

Notice Description

Why was this notice sent?

Initial Notices

Exhibit 32: Opt-In Enrollment Letter

This notice will be sent to all Medicare-Medicaid eligibles who are eligible for 'Opt-In' or voluntary enrollment. The individual may be in Medicaid FFS (which means they aren't currently in a health plan) or may be a current Neighborhood UNITY member but has been identified as having a Medicare Advantage plan OR was auto-enrolled in a Part D Prescription Drug Plan within the last year OR has employer or union coverage. MMEs receiving this letter must mail-in an application or apply over the phone in order to be enrolled in Neighborhood INTEGRITY.

Exhibit 1: Medicare-Medicaid Plan Application

This is the enrollment form for Neighborhood INTEGRITY and is sent with Exhibit 32, the enrollment letter. This will be sent to eligible individuals in the 'Opt-In' group.

FAQ

This is a Frequently Asked Questions (FAQ) that is included with the Opt-In and Opt-Out enrollment letters.

Exhibit 31: Opt-Out Enrollment Letter (60-day)

This notice is sent to Neighborhood UNITY members 60 days prior to their enrollment start date in INTEGRITY, the new MMP. Members who receive this notice are in the Passive or Opt-Out enrollment group. They must call the MMP Enrollment Line to Opt-Out of INTEGRITY or else they will be automatically enrolled. Please note that enrollment is voluntary and members can Opt-Out at any time. (The state will be sending this notice at 75 days prior to the start date.)

Exhibit 5: Opt-Out Reminder Letter (30-day)

This notice is sent to Neighborhood UNITY members as a reminder, 30 days before their enrollment start date in INTEGRITY. Members should have already received Exhibit 31. If no action is taken by the member by the enrollment start date, they will be automatically enrolled in INTEGRITY.

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Additional Notices

Exhibit 4: Receipt of Completed Enrollment Request and to Confirm Enrollment

[Opt-In Enrollment only] This notice is sent when an individual applied by phone or paper application. This notice confirms the receipt of the enrollment request AND confirms that the individual was found eligible by the State and CMS, and will be enrolled in Neighborhood INTEGRITY. The effective date of enrollment in the health plan will be included on this notice.

Exhibit 6: Notice for Requesting Information

[Opt-In Enrollment only] This notice is sent when an application was not completed and the enrollment request cannot be submitted without additional information.

Exhibit 8: Individuals identified as having Employer or Union group coverage

[Opt-In Enrollment only] This notice is sent when an individual requests enrollment into INTEGRITY but was identified as having Employer or Union coverage (retiree drug subsidy). The recipient will have 30 calendar days to call and confirm that they wish to enroll in INTEGRITY. If they do not call, the enrollment request will be cancelled.

Exhibit 9: Denial of Enrollment

This notice is sent because an individual was found ineligible for enrollment. Please see the notice for all the reasons an individual may not be eligible for INTEGRITY.

Exhibit 11: Acknowledgement of Request to Cancel Enrollment

Individuals who receive this notice cancelled or opted-out of their enrollment in INTEGRITY before the start date.

[Opt-In Enrollment only] The individual applied/enrolled, then requested to cancel the enrollment request *before* their enrollment start date.

[Opt-Out Enrollment only] The individual was automatically enrolled and then Opted Out of the program *before* their enrollment start date.

Notice Description

Why was this notice sent?

Disenrollment

Exhibit 16: Notice to Confirm Voluntary Disenrollment

This notice is sent when a member is disenrolled from INTEGRITY- they either called the MMP Enrollment Line OR called 1-800-Medicare. This notice is sent within 10 days of the state verifying the disenrollment with CMS.

Exhibit 17: Denial of Disenrollment

This notice is sent when an unauthorized individual requests a disenrollment from INTEGRITY on the member's behalf, therefore the disenrollment is *not* processed.

Exhibit 19: Disenrollment Due to Out of Area Status

This notice is sent when it is determined that a person does not live in Rhode Island (out of area status).

Exhibit 21: Loss of Medicaid Status

This notice is sent when a member is disenrolled from INTEGRITY because of a change in Medicaid eligibility. This may have been due to a loss of Medicaid OR a change in a member's status that makes them ineligible for the program.

Exhibit 23: Disenrollment Due to Death

This notice is sent because a notification of death was received from CMS. The member may be disenrolled from INTEGRITY the first day of the following month or it may be a retroactive disenrollment.

Exhibit 24: Disenrollment Due to Loss of Medicare Part A, B and/or D

This notice is sent because a termination date for Medicare Part A, B and/or D was received from CMS. The member may be disenrolled from INTEGRITY the first day of the following month or it may be a retroactive disenrollment.

Exhibit 25: Disenrollment Due to Incarceration

This notice is sent because information on the member's incarceration was received from CMS. This member will be disenrolled from INTEGRITY.

Notice Description

Why was this notice sent?

Reinstatement

Exhibit 27: Acknowledgement of Reinstatement

This notice is sent when a member has been reinstated in INTEGRITY following a correction of an erroneous disenrollment.

Miscellaneous

Exhibit 28: Acknowledgement of Request to Opt-Out of MMP (not connected to request to disenroll or cancel enrollment)

This notice is sent when an individual calls and requests to be exempt from any future automatic enrollments into Neighborhood INTEGRITY. This notice is separate and different from opting out of the MMP after receiving Exhibit 31 and/or 5.