**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>  Important <PRODUCTDESC> information | <logo> |

<DATE>

<HCID>

<Member Name> <HCID>

<Address 1> <GID>

<Address 2> <RXBIN>

<City, ST Zip> <RXPCN>

Dear <Salutation>:

**[IF HMO or DHMO:** Thank you for your request to change your enrollment from <Variable1> to <ProductDesc>. Starting <BenefitEff>, you must see your <ProductDesc> doctor(s) for your health care. This means that starting <BenefitEff>, all of your health care, except emergency or urgently needed care, **or out-of-area dialysis services**, must be given or arranged by a <ProductDesc> doctor(s). You will need to pay your plan copayments at the time you get health care services. This letter is proof of health insurance that you should show during your doctor appointments. **[IF MAPD:** This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.**END-IF] END-IF]**

**[IF PPO:** Thank you for your request to change your enrollment from <Variable1> to <ProductDesc>. Beginning <BenefitEff>, you must get your health care as provided in your “Evidence of Coverage”. You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. This letter is proof of insurance that you should show during your doctor appointments until you get your member card from us. [**IF MAPD:** This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.**END-IF] END-IF]**

**What should I do now?**

Medicare must review all enrollments. We will send your enrollment to Medicare, and they will do a final review. When Medicare finishes its review, we will send you a letter to confirm your enrollment with <ProductDesc>. But, you shouldn’t wait to get this letter before you begin using <ProductDesc> doctors on <BenefitEff>.

**[IF HMO or DHMO:** 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-<ProductDesc> doctor without prior authorization, you will have to pay for these services yourself. **END-IF]**

**[IF Premium > 0.00: How do I pay my premium?**

Your enrollment form included the options for paying your plan premium. If you did not choose one of these options when you enrolled, we will bill you directly. If you chose to have your monthly premium automatically deducted from your Social Security or Railroad Retirement Board check, we may have to send you a bill for your first month or two of enrollment if the deduction doesn’t start right away. Generally, you must stay with the option you choose for the rest of the year. If you have any questions about how to pay your plan premium, please contact us at <CS800Phone>. TTY users should call <CSTDDPhone>. “Members who fail to pay the monthly plan premium may be disenrolled from <ProductDesc>”.

**[IF MAPD:** If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium.

**Can I get help paying my premiums and other out-of-pocket costs?**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, 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 will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

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] END-IF]**

**When can I make changes to my coverage?**

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can’t make changes at other times except in certain situations, such as if you move out of your plan’s service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you’re not happy with your choice in our plan, you can make a change during the first 3 months you have Medicare.

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

Thank you.

<FCS>

<TAGLINE>

<VARIABLE17>

<1557 Disclaimer>