



Helping Older Persons With  
Legal & Long-Term Care  
Problems

## ***What Are Your Rights When Your Medicare HMO Pulls Out?***

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### ***1. What does the announcement that your HMO will no longer participate in the Medicare program mean?***

It means that on January 1, 2003 you will automatically return to traditional Medicare or you will have to select a new Medicare + Choice provider for your Medicare coverage in 2003.

### ***2. When do I need to act on this announcement?***

On January 1, 2003, you will be switched automatically to traditional Medicare if you take no other action.

A Medicare HMO that is not renewing its contract for the next year must send a final written notice to each of its customers advising them of its decision not to renew their contract with Medicare. This notice must also advise its customers of the available options they have under the Medicare program for 2003. This letter is required to be sent no later than October 2, 2002. **You should not disenroll from your HMO until you receive this final written notice of non-renewal from your HMO and have fully investigated and decided on how your 2004 medical bills are going to be covered.**

Most people choosing to return to traditional Medicare will want to obtain a Medicare Supplemental Insurance policy to cover the Medicare deductibles, co-payments and other out-of-pocket expenses. You should enclose a copy of your HMO non-renewal letter with your application to a Medicare supplemental insurance company in order to obtain automatic enrollment without regard to a pre-existing medical condition. An important factor in deciding whether to return to traditional Medicare and obtaining a Medicare Supplemental Insurance policy will be what Medicare + Choice Plans are in your area and what will they cover and the amount of the co-payments, deductibles and the monthly premium you would have to pay in 2003. This information may not be announced until late October 2002.

### *3. What special rights do I have regarding Medicare Supplemental Insurance coverage as a result of my Medicare HMO not renewing its Medicare contract?*

Only during special automatic enrollment periods required by federal law do Medicare Supplemental Insurance companies have to issue policies to applicants with health problems. There are two 63-day automatic enrollment periods for all Medicare beneficiaries, who are members of a non-renewing HMO, to obtain Medicare supplemental insurance coverage even if they have severe or chronic medical conditions. During these two 63-day time periods, the beneficiary may apply for Medicare supplemental insurance policy A, B, C, or F without regard to a preexisting medical condition.

***The first special enrollment period will occur during the 63 calendar days from the date on your HMO's final notification letter of non-renewal. This letter is required to be sent no later than October 2, 2002.***

Your second window of opportunity is the 63 calendar days after your managed care plan coverage ends on December 31, 2002.

### *4. What should I be doing between now and the receipt of my final letter of non-renewal?*

(1) You should call the Ohio Department of Insurance at 1-800-686-1578 or write OSHIIP, Ohio Department of Insurance, 2100 Stella Court, Columbus, Ohio 43215-1067, and request a copy of their free "Ohio Shoppers Guide to Medicare Supplemental Insurance," which describes and lists the monthly premiums for all of the Medicare Supplemental Insurance policies available in the state of Ohio.

(2) Locate the sections in the Shoppers Guide that describe what the different policies cover and review the price information for policies A, B, C, or F for the age group closest to your age.

(3) Identify the Medicare Supplemental Insurance companies and policies that you have an interest in and contact them directly to obtain their most recent price and coverage information and their application form. The information in the annual Ohio Shoppers Guide may not always be identical to the packet, so you will want to review this material very carefully.

(4) You should also contact your Congressional representatives and find out about the various Medicare reform and Medicare prescription medication proposals that are being considered and whether any of them could be of help to you in making the decision to return to traditional Medicare or to enroll in another HMO or other Medicare + Choice option.

(5) When the Medicare + Choice providers in your area release information on their 2003 Medicare plans, you need to obtain the informational packets on these plans and review them very closely. Make sure you understand how these plans will work and what your out-of-pocket costs will be. You should specifically ask for all of their information on the specific medications that will be covered in their plan and compare these medications with the ones you need.

(6) After obtaining all of this information, you will be in a position to take action once you receive your final letter of involuntary disenrollment. Remember that there will be two 63-day periods for you to apply for a Medicare supplemental insurance policy if you choose to return to traditional Medicare. (See question 3.)

*5. Will there be changes before the end of the year in the services and prescription medication benefits that my HMO is presently providing?*

The decision not to renew a contract applies only to the company's participation in the Medicare program as of January 1, 2003. It should have no effect upon the patient costs or the services provided in 2002.

*6. What should I do if I begin to experience trouble obtaining medical services from my HMO?*

*All HMO medical decisions are subject to the Medicare appeal process.* In addition, if the HMO's decision to deny or reduce medical care jeopardizes the life, health, or the patient's ability to regain maximum function, **you have a right to an EXPEDITED APPEAL of that decision, and the HMO in most cases, must issue a new decision within 72 hours of your TELEPHONE or written request for an EXPEDITED APPEAL.**

The HMO must forward your file to an independent reviewing organization within 24 hours of their expedited decision if it again denies you services.

You should also contact Pro Seniors at 1-800-488-6070 or 345-4160 for free legal advice and assistance.

*7. What other resources are there for information and advice about this situation?*

(1) Pro Seniors, Inc. has a free legal advice and referral Hotline for anyone, age 60 or older, who is a resident of the state of Ohio.

Pro Seniors' Health Care Consumer Rights Project also provides free legal representation for individuals, 60 or over, who have Medicare, Medicare supplemental insurance, Medicaid and other health care access problems that require an attorney to solve, but you must reside in Ohio within Hamilton, Clinton, Clermont, Warren or Butler county.

(2) The U.S. Centers for Medicare & Medicaid Services, which administers the Medicare and the Medicare + Choice programs, can be contacted at: 1-800-633-4227. It also has a website with specific links providing information with regard to what Medicare options you have in your county and a link to which Medicare HMOs are not renewing their contracts. This website is [www.Medicare.gov](http://www.Medicare.gov).

(3) The OSHIIP program with the Ohio Department of Insurance can be contacted at 1-800-686-1578. They also can tell you what Medicare + Choice Plans will be in your county.

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Pro Seniors' Legal Hotline for Older Ohioans provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If you have a concern that cannot be resolved over the phone, then the hotline will try to match you with an attorney who will handle your problem at a fee you can afford.

In southwest Ohio, Pro Seniors' staff attorneys and long-term care ombudsmen handle matters that private attorneys do not, such as nursing facility, adult care facility, home care, Medicare, Medicaid, Social Security, protective services, insurance and landlord/tenant problems.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.

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