

## Module 5-Enrollment Guidance Medicare Advantage and Part D Plans

### 1. Module 5: Enrollment Guidance Medicare Advantage and Part D Plans

#### *1.1 Enrollment Guidance Medicare Advantage and Part D Plans*



## 1.2 Navigation Instructions

### Navigation Instructions

- The "PREV" and "NEXT" buttons at the bottom of each page will take you backwards and forward through the course one page at a time.
  - Please note: Students are required to view each slide. Users can view the current slide and any slide they previously viewed but will be unable to skip and or jump ahead within the menu.
- Click the menu icon (≡) to expand and or collapse the table of contents.
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## 1.4 LEARNING OBJECTIVES

### LEARNING OBJECTIVES



**01** Who can complete an enrollment form

**02** When beneficiaries can enroll or change plans

**03** Post-enrollment requirements


**04** Enrollee protections

**05** The disenrollment process


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## 1.5 Training Roadmap: Part 1

A graphic showing a winding road with four location pins: yellow, green, blue, and red. A purple banner across the road reads "Training Roadmap: Module 5".

- ☐ Enrollment periods
- ☐ Special enrollment periods
- ☐ Enrollment Requests
- ☐ Beneficiary acknowledgements and enrollee discrimination prohibitions
- ☐ Enrollment discrimination prohibitions
- ☐ Post-enrollment activities and rules
- ☐ Disenrollment

The AHIP logo, featuring a stylized star above the letters "AHIP".

## ***1.6 Enrollment Periods: An Introduction***





## 1.7 Roadmap to Enrollment Periods

### Roadmap to Enrollment Periods

Fixed annual enrollment/disenrollment periods:

- Annual election period (October 15 - December 7)
- Medicare Advantage Open Enrollment Period (MA-OEP) (January 1 - March 31)

Enrollment periods with dates and conditions based on individual circumstances:

- Initial election periods when beneficiary first eligible for Medicare
- New beneficiaries who enroll in Medicare Advantage also have an MA-OEP that starts the month of entitlement to Part A and Part B
- Special election periods (SEPs) when special circumstances arise
- Continuous open enrollment for institutionalized individuals



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## 1.8 Enrollment Periods -- Overview

### Enrollment Periods -- Overview

- Beneficiaries may only enroll in or change plans at certain fixed times each year or under certain limited special circumstances.
  - If the application does not include information supporting a permissible election period, such as an attestation of eligibility to enroll, plans must contact the beneficiary to decide if enrollment is permissible.

MA and Part D Enrollment periods are:

- MA Initial Coverage Election Period (ICEP)
- Part D Initial Enrollment Period (IEP)
- MA and Part D Annual Election Period (AEP)
- MA and Part D Special Election Periods (SEP)
- Open Enrollment Period for Institutionalized Individuals (OEPI)
- MA open enrollment period (MA-OEP)
- MA Plan sponsors must accept all enrollment requests during these periods except for the MA-OEP and OEPI. MA Plan Sponsors can “close” for enrollments during the MA-OEP and OEPI.

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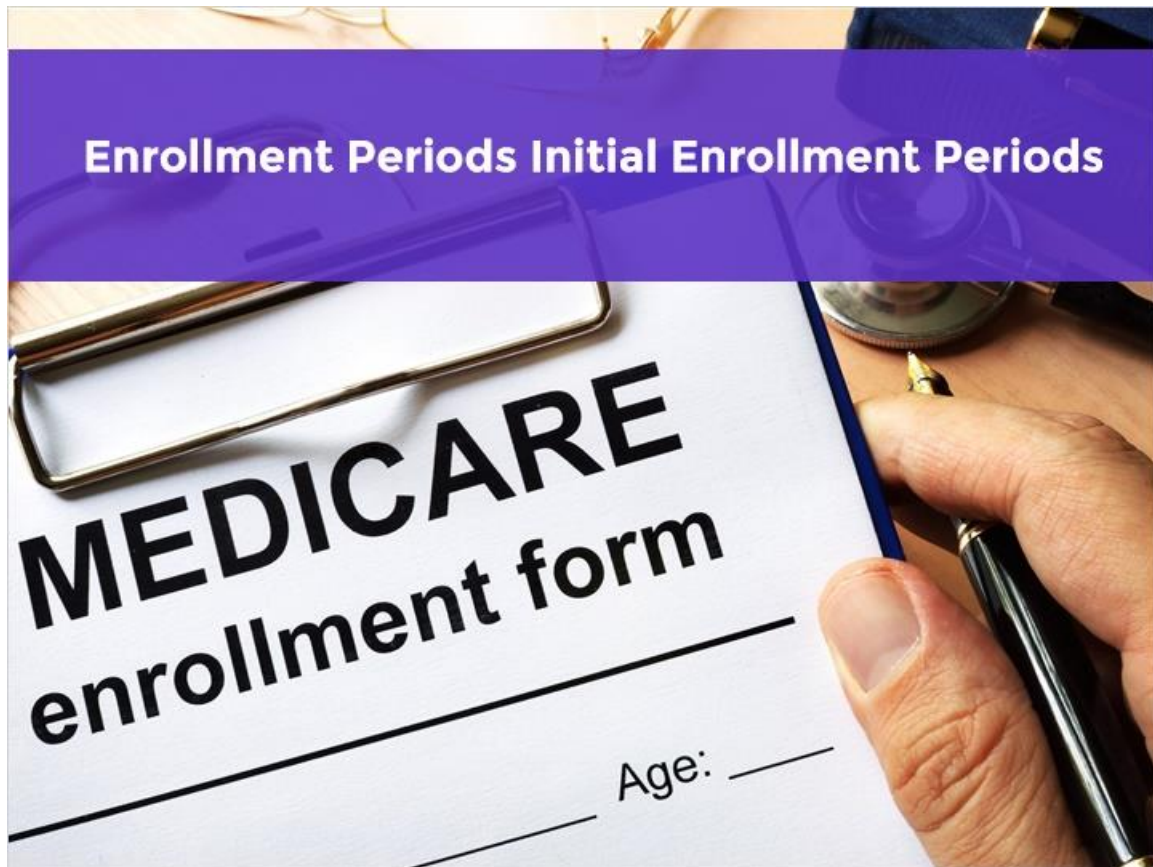




## 1.9 MA and Part D Enrollment Periods Brief Summary

MA and Part D Enrollment Periods Brief Summary		
Enrollment Period	MA Options	PDP Options
MA Initial Coverage Election Period (ICEP) / Part D Initial Enrollment Period (IEP)	Enroll	Enroll
Annual Election Period (AEP) (Oct. 15-Dec. 7)	Enroll, Disenroll, Change Plans	Enroll, Disenroll, Change Plans
MA Open Enrollment Period (OEP) (Jan. 1 - March 31 and for individuals choosing an MA plan during their ICEP, the month of entitlement to Part A and Part B through the last day of the 3rd month of entitlement)	Disenroll from an MA or MA-PD plan and return to Original Medicare, Change MA Plans, change Part D option under MA plan (change from MA to MA-PD or MA-PD to MA)	After disenrolling from an MA or MA-PD plan, may enroll in a PDP
Special Election Period (SEP)	Under most SEPS beneficiaries can enroll, disenroll or change plans, however under some SEPs beneficiary options are limited.	Under most SEPS beneficiaries can enroll, disenroll or change plan, however under some SEPs Beneficiary options are limited.
Open Enrollment Period for Institutionalized Individuals (OEPI)	Enroll, Disenroll, Change Plans	(See Part D SEP for Institutional Individuals)

## ***1.10 Enrollment Periods Initial Enrollment Periods***



## 1.11 Enrollment Periods MA Initial Coverage Election Period (ICEP)

### Enrollment Periods MA Initial Coverage Election Period (ICEP)

- The MA ICEP is the period during which an individual newly eligible for MA may make an initial enrollment request to enroll in an MA plan.
- The ICEP begins three months immediately before the individual's first entitlement to both Medicare Part A and Part B and ends on the later of:
  - The last day of the month preceding entitlement to both Part A and Part B, or
  - The last day of the individual's Part B initial enrollment period.
    - The initial enrollment period for Part B is the seven (7) month period that begins 3 months before the month an individual meets the eligibility requirements for Part B and ends 3 months after the month of eligibility.



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## 1.12 Enrollment Periods MA ICEP, continued

### Enrollment Periods MA ICEP, continued

During the ICEP:

- An eligible individual may enroll in an MA plan.
- An individual may also choose an MA-PD when the Part D IEP (i.e., an initial election period for Part D) and MA ICEP occur at the same time.
- The individual can make one enrollment choice under the ICEP. Once enrollment is effective, the ICEP is used. (Note, however, that individuals choosing an MA plan during their ICEP have an MA-OEP following their election through the last day of the 3rd month of entitlement.)
- The ICEP for an MA enrollment election will frequently relate to either the individual's 65th birthday or the 25th month of disability, but it must always relate to the individual's entitlement to both Medicare Part A and Part B.

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### 1.13 Enrollment Periods - Part D Initial Enrollment Period (IEP)

#### Enrollment Periods - Part D Initial Enrollment Period (IEP)

- The Part D IEP
  - Begins 3 months before the month an individual meets the eligibility requirements for Part B and ends 3 months after the month of eligibility.
- Individuals eligible for Medicare before age 65 (such as for disability) will have another IEP when attaining age 65.
- During the Part D IEP, beneficiaries may make one Part D enrollment choice, including enrollment in an MA-PD plan if they are eligible for MA.
- Generally, individuals will have an IEP for Part D that is the same period as the Initial Enrollment Period for Medicare Part B.



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## 1.14 Enrollment Periods IEP and ICEP Occurring Together

### Enrollment Periods IEP and ICEP Occurring Together

The MA ICEP and the Part D IEP occur together as one period when a newly Medicare-eligible individual has enrolled in BOTH Part A and B at first eligibility.

**Example:**

Ms. Manchester will turn 65 on June 10th. She has never previously qualified for Medicare so her first Medicare eligibility date will be June 1st. Ms. Manchester's ICEP and Part D IEP begin March 1st and end on September 30th. Ms. Manchester wishes to obtain prescription drug coverage along with her Part A and Part B benefits and is looking for coverage of some Medicare cost-sharing as well. As long as Ms. Manchester enrolls in Part B and is entitled to Part A, Ms. Manchester may enroll in an MA-PD.



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### ***1.15 Enrollment Periods - Annual Election Period***



## 1.16 Enrollment Periods - Annual Election Period

### Enrollment Periods - Annual Election Period

- The Annual Election Period (AEP) takes place from October 15 to December 7 each year and is available to all MA and Part D eligible beneficiaries.
- During the Annual Election Period:
  - Beneficiaries may add or drop MA and/or drug coverage or return to Original Medicare.
  - No action is needed if the beneficiary chooses to keep his/her current plan. She/he should check for any benefit changes under the plan.
  - Beneficiaries may make more than one enrollment choice during the Annual Election Period, but the last one made before the end of the Annual Election Period, as determined by the date the plan or marketing representative receives the completed enrollment form, will be the election that takes effect.



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## 1.17 Enrollment Periods Annual Election Period, Example

### Enrollment Periods Annual Election Period, Example

During the AEP Mr. Crosby's agent walks him through the benefit changes for his current plan that will begin January 1. Mr. Crosby is disappointed to learn that the cost-sharing for his prescription drugs will significantly increase if he remains enrolled in his current plan. Mr. Crosby's agent has identified a plan that covers his drugs at a significantly lower cost-sharing amount, but his favorite specialist does not participate in this plan. Mr. Crosby wants to think about the choice. His agent counsels him that if he decides to remain in his current plan, he doesn't need to do anything. But if he decides to change, he should reach out to him before December 7th so that they can complete an application to enroll in the new plan.



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## ***1.18 Enrollment Periods - Annual Election Period, Timeframe for Submitting Enrollment Forms***

### **Enrollment Periods - Annual Election Period, Timeframe for Submitting Enrollment Forms**

- Marketing representatives may not accept enrollment forms before October 15 for enrollments under the Annual Election Period.
- If a beneficiary sends an unsolicited AEP paper enrollment request to the plan on or after October 1 but before the Annual Election Period begins, the plan will process the application beginning on the first day of the election period (October 15).
- A beneficiary will receive an acknowledgment letter when the plan sponsor receives an early AEP enrollment form.



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### ***1.19 Enrollment Periods - Annual Election Period, Timeframes for Submitting Enrollment Forms, continued***

#### **Enrollment Periods - Annual Election Period, Timeframes for Submitting Enrollment Forms, continued**

- Paper AEP enrollment requests received prior to the start of the AEP for which there is an indication of sales agent or broker involvement in the submission of the request (i.e., the name or contact information of a sales agent or broker) must be investigated by the Plan Sponsor for compliance.
- Marketing representatives are permitted to simultaneously market plans for the current and prospective years starting on October 1, provided marketing materials clearly indicate what plan year is being discussed.

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## 1.20 Timeframes for Submitting Enrollment Forms, continued

### Timeframes for Submitting Enrollment Forms, continued

Mr. Young comes to agent Killdare in late September because he becomes Medicare eligible for the first time on December 1st. Agent Killdare wisely advises Mr. Young that if he waits until the beginning of October to discuss plan choices, he can share with Mr. Young not only plan benefits for the current year but also changes effective for following year that may affect his choice. They meet in early October and agent Killdare compliantly submits Mr. Young's application for a December 1 effective date.

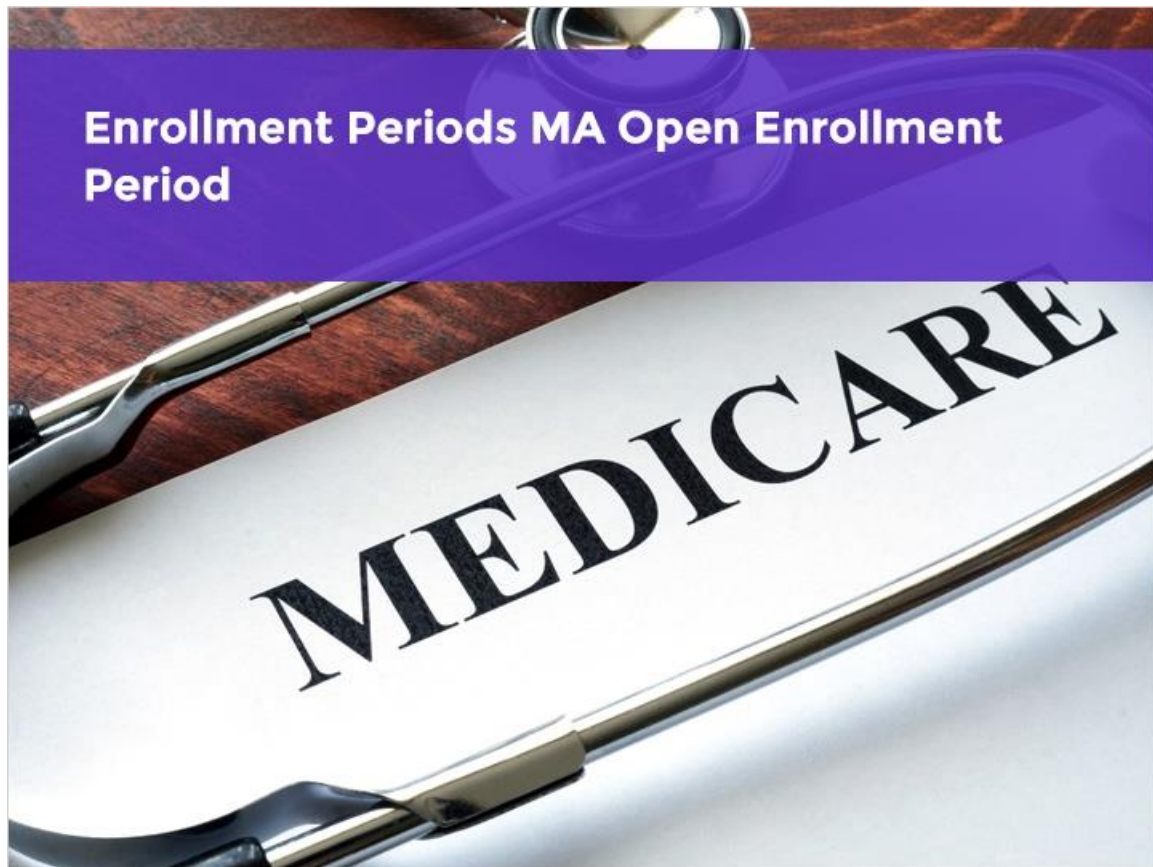


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### ***1.21 Enrollment Periods MA Open Enrollment Period***



## 1.22 Enrollment Periods MA Open Enrollment Period (MA OEP)

### Enrollment Periods MA Open Enrollment Period (MA OEP)

- For individuals enrolled in an MA plan on January 1 (including those renewing and those whose AEP election first becomes effective January 1) - The MA OEP takes place from January 1 - March 31 of each year.
- For new Medicare beneficiaries who are enrolled in an MA plan during their ICEP- the MA OEP begins the month of entitlement to Part A and Part B and ends the last day of the 3rd month of entitlement.
- During the MA OEP MA and MA-PD enrollees may:
  - Change to a different MA or MA-PD plan or disenroll from their plan and return to Original Medicare
  - Change their Part D coverage option under an MA plan
  - If they disenroll to Original Medicare, enroll in a PDP
- As a reminder -- Marketing representatives may not do targeted marketing related to the OEP, for example, marketing that mentions the OEP or that targets individuals known to be MA enrollees.



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### **1.23 Enrollment Periods (MA OEP), Continued**

## **Enrollment Periods (MA OEP), Continued**

### **For example:**

- An MA-PD enrollee may use the OEP to switch to (1) another MA-PD plan; (2) an MA-only plan; or (3) Original Medicare with or without a PDP.
- An MA-only enrollee may use the OEP to switch to - (1) another MA-only plan; (2) an MA-PD plan; or (3) Original Medicare with or without a PDP.
- Beneficiaries may only change plans once during the MA OEP.
- MSA enrollees may not use the MA OEP to disenroll from the MSA.
- As eligibility to use the MA OEP is available only for MA enrollees, the ability to make changes to Part D coverage is limited to any individual who is enrolled in an MA or MA-PD plan before they change.

## 1.24 Enrollment Periods MA OEP, Limitations

### Enrollment Periods MA OEP, Limitations

- Beneficiaries may only change plans once during the MA OEP.
- MSA enrollees may not use the MA OEP to disenroll from the MSA.
- As eligibility to use the MA OEP is available only for MA enrollees, the ability to make changes to Part D coverage is limited to any individual who is enrolled in an MA or MA-PD plan before they change.



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## 1.25 Enrollment Periods MA OEP- Newly Eligible MA Enrollees

### Enrollment Periods MA OEP- Newly Eligible MA Enrollees

- A newly MA eligible individual who is enrolled in an MA plan may change his or her election once during the period that begins the month the individual is entitled to both Part A and Part B and ends on the last day of the third month of the entitlement.
- An individual who chooses to exercise this election may also make a coordinating election to enroll in or disenroll from Part D.
- The limitation to one election or change during the ICEP does not prevent a new enrollee from changing during the MA-OEP.



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## 1.26 Enrollment Periods - MA OEP: Examples

### Enrollment Periods - MA OEP: Examples

#### Example 1:

Mr. Hidalgo has original Medicare with a PDP. He approaches his agent during the MA-OEP because a friend told him that he might be able to switch to the MA-PD that his friend just joined. Mr. Hidalgo is ineligible to enroll in an MA plan, an MA-PD or to switch his PDP because beneficiaries must be enrolled in MA plan to use the MA-OEP.

#### Example 2:

Ms. Jones is enrolled in an MA-only plan and is regretting that she did not get Part D coverage. During the MA-OEP Ms. Jones may switch to an MA-PD, to a MA PFFS plan with a PDP, or Original Medicare with a PDP. However, Ms. Jones may be subject to a late enrollment penalty for her failure to enroll in Part D earlier.

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## ***1.27 Enrollment Periods Special Election Periods (SEPs)***



## 1.28 Enrollment Periods - SEPs

### Enrollment Periods - SEPs

- MA eligible and Part D eligible beneficiaries who experience certain qualifying events are provided a special period to change their election, known as a Special Election Period or “SEP.”
- Timeframes for SEPs vary, however, most will begin on the first day of the month in which the qualifying event occurs and will last for a total of three months.
- The SEP generally ends when the individual makes an allowed change to their enrollment, or the time expires, whichever comes first.
- Where appropriate, SEPs allowing changes to MA coverage are coordinated with those allowing changes in Part D coverage.
- During a SEP, individuals who disenroll from a MA plan and enroll in Original Medicare may have guaranteed Medigap issue rights. MA plans will notify such beneficiaries of these rights.



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## **1.29 Enrollment Periods - SEPs, continued**

### **Enrollment Periods - SEPs, continued**

Some (but not all) situations resulting in an SEP include:

- Change in residence
- Involuntary loss of creditable drug coverage
- Gaining or losing Medicaid eligibility
- Gaining or losing the Part D low-income subsidy
- Losing employer coverage
- Individuals who dropped a Medigap policy when they enrolled for the first time in an MA plan, and who are still in a “trial period”
- Individuals with severe or disabling chronic conditions who wish to enroll in a SNP designed to serve individuals with those conditions

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### 1.30 Enrollment Periods - SEPs, Limitations

## Enrollment Periods - SEPs, Limitations

- Under Part D SEPs, qualifying beneficiaries generally have one opportunity to drop, add or change their Part D coverage.
- Under MA SEPs, qualifying beneficiaries generally have one opportunity to change their MA coverage. (Except for MSA plan enrollees.)
  - But, if a beneficiary disenrolls from his/her MA plan and returns to Original Medicare, he/she may subsequently select a new MA plan, as long as he/she does so before the SEP expires.



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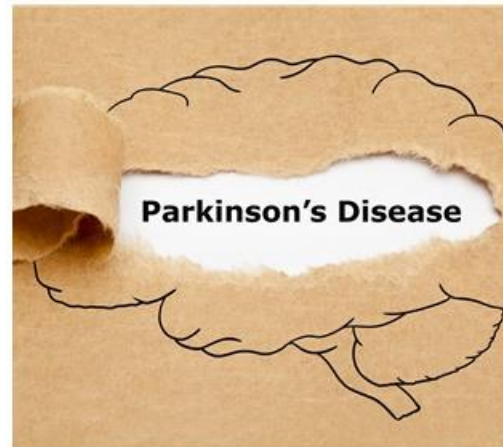


### 1.31 Typical SEPs - Severe or Disabling Chronic Conditions

#### Typical SEPs - Severe or Disabling Chronic Conditions

Beneficiaries who have severe or disabling chronic conditions and wish to enroll in a SNP designed to serve individuals with their specific condition have a SEP during which they can enroll in a SNP designed to serve individuals with their condition. The SEP lasts as long as the individual has the qualifying condition and ends once the individual enrolls in a MA Special Needs Plan (SNP).

There is also a SEP for individuals enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status.



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### 1.32 Typical SEPs - Involuntary Loss of Creditable Drug Coverage

#### Typical SEPs - Involuntary Loss of Creditable Drug Coverage

Beneficiaries eligible for Part D who involuntarily lose creditable prescription drug coverage, including a reduction in coverage, so it is no longer creditable have a SEP allowing them to enroll in a PDP or MA-PD plan.

When does the SEP take place?

- Begins with the month in which the beneficiary is advised of loss of creditable coverage.
- Ends 2 months after the loss of creditable coverage or the date the individual received the notice, whichever is later.



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### ***1.33 Typical SEPs - Beneficiaries who are dual eligible or who have LIS eligibility***

#### **Typical SEPs - Beneficiaries who are dual eligible or who have LIS eligibility**

- Individuals who have Medicare Part A and/or Part B and receive any type of assistance from Medicaid and individuals who qualify for LIS (low-income subsidy) (but who do not receive Medicaid benefits) have a SEP that takes place the first 9 months of each calendar year.
- During the SEP, beneficiaries entitled to Part A and Part B can enroll in or disenroll from an MA and/or Part D plan. Those entitled only to Part B can only do so for PDPs. Beneficiaries can only change their election once per calendar quarter (that is, one election during each of the following periods: January-March, April-June, July-September). During the last quarter of the year, a beneficiary can use the AEP to make an election that would be effective on January 1.

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### **1.34 Typical SEPs - Dual Eligibles and Other Situations**

#### **Typical SEPs - Dual Eligibles and Other Situations**

- Once an individual is identified by the Plan Sponsor as a “potential at-risk” or “at-risk” beneficiary and the Plan Sponsor has sent written notice to the individual, he or she cannot use this SEP to change plans while this designation is in place. The notice to the individual explains that this SEP is no longer available.
  - An “at-risk” individual is a Part D eligible individual who is determined to be at-risk for misuse or abuse of a frequently abused drug per the requirements for drug management programs under CMS’ regulations.
  - A “potential at-risk beneficiary is a Part D eligible individual who is identified as being potentially at-risk for misuse or abuse of a frequently abused drug per the requirements for drug management programs under CMS’ regulations.
- The enrollment limitation for a “potential at-risk” or an “at-risk” individual will not apply to other Part D enrollment periods, including the AEP or other SEPs.
- Note that individuals may appeal their designation of at-risk or potential at-risk.

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### 1.35 Typical SEPs - Change in Medicaid or LIS Status

#### Typical SEPs - Change in Medicaid or LIS Status

- Beneficiaries who are entitled to Medicare Part A and/or Part B who have a change in their Medicaid or LIS status, including the gain or loss of eligibility or a change in the level of assistance they receive are eligible for a SEP. During the SEP:
  - Beneficiaries entitled to Part A and Part B can enroll in or disenroll from an MA and/or Part D plan once.
  - Those entitled only to Part B can only do so for PDPs
- The SEP begins the later of the change or notification of the change and continues for 3 months.
- Use of this SEP does not count toward the once per calendar quarter limitation for individuals who are Medicaid or LIS eligible.



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## 1.36 Other Common SEPs

### Other Common SEPs

**Change of Residence SEP** – MA and Part D enrollees who move out of their existing plan's service area, or who have new options available to them as a result of a permanent move have a SEP allowing them to enroll in a new MA or Part D plan. When does a SEP based on a change of residence take place?

- Begins either the month before the permanent move if the plan is notified in advance or the month the beneficiary provides notice of the move.
- Continues for two months following the month it begins or the month of the move, whichever is later.
- The individual may choose an effective date up to 3 months after the month in which the enrollment form is received by the plan, but it may not be earlier than the date of the permanent move.

What can beneficiaries do during the SEP?

- Qualifying beneficiaries have one opportunity to enroll in a new MA or Part D plan.

**Medigap SEP** – Any Medicare beneficiary who dropped a Medigap policy when they enrolled for the first time in an MA plan has a SEP during the first 12 months of their enrollment in the MA plan during which they can elect to disenroll from their first MA plan to Original Medicare. They will also have a guaranteed eligibility period to rejoin a Medigap plan.

**Employer/Union Group Coverage Change SEP** - Beneficiaries who elect into or out of employer-sponsored MA plans, those disenrolling from an MA plan to enroll in employer/union sponsored coverage that includes medical and/or drug coverage, and those disenrolling from employer-sponsored coverage (including COBRA coverage) to elect an MA plan have a SEP that ends 2 months after the month the employer or union-sponsored coverage ends.

**Lawfully present SEP** - Non-U.S. citizens who become lawfully present in the United States may use this SEP to request enrollment in any MA plan for which he or she is eligible, including an MA-PD. This SEP begins the month the individual attains lawful presence starts and ends the earlier of when the individual makes an enrollment request or two (2) full calendar months after the month it begins.

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### 1.37 Other Common SEPs, Continued

#### Other Common SEPs, Continued

- 5-Star Plan SEP - Beneficiaries who live in the service area of a 5-star plan have a SEP during which they can disenroll from an MA plan, PDP, or Cost plan or leave Original Medicare to enroll in a 5-star MA plan, PDP, or a Cost plan. The 5-Star Plan SEP is available each year beginning on December 8 and may be used once through November 30 of the following year.
- Low Performing Plan SEP -- Beneficiaries enrolled in a plan that has been identified with the low performing icon have a SEP that exists as long as the beneficiary is enrolled in the low performing MA plan.
- Disaster/Emergency SEP -- Beneficiaries affected by an emergency or major disaster declared by a Federal, state, or local government entity are eligible for a SEP to make a MA enrollment or disenrollment election. The SEP starts as of the date the declaration is made, the incident starts or, if different, the start date identified in the declaration, whichever is earlier, and ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.



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## 1.38 Common SEPs - Examples

### Common SEPs - Examples

Mr. Brown resides in Florida and is currently in Original Medicare and not enrolled in an MA plan. He intends to move to Maryland on August 3rd. He will have a SEP from July 1st through October 31st, during which he can enroll in an MA plan if he chooses.

Ms. Turner is eligible for Part A but did not enroll in Part B when she was first eligible due to her having insurance through her employer. She did not enroll in Part D because she had creditable coverage. Ms. Turner is turning 68 and would like to retire in June. Her employer group insurance will end on her retirement effective date. If Ms. Turner enrolls in Part B, she can use the SEP for individuals changing employer group coverage to enroll in an MA plan or MA-PD. The SEP will last until August 31st.



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### ***1.39 Enrollment Periods - Open Enrollment Period for Institutionalized Individuals***



## **1.40 MA Open Enrollment Period for Institutionalized (OEPI)**

### **Individuals/Part D SEP for Institutionalized Individuals**

#### **MA Open Enrollment Period for Institutionalized (OEPI) Individuals/Part D SEP for Institutionalized Individuals**

- The OEPI is available for individuals who move into, reside in, or move out of an institution. For example, a skilled nursing facility, nursing facility, rehabilitation hospital, intermediate care facility for the mentally retarded (ICF/MR), psychiatric hospital or unit, or long-term care hospital.
- In addition, the OEPI is available for individuals who meet the definition of “institutionalized” to enroll in or disenroll from an MA SNP for institutionalized individuals.
- The OEPI is a continuous open enrollment period as long as an individual is in an institution.
- The OEPI ends two months after the month the individual moves out of the institution.
- Beneficiaries eligible for the OEPI can:
  - Make an unlimited number of MA enrollment requests and may disenroll from their MA plan.
  - Enroll in or disenroll from a Part D plan.
  - Return to Original Medicare.
- Note that an MA organization is not required to accept requests to enroll into its plan during the OEPI. If it is open for these enrollment requests, the organization must accept all OEPI requests to enroll in the plan.

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## 1.41 Cost Plan Enrollment Periods



## 1.42 Cost Plan Enrollment Periods

### Cost Plan Enrollment Periods

- Generally, Cost plans must establish an annual open enrollment period of at least 30 days.
- Many cost plans allow enrollment year-round.
- For Cost plans that offer an optional supplemental Part D benefit, beneficiaries may select this benefit only during valid enrollment periods available under the Part D program, and Cost plans must accept Part D enrollments during these periods.
- A beneficiary who is enrolled in an MA plan must have a valid MA disenrollment period to switch to a Cost plan.



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### ***1.43 Enrollment Requests***





## 1.44 Format of Enrollment Requests

### Format of Enrollment Requests

- Plan sponsors must accept enrollment requests, regardless of whether they are received in a face-to-face interview, by mail, by facsimile, or through other mechanisms defined by CMS.
- All plans must make available and accept a CMS-approved paper enrollment form appropriate to the plan type (MA, PDP, MA-PDP, MSA, or PFFS).
- Enrollment may also be accomplished electronically or telephonically.



The image shows a close-up of a red pen with a silver tip resting on a Medicare Enrollment Form. The form is titled "Medicare Enrollment Form" and contains several fields for personal information. Visible fields include "VA File #", "GROUP HEALTH PLAN (SSN or ID)", "PATIENT'S BIRTH DATE" (with MM, DD, YY sub-fields), "SEX" (M, F), "PATIENT RELATIONSHIP TO INSURED" (Self, Spouse, Child, Other), and "PATIENT STATUS" (Married, etc.).

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## 1.45 Formats of Enrollment Requests - Electronic Enrollment

### Formats of Enrollment Requests - Electronic Enrollment

- Plan sponsors may develop and offer electronic enrollment mechanisms made available via an electronic device or a secure internet website.
- Similar to the enrollment format, individuals must be provided with all required pre-enrollment information (see module 4).
- Enrollment via the internet:
  - CMS offers an online enrollment center through [www.medicare.gov](http://www.medicare.gov)
    - Individuals can also enroll through [www.ssa.gov/medicare/apply.html](http://www.ssa.gov/medicare/apply.html)
    - CMS online enrollment is disabled for MA and Part D plans with a low performer icon (LPI), which means the plan received less than 3 stars for three consecutive years.
  - MA and Part D plans may offer CMS-approved online enrollment on the plan sponsor's or a broker/agency's or a third party's secure website.
  - Plan sponsors must submit all materials, web pages, images (screenshots) related to the electronic enrollment process for CMS approval following the established process for review and approval of marketing materials and other enrollment request mechanisms.

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## 1.46 Formats of Enrollment Requests - Telephone

### Formats of Enrollment Requests - Telephone

- Plan Sponsors may accept telephonic enrollments where the following requirements are met:
  - Plans may accept telephonic enrollments on incoming calls only from individuals with whom the plan sponsor does not have an existing business relationship.
  - Plans may also accept enrollment requests during communications initiated by the plan when, during outreach to provide information about their Medicare plan offerings to individuals with whom they have an existing business relationship, the individual expresses a desire to enroll in one of the organization's plans.



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## **1.47 Formats of Enrollment Requests - Telephone, Continued**

### **Formats of Enrollment Requests - Telephone, Continued**

- Plan Sponsors must ensure that the telephonic enrollment is effectuated entirely by the beneficiary or authorized representative.
- Calls must be recorded.
- Individuals must be advised that they are completing an enrollment request.
- Calls must include a statement of the individual's agreement to be recorded.
- Telephonic enrollments must include all required elements necessary to complete an enrollment
  - If the criteria for using a short enrollment form are met, the shorter list of required elements would apply.
  - The "Beneficiary Signature and/or Authorized Representative Signature" element for a telephone request is satisfied with a verbal attestation of intent to enroll.
- If the request is made by someone other than the beneficiary, the recording must include the attestation regarding the individual's authority under state law to complete the request, in addition to the required contact information.
- CMS also offers telephone enrollment through 1-800-Medicare.

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## **1.48 Use of Appropriate Enrollment Form**

### **Use of Appropriate Enrollment Form**

- Most enrollments must be completed using the standard enrollment form regardless of the format of the request.
- However, a short enrollment form/process may be used (regardless of the format of the request) when:
  - an individual changes between plans offered by the same parent organization and the plan is of the same type (i.e., HMO to HMO, PPO to PPO, PDP to PDP or PFFS to PFFS); or
  - an individual new to Medicare who is already a member of the organization's non-Medicare coverage (e.g., commercial or Medicaid) wishes to enroll in an MA plan. The simplified process for these enrollments is also known as the opt-in process.

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## 1.49 MA Opt-in Enrollment Requests

### MA Opt-in Enrollment Requests

- The opt-in mechanism is an optional enrollment method that allows an Medicare Advantage Organization (MAO) to use data it has from its non-Medicare lines of business to obtain some of the information it needs for the enrollment request. The organization is required to obtain any data necessary from the individual that it doesn't have from its data sharing.
- MA organizations may only offer simplified opt-in enrollment to individuals who:
  - Are in their ICEP based on their initial enrollment in Medicare;
  - Are enrolled in any type of non-Medicare plan under the same organization (or an entity under the same parent organization as the MA organization); and
  - Do not have a break in coverage between the non-Medicare plan and the MA plan.

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## ***1.50 Who May Complete the Enrollment?***

### **Who May Complete the Enrollment?**

- A Medicare beneficiary is generally the only individual who may execute a valid request for enrollment in or disenrollment from an MA plan. However, state law may allow another individual to execute an enrollment or disenrollment request on behalf of the beneficiary.
- CMS will allow a legal representative or another individual to execute an enrollment or disenrollment request on behalf of a beneficiary if authorized under state law.
  - Depending on state law, this may include court-appointed legal guardians, individuals with a durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws.
- If there is uncertainty regarding whether another person may sign for a beneficiary, Agents should check with the Plan Sponsor

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## 1.51 Who May Complete the Enrollment? Continued

### Who May Complete the Enrollment? Continued

When someone other than the Medicare beneficiary completes an enrollment or disenrollment request, he or she must:

- attest to having the authority under State law to do so.
- confirm that proof of authorization, if any, required by State law is available and can be provided upon request by CMS. (Plan Sponsors cannot require such documentation as a condition of enrollment or disenrollment).
- provide contact information.



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## ***1.52 Who May Complete the Enrollment? Marketing Representative Participation***

### **Who May Complete the Enrollment? Marketing Representative Participation**

- If a marketing representative assists in the completion of a paper enrollment form, the representative must indicate his/her name on the form.
- Exceptions -- The marketing representative does not need to include his/her name on the form:
  - if a beneficiary requests an enrollment form be mailed to him/her and the name and mailing address are pre-filled.
  - if the representative fills in the "office use only" block.
  - if the representative corrects information on the enrollment form after verifying an individual's information.
    - However, the representative must either add his/her initials and date next to the correction, or create a separate "correction" sheet, signed and dated by the individual making the correction, or an electronic record of a similar nature. This information should become a part of the enrollment file.
- If the marketing representative pre-fills any other information, including the beneficiary's phone number, he/she **MUST** include his/her name.
- Marketing representatives must safeguard beneficiary information including enrollment forms. Significant penalties arise if beneficiary information is inappropriately released.

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***1.53 Beneficiary Acknowledgements and Enrollee Discrimination Prohibitions***



## 1.54 Beneficiary Acknowledgements when Enrolling

### Beneficiary Acknowledgements when Enrolling

Enrollment mechanisms must require the applicant's acknowledgement that he/she:

- must keep Medicare Part A and Part B if enrolling into an MA plan and must keep Part A or Part B if enrolling into a Part D plan.
- agrees to abide by the plan's membership rules as outlined in the enrollee materials.
- consents to the release of information to Medicare and other plans. Information may be used to track enrollment and for other purposes, as allowed under federal law.
- understands that enrollment in another MA plan, PDP or MA-PD plan automatically disenrolls him/her from his/her current plan (the model PFFS and MSA enrollment mechanisms provide modified language as appropriate).
- understands his/her right to appeal service and payment denials the plan makes.



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## 1.55 Enrollment Discrimination Prohibitions

### Enrollment Discrimination Prohibitions

- Marketing representatives may NOT:
  - Deny or discourage beneficiary enrollment based on:
    - anticipated need for health care services.
    - race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, or evidence of insurability.
    - geographic location within the service area.
  - State or imply that only seniors may enroll, rather than all Medicare beneficiaries.
- Marketing representatives must comply with their obligations under other federal anti-discrimination rules and requirements.
- Marketing representatives may not ask health screening questions during the completion of the enrollment request, unless it is necessary to determine eligibility to enroll in a SNP.
- MA organizations are only permitted to send health assessment forms after enrollment.



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### ***1.56 Post-Enrollment Activities and Rules***

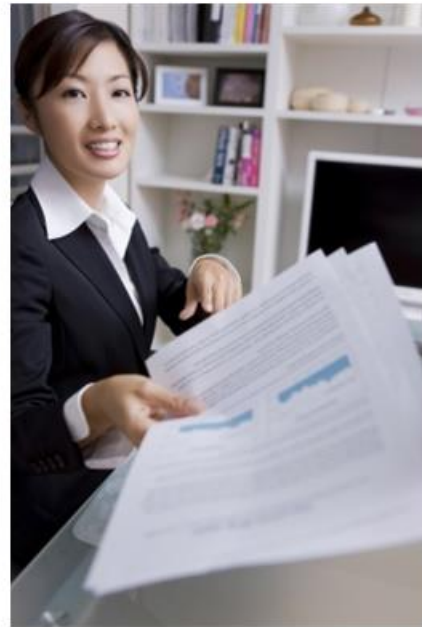


## **1.57 Post-Enrollment Request: Beneficiary Notifications Prior to Effective Date**

### **Post-Enrollment Request: Beneficiary Notifications Prior to Effective Date**

After the plan receives the request for enrollment and before the effective date of coverage all plans must provide the enrollee with:

- a notice acknowledging receipt of the complete enrollment request and showing the effective date of coverage (must be provided no later than 10 calendar days after receipt of the completed enrollment request).<sup>1</sup>
- a copy of the completed paper enrollment if the beneficiary requests the form.
- evidence that the enrollment request was received (e.g., a confirmation number), for enrollment requests submitted via the internet or telephone.
- proof of health insurance coverage so that he/she may begin using plan services as of the effective date (must include the data necessary to access benefits).



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## ***1.58 Post-Enrollment Request: Beneficiary Notifications Prior to Effective Date, Continued***

### **Post-Enrollment Request: Beneficiary Notifications Prior to Effective Date, Continued**

Regardless of how enrollment request is made, Plan Sponsor must explain:

- the charges for which the prospective member will be liable (premiums, late enrollment penalty, coinsurance, deductible) if this information is available at the time the acknowledgement notice is issued.
- the prospective member's authorization for the disclosure and exchange of necessary information between the MA organization and CMS.
- the lock-in requirement.
- the potential for financial liability if it is found that the individual is not entitled to Medicare Part A and Part B at the time coverage begins and he/she has used MA plan services after the effective date.
- the effective date of coverage and how to obtain services before the receipt of an ID card (if the MA organization has not yet provided the ID card).

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## 1.59 Post-Enrollment Request: Beneficiary Notifications

### Post-Enrollment Request: Beneficiary Notifications

- In some instances, the Plan Sponsor will be unable to provide the materials and required notifications to new enrollees before the effective date. In these cases, all materials described in the previous slide must be provided no later than 10 calendar days after receipt of the completed enrollment request.
- Once the Plan Sponsor receives a reply from CMS indicating whether the individual's enrollment has been accepted or rejected, the Plan must notify the individual in writing of CMS' acceptance or rejection of the enrollment within ten calendar days. (There are exceptions to this notice requirement for certain types of transaction rejections.)
  - The enrollment confirmation notice must explain the charges for which the prospective member will be liable, e.g., any premiums, coinsurance, fees, or other amounts; and any amount that is attributable to the Medicare deductible and coinsurance.

For those eligible for the low-income subsidy, the enrollment confirmation notice must specify the limits applicable to the level of subsidy to which the person is entitled.



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### 1.60 Post-Enrollment: When does coverage begin?

## Post-Enrollment: When does coverage begin?

Election Period	Enrollment Effective Date
Initial Coverage Election Period (ICEP) and Initial Enrollment Period for Part D (IEP)	First day of the month of entitlement to Medicare Part A and Part B or the first of the month following the month the enrollment request was made if after entitlement has occurred.
Annual Election Period	January 1 of the following year.
Open Enrollment Period for Institutionalized Individuals (OEPI)	First day of the month after the month the MA organization receives an enrollment request.
Medicare Advantage Open Enrollment Period (MA OEP)	First day of the month after the month the MA organization receives an enrollment request.
Special Election Period	Generally the first day of the month after the month the MA organization receives an enrollment request. However, exceptions apply for certain SEPs.

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## 1.61 Post-Enrollment: When does coverage begin? Continued

### Post-Enrollment: When does coverage begin? Continued

- If a Plan Sponsor receives an enrollment request and determines the applicant is eligible for more than one election period, it must allow the individual to choose the enrollment effective date.
- Individuals eligible for the EGHP SEP and one or more other election periods who make an election via the employer or union election process will be assigned an effective date according to the EGHP SEP, unless the individual requests a different, allowable, effective date.
- If one of the election periods for which the individual is eligible is the ICEP, the individual may not choose an effective date any earlier than the month of entitlement to Medicare Part A and Part B.



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## 1.62 Enrollment Effective Dates-Example

### Enrollment Effective Dates-Example

Mr. Grisman turns 65 on November 20th. He has an ICEP that begins August 1 and ends February 28. The AEP begins October 15th and runs through December 7th. Mr. Grisman can choose whether he uses his ICEP or the AEP, but he cannot have an effective date before November 1. In addition, Mr. Grisman may use the OEP to change his election until March 31st.



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## 1.63 Disenrollment

**Disenrollment**

**Medicare Enrollment Form**

(VA File #) ☐ GROUP HEALTH PLAN (SSN or ID) ☐ (SSN) ☐ (ID) ☐ OTHER ☐ 1a. INSURED'S

3. PATIENT'S BIRTH DATE MM DD YY M ☐ F ☐ SEX

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐ 4. INSURE

PATIENT STATUS Married ☐ Other ☐ 7. INS

## 1.64 Disenrollment from MA, Part D, or Cost Plans

### Disenrollment from MA, Part D, or Cost Plans

There are two types of disenrollment:

- Voluntary disenrollment:
  - An enrollee chooses to disenroll from a plan because he/she no longer wants to be enrolled.
- Involuntary disenrollment:
  - In certain situations, the plan may be required or may have the option to end an enrollee's membership. Disenrollment is not the enrollee's choice.
- Plans or their marketing representatives may **not** either orally or in writing or by any action or inaction request or encourage any enrollee to disenroll from the plan except in specific situations authorized by CMS.
- Plans may contact enrollees to determine the reason for a voluntary disenrollment but must not discourage an enrollee from disenrolling after he or she indicates a desire to do so.



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## 1.65 Voluntary Disenrollment from MA or Part D Plans

### Voluntary Disenrollment from MA or Part D Plans

During a valid enrollment/disenrollment period, an enrollee may request disenrollment from an MA or prescription drug plan by:

- enrolling in another plan.
- sending or faxing a signed written notice to the plan sponsor (or employer/union group, if applicable).
- submitting a request via the internet to the plan sponsor (if the plan offers this option).
- calling 1-800-MEDICARE or for TTY users call 1-877-486-2048.

Enrollees making verbal requests must be instructed to make the request via one of the above methods.



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## 1.66 Voluntary Disenrollment from MA or Part D Plans, Continued

### Voluntary Disenrollment from MA or Part D Plans, Continued

#### Exceptions:

- Employer or union sponsored plans may have other disenrollment mechanisms.
- To disenroll from an MSA plan enrollees must write to the plan. The enrollee cannot disenroll via 1-800-MEDICARE.
- To ensure disenrollment from a PDP, enrollees should submit a written request or call Medicare in the following situations:
  - Joining an MA PFFS plan without drug coverage
  - Joining an MSA plan
  - When NOT joining any other health or prescription drug plan



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## 1.67 Voluntary Disenrollment from Cost Plans

### Voluntary Disenrollment from Cost Plans

- Medicare Cost plan enrollees may end their membership at any time during the year and enroll in Original Medicare.
  - The enrollee must submit a written request and cannot disenroll by calling Medicare.
- A beneficiary who disenrolls from a Cost plan may join an MA plan or a PDP during the Annual Election Period or other MA or Part D election period.



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## ***1.68 Required Involuntary Disenrollment from MA or Part D Plans***

### **Required Involuntary Disenrollment from MA or Part D Plans**

Plan sponsors must disenroll an enrollee from the plan in the following situations:

- A permanent change in residence (including incarceration) makes the enrollee ineligible to remain enrolled in the plan.
- The enrollee does not stay enrolled in Part A and Part B for MA and MA/PD plans or does not stay enrolled in Part A or Part B for PDP plans.



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## ***1.69 Required Involuntary Disenrollment from MA or Part D Plans, Continued***

### **Required Involuntary Disenrollment from MA or Part D Plans, Continued**

- A SNP enrollee loses special needs status (e.g., an enrollee of a dual eligible SNP loses Medicaid eligibility):
  - SNPs can choose to continue enrollment for an individual that no longer meets the special needs status if the individual can reasonably be expected to meet the criteria again within six months.
- The enrollee dies.
- The plan sponsor's contract is terminated, withdrawn, or the service area is reduced and excludes the enrollee. (Exceptions apply for MA, see next slide).
- The member fails to pay his or her Part D-IRMAA to the government and CMS notifies the plan to effectuate the disenrollment.
  - Note that CMS has established a 3-month initial grace period before individuals in an MA-PD or PDP will be disenrolled for failure to pay their Part D IRMAA.
- The member is not lawfully present in the United States.
- A PDP must also involuntarily disenroll an individual who materially misrepresents information to the PDP sponsor regarding reimbursement for third-party coverage.

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## ***1.70 Temporary Exception to Involuntary Disenrollment When an Enrollee Moves from the Service Area***

### **Temporary Exception to Involuntary Disenrollment When an Enrollee Moves from the Service Area**

- Requirements concerning enrollees who change residence
  - MA Organizations:
    - May offer an extended visitor/traveler (V/T) benefit of up to 12 months. Under this benefit, enrollees may remain temporarily out of the service area for up to 12 months without being disenrolled.
    - Must disenroll enrollees who are not in these (V/T) programs who have been out of the area for more than 6 months (PFFS plans can allow continued enrollment for up to 12 months).
    - Individuals who move outside the service area have a SEP to enroll in a MA, MA-PD, or PDP.
  - Part D Plan Sponsors:
    - Must disenroll an enrollee 12 months after identifying that the individual has moved outside of the service area if the plan has been unable to confirm the move with the enrollee.
    - Exceptions may apply to enrollees who have a low-income subsidy.

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## **1.71 Required Involuntary Disenrollment from Cost and MSA Plans**

### **Required Involuntary Disenrollment from Cost and MSA Plans**

MSA Plans must additionally disenroll an enrollee:

- who no longer meets MSA eligibility requirements except the MSA Plan may not disenroll:
  - beneficiaries who develop end-stage renal disease (ESRD) while enrolled in the MSA Plan (only relevant to effective dates prior to January 1, 2021 when beneficiaries with ESRD would not be eligible to enroll).
  - beneficiaries who elect the Medicare hospice benefit while enrolled in the MSA Plan.

Medicare cost plans must disenroll an enrollee:

- who does not stay continuously enrolled in Part B.
- who has a permanent change in residence (including incarceration) out of the plan's geographic service.
- who has a temporary absence from the service area for more than 90 consecutive days (up to 12 months for plans with an extended absence option).
- who is deceased.
- when the cost contract is terminated or non-renewed.
- when the member is not lawfully present in the United States.

Cost plans that offer an optional supplemental Part D benefit must disenroll individuals who fail to pay their Part D IRMAA from that optional benefit only (the three-month initial grace period applies).

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## 1.72 Optional Involuntary Disenrollment from MA, Part D or Cost Plans

### Optional Involuntary Disenrollment from MA, Part D or Cost Plans

- Plan sponsors may involuntarily disenroll an enrollee from the plan (but are not required to do so) if the enrollee:
  - does not pay premiums on a timely basis.
  - engages in disruptive behavior (CMS must approve the disenrollment after reviewing the evidence presented by the plan).
  - provides fraudulent information on an enrollment request.
  - allows another individual to use his or her enrollment card.
- Plan sponsors must take action consistently among all enrollees of each plan.



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### ***1.73 Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium***

#### **Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium**

- If a member fails to pay the plan premium, a Plan Sponsor may choose to:
  - do nothing.
  - disenroll the member after a grace period and notice.
- For an MA plan, if the member fails to pay the premium for optional supplemental benefits (that is, a package of benefits that the member is not required to accept) but pays the premium for basic and mandatory supplemental benefits, the MA plan may drop the member's optional supplemental benefits. This option is available only for MA plans that have optional supplemental benefits offered at a higher premium than the basic benefit package.
- For a cost plan member who fails to pay the premium for optional supplemental benefits, but pays the premium for the basic benefits, the cost plan may not disenroll the member. It may discontinue the optional benefits. If the optional supplement benefit is a Part D benefit, the cost plan must discontinue services and disenroll the individual from that optional supplemental benefit.

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## ***1.74 Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium, Plan Policies***

### **Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium, Plan Policies**

- Plans sponsors must apply the policy they choose uniformly for all plan members. However:
  - MA-PD plans have the option to retain dually eligible members and individuals who qualify for the low-income subsidy (LIS) who fail to pay premiums even if the MA organization has the policy to disenroll members for non-payment of premiums.
  - MA-only plans may retain individuals who are dually eligible for both Medicare and Medicaid (i.e. individuals who are entitled to Medicare Part A and Part B and receive any type of assistance from the Title XIX (Medicaid) program).
  - PDPs have the option to retain individuals who qualify for the low-income subsidy who fail to pay premiums.



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## ***1.75 Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium, Enrollee Rights***

### **Optional Involuntary Disenrollment from MA, Part D or Cost Plans - Failure to Pay Premium, Enrollee Rights**

- Enrollee's Rights:
  - For failure to pay plan premiums the plan sponsor must:
    - notify the enrollee in writing.
    - provide enrollees with a grace period of not less than 2 months.
  - CMS may extend the grace period for good cause and reinstate enrollment if the beneficiary pays the overdue premiums within 3 calendar months of disenrollment.
  - Enrollees have the right to make a complaint if the plan ends their membership.



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## 1.76 Additional information

### Additional information

- Guidance for Eligibility, Enrollment and Disenrollment procedures for Medicare Advantage (MA) plans, including MA-PD plans, and for Cost plans is provided in Chapter 2 of the Medicare Managed Care Manual.

<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/>

- CMS provides instructions for enrolling Medicare beneficiaries in Medicare Prescription Drug Plans (PDPs) in the Agency's PDP Guidance for Eligibility, Enrollment and Disenrollment.

<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>

## 1.77 THANK YOU

### THANK YOU

You have reach the end of Module 5: Enrollment Guidance Medicare Advantage and Part D Plans. You may restart the module or take the final quick review to test your knowledge by clicking on the tabs below.

**RESTART  
COURSE**

**START FINAL  
QUICK REVIEW**

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