**Core/Basic Requirements (applies to all letters):**

1. Entire letter, including footers, must be in 12 pt Times New Roman font
2. Logo placement must be in upper right corner of letter and on first page only
3. Return address must be in upper left corner, and on first page only
4. Wherever Brand Name is used, it must be completely spelled out, not abbreviated
5. Letter Date must always print on letter, placement may be different. Letter Date equals the date letter was generated.
6. Material ID placement is always in the footer, left justified, and must print on every page of the letter.
7. Page number placement is always in the footer, centered, and must print on every page of the letter
8. Federal Contracting Statement (FCS) and taglines must adhere to the current plan year Medicare Marketing Guidelines
9. Federal Contracting Statement (FCS) must print on the last page of letter only and before the tagline
10. Tagline must print on the last page of the letter only and after the FCS
11. A < > indicates this field is data driven, and should be included in data layout provided by IT. The data passed, should be placed within the < >’s, and the < >’s should be omitted.
12. A [ ] indicates this is a variable paragraph which is dependent on a business rule. If the business rule meets the criteria, the entire text within the [ ]’s should be printed (with the exception of the **bold** tag prefix, the colon, and the [ ]’s. If the criteria does not meet the business rule, the entire text within the []’s should be omitted.

Yellow highlighted fields are rule driven and are defined by business

Green highlighted fields are data driven, should be included in data layout provided by IT

Blue highlighted fields are variable paragraphs that are defined by business (possibly used across letters) – This example is the hours of operation, IND has different ones than EGR but the paragraph verbiage (for each) is the same on each letter.

* In Excel, document: Data Field, Rule v. Data Driven, Format (can be determined later)

**Letter Specific Requirements:**

1. Use to clarify the “IF” statements
   1. For any optional/variable paragraph in the letter, use “IF” statement at the beginning of paragraph, then “END IF” at the end of the paragraph. Example: [**IF HMO**: Please remember that except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-<Plan Name> doctor without prior authorization, you will have to pay for these services yourself. **END IF**]
2. Letter must be sent 10 calendar days of receiving enrollment request or of approval from CMS to limit enrollment

**System Triggers:**

1. Assumption: Letters will trigger using the same criteria as in production today
2. Assumption: Letter codes will remain the same
3. Assumption: Limited liability will be updated with letter event code and date

|  |  |
| --- | --- |
| <BLUESPLAN> <RETURNADDR1>  <RETURNADDR2> | <logo> |

<Member Name>

<Address 1>

<Address 2>

<City, ST Zip>

<DATE>

Dear <MemberName>:

Medicare has told us that you have cancelled your enrollment in <ProductDesc> effective <DisenrollDate>. If this information is wrong, and you want to stay a member of our plan, please contact us.

Please remember that if you don’t have ~~or get~~ Medicare Part D, ~~prescription drug coverage~~ or other creditable prescription drug coverage that is considered as good as Part D, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

**[IF BUSINESSTYPE in (’MAPD’, ‘PDP’):**People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won’t have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don’t even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help. **END IF]**

If you have any questions, please contact <ProductDesc> at <CS800Phone>. TTY users should call <CSTDDPhone>. We are open <CSHOURS>.

Thank you.

<ProductDesc>

<FCS>

<TAGLINE>

<NET and 1557 disclaimer>