[REMOVE PRIOR TO SENDING: Tab J - Model Non-Renewal Letter for Individuals in Non-Renewing D-SNP Whom State is Passively Enrolling into Organization’s MMP]

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOUR Medicare plan won’t be offered in 2024**

**You’re being enrolled in a new health & drug plan**

<Name>:

Your Medicare plan won’t be offered in 2024. This means your health and prescription drug coverage through <D-SNP name> will end December 31, 2023. You will be automatically enrolled in <MMP name> for your health and drug coverage instead of <D-SNP name> starting January 1, 2024. This new plan includes your <Medicaid or state-specific Medicaid name> (sometimes called “Medicaid”), Medicare, and prescription drug benefits. You will get a notice about your enrollment in <MMP name> from your state.

**There will be no gap in your coverage.** <State> will automatically enroll you in <MMP name>, so you don’t have to do anything if you want to be enrolled in this plan. If you don’t want to be enrolled in <MMP name>, you can get your Medicare coverage through another plan or through Original Medicare. If you don’t make a different choice by December 31, your new coverage with <MMP name> will start on January 1, 2024. See below for your other options.

<MMP name> network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2024. If you need emergency or urgently needed care,or out-of-area dialysis services, you can use providers outside of <MMP name>’s network.

[*Insert if applicable:* <You can continue to see your current Primary Care Physician (PCP) for your health care needs with <MMP Name>].

[*Insert if applicable:* <You will need to choose a new Primary Care Physician (PCP) for your health care needs with <MMP Name>. Your current PCP is not in our network.]

In a few weeks <MMP name> will send you a new member kit. You will also get notice(s) from <State> reminding you about your <MMP Name> enrollment and your options.

**Your kit will include:**

* A welcome letter
* Summary of Benefits
* [*insert* <List of covered drugs> *or* <Instructions for accessing the List of Covered Drugs online or having a hard copy mailed to you>]
* [*insert* <Provider and pharmacy directory> *or* <Instructions for accessing the provider and pharmacy directory online or having a hard copy mailed to you>]
* [*if including in the new member kit, insert <*Member ID card>]
* [*if including in the new member kit, insert <*Member handbook>]

**For questions about <MMP name>,**

* Call <MMP name> <Member Services> at <toll-free phone number> <days and hours of operation>
* Call <toll-free number> if you use TTY
* Visit <web address>

**Do I have other options?**

Yes. Here are your options for Medicare coverage:

*[All Plans/Part D Sponsors should use the* *following Option 1:]*

**Option 1: You can join a different Medicare health plan.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare.gov to choose a new Medicare health plan. A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing or dental. Some health plans are designed specifically for people who have both Medicare and Medicaid. These are called Dual Eligible Special Needs Plans.

**Option 2: You can change to Original Medicare**. Original Medicare is coverage managed by the Federal Government. To change to Original Medicare visit [www.Medicare.gov](http://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 choose Original Medicare and don’t choose a prescription drug plan by December 31, Medicare will enroll you in a separate Medicare prescription drug plan. You will only be enrolled into the separate prescription drug plan if you don’t make another selection by December 31.

[*If applicable, insert Option 3.*

**Option 3: You can join another <state-specific name for Medicare-Medicaid Plan>.** If you choose to enroll in one of these plans, it will cover your Medicare and Medicaid benefits, including prescription drugs. A <State-specific name for Medicare-Medicaid Plan> also covers additional services such as behavioral health and community-based services, <vision>, <dental services>, and care coordination.

To find out which <state-specific name for Medicare-Medicaid Plans> are in your area, or to enroll in another <state-specific name for Medicare-Medicaid Plan>, call <State enrollment broker> at <toll-free number> or TTY: <TTY number>, < days and hours of operation>. The calls are free.

**Note:** You’ll have 3 months after your coverage starts in <MMP name> to change to another Medicare health plan.

**How do you get help comparing Medicare plans?**

Please visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You handbook for a list of all Medicare health and prescription drug plans in your area. <*Plans opting to notify enrollees of alternative enrollment options through written description should include the following language:* You may also refer to the attached list of all Medicare health and prescription drug plans in your area.> <*Plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of or in addition to the previous sentence:* <MMP Name> will call you to explain how you can get help comparing plans.> If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare isn’t part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone> or TTY: <TTY number>, <days and hours of operation>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn’t going to be offered next year and you want help choosing a new plan. This toll-free helpline is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* **Visit** [**Medicare.gov**](http://www.medicare.gov)**.** Medicare’s official web site has tools that can help you compare plans and answer your questions. **Click** the “Find plans” tab to compare the plans in your area.

What if I have questions about <name of state Medicaid program>?

If you have questions about<name of state Medicaid program>, call <Medicaid phone number>, <days and hours of operation>.

Please disregard any 2024 plan materials you received before October 1, 2023.

<Plans may include language thanking the enrollee for their membership and/or apologizing for any inconvenience.>

Sincerely,

<Signature>

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

[Material ID]