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

2. Navigation

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4. Learning Objectives

- After reviewing "Part 5: Enrollment Guidance - Medicare Advantage and Part D Plans" you will be able to explain:
    - When beneficiaries can enroll or change plans
    - Who can complete an enrollment form
    - What information must be discussed with a beneficiary prior to accepting an enrollment
    - Post-enrollment requirements
    - Enrollee protections
    - The disenrollment process

5. Training Roadmap: Module 5

- Enrollment periods
- Election periods
- Enrollment periods: MA Open Enrollment Period
- Special Election Periods (SEPs)
- Open Enrollment Period for institutionalized individuals
- Enrollment requests
- Beneficiary information, acknowledgements, and enrollee discrimination prohibitions
- Post-enrollment activities and rules
- Disenrollment

6. Title Page – Enrollment Periods

7. Enrollment Periods – Overview

- Beneficiaries may only enroll in or change plans at certain fixed times each year or under certain limited circumstances.
    - If the application is not received during those fixed times of the year or 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/Election 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.

8. Roadmap to Enrollment Periods

- Certain enrollment periods have fixed calendar dates and are available to all beneficiaries while others depend on an individual's circumstances.
- 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 enrollment/election periods when a beneficiary is 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 (OEPI)

9. 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 plans, however under some SEPs Beneficiary options are limited.
Open Enrollment Period for Institutionalized Individuals (OEPI)	Enroll, Disenroll, Change Plans	Enroll in a PDP, disenroll from a PDP and enroll in another PDP or MAPD

10. 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.

11. 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, during which they can disenroll to Original Medicare or change plans.)
- 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.

12. Enrollment Periods – MA ICEP, Example

Mr. Crosby will turn 65 on July 13, 2023. He will become eligible for Medicare Part A and Part B beginning on July 1 and has decided to enroll in Part B for an effective date of July 1. Mr. Crosby's ICEP begins April 1, 2023, and ends on October 31, 2023.

13. Enrollment Periods – Part D Initial Enrollment Period (IEP)

- The Part D IEP
    - begins 3 months before the month an individual is first entitled to Part A OR enrolled in Part B and ends 3 months after the month of eligibility.
- Individuals eligible for Medicare before age 65 (for example, because of 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.

14. Title Page – Election Periods

15. Election Periods – Annual Election Period: Overview

- 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:
    - may add or drop drug coverage;
    - may enroll in an MA plan, MA-PD, or PDP;
    - may change MA, MA-PD or PDP; or
    - may return to Original Medicare.

- No action is needed if the beneficiary chooses to keep their current health and/or drug plan. They 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.

16. Election Periods – Annual Election Period, Example

Mr. LaVette quickly went to CMS.gov on October 15th to take advantage of the AEP to change his election to HealthOne, an MA-PD recommended by a friend. After talking to Agent Seeger, Mr. LaVette learned that the medications he takes would be significantly less costly under ObviousChoice MA-PD. He submitted an application to enroll in ObviousChoice on December 1st. Mr. LaVette will be enrolled in ObviousChoice effective January 1.

17. Enrollment Periods – Annual Election Period, Timeframe for Submitting Enrollment Forms

- Marketing representatives may not solicit or 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.

18. Enrollment Periods – Annual Election Period, Timeframe 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.
    - Current year plans should only be presented to beneficiaries with a valid election period that would result in an effective date prior to the next year.

19. Title Page – Enrollment Periods MA Open Enrollment Period

20. 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.
    - The limitation to one election or change during the ICEP does not prevent a new enrollee from changing during the MA-OEP.
- 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; or
    - if they disenroll to Original Medicare, enroll in a PDP.

21. 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.
- 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.

22. Enrollment Periods – MA OEP: Example

Ms. Hildalgo turned 65 on July 10 and had not previously been eligible for Medicare. Consequently, she first became entitled to Part A and Part B on July 1st. In May, she signed up to enroll in a Medicare Advantage plan without a Part D benefit offered by BestPlan, with an enrollment effective date of July 1. Because Ms. Hildalgo enrolled in an MA plan during her ICEP, she has an MA-OEP from July 1st to September 31st. During this time, she can change to a different MA plan, can add a Part D benefit, and/or can disenroll to Original Medicare.

23. Title Page – Special Election Periods (SEPs)

24. Enrollment Periods – SEPs

- MA eligible and Part D eligible beneficiaries who experience certain qualifying events or wish to enroll in a 5-star plan are provided a special period to change their election, known as a Special Election Period or "SEP."
- Timeframes for SEPs vary. However, most SEPs 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.

25. Enrollment Periods – SEPs, Limitations

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

26. 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 eligibility for Medicaid or the Part D low-income subsidy
    - Losing employer coverage
    - Dropping a Medigap policy after enrolling for the first time in an MA plan, if an individual is still in a "trial period" and has guaranteed enrollment
    - Having a severe or disabling chronic condition that would make an individual eligible to enroll in a SNP designed to serve individuals with that condition.

27. Typical SEPs – Change in Residence

Beneficiaries 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 MA or Part D plan.

The SEP 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. It continues for two months following the month it begins or the month of the move, whichever is later.

A beneficiary using this SEP 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.

28. Typical SEPs – Employer/Union Group Coverage Change

Certain individuals experiencing or making changes in employer group coverage have a SEP allowing them to enroll in or disenroll from an MA or Part D plan. Those beneficiaries include:

- Individuals leaving employer-sponsored coverage (including COBRA coverage).
- Individuals who elect into or out of employer-sponsored MA or PDP plans.
- Beneficiaries disenrolling from an MA or PDP plan to enroll in employer/union sponsored coverage that includes medical and/or drug coverage.

The SEP begins when the employer/union plan would otherwise allow the individual to make changes to their coverage and ends 2 months after the month the employer or union-sponsored coverage ends.

The individual may choose the effective date of enrollment or disenrollment, up to 3 months after the month in which the individual completes an enrollment or disenrollment request. However, the effective date may not be earlier than the first of the month following the month in which the request was made. The effective date also may not be earlier than the first day of the individual's entitlement to Medicare.

29. 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.

The SEP begins with the month in which the beneficiary is advised of loss of creditable coverage and ends 2 months after the loss of creditable coverage or the date the individual received the notice, whichever is later.

30. 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.

31. Typical SEPs – Limitations for At-Risk and Potential At-Risk Beneficiaries

- 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.
- 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, they cannot use the dual eligible or LIS SEP to change plans while this risk designation is in place. The notice to the individual explains that this SEP is no longer available.
- 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.

32. 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.

33. Other Common SEPs

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.

Plan Non-renewal SEP-- Members of MA plans or PDPs that will be affected by plan or contract non-renewals and MA plan service area reductions that are effective January 1 of the contract year have a SEP that begins December 8 and ends on the last day in February of the following year.

Severe or Disabling Chronic Conditions SEP -- 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 chronic condition SNP (C-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 C-SNP.

Loss of Special Needs SEP -- Beneficiaries enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status have a SEP that begins the month the individual's special needs status changes and ends when they make an enrollment request or three calendar months after the effective date of involuntary disenrollment from the SNP, whichever is earlier.

34. 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. It applies where an individual was eligible for another election period at the time of the emergency or major disaster and did not make an election during that other election period due to the emergency or major disaster.

PACE SEP – Beneficiaries may disenroll from an MA or PDP plan at any time in order to enroll in PACE. In addition, beneficiaries who disenroll from PACE have an SEP to elect an MA plan or PDP. The SEP ends 2 months after the effective date of PACE disenrollment.

35. Common SEPs – Examples

Example 1: Mr. Weir is 68 years old and still working. Although he pays for Part B, he uses Medicare as his secondary insurance and pays part of his employer group coverage premium. He was recently advised that he could save money by changing from his employer coverage to an MA plan with a premium that is less than his contribution to his group coverage. Mr. Weir has a SEP that will allow him to drop his employer group coverage and enroll in MA plan.

Example 2: Ms. Osbourne has been enrolled in AverageCare MA-PD for 3 years. A friend recently told her about the 5-star plan offered by SuperbCare. Ms. Osbourne talked to her agent in October about switching to SuperbCare during the AEP. Ms. Osbourne was excited to learn that she could switch immediately with an effective date of November 1 due to the 5-star plan SEP.

36. Title Page – Open Enrollment Period for Institutionalized Individuals

37. 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.
- The OEPI is NOT available for individuals who are institutional-equivalent, that is, who meet the institutional level of care but do not reside in one of the facilities listed above. For example, the OEPI does not apply to individuals in assisted living facilities.
- 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.

38. Cost Plan Enrollment Periods

- Generally, Cost plans must establish an annual open enrollment period of at least 30 days.
- Most 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 Part D enrollment periods. 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.

39. Cost Plan Enrollment Examples

Example 1: Mr. Brown is enrolled in an MA HMO plan but has recently learned about the flexibility cost plans offer to go out of network. The cost plan is open to new enrollment year-round. He would like to switch in July. Mr. Brown must wait until he has a valid MA disenrollment period before he can disenroll from his MA plan in order to enroll in the cost plan.

Example 2: Ms. Turner has been receiving her Part A and B benefits through original Medicare for the past several years. She would like to enroll in a cost plan with Part D benefits in August because she knows the cost plan is accepting enrollment year-round. Ms. Turner may enroll in the cost plan in August. However, if she is enrolled in a PDP, she must wait for a valid disenrollment period. If she has not yet enrolled in Part D, she must wait for a valid Part D election period.

40. Title Page – Enrollment Requests

41. 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.
- 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).
    - A "short form" may be used when an individual changes between plans offered by the same parent organization (but not for MSAs); or
    - A simplified process known as the "opt-in" process may be used when 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.

42. 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 non-electronic 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
        - 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 and their agents 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.

43. 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.
  - Calls must be recorded.
  - 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.

44. Formats of Enrollment Requests – Telephone, Continued

- Plan Sponsors must ensure that the telephonic enrollment is effectuated entirely by the beneficiary or authorized representative.
- 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.
- CMS also offers telephone enrollment through 1-800-Medicare.

45. MA Opt-in Enrollment Requests

- The opt-in mechanism is a simplified enrollment method that allows a Medicare Advantage Organization (MAO) to use data it has from its non-Medicare lines of business to obtain some of the information it would normally need to receive from the beneficiary in the enrollment request. The organization is required to obtain any data necessary from the individual that it doesn't have from its data sharing.
- The simplified opt-in method is used where an MAO identifies individuals who are enrolled in its non-Medicare coverage, nearing Medicare eligibility (or recently enrolled in Medicare), and in their ICEP. The MAO may conduct outreach to these current members and offer them the opportunity to enroll in their plan.

- Thus, 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.
- MAOs may offer simplified opt-in enrollment via paper, telephone or electronically.

46. Enrollment Example

Mr. Nash calls his agent during AEP to see about changing plans. He is happy with GoodCare, but he would like to lower his cost sharing for services, even if it means a higher premium. He would like to change from GoodCare's Silver HMO to their Gold HMO. Agent Young explains that he can take the enrollment over the telephone and asks whether Mr. Nash agrees to be recorded. After Mr. Nash agrees, Agent young explains that the process will be quicker than Mr. Nash's original enrollment in GoodCare because he is switching between plans offered by the same organization. Agent Young proceeds whith the enrollment and reads the required disclosures.

47. 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.

48. 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 their name on the form.
- Exceptions – The marketing representative does not need to include their name on the form:
    - if a beneficiary requests an enrollment form be mailed to them and the name and mailing address are pre-filled.
    - if the representative only 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 their 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, the agent MUST include their name.
- Marketing representatives must safeguard beneficiary information including enrollment forms. Significant penalties arise if beneficiary information is inappropriately released.

49. Title Page-Beneficiary Information, Acknowledgements, and Enrollee Discrimination Prohibitions

50. Beneficiary Information – New for Enrollments Effective in 2024

Plan Sponsors must ensure that, prior to enrollment, CMS' required questions and topics regarding beneficiary needs in a health plan choice are fully discussed. Topics include information regarding:

- primary care providers and specialists (that is, whether or not the beneficiary's current providers are in the plan's network),
- pharmacies (that is, whether the beneficiary's current pharmacy is in the plan's network),
- prescription drug coverage and costs (including whether the beneficiary's current prescriptions are covered),
- costs of health care services,
- premiums,
- benefits, and
- specific health care needs.

51. Beneficiary Acknowledgements When Enrolling

Enrollment mechanisms must require the applicant's acknowledgement/consent that they:

- 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.
- agree to abide by the plan's membership rules as outlined in the enrollee materials.
- consent 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.
- understand that enrollment in another MA plan, PDP or MA-PD plan automatically disenrolls them from their current plan (the model PFFS and MSA enrollment mechanisms provide modified language as appropriate).
- understand their right to appeal service and payment denials the plan makes.

52. 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; or
        - 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.

53. Title Page – Post-Enrollment Activities and Rules

54. 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).
- 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 they may begin using plan services as of the effective date (must include the data necessary to access benefits).

55. 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 they have 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).

56. 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.

57. 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.

58. 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 employer group health plan (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.

59. Title Page – Disenrollment

60. 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 they no longer want 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 they indicate a desire to do so and may not market to the disenrolled individual during the call.

61. Voluntary Disenrollment from MA or Part D Plans

During a valid election 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 request one of the above methods.

62. 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

63. 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 a MA plan or a PDP during the Annual Election Period or other MA or Part D election period.

64. 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.
- 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.

65. Required Involuntary Disenrollment from MA or Part D Plans, continued

- 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 their 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.

66. Temporary Exception to Involuntary Disenrollment When an Enrollee Moves from the Service Area

- 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.

67. 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 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 area.
    - 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).

68. 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.

69. 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.

70. 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.

71. 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.

72. 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
- Guidance for Eligibility, Enrollment and Disenrollment procedures for Medicare cost plans is provided in Chapter 17, Subchapter D of the Medicare Managed Care Manual.
  https://www.cms.gov/files/document/cy2021-cost-plan-enrollment-and-disenrollment-guidance.pdf-0