

Integrated Care Initiative Phase II Fact Sheet Cancelling vs. Disenrollment

- **What is a cancellation?**
 - A cancellation occurs when someone who is being enrolled in the Medicare-Medicaid plan takes an action so that the enrollment is stopped before it becomes effective. People who cancel their enrollments are not yet actively enrolled and are not yet receiving or eligible to receive services through the plan.
 - A cancellation can occur any time before (even the day before) the effective date of enrollment in the plan.
 - The term, cancellation, applies to people who are being passively enrolled and people who have opted into the plan. However, cancellations for people being passively enrolled are sometimes referred to as opt-outs.
 - Anyone who would like to cancel an enrollment prior to the effective date can call the Medicare-Medicaid enrollment line at 1-844-602-3469.
- **What is a disenrollment?**
 - A disenrollment occurs when someone who is enrolled in the Medicare-Medicaid plan takes an action to leave the plan after his or her effective date of enrollment. People can disenroll at any time. However, the person will remain enrolled in the plan until the last day of the month.
 - Anyone who would like to disenroll can call the Medicare-Medicaid enrollment line at 1- 844-602-3469. People can also disenroll by enrolling in a Medicare Advantage or a Medicare Part D plan.

Here are some scenarios that describe “Cancelling” vs. “Disenrollment”:

- **Canceling passive enrollment:**
 - When a person who is being passively enrollment cancels the enrollment, the enrollment into the plan is stopped before the effective date of the enrollment into the plan. The person will remain in Medicaid fee-for-service for Medicaid benefits and Original Medicare and the current Part D plan for Medicare. There should be no gap or break in his or her current coverage. However, for a cancellation close to the effective enrollment date, it might take a few days for all of the systems to catch up with the change.

- **Canceling opt-in enrollment for someone in Medicaid fee-for-service (regardless of how he/she receives Medicare benefits):**
 - When a person who is in Medicaid fee-for-service cancels an opt-in enrollment, the enrollment into the plan is stopped before the effective date of the enrollment into the plan. The person will remain in Medicaid fee-for-service for Medicaid benefits. He/she will keep whatever he/she currently has for Medicare benefits. There should be no gap or break in his/her current Medicare coverage. However, for a cancellation close to the effective enrollment date, it might take a few days for all of the systems to catch up with the change.

- **Disenrolling from INTEGRITY (regardless of how he/she received Medicare benefits prior to enrollment)**
 - When a client "disenrolls" from INTEGRITY, they are placed into Medicaid fee-for-service and they may be automatically assigned to a Part D plan (which may or may not be the best plan for them). A disenrollment means that they had already been enrolled in INTEGRITY and the automatic enrollment into their former plan is no longer available. When a person disenrolls from INTEGRITY, he/she is enrolled in Medicaid fee-for-service for Medicaid benefits and Original Medicare and a Part D plan for Medicare benefits. If the person was only recently enrolled in INTEGRITY and was in a Part D plan before, CMS may try to put the person back in the same Part D plan, but it may not always be possible. People should be advised to call 1-800-MEDICARE or go to Medicare.gov to enroll in his/her preferred plan. For late-month disenrollments, the person will probably go into Medicare's *Limited Income Newly Eligible Transition* (LI NET) Program before being enrolled in a regular Part D plan. He/she should contact 1-800-MEDICARE if there are questions about this.

Please keep in mind that these scenarios assume that the person canceled/disenrolled by calling the MMP Enrollment Line. The scenarios might be different if a person cancels the enrollment or disenrolls by enrolling in a new Part D plan or enrolling in a Medicare Advantage plan instead of calling the MMP Enrollment Line.