**Exhibit 16: Model Notice to Confirm Voluntary Disenrollment from Medicare Services Following Receipt of Transaction Reply Report (TRR)**

Referenced in §40.1.3

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Your <plan> Medicare coverage is ending**

You’ll no longer be in <plan> for your Medicare services as of <effective date>. You may want to tell your doctors that there may be a delay in updating your records. <Plan> will continue to provide your Medicaid benefits.

**If you think there was a mistake**

If you didn’t ask to leave <plan> for your Medicare services and want to stay in <plan > as a member for both your Medicare and Medicaid services, call the Ohio Medicaid Consumer Hotline at **(800) 324-8680 or visit** [**www.ohiomh.com**](file:///C:\Users\KUJL\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\3NI8T3X6\www.ohiomh.com)**.**  Representatives are available from 7:00 a.m. - 8:00 p.m. Monday through Friday and 8:00 a.m. - 5:00 p.m., Saturday.

**If you have questions about Medicare or the MyCare Ohio program**

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY user should call <toll-free number>.

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.

If you have questions about MyCare Ohio enrollment, call the Ohio Medicaid Hotline at (800) 324-8680, 7:00 a.m. - 8:00 p.m. Monday-Friday and 8:00 a.m. - 5:00 p.m. on Saturday. TTY users should call Ohio Relay at 7-1-1 or visit [www.ohiomh.com](http://www.ohiomh.com).

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

*[The next sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]* You can get this information for free in other languages. Call <toll-free number>. The call is free.

This information is available for free in other languages and formats like Braille or audio CD.