

What You Need to Know About Medicare Advantage Disenrollment

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What Will We Cover?

- A review of Medicare Advantage enrollment and disenrollment periods
- When should disenrollment be considered
- When is disenrollment *not* an option
- How to disenroll and how you can assist your clients
- Retroactive disenrollment
- Resources
- Questions/comments

A review of Medicare Advantage enrollment and disenrollment periods

- Need an enrollment period to get into or out of a Medicare Advantage plan
 - Initial enrollment period
 - Annual enrollment period
 - Special enrollment periods
 - Continuous for duals
 - Eligible for Special Needs Plans
 - Marketing abuses

When is disenrollment *not* an option

- There is no enrollment period and
 - Your client doesn't like the customer service
 - Your client's care provider withdraws from the plan
 - Your client discovers her MA-PD doesn't cover her newly prescribed medication

When disenrollment can be an option

- Contract violations
- Marketing fraud or abuse
- Enrollment not legally valid
- Failure to pay premiums
- Loss of special needs status (for special needs plans)
- It's December 2, 2009
- Cancellation –
 - Another option *before* the plan effective date
 - Good for mistakes if quickly caught

How you can assist your clients with disenrollment

- Assess the situation – is disenrollment possible and is it appropriate?
- Options to voluntarily disenroll
 - Enrolling in another MA plan or PDP
 - Calling 1-800 MEDICARE
 - Via the MA plan Web site if the plan allows this option
 - Physically handing or faxing a signed and dated disenrollment form to the plan
- Signature and date required
 - Plan may follow up by phone to verify disenrollment when signature not provided
- Keep some form of proof of the disenrollment contact
- Plan sends notice of disenrollment within 10 days
 - Except for enrollments to another plan or to a PDP

How you can assist your clients with disenrollment

- Involuntary disenrollments
 - Optional involuntary disenrollments for alleged failure to pay plan premium
 - Must give grace period of at least 1 month
 - Some plans disenroll after years of non-payment
 - Not allowed if member has requested Social Security withhold as payment mechanism
 - Disruptive behavior
 - Not allowed as response to health care decisions made by member with which plan disagrees
 - Plan must attempt to resolve and CMS Regional Office must review
 - Prior notice requirements

Associated Medigap Guaranteed Issuance Rights

- Only for your clients aged 65 and over
 - Unless state rules give more generous protections
- Enrolled in Medicare Advantage at age 65
- Enrolled in Medicare Advantage for the first time *after* age 65

Guaranteed Issuance Rights:

Enrollment in an MA plan at age 65

- When your clients become eligible for Medicare at Age 65 and enroll in a Medicare Advantage plan, they have Medigap guaranteed issuance rights if they disenroll from the MA plan within the first 12 months
- Timing of Medigap Guarantee Issuance Period
 - Starts 60 days prior to disenrollment
 - Ends 63 days after your client disenrolls
- Which Medigap policies can your clients get?
 - *Any Medigap policy*

Guaranteed Issuance Rights:

Medicare Advantage trial period

- If your clients are older than age 65 and enroll in a Medicare Advantage plan for the first time, they have Medigap guaranteed issuance rights if they disenroll from the MA plan within the first 12 months
 - *Must have had a Medigap policy prior to Medicare Advantage enrollment*
- Timing of Medigap Guarantee Issuance Period:
 - Starts 60 days prior to date of disenrollment
 - Ends 63 days after the beneficiary disenrolls
- Which Medigap policies can your clients get?
 - If the Medigap policy owned before enrollment in the Medicare Advantage plan is still being sold, your client may return to that policy
 - Otherwise, A, B, C,F, K or L

What are the guaranteed issuance rights?

- The Medigap issuer cannot impose conditions on coverage
- The issuer also cannot discriminate in pricing based on your client's age or health status
 - Except as permitted by state rating regulations
- No pre-existing condition exclusions
 - Even without creditable coverage
- Your clients must exercise their Guaranteed Issuance rights within 63 days of the triggering event.

Retroactive Disenrollment

- Most MA enrollments and disenrollments are prospective
 - But prospective disenrollment may not offer a full remedy to some of your clients
 - Unintended enrollments
 - Fraudulent enrollments
- Retroactive disenrollment puts your client back in the situation they were in prior to wrongful enrollment
- Retroactive disenrollment is discretionary with CMS
 - Generally, Regional Office caseworkers make these determinations
 - Used in “extraordinary situations beyond [your client’s] control (*Medicare Advantage Manual, Chapter 2, Section 60.4, p. 118*)
 - Prevents gaps in coverage and liability for late enrollment penalty premiums
 - Allows claims to be correctly paid
 - Makes it possible for your client to arrange coverage for Original Medicare costs
 - Medigap guaranteed issuance period

Advocacy Interventions

- Individual problems plus systemic or policy issues equals comprehensive service
- Remember every case involves both
 - Individual case resolution, and
 - systemic advocacy
- Don't make mountains out of molehills, *but don't* avoid dealing with the mountains when you see them

Resources

- CMS Medicare Advantage Manual, Chapter 2, (Draft, 2010 edition):
<http://www.cms.hhs.gov/MedicareMangCareEligEnrol/Downloads/DraftMAEnrollmentGuidanceUpdate2010.pdf>
- Center for Medicare Advocacy, “*Medicare Advantage Disenrollment: Don’t Get Trapped*”:
http://www.medicareadvocacy.org/Archives/ArchivedPages/MA_07_06.14.Disenrollment.htm
- My Medicare Matters, “*Medicare SEPs to Remedy Erroneous Enrollments*”:
<http://www.mymedicarecommunity.org/library/advantage/Articles/MedicareAdvantageEnrollmentAndDisenrollment.php#ma>

Questions/Comments?

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