RI Executive Office of Health and Human Services
Medicaid Program

Keep this notice for your records

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

Your Enrollment Request Is Approved

Dear <Name>:

Thank you for letting us know you still want to be a member of Neighborhood INTEGRITY. **You have been enrolled back in Neighborhood INTEGRITY, as you requested, starting on <effective date>.** We've changed our records to show that you are, once again, a member of Neighborhood INTEGRITY.

If you have questions about your Neighborhood INTEGRITY plan or need a new card, please call Neighborhood Member Services at 1-844-812-6896 (TTY 711), Monday – Friday 8:00 am – 8:00 pm, Saturday 8:00 am – 12 noon.

If you have questions about this letter, please call the Medicare-Medicaid Plan (MMP) Enrollment Line at 1-844-602-3469 (TTY 711), Monday – Friday, 8:30 am – 7:00 pm, Saturday 9:00 am – 12 noon.

Thank you for your continued membership.

[<Marketing Material ID: 027 ACKNOWLEDGEMENT OF REINSTATEMENT>]