tax credits to help pay for your premiums and you receive Aid-Pending, and then you lose your appeal, then you may owe extra money in your federal taxes next year.

Right to Represent Yourself and Right to be Represented

You have the right to represent yourself at the hearing, or to be represented by anyone you choose, including an attorney, advocate, friend, or relative.

Legal advice is available from Rhode Island Legal Services, Inc. at 274-2652 or 1-800-662-5034. If you choose to have Legal representation, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the Legal representative access to the Agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

Eligibility of Other Household Members May be Effected

Our appeal decision may result in changes to the eligibility of another member of your household.

Access to Your Case Record

You have the right to see your case record, including any evidence the State will use at your hearing. To receive a copy of your case record, call us at (855) 712-9158 or visit www.healthsourceri.com.

Informal Resolution

We may be able to fix your problem quickly without a hearing. Please call (855) 712-9158 so that we can review your case informally. We may also reach out to you in an effort to resolve your appeal informally. Your right to a hearing will not be impacted by efforts to resolve your issue informally.

