**Chapter 10: Ending your membership in our Cal MediConnect plan**

**Introduction**

This chapter tells about ways you can end your membership in our Cal MediConnect plan and your health coverage options after you leave the plan. If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

**Note: This version of Chapter 10 should be used by plans that do not have separate Medi-Cal managed care product lines as a direct contractor to the state**.

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

[Plans should refer members 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 [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.*]

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# A. When you can end your membership in our Cal MediConnect plan

[*Plans in states that continue to implement a continuous Special Enrollment Period for dual eligible beneficiaries (duals SEP) insert:* 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 Cal MediConnect plan, or moving to Original Medicare.]

[*Plans in states that implement the new duals SEP effective 2019, insert:* Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership 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 membership 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 membership 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:

* Medicare or the state of California has enrolled you into a Cal MediConnect plan,
* Your eligibility for Medi-Cal or Extra Help has changed,
* You are getting care in a nursing home or a long-term care hospital, or
* You have moved.]

Your membership will end on the last day of the month that we get your request to change your plan. For example, if we get your request on January 18, your coverage with our plan will end on January 31. Your new coverage will begin the first day of the next month (February 1, in this example).

When you end your membership in our plan, you will be enrolled in a Medi-Cal managed care plan of your choice for your Medi-Cal services, unless you choose a different Cal MediConnect plan. You can also choose your Medicare enrollment options when you end your membership in our plan. If you leave our plan, you can get information about your:

* Medicare options in the table on page <page number> [plans may insert reference, as applicable].
* Medi-Cal services on page <page number> [plans may insert reference, as applicable].

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

* Member Services at <phone number>.
* Heath Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077.
* State Health Insurance Assistance Program (SHIP), California Health Insurance Counseling and Advocacy Program (HICAP), at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. [*TTY/TDD phone number is optional.*] For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.
* Cal MediConnect Ombuds Program at 1-855-501-3077, Monday through Friday from 9:00 a.m. to 5:00 p.m. TTY users should call 1-855-847-7914.
* 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.

# B. How to end your membership in our Cal MediConnect plan

If you decide to end your membership, tell Medi-Cal or Medicare that you want to leave <plan name>:

* Call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077; OR
* Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users (people who are deaf, hard of hearing, or speech disabled) 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>.

# C. How to join a different Cal MediConnect plan

If you want to keep getting your Medicare and Medi-Cal benefits together from a single plan, you can join a different Cal MediConnect plan. [*Plans in states that implement the new duals SEP effective 2019, insert:* You may end your membership in our plan during certain times of the year, known as Special Enrollment Periods. In certain situations, you may also be eligible to leave the plan at other times of the year. See Section A for more information about **when you can join** **a new plan**.]

To enroll in a different Cal MediConnect plan:

* Call Heath Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077. Tell them you want to leave <plan name> and join a different Cal MediConnect plan. If you are not sure what plan you want to join, they can tell you about other plans in your area.

[*Plans in states that continue to implement a continuous duals SEP insert:* Your coverage with <plan name> will end on the last day of the month that we get your request.]

[*Plans in states that implement the new duals SEP effective 2019, insert:* If you are eligible for a Special Enrollment Period, your coverage with <plan name> will end on the last day of the month that we get your request.See Section A for more information about **when you can join** **a new plan**.]

# D. How to get Medicare and Medi-Cal services separately

If you do not want to enroll in a different Cal MediConnect plan after you leave <plan name>, you will go back to getting your Medicare and Medi-Cal 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 Cal MediConnect plan.

|  |  |
| --- | --- |
| **1. You can change to:**  **A Medicare health plan (such as a Medicare Advantage plan) or, if you meet eligibility requirements and live within the service area, 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.  For PACE inquiries, call 1-855-921-PACE (7223).  If you need help or more information:   * Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. [*TTY/TDD phone number is optional.*] For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.   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 California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. [*TTY/TDD phone number is optional.*] For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.   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 California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>. | **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 California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. [*TTY/TDD phone number is optional.*] For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |

## D2. How to get your Medi-Cal services

If you leave our Cal MediConnect plan, you will be enrolled in a Medi-Cal managed care plan of your choice.

Your Medi-Cal services include most long-term services and supports and behavioral health care.

When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join.

* Call Heath Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077. Tell them you want to leave <plan name> and join a Medi-Cal managed care plan. If you are not sure what plan you want to join, they can tell you about other plans in your area.

When you end your membership with our Cal MediConnect plan, you will get a new Member ID Card, a new *Member Handbook*, and a new *Provider and Pharmacy Directory* for your Medi-Cal coverage.

# E. 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 Medi-Cal coverage begins. See page <page number> [plans may insert reference, as applicable] for more information. During this time, you will keep getting your health care and drugs through our plan.

* **You should use our network pharmacies to get your prescriptions filled.** Usually, your prescription drugs are covered only if they are filled at a network pharmacy[insert if applicable:including through our mail-order pharmacy services].
* **If you are hospitalized on the day that your membership ends, your hospital stay will usually be covered by our Cal MediConnect plan until you are discharged.** This will happen even if your new health coverage begins before you are discharged.

# F. Other situations when your membership in our Cal MediConnect plan 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 Medi-Cal. Our plan is for people who qualify for both Medicare and Medi-Cal. [Plans must insert rules for members who no longer meet special eligibility requirements.]
* 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: See 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 are not eligible to remain a member on this basis. We must disenroll you if you do not meet this requirement.

[Plans offering deemed continued eligibility, insert the following:

If you no longer qualify for Medi-Cal or your circumstances have changed that make you no longer eligible for Cal MediConnect, you may continue to get your benefits from <plan name> for an additional [insert as applicable: one- or two-] month period. This additional time will allow you to correct your eligibility information if you believe that you are still eligible. You will get a letter from us about the change in your eligibility with instructions to correct your eligibility information.

* To stay a member of <plan name>, you must qualify again by the last day of the [insert as applicable: one- or two-] month period.
* If you do not qualify by the end of the [insert as applicable: one- or two-] month period, you’ll be disenrolled from <plan name>.]

We can make you leave our plan for the following reasons only if we get permission from Medicare and Medi-Cal 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.

# G. Rules against asking you to leave our Cal MediConnect plan for any health-related reason

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, seven days a week.

You should also **call the Cal MediConnect Ombuds Program** at 1-855-501-3077, Monday through Friday from 9:00 a.m. to 5:00 p.m. TTY users should call 1-855-847-7914.

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

If we end your membership in our Cal MediConnect 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 see Chapter 9 [plans may insert reference, as applicable] for information about how to make a complaint.

# I. 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 <phone number>.
* Call Heath Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY users should call 1-800-430-7077.
* Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. [*TTY/TDD phone number is optional.*] For more information or to find a local HICAP office in your area, please visit <http://www.aging.ca.gov/HICAP/>.
* Call the Cal MediConnect Ombuds Program at 1-855-501-3077, Monday through Friday from 9:00 a.m. to 5:00 p.m. TTY users should call 1-855-847-7914.
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