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*.

[Plans 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.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number and section. For example, "refer to Chapter 9, Section A." 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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# When you can end your membership in our Medicare-Medicaid Plan

You can ask to 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.

If you want to return to getting your Medicare and Medicaid services separately:

* Your membership will end on the last day of the month that Illinois Client Enrollment Services or Medicare gets your request to change your plan. Your new coverage will begin the first day of the next month. For example, if Illinois Client Enrollment Services or Medicare gets your request on January 18th, your new coverage will begin February 1st.

If you want to switch to a different Medicare-Medicaid Plan:

* If you ask to change plans before the 18th of the month, your membership will end on the last day of that same month. Your new coverage will begin the first day of the next month. For example, if Illinois Client Enrollment Services gets your request on August 6th, your coverage in the new plan will begin September 1st.
* If you ask to change plans after the 18th of the month, your membership will end on the last day of the following month. Your new coverage will begin the first day of the month after that. For example, if Illinois Client Enrollment Services gets your request on August 24th, your coverage in the new plan will begin October 1st.

If you leave our plan, you can get information about your:

* Medicare options in the table in Section D1.
* Medicaid services in the table in Section D2.

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

* The Illinois Client Enrollment Services at 1-877-912-8880, from 8 a.m. to 6 p.m., Monday through Friday. TTY users should call 1-866-565-8576.
* The Senior Health Insurance Program (SHIP) at 1-800-252-8966, from 8:30 a.m. to 5 p.m., Monday through Friday. TTY users should call 1-888-206-1327.
* 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.

[Optional language for inclusion by plans. NOTE: If you’re in a drug management program (DMP), you may not be able to change plans. Refer to Chapter 5 of your Member Handbook for information about drug management programs.]

# 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 Illinois Client Enrollment Services at 1-877-912-8880, from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576; **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 in Section D1.

# How to join a different Medicare-Medicaid Plan

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

To enroll in a different Medicare-Medicaid Plan:

* + Call Illinois Client Enrollment Services at 1-877-912-8880, from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. 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.
  + If Illinois Client Enrollment Services gets your request before the 18th of the month, your coverage with <plan name> will end on the last day of that same month. If Illinois Client Enrollment Services gets your request after the 18th of the month, your coverage with <plan name> will end on the last day of the following month. Refer to Section A above for more information about when you can end your membership.

# How to get Medicare and 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 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 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.  If you need help or more information:   * Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.   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 Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.   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 your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327. | **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 Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.   You will automatically be disenrolled from <plan name>when your Original Medicare coverage begins. |

## D2. How to get your Medicaid services

[**If MLTSS** **is not** **an option** in the member’s county, plans must include the following language: If you leave the Medicare-Medicaid Plan, you will get your Medicaid services through fee-for-service.]

[**If MLTSS** **is an option** in the member’s county, plans must include the following language: If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave <plan name> and join a HealthChoice Illinois MLTSS health plan.]

[All plans with a CY 2025 MLTSS contract must include the following language **if MLTSS is an option** in the member’s county: If you don’t pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company’s HealthChoice Illinois MLTSS health plan.]

[All plans without a CY2025 MLTSS contract must include the following language **if MLTSS** **is an option** in the member’s county: If you don’t pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to a different company’s HealthChoice Illinois MLTSS health plan. <Plan name> does not have a HealthChoice Illinois MLTSS health plan.]

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new Member Handbook, and [*insert if applicable:* information about how to access the ***or***a new] Provider and Pharmacy Directory from your HealthChoice Illinois MLTSS health plan.

# Keep getting your medical items, 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. During this time, 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 Medicaid. Our plan is for people who qualify for both Medicare and 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 prison.
* 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 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

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 the Illinois Department of Healthcare and Family Services Health Benefits Hotline at 1-800-226-0768 8 a.m. to 4:30 p.m., Monday through Friday. TTY users should call 1-877-204-1012.

# 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 number>.