

# Medicare Advantage Provider Termination Notice - CMS Model Document

## IMPORTANT NOTICE:

**Your health care [provider/facility] is leaving your plan's network.**

<Date>

<Member Name>  
<Member Address>  
<Address>

Dear <Member Name>,

<Name of provider/facility whose contract with the MAO is being terminated> will no longer be in the <Plan Name> network as of <Contract termination effective date>.

### How to continue getting your care

Contact one of these different in-network [providers/facilities] to continue your care:

*<MAO must include a list of alternate in-network providers/facilities that the enrollee may access for continued care.>*

<Provider/facility name>	<Provider/facility phone number>
<Provider/facility name>	<Provider/facility phone number>
<Provider/facility name>	<Provider/facility phone number>
<Provider/facility name>	<Provider/facility phone number>
<Provider/facility name>	<Provider/facility phone number>

You can also call <MAO's call center telephone number, TTY number, and hours and days of operation> to speak with someone who can help you find another [provider/facility] in our network.

Visit <Provider Directory URL> to review <Plan Name>'s current online provider directory. Or, if you want a paper copy of our provider directory, call <MAO's call center telephone number, TTY number, and hours and days of operation>.

If you want to continue ongoing medical treatment or therapies with your current [provider/facility], *<MAO must insert how the enrollee may request this>*.

### How to change plans

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 drug plan). Generally, you can't make changes at other times except in certain situations, like if

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you move out of your plan's service area, want to join a plan in your area with a 5-star quality rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If this change in our network impacts you, you can call 1-800-MEDICARE (1-800-633-4227) to ask for a special enrollment period to change plans and for help finding other coverage. Tell them you got this notice saying your [provider/facility] is leaving our network. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need more information, call us at <MAO's call center telephone number, TTY number, and hours and days of operation>. Tell the customer service representative you got this notice.

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

Sincerely,

<Signature>

DRAFT

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

ATTENTION: If you speak [insert language], we can offer you language assistance services, free of charge. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX) for assistance.

[Material ID]