

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

<dateOfLetter>
Medicaid EDG: <caseID>

[Manifest Keyline]

To the addressee or guardian of:

[DRS] <hohName>
[VER] <addressLine2>
[LTR] <addressLine1>
<city>, <state> <zipCode> - <zipCodeExt>

[IMB Postal Barcode]

Subject: STAR+PLUS Medicare-Medicaid Plan

Dear <hohName>:

You asked us to remove you from [*planName*]. We can't remove you from [*planName*] for the following reasons:

- You didn't send us information we needed by the requested date. We need the information below to work on your request to leave <Plan name>.
- The person who asked us to remove you from the plan isn't listed as your authorized representative. Only you or the person you named as an authorized representative can ask us to remove you from [*planName*]. If you want to leave [*planName*], you or your authorized representative need to tell us you would like to leave the plan.

Please send us this information right away so we can work on your request.

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 don't give us this information by <date>, you will stay in <Plan name >.

Other ways to disenroll from <Plan name >:

<3x9 barCode image>
<barCode> [Print human readable]

[MODE1]

You can also call toll-free number 1-800-MEDICARE (1-800-633-4227) 24 hours days, 7 days a week to ask to leave <Plan name>. TTY users should call 1-877-486-2048.

If you think we made a mistake and you wish to leave **[*planName*]**, please call us at 1-877-782-6440 (toll-free) to let us know.

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 hearing disability, call **1-877-486-2048** for TTY service. You can 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. Central Time Monday through Friday.

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 Unauthorized Disenrollment Request Letter
MMP13 - 10/01/19
[Program] - **[population]** - **[custSrvAreaCode]**
[FILENAME] - **[letterReqId]**
[QUAD] - **[BIFILEID]** - **[BIBATCHID]**