

[Print rules: This letter contains variable text based on values for the <memberHpCode> and <memberPrevHpCode> elements. Refer to the Plan Code Table.]

MMP logo

[Manifest Keyline]

To the addressee or guardian of:

[DRS]

<hohName>

[VER]

<addressLine2>

[LTR]

<addressLine1>

<city>, <state> <zipCode> - <zipCodeExt>

<dateOfLetter>

Medicaid EDG: <caseID>

[IMB Postal Barcode]

Subject: Changes in your Medicaid and Medicare coverage

Dear <hohName>:

You won't be enrolled in [*planName*].

We got your request for cancellation before <nmStartDate>. Your request for enrollment has been cancelled, so you won't be enrolled in <Plan name>. You don't need to do anything. We're returning you to the Medicare health or prescription drug plan you originally enrolled in and to the STAR+PLUS Medicaid program.

You will get the same Medicare and Medicaid medical services as you do today.

If you were enrolled in another Medicare health or prescription drug plan, Medicare should place you back in that plan. Be sure to tell your providers you won't be enrolled in <Plan name>. You should get a letter from your previous plan in the coming weeks letting you know you have been enrolled in their plan. If you don't get a letter from your previous plan, call that plan directly to make sure you got enrolled. They might ask for a copy of this letter for their records.

You will get your Medicaid medical services from [*prevPlanName*] as you do today. You will get your long-term services and supports through STAR+PLUS. In the coming weeks, [*prevPlanName*] will send you a letter letting you know that you have been enrolled in their plan. If you don't get a letter call [*prevPlanNumber*] to make sure you got enrolled. If you want to change your STAR+PLUS medical plan or if you have questions, call **1-877-782-6440** (toll-free).

Need help? Have questions? Call us toll-free.

Call the STAR+PLUS help line at **1-877-782-6440**. You can call 8 a.m. to 6 p.m. Central Time, Monday through Friday. If you still have questions or want to file a complaint, you can call the Ombudsman Managed Care Assistance Team by calling **1-866-566-8989**, 8 a.m. to 5 p.m. Monday through Friday. If you have a speech or hearing disability, call **7-1-1** or **1-800-735-2989**.

Have questions about Medicare or need help with your Medicare services?

Call **1-800-633-4227 (1-800-MEDICARE)**, 24 hours a day, 7 days a week. If you have a speech or

<3x9 barCode image>

<barCode> [Print human readable]

[MODE1]

MMP Opt In Cancellation Letter
MMP8 - 10/01/19
[Program] - [population] - [custSvcAreaCode]
[FILENAME] - [letterReqId]
[QUAD] - [BIFILEID] - [BIBATCHID]

hearing disability, call **1-877-486-2048** for TTY service. You may also visit www.medicare.gov.

If you want free advice about your health insurance coverage, call the State Health Insurance Assistance Program at **1-800-252-9240**. You can call 8 a.m. to 5 p.m., Monday through Friday, Central Time.

You can get this document in Spanish or speak with someone about this information in other languages for free. Call 1-877-782-6440. The call is free.

This information is available for free in other languages and formats, like large print, Braille, and audio.

Puede obtener esta carta en español o hablar gratis con alguien sobre esta información en otros idiomas. Llame gratis al 1-877-782-6440.

Esta información está disponible gratis en otros idiomas y formatos, cómo letra grande, Braille, y audio.

<3x9 barCode image>

<barCode> **[Print human readable]**

[MODE1]

MMP Opt In Cancellation Letter
MMP8 -10/01/19
[Program] - [population] - [custSrvcAreaCode]
[FILENAME] - [letterReqId]
[QUAD] - [BIFILEID] - [BIBATCHID]