

MMC/MLTC TEMPLATE - ELECTRONIC NOTICE OPTION LETTER (Rev 6/24)

Red denotes updated language

Template begins below this line

[MLTC PLAN LOGO]

[Plan Name]

[Plan Address]

[1-800 MCO Number]

{insert if sending as standalone document} [[Enrollee/Designee Full Name]

[Address]

[City, State Zip]]

ELECTRONIC NOTICE OPTION LETTER

[Date]

Dear [Enrollee/Designee First Name]:

This is an important letter about notices you [get]{or}[will get] from [Plan Name]. Please read it carefully.

Why am I getting this letter?

{insert for designee notice}: [Since you represent [Enrollee Full Name], you [get]{or}[will get] a copy of their notices.]

You are getting this letter because you can now ask [Plan Name] to send you certain notices electronically.

What notices can I get electronically?

Notices about:

- Services [you]{or}[Enrollee's First name] asked for
- Services [you are]{or}[Enrollee's First name] is] getting
- Plan appeals
- Complaints; and
- Complaint appeals

Other communications about:

- Your member handbook
- Our provider directory
- Changes to your Medicaid managed long term care benefits;

These notices have important information about [your]{or}[ Enrollee First Name]'s]] services and rights.

{insert for enrollee notice}: [Who gets these notices?

You and your provider get these notices about your services and plan appeals. You can also choose someone to represent you, like a family member, friend, or lawyer. The person you choose will be able to file a complaint, plan appeal or fair hearing for you. We also send them a copy of your notices.

If you told us before that someone may represent you, we will send that person a letter like this one. If you want someone new to represent you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Electronic Notice Request Form. The person you choose can get copies of your notices electronically if they ask. We will send their notices as required by law. If you have any questions about choosing someone to act for you, call us at: [phone number]. TTY users call [TTY number].]

## What ways can these notices be sent?

[Plan Name] and our vendors can send these notices to you by [Insert all electronic methods offered by the plan (ex: email, text, web portal, fax, etc.)]. *{Note: Plans must offer at least 1 form of electronic noticing.}*

[Insert a statement for each electronic method offered by the plan describing how the electronic method works, including information on minimum software and hardware requirements necessary to access and retain the electronic information. Any fees associated with each electronic method must be noted in this section. (i.e. “text messaging and data rates may apply”)]

[Insert a statement containing plan contact information for enrollees/designees to obtain further instructions or technical assistance with using the electronic methods offered by the plan.]

## How do I ask for electronic notices?

*{If the plan has different contact information, plans may replace/revise the contact information indicated by brackets below.}*

You can contact us by phone, [email], [online,] [fax,] or mail:

Phone.....[1-800 MLTCP number]  
Email.....[email address]  
Online..... [web portal]  
Fax..... [fax number]  
Mail..... [address] [city, state zip]

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

[Insert plan specific instructions on how the enrollee/designee selects their preferred method by phone].

*Insert if applicable* [Insert plan specific instructions on how the enrollee/designee selects their preferred method by email].

*Insert if applicable* [Insert plan specific instructions on how the enrollee/designee selects their preferred method by web portal].

*Insert if applicable* [Insert plan specific instructions on how the enrollee/designee selects their preferred method by fax].

[Insert plan specific instructions on how the enrollee/designee selects their preferred method by mail]. You can use the attached Electronic Notice Request Form, but it is not required.

{Insert if applicable}[insert plan disclosure statement regarding enrollee responsibility to ensure the provided contact information is current and is updated with the plan any time there is a change.]

If your contact information changes, you must let us know. To change your information, contact us at the phone number, [email address,] [web portal,] [fax number,] or mailing address listed above.

## What happens next?

[Plan Name] will let you know by mail that you have asked to get notices electronically.

If you ask to get your notices electronically:

- We will send you the notice in a way that lets you save and print the notice.
- You can still ask us to send any of your notices by mail.
  - We will send your notice by mail within **two (2) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals.
  - We will send your notice by mail within **five (5) working days** from the date you asked if the notice is about other communications.
- You can still ask us to send any of your notices in an alternate format to accommodate a disability or language need.
  - We will send your notice within **five (5) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals. In some cases, it may take us up to **thirty (30) days** from the date of your request. In those cases, we will call you to help.
  - We will send your notice within **fifteen (15) working days** from the day you asked if the notice is about other communications. In some cases, it may take us up to 60 days from the date of your request. In those cases, we will call you to help.

If you ask to get your notices electronically and we believe your electronic notice did not go through, we will then send it by mail and we may also call you by phone, as required by law.

## Can I change the way I get these notices later?

You can change the way you get your notices at any time. To change the way you get notices, you can contact us at the phone number, [email address,] [web portal,] [fax number,] or mailing address listed in the *How do I ask for electronic notices* section above.

If you ask for a change by phone, [email,] [web portal,] [or fax,] we have **five (5) working days** from the date we got your request to make the change. If you ask for a change by mail, we have **ten (10) working days** from the date we got your letter to make the change.

## What if I don't want electronic notices?

You will keep getting these notices by mail and we may also call you by phone. We will not send these notices electronically unless you ask.

You can still ask us to send these notices in a different way because of a disability or language need.

[Plan Name] will not treat you differently if you do not want to get these notices electronically.

**Other help:**

You can call [Plan Name] at [1-800-MLTCP Number] if you have any questions about this notice.

Sincerely,

MLTCP Representative or Department Name

Enclosure(s): Electronic Notice Request Form

{Insert as applicable} [Insert any additional enclosures]

**[PLAN NAME] ELECTRONIC NOTICE REQUEST FORM**

Mail this form to:

[Plan Name]

[Address]

[City, State, Zip]

Fax to: [Fax Number]

Email to: [Email Address]

**Enrollee:**

Name: [Enrollee Full Name]

Enrollee Number: [Member ID number]

**Instructions:** Complete this form to ask [Plan Name] to send [your] *or* [Enrollee's First name]'s] notices electronically.

1. Instead of getting a notice by mail, I want [Plan Name] to send me these notices by:

**(Select only one):** *{Plan may remove any electronic methods listed below that they do not offer.}*

Text Message       Email

Fax       Web Portal

2. Instead of getting a notice by phone call, I want [Plan Name] to send me these notices by:

**(Select only one):** *{Plan may remove any electronic methods listed below that they do not offer.}*

Text Message       Email

Fax       Web Portal

3. Instead of getting communications about my member handbook, my plan's provider directory, and changes to my Medicaid managed care benefits by mail, I want [Plan Name] to send me these notices by: *{Plan may remove any electronic methods listed below that they do not offer.}*

Text Message       Email

Fax       Web Portal

**Contact Information:** Enter your contact information for your choices above.

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

E- mail: \_\_\_\_\_

***{Insert for enrollee notice}*** [You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with [Plan Name] before?    YES       NO
- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing?  
You can let us know if change your mind.      YES       NO

**Designee Information (person you want to represent you)**

Name: \_\_\_\_\_ E- mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ]

**Enrollee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NOTICE OF NON-DISCRIMINATION

[PLAN NAME] complies with Federal civil rights laws. [PLAN NAME] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[PLAN NAME] provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call [PLAN NAME] at <toll free number>. For TTY/TDD services, call <TTY>.

If you believe that [PLAN NAME] has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with [PLAN NAME] by:

Mail: [ADDRESS], [CITY], [STATE] [ZIP CODE],  
Phone: [PHONE NUMBER] (for TTY/TDD services, call <TTY>)  
Fax: [FAX NUMBER]  
In person: [ADDRESS], [CITY], [STATE] [ZIP CODE]  
Email: [EMAIL ADDRESS]

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call <toll free number> <TTY/TDD> .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al <toll free number> <TTY/TDD>.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 <toll free number> <TTY/TDD>.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم <toll free number> <TTY/TDD>	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.<toll free number> <TTY/TDD> 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <toll free number> (телетайп: <TTY/TDD>).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero <toll free number> <TTY/TDD>.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le <toll free number> <TTY/TDD>.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele <toll free number> <TTY/TDD>.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <toll free number/TTY/TDD>.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer <toll free number> <TTY/TDD>	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <toll free number/TTY/TDD>.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-<toll free number> <TTY/TDD>	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <toll free number> <TTY/TDD>.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε <toll free number> <TTY/TDD>.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <toll free number> <TTY>.	Urdu