

RI Executive Office of Health and Human Services Medicaid Program

<SEQ #> <NOTIFICATION ID> <DATE> <NAME> <LAST 4 DIGITS OF THE MEMBER#> <ADDRESS> <CITY>, <STATE> <ZIP>

Your Neighborhood INTEGRITY Coverage is Ending

Dear <Name>:

We received your request to disenroll, from Neighborhood INTEGRITY, the new health and drug plan. **Your Neighborhood INTEGRITY coverage is ending on <date>.** If you think we made an error and you do not want to disenroll, please call us as soon as possible at the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday – Friday 8:00 am - 6:00 pm.

You still have Medicare health and prescription drug coverage

You will get your Medicare health services through Original Medicare if you do not select a Medicare health plan. When you see a doctor through Original Medicare, you should use your red, white, and blue Medicare card to receive health care services.

IMPORTANT: You need to choose a Medicare Part D Prescription Drug Plan

When Neighborhood INTEGRITY services end, Neighborhood INTEGRITY prescription drug coverage ends too. You can enroll in a Medicare Advantage plan that includes prescription drug coverage or a Medicare Prescription Drug Plan. If you do not select a new prescription drug plan, Medicare will enroll you in one.

To find out about Medicare plans in your area or if you have questions, call 1-800-633-4227 (1-800-MEDICARE), 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.

For help with your Medicare enrollment choices, call the POINT at 1-401-462-4444 (TTY 711) for referral to a State Health Insurance Program (SHIP) Counselor. Hours are: Monday, Wednesday, and Friday 8:30 am - 4:00 pm, Tuesday and Thursday 8:30 am - 8:00 pm, and Saturday 8:30 am - 12 noon.

You still have Medicaid coverage: For more information about Medicaid coverage, please call the Rhode Island Department of Health and Human Services, 1-855-MY-RIDHS (1-855-697-4347), TTY 711 or contact your local DHS Office.

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.

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 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. **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. **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 <u>www.eohhs.ri.gov.</u> **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. Thank you for your attention to this matter.

[Insert appeals form here]

[<Marketing Material ID: 016 NOTICE TO CONFIRM VOLUNTARY DISENROLLMENT>]