[The below table has been created to auto-populate key terms throughout the document. For proper function, use of Microsoft 2007 or later is required. If using a previous version of Word, follow the instructions below for removing the bookmark table and related instructions.

**Populating the bookmark table.**To populate the table and auto-populate the terms throughout the document, use the following steps:

1. Update the values for each of the data fields in the table below by highlighting the text between the carets (< >) and typing the appropriate value. After entering the value, delete the carets.
2. Press Ctrl+A to select all text in the main document sections.
3. Press F9 to update the field references. If a box appears asking to update the Table of Contents, select “Update entire table” and press OK.
4. Double click on the header. Press Ctrl+A to select all header text.
5. Press F9 to update the field references in the header.
6. If the header does not populate throughout the document, steps 5 and 6 should be repeated for each header section in the document.
7. Double click on the footer, and press Ctrl+A to select all footer text.
8. Press F9 to update the field references in the footer.
9. If the footer does not populate throughout the document, steps 8 and 9 should be repeated for each footer section in the document.
10. To correct any issues with the Table of Contents, right-click on any line of the Table of Contents, ensuring that the whole table is highlighted in light gray, then click “Update Fields” followed by “Update entire table.”

| **Data Field (bookmarkName)** | **Value** |
| --- | --- |
| Plan name (planName) | <plan name> |
| Toll-free Number (tollFreeNumber) | <toll free number> |
| TTY Number (ttynumber) | <TTY number> |
| Days and hours of operation (daysAndHoursOfOperation) | <days and hours of operation> |
| Web Address (webAddress) | <web address> |
| Medicare Options Page Number (medicareOptionsPageNumber) | <page number> |
| Medicaid Services Page Number (medicareServicesPageNumber) | <page number> |
| State Enrollment Broker Name (enrollmentBrokerName) | Medicare-Medicaid Plan Enrollment Line |
| State Enrollment Broker Phone Number (enrollmentBrokerPhoneNumber) | 1-844-602-3469 |
| State Enrollment Broker Hours of Operation (enrollmentBrokerHoursOfOperation) | Monday-Friday 8:00 am-6:00 pm |
| State Enrollment Broker TTY Number (enrollmentBrokerTTYNumber) | 711 |
| SHIP Phone Number (SHIPPhoneNumber) | 1-401-462-4444 |
| State Name (stateName) | Rhode Island |
| State-Specific SHIP Name (SHIPName) | The POINT |
| Number of Days to Switch to Medicaid Only Plan (numberOfDays) | <number of days> |
| Page Number for Medicare and Medicaid Coverage Info (MMCoverageInfoPageNumber) | <page number> |
| Member Services (memberServicesName) | <Member Services> |
| Name of plan members (memberName) | Member |

Note: Plan should pay attention to grammar and capitalization when populating the bookmark table and review the document to ensure the populated bookmarks appear appropriately throughout.

**Correcting error messages in the document.**If an error message appears in the document indicating that the source could not be found (shown below), a bookmark may have been deleted.

error box

To recreate a bookmark, plan should use the following steps:

1. In the document, highlight the value that is not updating or the error message.
2. On the Insert ribbon tab, in the Links group, select Bookmark.
3. Find and select the bookmark name (found within parentheses next to the data field name in the bookmark table above) from the available list and click “Add.”
4. If the value does not appear in the list, enter the bookmark name exactly as written in the bookmark table into the “Bookmark name” field and press “Add.”
5. Return to the instructions found before the bookmark table, beginning at Step 2, to update the bookmarks throughout the document.
6. Repeat steps 1-5 for each additional value showing an error in the document.

**Moving a tagged field.**To move a tagged field to another location within the document, use the following steps:

1. Highlight the entire tagged field and any surrounding text you want to move or copy and press Ctrl+C to make a copy, leaving the original in place, or Ctrl+X to move the field, removing the original.
2. Place the cursor where the copied text should begin, and press Ctrl+V.
3. Ensure the field has remained intact by placing the cursor anywhere within the field. The entire field should have a light gray background.
4. If the field’s background is not light gray, press Ctrl+Z to undo the previous steps.
5. Repeat the previous steps, being careful to highlight the entire field before pressing either Ctrl+C or Ctrl+X.

**Removing the bookmark table and related instructions.**Oversight and monitoring entities (such as MMCO or individual states) must not remove the bookmark table or any of the relevant plan instructions even after they have entered values. Instead, the MMP should utilize the following instructions to remove the bookmark table and plan instructions only after all information has been entered and the document is final or if the MMP chooses to manually populate the document:

1. Convert tagged fields into untagged text.
   1. Select all text within the body of the document by placing the cursor anywhere in the document and pressing Ctrl+A.
   2. Press Ctrl+F9 to convert all tagged fields in the main body of the document to untagged text.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the main body of the document.
   3. Double click within the header and press Ctrl+A to highlight all header text.
   4. Press Ctrl+F9 to convert all tagged fields in the header to untagged text. Steps c and d should be repeated for each header section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s header.
   5. Double click within the footer and press Ctrl+A to highlight all footer text.
   6. Press Ctrl+F9 to convert all tagged fields in the footer to untagged text. Steps e and f should be repeated for each footer section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s footer.
2. Delete all plan instruction pages prior, including these instructions and the bookmark table.
3. Ensure that all text generated from the recently converted tagged fields has remained intact in the header, footer, and main body of the document.]

Chapter 10: Ending your membership in our Medicare-Medicaid Plan

**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 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*.

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

[Plan 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 [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[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.]

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

[If the plan’s state continues to implement a continuous Special Enrollment Period for dual eligible members (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 or moving to Original Medicare.]

[If the plan’s state implements the duals SEP effective 2020, 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 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 <insert name of State> have enrolled you into our Medicare-Medicaid Plan,
* 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 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). 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 membership by calling:

* Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469, Monday-Friday 8:00 am-6:00 pm. TTY users should call 711.
* State Health Insurance Assistance Program (SHIP), The POINT, at 1-401-462-4444. TTY users should call 711.
* 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 are in a drug management program, you may not be able to change plans. See Chapter 5 [plan may insert reference, as applicable] for information about drug management programs.

1. How to end your membership in our plan

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

* Call Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469, Monday-Friday 8:00 am-6:00 pm. TTY users should call 711; 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>.

1. How to get Medicare and Medicaid services separately

If you leave <plan name>, you will go back to getting your Medicare and Medicaid services separately.

## C1. Ways to get 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.

| **Option** | **action** |
| --- | --- |
| **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, 7 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 POINT at 1-401-462-4444. [TTY phone number is optional.]They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.   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 POINT at 1-401-462-4444. [TTY phone number is optional.] They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.   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 The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) counselor. | **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 POINT at 1-401-462-4444. [TTY phone number is optional.]They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor.   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 Medicare-Medicaid Plan, you will get your Medicaid services directly through Rhode Island Medicaid Fee for Service (FFS).

Your Medicaid services include most long-term services and supports (LTSS) and behavioral health care. [Plan may add the specific Medicaid services they provide.]

1. 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 Medicaid coverage begins. See page <page number> [plan 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 plan until you are discharged. This will happen even if your new health coverage begins before you are discharged.

1. 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 Medicaid. Our plan is for people who qualify for both Medicare and Medicaid. [Plan 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. [Plan 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.
* [Plan with 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 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.

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

* 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.

1. Rules against asking you to leave our 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 Medicareat 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 should also call Medicaid. [Plan should insert Medicaid contact information.]

1. 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 see Chapter 9 [plan may insert reference, as applicable] for information about how to make a complaint.

1. 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 number>.