Chapter 10: Ending your participation in our FIDA-IDD Plan

**Introduction**

This chapter tells about ways you can end your participation in our FIDA-IDD Plan and access your Medicare and Medicaid coverage options after you leave <plan name>. If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

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

[*The plan 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 you can end your participation in our FIDA-IDD Plan 2](#_Toc518506082)

[B. How to end your participation in our FIDA-IDD Plan 3](#_Toc518506083)

[C. How to get Medicare and Medicaid services separately if you leave our plan 3](#_Toc518506084)

[C1. Ways to get your Medicare services 3](#_Toc518506085)

[C2. How to get your Medicaid services 5](#_Toc518506086)

[D. If you were getting services through the OPWDD comprehensive waiver before enrolling in the FIDA-IDD Plan 5](#_Toc518506087)

[E. Other situations when your participation in the FIDA-IDD Program ends 6](#_Toc518506088)

[F. Rules against asking you to disenroll from our FIDA-IDD Plan for any health-related reason 7](#_Toc518506089)

[G. Your right to ask for a fair hearing if the FIDA-IDD Program ends your participation in our FIDA-IDD Plan 7](#_Toc518506090)

[H. Your right to file a grievance with <plan name> if we ask the FIDA-IDD Program to end your participation in our FIDA-IDD Plan 7](#_Toc518506091)

[I. How to get more information about ending your participation in our FIDA-IDD Plan 8](#_Toc518506092)

# A. When you can end your participation in our FIDA-IDD Plan

[*The plan in states that continues to implement a continuous Special Enrollment Period for dual eligible beneficiaries (duals SEP) insert:* You can end your participation in <plan name> Medicare-Medicaid Plan at any time during the year.]

[*The plan in states that implements the new duals SEP effective 2019, insert:* Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you may be able to end your participation in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

* January to March
* April to June
* July to September

In addition to these three Special Enrollment periods, you may end your participation in our plan during the following periods:

* The **Annual Enrollment Period,** which lasts from October 15 to December 7. If you choose a new plan during this period, your participation in <plan name> will end on December 31 and your membership in the new plan will start on January 1.
* The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

* Your eligibility for Medicaid or Extra Help has changed,
* You are getting care in a nursing home or a long-term care hospital, or
* You have moved.]

Your participation will end on the last day of the month that we get your request to leave <plan name>. For example, if we get your request on June 25, your coverage with our plan will end on June 31. Your Medicaid and Medicare coverage will begin the first day of the next month (July 1, in this example). If you leave our plan, you can get information about your:

* Medicare options in the table on page <page number> [plan may insert reference, as applicable].
* Medicaid services on page <page number> [plan may insert reference, as applicable].

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

* The Enrollment Broker (New York Medicaid Choice) at 1-844-343-2433, Monday through Friday from 8:30 am to 8:00 pm and Saturday from 10:00 am to 6:00 pm. TTY users should call 1-888-329-1541
* Health Insurance Information, Counseling and Assistance Program (HIICAP). The phone number for HIICAP is 1-800-701-0501. [*TTY/TDD phone number is optional.*]
* Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

The Independent Consumer Advocacy Network (ICAN) can also give you free information and assistance with any issues you may have with your FIDA-IDD Plan. To contact ICAN, call 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800).

**NOTE**: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 [The plan may insert reference, as applicable] for information about drug management programs.

# B. How to end your participation in our FIDA-IDD Plan

If you decide to end your participation in <plan name>, call the Enrollment Broker or Medicare and tell them you want to leave <plan name>:

* Call the Enrollment Broker (New York Medicaid Choice) at 1-844-343-2433, Monday through Friday from 8:30 am to 8:00 pm and Saturday from 10:00 am to 6:00 pm. TTY users should call 1-888-329-1541; OR
* Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users 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 <plan name> is in the chart on page <page number>.

# C. How to get Medicare and Medicaid services separately if you leave our plan

You will go back to getting your Medicare and Medicaid services separately as described below.

## C1. 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 enrolling in one of these options, you will automatically end your participation in <plan name>.

|  |  |
| --- | --- |
| **1. You can change to:**  **A Medicare health plan, such as a Medicare Advantage plan or a 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, seven days a week. TTY users should call 1-877-486-2048 to enroll in the new Medicare-only health plan.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [*TTY/TDD phone number is optional.*]   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, seven days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [*TTY/TDD phone number is optional.*]   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 get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [*TTY/TDD phone number is optional.*]   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |

## C2. How to get your Medicaid services

If you leave the FIDA-IDD Plan, you will still be able to get your Medicaid services.

* You will get your long-term services and supports and your Medicaid physical and behavioral health services through Medicaid Fee-for-Service.
* You can see any provider that accepts Medicaid.

# D. If you were getting services through the OPWDD comprehensive waiver before enrolling in the FIDA-IDD Plan

If you were getting services through the OPWDD comprehensive waiver before enrolling in the FIDA-IDD Plan, you will continue to get OPWDD waiver services upon your disenrollment from our plan.

Until your participation ends, you will keep getting your medical, behavioral health, OPWDD waivered services (if you are enrolled in the OPWDD waiver) and drugs through our FIDA-IDD Plan.

As described above, if you choose to leave <plan name>, it may take time before your participation ends and your new Medicare and Medicaid coverage begins. See page <page number> [*plan may insert reference, as applicable*] for more information. During this time, you will keep getting your services, items, and drugs through <plan name>.

* **If you are hospitalized on the day that your participation ends, your hospital stay will usually be covered by our plan until you are discharged.** This will happen even if your new coverage begins before you are discharged.

# E. Other situations when your participation in the FIDA-IDD Program ends

These are the cases when the FIDA-IDD Program rules require that your participation must end:

* If there is a break in your in Medicare Part A and Part B coverage.
* If you no longer qualify for Medicaid.
* If you permanently move out of our service area.
* If you are away from our service area for more than six consecutive months. [If the plan has visitor/traveler benefits, revise this bullet to indicate when Participants must be disenrolled from the plan.]
* If you move or take a long trip, you need to call Participant Services to find out if the place you are moving or traveling to is in <plan name>’s service area.
* [If the plan has, visitor/traveler benefits, insert: See Chapter 4 [plan 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 health care or 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 Participant in our plan. The Centers for Medicare & Medicaid Services will notify us if you aren’t eligible to remain a Participant on this basis. We must disenroll you if you don’t meet this requirement.

In any of the above situations, the Enrollment Broker (New York Medicaid Choice) will send you a disenrollment notice and will be available to explain your other coverage options.

In addition, we can ask that the FIDA-IDD Program remove you from <plan name> for the following reasons:

* If you intentionally give us incorrect information when you are enrolling in <plan name> 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 and other care for you and other Participants of <plan name> even after we make and document our efforts to resolve any problems you may have.
* If you knowingly fail to complete and submit any necessary consent or release form allowing <plan name> and providers to access health care and service information that is necessary for us to deliver care to you.
* If you let someone else use your Participant ID Card to get medical and other care.
* If we end your participation because of this reason, Medicare may have your case investigated by the Inspector General.

In any of the above situations, we will notify you of our concern before we ask the FIDA-IDD Program approval to have you disenrolled from <plan name>. We will do this so that you have the opportunity to resolve the problems first. If the problems aren’t resolved, we will notify you again once we have submitted the request. If the FIDA-IDD Program approves our request, you will get a disenrollment notice. The Enrollment Broker will be available to explain your other coverage options.

# F. Rules against asking you to disenroll from our FIDA-IDD Plan for any health-related reason

If you feel that we are asking that you be disenrolled from <plan name> for a health-related reason, you should call Medicareat 1‑800‑MEDICARE (1‑800‑633‑4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. You should also call Medicaid at 1-800-541-2831.

# G. Your right to ask for a fair hearing if the FIDA-IDD Program ends your participation in our FIDA-IDD Plan

If the FIDA-IDD Program ends your participation in <plan name>, the FIDA-IDD Program must tell you its reasons in writing. It must also explain how you can ask for a fair hearing about the decision to end your participation.

# H. Your right to file a grievance with <plan name> if we ask the FIDA-IDD Program to end your participation in our FIDA-IDD Plan

If we ask the FIDA-IDD Program to end your participation in our plan, we must tell you our reasons in writing. We must also explain how you can file a grievance or make a complaint about our request to end your participation. You can see Chapter 9 [plan may insert reference, as applicable] for information about how to file a grievance.

* **Note:** You can use the grievance process to express your dissatisfaction with our request to end your participation. However, if you want to ask that the decision be changed, you must file a fair hearing as described in Section G just above.

# I. How to get more information about ending your participation in our FIDA-IDD Plan

If you have questions or would like more information on when we can end your participation, you can call Participant Services at <toll-free number>, <days and hours of operation>. TTY users call <TTY number>.

The Independent Consumer Advocacy Network (ICAN) can also give you free information and assistance with any issues you may have with your FIDA-IDD Plan. To contact ICAN, call 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800).