

Why was this notice sent?

| <i>NOTICE TYPE</i> | <i>NOTICE DESCRIPTION</i> |
|---|---|
| FAQ | This is a Frequently Asked Questions (FAQ) that is included with the Opt-In and Opt-Out enrollment letters. |
| Exhibit 1: Medicare-Medicaid Plan Application | [Opt-In Enrollment only] 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. |
| 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 5: Opt-Out Reminder Letter (30-day) | [Passive Enrollment only] This notice is sent to Medicare-Medicaid dual-eligible individuals that previously received the passive enrollment notice Exhibit 31 as a reminder, 30 days before their enrollment start date in INTEGRITY. If no action is taken by the member by the enrollment start date, they will be automatically enrolled in Neighborhood INTEGRITY. |
| 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 | [Opt-In Enrollment only] 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. |

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| <p>Exhibit 11: Acknowledgement of Request to Cancel Enrollment</p> | <p>[Opt-In Enrollment only] The individual applied/enrolled, then requested to cancel the enrollment request before their enrollment start date.</p> <p>[Opt-Out Enrollment only] The individual was automatically enrolled and then Opted Out of the program before their enrollment start date.</p> |
| <p>Exhibit 16: Notice to Confirm Voluntary Disenrollment</p> | <p>[Voluntary Disenrollment] This notice is sent when a Neighborhood INTEGRITY member requests to be disenrolled from INTEGRITY- by either calling the MMP Enrollment Line OR called 1-800-Medicare. This notice is sent within 10 days of the state verifying the disenrollment with CMS.</p> |
| <p>Exhibit 17: Denial of Disenrollment</p> | <p>[Voluntary Disenrollment] This notice is sent when an unauthorized individual request makes a disenrollment request from INTEGRITY on the member's behalf, therefore the disenrollment is <i>not</i> processed.</p> |
| <p>Exhibit 19: Disenrollment Due to Out of Area Status</p> | <p>[In-Voluntary Disenrollment] This notice is sent when it is determined that a Neighborhood INTEGRITY member does not live in Rhode Island (out of area status) and is being disenrolled from INTEGRITY.</p> |
| <p>Exhibit 21: Loss of Medicaid Status</p> | <p>[In-Voluntary Disenrollment] 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.</p> |
| <p>Exhibit 23: Disenrollment Due to Death</p> | <p>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.</p> |

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| <p>Exhibit 24: Disenrollment Due to Loss of Medicare Part A, B and/or D</p> | <p>[In-Voluntary Disenrollment] This notice is sent because a termination date for Medicare Part A, B and/or D was received from CMS. The member may be involuntarily disenrolled from INTEGRITY the first day of the following month or it may be a retroactive disenrollment</p> |
| <p>Exhibit 25: Disenrollment Due to Incarceration</p> | <p>[In-Voluntary Disenrollment] This notice is sent because information on the member's incarceration was received from CMS. This member will be involuntarily disenrolled from INTEGRITY.</p> |
| <p>Exhibit 27: Acknowledgement of Reinstatement</p> | <p>This notice is sent when a member has been reinstated in Neighborhood INTEGRITY following a correction of an erroneous disenrollment.</p> |
| <p>Exhibit 28: Acknowledgement of Request to Opt-Out of MMP (not connected to request to disenroll or cancel enrollment)</p> | <p>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.</p> |
| <p>Exhibit 31: Opt-Out Enrollment Letter (60-day)</p> | <p>[Passive Enrollment] This notice is sent to all Medicare-Medicaid dual-eligibles who are currently in Medicaid FFS and Original Medicare. The individual will receive this notice 60 days prior to their enrollment start date in Neighborhood INTEGRITY, the new MMP. Members who receive this notice are in the Passive enrollment group. They must call the MMP Enrollment Line to Opt-Out of Neighborhood INTEGRITY or else they will be automatically enrolled on the date provided in the notice. Please note that enrollment is voluntary, and members can Opt-Out or disenroll at any time. (The state sends this notice at 75 days prior to the start date.)</p> |

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| Exhibit 32: Opt-In Enrollment Letter | [Opt-In Enrollment] This notice will be sent to all Medicare-Medicaid dual-eligibles who are eligible for 'Opt-In' or voluntary enrollment. The individual may be in Medicaid FFS and Original Medicare (which means they aren't currently in a health plan) or may be in Medicaid FFS 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. |