



RI Executive Office of Health and Human Services
Medicaid Program

<Last 4 of MID#>
<Date>
<Name>
<Address>
<City>, <State> <ZIP>

Your Neighborhood INTEGRITY Coverage is Ending

Dear <Name>:

Your health and prescription drug coverage through Neighborhood INTEGRITY will end on <date> because our records show you no longer qualify for Rhode Island Medicaid. You are only eligible for Neighborhood INTEGRITY if you're eligible for both Medicare and Medicaid. If you think we made an error in your Medicaid eligibility, please let us know as soon as possible.

You May Still Have Medicare Coverage

- Our records show you are no longer eligible for Medicaid, but you may still have Medicare coverage. You will have Original Medicare starting on the first day of the month after your Neighborhood INTEGRITY ends. If you don't select a prescription drug plan (Medicare Part D), Medicare will enroll you in one.
- If you have questions about Medicare, or do not want Medicare to enroll you in a drug plan, please 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 need help comparing prescription drug plans or would like to discuss other enrollment choices, call the POINT to schedule an appointment to meet with a SHIP Counselor in person. (401) 462-4444 (TTY 711). 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.
- If you need to fill any covered prescription before your new Medicare Prescription Drug Plan coverage starts, call Medicare Limited Income NET program, also called LI NET, at 1-800-783-1307. TTY users should call 711. The call is free. You can also visit www.humana.com/pharmacists.

You can join another Medicare plan.

Because you are no longer eligible for Neighborhood INTEGRITY, you have up to **three months** to join a Medicare health plan with prescription drug coverage or Medicare Part D prescription drug

plan. After you have enrolled in a Medicare health plan with prescription drug coverage or Medicare Part D prescription drug plan, your new Medicare coverage will begin the 1st day of the following month.

How do you make changes to your Medicare coverage?

You can change your Medicare health plan or Medicare Part D prescription drug plan. These changes can be made from October 15th through December 7th, each year or you can also make changes if you meet certain special exemptions. If you want to join a Medicare health plan or Medicare Part D prescription drug plan or have questions about Medicare visit www.Medicare.gov, or call toll-free number 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If You Think There Is An Error With Your Medicaid Eligibility

Based on our current information, Neighborhood INTEGRITY can only cover your health and prescription drugs until <date>. If you think you might still qualify for RI Medicaid. 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 get your Medicaid back within 60 days from the date of this letter, you will be enrolled back into Neighborhood INTERGRITY starting the month after you get Medicaid again. You'll have all of the same services you had before, have the same care coordinator, and be able to see all of the same providers.

If you **don't** want to be enrolled in Neighborhood INTERGRITY, you have other choices, including:

- **Keep your current Medicare coverage or a similar option.** Call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469, (TTY 711), Monday- Friday, 8:00 am – 6:00 pm and tell them you don't want to be in Neighborhood INTERGRITY (you want to "opt out"). They can help you find out how to keep your current coverage or talk to you about similar choices available to you. The call is free.

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 www.eohhs.ri.gov. **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.

[Insert appeals form here]