

Important Information Regarding Your Medicaid Benefits

We are writing to inform you that the Medicaid health benefits will be terminated for the following members in your household. This decision was based on the Rhode Island Code of Rules, Section XXX-XXXX-XX-XX-X.

Name: XXXXX

Type of Assistance: XXXXXX

Reason: XXXXXXXXXXXXX

Eligibility End Date: XX/XX/XXXX

FIRST NAME LAST NAME, your 6-month spend down period was extended during the Public Health Emergency (beginning March 2020). The Public Health Emergency has ended and a new-6 month spend down period is starting January 2, 2023 to June 30, 2023. We have determined that your countable monthly income of \$XXX is greater than the monthly medically needy income standard of \$1,092.00 for your household size. Your 6-month spend down amount $(\$XXX - \$1092) \times 6$ is \$882. If you have unpaid or paid medical bills please submit them to us right away. If you do not have such bills now, please submit any unpaid medical bills that you incur during the 6-month period to us. Once your unpaid bills equal \$882, you may be eligible for Medicaid coverage for the balance of the 6-month period.

Send proof of the bills to The Department of Human Services at:

State of RI

PO Box 8709

Cranston, RI 02920-8787

What if I disagree with this decision?

You can appeal decisions that we made about your eligibility for Medicaid Coverage. There are deadlines for filing an appeal, so you should act quickly. You must request your appeal within 35 days of the receipt of this Medicaid Termination notice. Additionally, if you request a hearing within 10 days after you receive the notice you are challenging, your benefits will continue until the hearing decision is made (this is called "Aid Pending"). See the attached form for further information regarding your appeal rights.

Information about purchasing coverage through HealthSourceRI

Please note: If you are not enrolled in Medicare, you may be eligible for low-cost health insurance through HealthSource RI.

Eight out of ten HealthSource RI customers receive financial help, which makes the monthly insurance premium more affordable. Please visit HealthSourceRI.com/Calculator or call 1-855-840-4774 to learn more. Don't wait - individuals may only have 60 days from the last day of their Medicaid Coverage to apply.