



Leaving New West Medicare and your choices for continuing Medicare after you leave

What is “disenrollment”?

“Disenrollment” from New West Medicare means **ending your membership** in New West Medicare. Disenrollment can be **voluntary** (your own choice) or **involuntary** (not your own choice):

- You might leave New West Medicare because you have decided that you *want* to leave. You can do this for any reason. However, as we explain in this section, **there are limits to when you may leave and how often you can make changes, and what your other choices are for receiving Medicare services, and how you can make changes.**
- There are also a few situations where you would be *required* to leave. For example, you would have to leave New West Medicare if you move out of our geographic service area or if New West Medicare leaves the Medicare program. We are not allowed to ask you to leave the plan because of your health.

Whether leaving the plan is your choice or not, this document explains your Medicare coverage choices after you leave and the rules that apply.

Until your membership officially ends, you should keep getting your Medicare services through New West Medicare or you will have to pay more for your services.

If you leave New West Medicare, it may take some time for your membership to end and your new way of getting Medicare to take effect (we discuss when the change takes effect later in this document). While you are waiting for your membership to end, you are still a member and **should** continue to get your care as usual through New West Medicare.

What should I do if I decide to leave New West Medicare?

If you want to leave New West Medicare:

- The first step is to **be sure that the type of change you want to make and when you want to make it fit with the new rules** explained below about changing how you get Medicare. If the change does not fit with these rules, you won’t be allowed to make the change.
- Then, what you must do to leave New West Medicare depends on whether you want to switch to Original Medicare or to one of your other choices.

When and how often can I change my Medicare choices?

In general, there are only certain times during the year when you change the way you get Medicare. Here are the rules:

1. From November 15 through December 31, during the Annual Coordinated Election Period (AEP), anyone with Medicare may switch from one way of getting Medicare to another for the following year. Your change will take effect on January 1. During the AEP, you are **not limited** in the type of change you may make to your coverage. See “What are my choices, and how do I make changes, if I leave New West Medicare between November 15 and December 31?” below for details.
2. From January 1 until March 31, during the Medicare Advantage Open Enrollment Period (OEP), anyone eligible for Medicare Advantage has another chance to review the coverage they have and make one change. Your new enrollment will be effective the first day of the month that comes *after* the month we receive your request to leave. However, with this chance, you **are limited** in the type of plan you may join. ***You may not use this chance to add or drop Medicare prescription drug coverage.*** See “What are my choices, and how do I make changes, if I leave New West Medicare between January 1 and March 31?” below for details.

Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you move or if you have Medicaid coverage. Contact us for information.

What are my choices, and how do I make changes, if I leave New West Medicare between November 15 and December 31?

If you leave New West Medicare between November 15 and December 31 (during the AEP), you have a number of choices for how you receive your Medicare after you leave. If they are available in your area, and if they are accepting new members, you can switch to any of the following types of plans:

- **Other Medicare Advantage Plans** (including PPOs such as New West Medicare, HMOs, and Private Fee-for-service plans) are available in some parts of the country. In HMOs and PPOs, you generally get all your Medicare-covered Part A and Part B health care through the plan. Medicare Advantage Plans ***may include prescription drug coverage*** as part of the Medicare Prescription Drug (Part D) benefit. Medicare pays a set amount of money for your care every month to these private health plans whether or not you use services. New West Medicare is a Medicare Advantage Plan offered by New West Health Services.
- **Original Medicare** is available throughout the country. Original Medicare is a fee-for-service health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay a deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).
- **Medicare Prescription Drug Plans (PDPs)** are stand-alone drug plans that only cover prescription drugs, not other benefits or services. If you choose Original Medicare and want to receive Medicare prescription drug coverage, you must join a Medicare Prescription Drug Plan.
- **Other Medicare Health Plans** (including Medicare Cost Plans, Programs of All-Inclusive Care for the Elderly (PACE), and Demonstrations) may be available. In some

of these plans, you generally get all your Medicare-covered health care from that plan. This coverage *may include prescription drug coverage*.

Note: For more information about your choices, please refer to the “Medicare & You” handbook you received in the fall. You may also call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to learn more about your choices.

How do I switch from New West Medicare to another Medicare Advantage Plan or Other Medicare Health Plan between November 15 and December 31?

If you want to change from New West Medicare to a different Medicare Advantage Plan or Other Medicare Health Plan, here is what to do:

1. Contact the new plan you want to join to be sure it is accepting new members. Also, ask the plan if it offers the Medicare Part D prescription drug benefit.
2. Your new plan will tell you the date when your membership in that plan begins, and your membership in New West Medicare will end on that same day (this will be your “disenrollment date”). Remember, you are still a member until your disenrollment date, and must continue to get your medical care as usual through New West Medicare until the date your membership ends.

What if I want to switch (disenroll) from New West Medicare to Original Medicare between November 15 and December 31?

Original Medicare does not cover very many prescription drugs outside of a hospital. So, if you want to change from New West Medicare to Original Medicare, you should think about whether you want to also join a Medicare Prescription Drug Plan.

To get information about Prescription Drug Plans that you can join, you can call 1-800-MEDICARE (1-800-633-4227), which is the national Medicare help line. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

- If you want Original Medicare *and* Medicare prescription drug coverage, simply enroll in a stand-alone Medicare Prescription Drug Plan (PDP). That will automatically disenroll you from New West Medicare.
- If you want Original Medicare and do *not* want Medicare prescription drug coverage, simply tell us *or* Medicare that you want to leave New West Medicare. You do *not* have to enroll in Original Medicare, because you will automatically be in Original Medicare when you leave New West Medicare.
 - **To tell us** that you want to leave New West Medicare:
 - You can write or fax a letter to us and send it to Medicare Enrollment at PO Box 668, Kalispell, MT 59903 or to our fax number at 406-257-2600. Be sure to sign and date your letter.
 - **To tell Medicare** you want to leave New West Medicare, you can call 1-800-MEDICARE (1-800-633-4227), which is the national Medicare help line. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Whether you tell us or Medicare that you want to leave New West Medicare, you will receive a letter telling you when your membership will end. This is your **disenrollment date** – the day you officially leave New West Medicare. Your disenrollment date will be January 1. Remember, until January 1, you are still a member of New West Medicare and must continue to get your medical care as usual through New West Medicare.

Effective January 1, your membership in New West Medicare ends and you should use your red, white, and blue Medicare card to get services under Original Medicare. You will not get anything in writing that tells you that you have Original Medicare, because you will *automatically* be in Original Medicare when you leave New West Medicare. (Call Social Security at 1-800-772-1213 if you need a new red, white, and blue Medicare card.)

What are my choices, and how do I make changes, if I leave New West Medicare between January 1 and March 31?

Between January 1 and March 31 of every year, individuals who are enrolled in (or eligible for) Medicare Advantage Plans have the opportunity to make one (1) change to their Medicare Advantage coverage. This period *may not be used to add or drop Medicare prescription drug coverage*. After March 31, you generally cannot change plans or discontinue your membership.

If plans are available in your area, and if they are accepting new members, you can make the following changes:

- As a member of a Medicare Advantage Plan *with* prescription drug coverage (MA-PD), between January 1 and March 31, changes you can make include:
 - Switch to another Medicare Advantage Plan with prescription drug coverage (MAPD) by enrolling in the new MA-PD plan; **or**
 - Switch to Original Medicare and a Prescription Drug Plan (PDP) by enrolling in the PDP.

Do I need to buy a Medigap (Medicare supplement insurance) policy?

If you want to change from New West Medicare to Original Medicare, you should think about whether you need to buy a Medigap policy to supplement your Original Medicare coverage. For Medigap advice, you should contact the Montana SHIP (State Health Insurance Assistance Program) at 1-800-551-3191. You can also find the website for the Montana SHIP at www.medicare.gov. You can ask the Montana SHIP about how and when to buy a Medigap policy if you need one. The Montana SHIP can tell you if you have a guaranteed issue right to buy a Medigap policy.

If you are at least 65 and have been eligible for Part B for less than six months, you may still be in your Medigap open enrollment period. If you leave our plan while you are still in your open enrollment period, a Medigap insurer cannot refuse to sell you any policy you choose, or impose limits based on your health. You might also have a “**guaranteed issue right**”. This means that in certain circumstances, and for a limited period of time, a Medigap insurer must sell you a Medigap policy, even if you have health problems. In general, you do not have a guaranteed issue

right if you simply decide to disenroll from New West Medicare. However, for example, you have a guaranteed issue right to buy a Medigap policy if you are in a trial period. You may be in

a trial period if, in the past 12 months you: (1) dropped a Medigap policy to join New West Medicare or another Medicare health plan for the first time; or (2) joined New West Medicare or another Medicare health plan when you first became entitled to Medicare at age 65. Under certain circumstances, if you lose your health plan coverage while you are still in a trial period, the trial period can last for an extra 12 months. You may also have a guaranteed issue right if you move out of our service area. The Montana SHIP can tell you about other situations where you may have guaranteed issue rights. If you do want to buy a Medigap policy, you have to follow the instructions below for changing from New West Medicare to Original Medicare. (Buying a Medigap policy does not switch you from New West Medicare to Original Medicare. In fact, while you are still enrolled in New West Medicare it is against the law for a Medigap insurance company to sell you a policy. A Medigap sales person or insurance agent cannot cancel your New West Medicare membership and put you in Original Medicare.)

What happens to you if New West Health Services leaves the Medicare program or New West Medicare leaves the area where I live?

If we leave the Medicare program or change our service area so that it no longer includes the area where you live, we will tell you in writing. If this happens, your membership in New West Medicare will end, and you will have to change to another way of getting your Medicare benefits. All of the benefits and rules described in this booklet will continue until your membership ends. This means that you must continue to get your medical care in the usual way through New West Medicare until your membership ends.

Your choices for how to get your Medicare will always include Original Medicare and joining a Prescription Drug Plan to complement your Original Medicare coverage. Your choices may also include joining another Medicare Advantage Plan, or a Private Fee-for-Service plan, if these plans are available in your area and are accepting new members. Once we have told you in writing that we are leaving the Medicare program or the area where you live, you will have a chance to change to another way of getting your Medicare benefits. If you decide to change from New West Medicare to Original Medicare, you will have the right to buy a Medigap policy regardless of your health. This is called a “guaranteed issue right” and it is explained above in *Leaving New West Medicare and your choices for continuing Medicare after you leave*.

New West Health Services has a contract with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract renews each year. At the end of each year, the contract is reviewed, and either New West Health Services or CMS can decide to end it. You will get 90 days advance notice in this situation. It is also possible for our contract to end at some other time during the year, too. In these situations we will try to tell you 90 days in advance, but your advance notice may be as little as 30 or fewer days if CMS must end our contract in the middle of the year.

Whenever a Medicare health plan leaves the Medicare program or stops serving your area, you will be provided a special enrollment period to make choices about how you get Medicare, including choosing a Medicare Prescription Drug Plan and guaranteed issue rights to a Medigap policy.

Under certain conditions New West Health Services can end your membership and make you leave the plan.

Generally, we *cannot* ask you to leave the plan because of your health.

Unless you are a member of a Medicare Advantage Special Needs Plan (SNP) for chronic conditions, we cannot ask you to leave your health plan for any health-related reasons. If you ever feel that you are being encouraged or asked to leave New West Medicare because of your health, you should call 1-800-MEDICARE (1-800-633-4227), which is the national Medicare help line. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

We *can* ask you to leave the plan under certain special conditions.

If any of the following situations occur, we will end your membership in New West Health Services:

- **If you move out of the service area or are away from the service area for more than six months in a row.** If you plan to move or take a long trip, please call Customer Service at the number on the cover of this booklet to find out if the place you are moving to or traveling to is in New West Medicare's service area. If you move permanently out of our geographic service area, or if you are away from our service area for more than six months in a row you generally cannot remain a member of New West Medicare. In these situations, if you do not leave on your own, we must end your membership ("disenroll" you). An earlier part of this document tells about the choices you have if you leave New West Medicare and explains how to leave.
- If you do *not* stay continuously enrolled in both Medicare Part A and Medicare Part B.
- If you give us information on your enrollment request that you know is false or deliberately misleading, and it affects whether or not you can enroll in New West Medicare.
- If you behave in a way that is disruptive, to the extent that your continued enrollment seriously impairs our ability to arrange or provide medical care for you or for others who are members of New West Medicare. We cannot make you leave New West Medicare for this reason unless we get permission first from the Centers for Medicare & Medicaid Services, the government agency that runs Medicare.
- If you let someone else use your plan membership card to get medical care. If you are disenrolled for this reason, CMS may refer your case to the Inspector General for additional investigation.
- If you do not pay the plan premiums, we will tell you in writing that you have a 90-day grace period during which you can pay the plan premiums before you are required to leave New West Medicare.

You have the right to make a complaint if we ask you to leave New West Health Services.

If we ask you to leave New West Medicare, we will tell you our reasons in writing and explain how you can file a complaint against us if you want to.