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>

We Received Your Request to Opt-Out of Neighborhood INTEGRITY

Dear <Name>:

We received your request to opt-out of any future automatic enrollment in Neighborhood INTEGRITY, a health and drug plan offered by Neighborhood Health Plan of RI. This is **only** for future automatic enrollment.

What if I do not want to join Neighborhood INTEGRITY or want to end my current membership with Neighborhood INTEGRITY?

If you do not want to be enrolled, you must call the Medicare-Medicaid Plan Enrollment Line at **1-844-602-3469** and tell us you do not want to join the new plan or you want to end your membership.

If I do not join Neighborhood INTEGRITY, can I change my mind later?

Yes. You always have the option to join Neighborhood INTEGRITY.

If you have questions about Neighborhood INTEGRITY, 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 or visit the website at: www.nhpri.org.

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.

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

[<Marketing Material ID: 028 ACKNOWLEDGEMENT OF REQUEST TO OPT OUT OF MMP>]