50.1 – Voluntary Disenrollments

(Rev. 38, 10-31-03)

A Medicare beneficiary may disenroll at any time by mailing, hand delivering, or faxing a signed and dated written notice to the plan, SSA, or the Railroad Retirement Board (if the member is an annuitant). If the member is unable to sign the disenrollment request,

his or her legal representative must do so (refer to §40.2.1 for more details on who may sign forms). The CMS systems will generate an automatic disenrollment if a beneficiary elects another cost plan or Medicare+Choice plan without first disenrolling from the current health plan.

If a member verbally requests disenrollment from the cost plan, the plan must instruct him or her to make the request in writing. The plan may send a disenrollment form to the member upon request (see Exhibits 6 and Exhibit 6a).

The liability of CMS to make monthly payments on the beneficiary's behalf ends with the close of the last month of membership specified by the beneficiary, with the exception that the last month of payment may not be earlier than the month in which the beneficiary requested disenrollment. However, if the Regional Office has reason to review the disenrollment request, the last month of CMS liability may not follow this guideline, e.g. if the member moved out of the service area and the Regional Office grants an earlier disenrollment date.

50.1.1 - Effective Date of Voluntary Disenrollment

(Rev. 38, 10-31-03)

The disenrollment must be effective no later than the first day of the month following receipt of the member's written request for disenrollment, unless the member requests a later date. The plan must date stamp the disenrollment request upon initial receipt. If the member requests a later effective date, it can be no later than the third month after the month in which CMS receives an acceptable disenrollment request from the cost plan.

The cost plan must provide the member with a copy of his/her request for termination of enrollment (Exhibit 7 may be used if desired). The CMS encourages cost plans to provide the beneficiary with a final letter once the disenrollment has been confirmed and should send this notice within 7 business days of the availability of the reply listing (Exhibit 8).

If the plan learns of the disenrollment through the CMS Reply Listing Report rather than by written request, the cost plan is strongly encouraged to provide the beneficiary with a final letter within 7 business days of the availability of the reply listing (see Exhibit 8).