



# Rights and Responsibilities upon Disenrollment

Ending your membership (also known as disenrollment) in UCare's MSHO or UCare Connect + Medicare plans may be voluntary (your own choice) or involuntary (not your own choice).

- Voluntary – you can end your membership in the plan at any time. Your Member Handbook / Evidence of Coverage has information about the other types of plans you can enroll in, and when your new coverage will begin.
- Involuntary – the process varies depending upon the type of new coverage you are choosing. There are also limited situations when you may not choose to leave, but we are required to end your membership. Your Member Handbook / Evidence of Coverage has more information about circumstances that require us to end your membership.

Your Member Handbook / Evidence of Coverage has more information about how to end your membership in each situation. If you are leaving our plan, you must continue to get your medical care through our plan until your membership ends.

## **When can you end your membership in our plan?**

You can leave the plan at any time. Leaving our plan does not impact your eligibility for Medicare and Medicaid (Medical Assistance).

## **When will your membership end?**

Your membership will end on the last day of the month that we receive your request to change your plan. Your new coverage will begin the first day of the next month.

## **How do you end your membership in our plan?**

Usually, to end your membership in our plan, you simply enroll in another Medicare plan. However, if you want to switch from our plan to Original Medicare but you have not selected a separate Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. If you need more information about how to do this, please contact UCare Customer Services. Customer Service phone numbers are on the back of your UCare Member ID card and are available on the UCare website at [www.ucare.org](http://www.ucare.org) under "Contact Us."
- You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

## **Where can you get information about ending your membership?**

If you have any questions or would like more information about how to end your membership:

- You can call Customer Services. The phone numbers are on the back of your member ID card.
- You can find the information in the Medicare & You Handbook. Current Medicare members receive a copy of Medicare & You in the mail each fall. New Medicare members receive it within a month after signing up. You can also download a copy from the Medicare website (<http://www.medicare.gov>). Or, you can order a printed copy by calling Medicare at the number below.
- You can contact 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.

## **Until your membership ends, you must keep getting your medical services and drugs through our plan.**

If you leave the plan, it may take time before your membership ends and your new Medicare and Medical Assistance (Medicaid) coverage goes into effect. Your Member Handbook / Evidence of Coverage has more information on when your new coverage begins. During this transition period, you must continue to use our plan for your medical care and prescription drug coverage.

You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends. Usually, your prescription drugs are only covered if they are filled at a network pharmacy, 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 (even if you are discharged after your new health coverage begins).

## **What type of plan can you switch to?**

You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan. You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.

For Medical Assistance (Medicaid), if you choose to leave MSHO, you will be automatically enrolled in our Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions.

For Medicaid (Medical Assistance), if you choose to leave our UCare Connect + Medicare plan, and you are still eligible for Medicaid (Medical Assistance), your Medical Assistance services will be provided under fee-for-service or "straight MA." You can ask to be enrolled in UCare Connect without Medicare, or another plan's similar product, if it is offered in your county. Contact the Disability Hub MN (1-866-333-2466) or online at [disabilityhubmn.org](http://disabilityhubmn.org) if you have questions.

If you currently have a medical spend-down and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.

The table below explains how you should end your membership in our plan. It only describes your Medicare coverage.

<b>If you would like to switch from our plan to:</b>	<b>This is what you should do:</b>
Another Medicare health plan.	Enroll in the new Medicare health plan. You will automatically be disenrolled from UCare's MSHO or UCare Connect + Medicare when your new plan's coverage begins.
Original Medicare with a separate Medicare prescription drug plan.	Enroll in the new Medicare prescription drug plan. You will automatically be disenrolled from UCare's MSHO or UCare Connect + Medicare when your new plan's coverage begins.
Original Medicare without a separate Medicare prescription drug plan. 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.	<p>Send us a written request to disenroll. Contact Customer Services if you need more information on how to do this. The phone numbers are on the back of your member ID card.</p> <p>You can also contact Medicare, at 1-800- MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users call 1-877-486-2048.</p> <p>You will be disenrolled from UCare's MSHO or UCare Connect + Medicare when your coverage in Original Medicare begins.</p>

**We must end your membership in the plan in certain situations (involuntary disenrollment), such as:**

- If you do not stay continuously enrolled in Medicare Part A and Part B.
- If you are no longer eligible for Medical Assistance (Medicaid). As stated in your Member Handbook / Evidence of Coverage, our plan is for people who are eligible for both Medicare and Medicaid. If you have Medicare and lose eligibility for Medicaid, our plan will continue to provide plan benefits for up to three months. If after three months you have not regained Medicaid, coverage with our plan will end. You will need to choose a new Part D plan to continue getting coverage for Medicare-covered drugs. If you are in this situation and need help, you can call the Senior Linkage Line at 1-800-333-2433.
- If you do not pay your medical spend-down, if applicable.
- If you move out of our service area for more than six months. If you are planning to move or take a long trip, please call Customer Services to find out if the place you are moving or traveling to is in our plan's service area.
- If you go to prison.
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- 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. We cannot make you leave our plan for this reason unless Medicare gives us permission.
- If you let someone else use your membership card to get medical care. If we end your membership for this reason, Medicare may have your case investigated by the Inspector General.

**We cannot ask you to leave our plan for any reason related to your health.**

If we end your membership in our plan, we must provide a written explanation of our reasons for ending your membership. We must also explain how you can file a complaint about our decision to end your membership. Your Member Handbook / Evidence of Coverage has information about how to file a complaint.

If you feel that you are being asked to leave our plan because of a health-related reason, you should call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may call 24 hours a day, seven days a week.

UCare's MSHO and UCare Connect + Medicare are Medicare Advantage plans with a Medicare contract and a contract with the Minnesota Medical Assistance (Medicaid) program. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.

**Toll Free 1-800-203-7225, TTY 1-800-688-2534**

Attention. If you need free help interpreting this document, call the above number.

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ما أذلاحة: إرتد مسادة مجانية لتجرمة هه الوثيقة، ال على الرقم أعلاه

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## **Civil Rights Notice**

**Discrimination is against the law.** UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services.** UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services.** UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

### **U.S. Department of Health and Human Services' Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (Fax)  
Info.MDHR@state.mn.us (Email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **UCare Complaint Notice**

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

### **UCare**

Attn: Appeals and Grievances  
PO Box 52  
Minneapolis, MN 55440-0052  
Toll free: 1-800-203-7225  
TTY: 1-800-688-2534  
Fax: 612-884-2021  
Email: [cag@ucare.org](mailto:cag@ucare.org)