Chapter 10: Ending your membership in <Plan Name>

Introduction

This chapter tells you when and how you can end your membership in our plan and what your health coverage options are after you leave our plan. If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[Plans should edit this chapter as needed if the plan can continue to provide Michigan Medicaid coverage when the member disenrolls from the Medicare plan or if the member is required to belong to a health plan to get Michigan Medicaid benefits.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "refer to Chapter 9, Section A, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

Table of Contents

[A. When can you end your membership in our Medicare-Medicaid Plan 2](#_Toc94173810)

[B. How to end your membership in our plan 2](#_Toc94173811)

[C. How to join a different Medicare-Medicaid Plan 3](#_Toc94173812)

[D. How to get Medicare and Michigan Medicaid services separately 3](#_Toc94173813)

[D1. Ways to get your Medicare services 3](#_Toc94173814)

[D2. How to get your Michigan Medicaid services 5](#_Toc94173815)

[E. Keep getting your medical services and drugs through our plan until your membership ends 5](#_Toc94173816)

[F. Other situations when your membership ends 6](#_Toc94173817)

[G. Rules against asking you to leave our plan for any health-related reason 7](#_Toc94173818)

[H. Your right to make a complaint if we end your membership in our plan 7](#_Toc94173819)

[I. How to get more information about ending your plan membership 8](#_Toc94173820)

# When can you end your membership in our Medicare-Medicaid Plan

You can end your membership in <plan name> Medicare-Medicaid Plan at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

The change will be effective the first day of the next month after we get your request. If you leave our plan, you can get information about your:

* Medicare options, refer to the table on page <page number> [plans may insert reference, as applicable].
* Michigan Medicaid services, refer to page <page number> [plans may insert reference, as applicable].

You can get more information about when you can end your membership by calling:

* Michigan ENROLLS at 1-800-975-7630 Monday through Friday, 8 AM to 7 PM. TTY users should call 1-888-263-5897.
* The State Health Insurance Assistance Program (SHIP). In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP). MMAP can be reached at 1-800-803-7174.
* Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**NOTE:** If you’re in a drug management program, you may not be able to change plans. Refer to Chapter 5 [plans may insert reference, as applicable] for information about drug management programs.

# How to end your membership in our plan

If you decide to end your membership, tell Michigan Medicaid or Medicare that you want to leave <plan name>:

* Call Michigan ENROLLS at 1-800-975-7630 Monday through Friday, 8 AM to 7 PM. TTY users should call 1-888-263-5897; **OR**
* Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users (people who have difficulty hearing or speaking) should call 1-877-486-2048. When you call 1-800-MEDICARE, you can also enroll in another Medicare health or drug plan. More information on getting your Medicare services when you leave our plan is in the chart on page <page number>.

# How to join a different Medicare-Medicaid Plan

If you want to keep getting your Medicare and Michigan Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan.

To enroll in a different Medicare-Medicaid Plan:

* Call Michigan ENROLLS at 1-800-975-7630 Monday through Friday, 8 AM to 7 PM. TTY users should call 1-888-263-5897. Tell them you want to leave <plan name> and join a different Medicare-Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area.

Your coverage with <plan name> will end on the last day of the month that we get your request.

# How to get Medicare and Michigan Medicaid services separately

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave <plan name>, you will return to getting your Medicare and Michigan Medicaid services separately.

## D1. Ways to get your Medicare services

You will have a choice about how you get your Medicare benefits.

You have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our plan.

|  |  |
| --- | --- |
| **1. You can change to:**  **A Medicare health plan (such as a Medicare Advantage Plan or Program of All-inclusive Care for the Elderly (PACE))** | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).   You will automatically be disenrolled from <plan name> when your new plan’s coverage begins. |
| **2. You can change to:**  **Original Medicare with a separate Medicare prescription drug plan** | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |
| **3. You can change to:**  **Original Medicare without a separate Medicare prescription drug plan**  **NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don’t want to join.  You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174. | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare/Medicaid Assistance Program (MMAP).   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |

## D2. How to get your Michigan Medicaid services

If you leave the Medicare-Medicaid Plan, you will get your Michigan Medicaid services through fee-for-service.

Your Michigan Medicaid services include most long term supports and services and behavioral health care. If you leave the Medicare-Medicaid Plan, you can use any provider that accepts Michigan Medicaid. [Plans may add the specific Michigan Medicaid services they provide.]

# Keep getting your medical services and drugs through our plan until your membership ends

If you leave <plan name>, it may take time before your membership ends and your new Medicare and Michigan Medicaid coverage begins. During this time, you keep getting your prescription drugs and health care through our plan.

* Use our network providers to receive medical care.
* **Use our network pharmacies** [insert if applicable:including through our mail-order pharmacy services] **to get your prescriptions filled.**
* **If you are hospitalized on the day that your membership in <plan name> ends, our plan will cover your hospital stay until you are discharged.** This will happen even if your new health coverage begins before you are discharged.

# Other situations when your membership ends

These are the cases when <plan name> must end your membership in the plan:

* If there is a break in your Medicare Part A and Part B coverage.
* If you no longer qualify for Michigan Medicaid. Our plan is for people who qualify for both Medicare and Michigan Medicaid. [Plans must insert rules for members who no longer meet special eligibility requirements. Explain deemed continuous eligibility, if applicable.]
* If you move out of our service area.
* If you are away from our service area for more than six months. [Plans with visitor/traveler benefits should revise this bullet to indicate when members must be disenrolled from the plan.]
  + If you move or take a long trip, you need to call Member Services to find out if the place you are moving or traveling to is in our plan’s service area.
* [Plans with visitor/traveler benefits, insert: Refer to Chapter 4 [plans may insert reference, as applicable] for information on getting care when you are away from the service area through our plan’s visitor/traveler benefits.]
* If you go to jail or prison for a criminal offense.
* If you lie about or withhold information about other insurance you have for prescription drugs.
* If you are not a United States citizen or are not lawfully present in the United States.
* You must be a United States citizen or lawfully present in the United States to be a member of our plan.
* The Centers for Medicare & Medicaid Services will notify us if you aren’t eligible to remain a member on this basis.
* We must disenroll you if you don’t meet this requirement.
* If you knowingly fail to complete and submit any necessary consent or release allowing the ICO and/or providers to access necessary health care and service information.

We can make you leave our plan for the following reasons only if we get permission from Medicare and Michigan Medicaid first:

* If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan.
* If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan.
* If you let someone else use your Member ID Card to get medical care.
* If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.

# Rules against asking you to leave our plan for any health-related reason

<Enter Plan name> may not request disenrollment or ask you to leave our plan for any of the following reasons:

* A change in your health and/or because of your use of medical services
* Diminished mental capacity
* Uncooperative or disruptive behavior resulting from special needs (unless the behavior makes it very hard for us to provide services to you or other members).
* You want to make treatment decisions that we or any of your health care providers associated with our plan disagree with. with.

If you feel that you are being asked to leave our plan for a health-related reason, you should call Medicare at 1‑800‑MEDICARE (1‑800‑633‑4227). TTY users should call 1‑877‑486‑2048. You may call 24 hours a day, 7 days a week.

You can also call the Beneficiary Help Line at 1-800-642-3195 (or 1-866-501-5656 for TTY users) Monday through Friday, 8 AM to 7 PM. You should also call the MI Health Link Ombudsman program at 1-888-746-MHLO (1-888-746-6456) Monday through Friday, 8 AM to 5 PM. TTY users can call 711. Or, you can send an email to [help@MHLO.org](mailto:help@MHLO.org).

# Your right to make a complaint if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership. You can also refer to Chapter 9 [plans may insert reference, as applicable] for information about how to make a complaint.

# How to get more information about ending your plan membership

If you have questions or would like more information on when we can end your membership, you can call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>.