

## **10 - Definitions**

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**Conversions** - For individuals who are enrolled in a health plan offered by the managed care organization the month immediately before the month of their entitlement to Medicare Parts A and B, or Part B only, their enrollment in a cost plan offered by the same organization is referred to as a “conversion” from commercial status to Medicare cost enrollee status. The effective date of conversion enrollments is the first of the month of initial Medicare entitlement.

**Evidence of Medicare Part A and/or Part B Coverage** – Acceptable forms of evidence are:

1. A Medicare card;
2. Social Security Administration (SSA) award notice;
3. A Railroad Retirement Board (RRB) letter of verification;

4. A statement from SSA or RRB verifying the individual's entitlement to Medicare Part A and enrollment in Part B;
5. Verification of Medicare Part A and Part B through one of CMS's systems, including CMS data available through CMS subcontractors; or
6. For individuals enrolling when they first become entitled to Medicare, an SSA application for Medicare Part A and/or B showing the effective date for both Medicare Parts A and B or Part B only.

**Evidence of Permanent Residence** - A permanent residence is normally the enrollee's primary residence. A Medicare Cost organization may request additional information such as voter's registration records, driver's license records, tax records, or utility bills to verify the primary residence. Such records must establish the permanent residence address, and not the mailing address, of the individual.

**Involuntary Disenrollment** - Refers to when a Medicare Cost organization, as opposed to the member, initiates disenrollment from the plan. Procedures regarding involuntary disenrollment are found in [§50.2](#) of this chapter.

**Medicare +Choice Organization (M+C organization)** - Refer to Chapter 1 (General Administration of the Managed Care/Medicare+Choice Program) of the Medicare Managed Care Manual for a definition of a M+C organization.