

Medicare Managed Care Manual
Chapter 2 - Medicare Advantage Enrollment and Disenrollment
Summary of Updates – July 2008

Chapter Section	Update
General Comment	Final version of MA enrollment guidance will be updated, as necessary, consistent with information contained in the 2009 Call Letter
Throughout Document	<ol style="list-style-type: none"> 1. General typos/edits, syntax, verb tense changes, etc. 2. Changed section references where appropriate due to new or changed section numbers 3. Added references to new model exhibits 4. Removed all references to limited open enrollment period (L-OEP), per statutory deletion of provision 5. Added regulatory citations to beginning of main sections. 6. Updated references to years (e.g. “2008” rather than “2005”) in exhibits where appropriate 7. Corrected references to CMS internet security website to http://www.cms.hhs.gov/informationsecurity/ 8. Corrected references to “SSA” and “Social Security Administration” in exhibits to “Social Security” 9. Changed references to “election” as a beneficiary choice to “enrollment request” 10. Corrected “plan manager” to “account manager”
Introduction	Revised introductory note to indicate that the new and revised SEPs are effective immediately
TOC	<ol style="list-style-type: none"> 1. Overall update to include updates to sections, including additions, deletions, and renumbering 2. Added page numbers
10	<ol style="list-style-type: none"> 1. Application date: <ol style="list-style-type: none"> a. Clarified must be used when transmitting enrollment transactions to CMS b. Changed language regarding employer group/union enrollment transactions to coincide with changes to §40.1.2 (c.f.) c. Added language addressing cross-walk (i.e. roll-over) transactions. d. Clarified enrollment requests received through an agent or broker have application date when received by said agent/broker, not when agent/broker gives request to plan thus maintaining consistency in guidance 2. Election form <ol style="list-style-type: none"> a. Changed title to “Enrollment Request Form” b. Established that there are now multiple models of enrollment request forms in Appendix 3 c. Clarified that enrollment requests must be submitted during an enrollment period 3. Updated definition of “Evidence of Entitlement” to require plans to consider an SSA award letter with Medicare number and effective date as evidence if CMS systems and Medicare ID card do not show entitlement 4. Inserted reference to “application date” definition and its importance under definition of “Receipt date”
20	<ol style="list-style-type: none"> 1. Reiterate concept that a valid election is one that is received by the plan during an election period

	<ul style="list-style-type: none"> 2. Clarified MSA plans have additional eligibility requirements 3. Expanded section references for enrollment transaction types
20.1	<ul style="list-style-type: none"> 1. Clarified title of section to include Eligibility for Part D 2. Added language indicating when Part D eligibility does not exist and subsequent effects on MA-PD
20.3	<ul style="list-style-type: none"> 1. Clarified Part D plan reference includes MA-PD plans 2. Moved visitor/traveler language to end of section 3. Added new section 20.3.2 which requests plans make every effort to accommodate requests for mail to be sent to an alternate address
20.4	Clarified elections must be submitted during a valid enrollment period
20.4.3	Reinforce CMS requirement that beneficiaries must be notified in advance when the group/union enrollment process is used
20.10	Established dual-eligibility to disqualifier from MSA for Medicaid status
20.11	<ul style="list-style-type: none"> 1. Removed language indicating exclusive dual SNPs must rely on systems queries to validate Medicaid status 2. Clarified verification of severe/chronic care SNP eligibility process, as described in 2009 Call Letter: <ul style="list-style-type: none"> a. Removed language referencing enrolling exclusively full-benefit dual-eligible individuals b. Added reference to pre-qualification assessment tool c. Clarified timeframe to verify SNP eligibility by end of first month of eligibility d. Added process and timeframe to disenroll beneficiary from SNP when eligibility cannot be verified e. Clarified SEP to enroll in a new MA plan when disenrolled from a sever/chronic disabling condition SNP for failure to verify eligibility
30.1	Clarified AEP also called “Fall Open Enrollment”
30.2	<ul style="list-style-type: none"> 1. Changed beneficiary name in first example to be different from that in second example 2. Corrected dates in first example to accurately reflect use of ICEP for beneficiary
30.2.1	<ul style="list-style-type: none"> 1. Added language indicating part D eligibility effective date can be found in CMS’ systems 2. Removed reference to Initial Enrollment Period for Part D in 2006 3. Clarified Initial Enrollment Period for Part D when entitlement determination made retroactively
30.3	<ul style="list-style-type: none"> 1. Changed language referencing “PDP” to “Part D plan.” 2. Clarified individual w/ Part D coverage can elect MA-only coverage only if also obtains new Part D coverage 3. Clarified in MA-OEP table that MSA enrollees not eligible for OEP 4. Clarified chart where MA-PFFS is referenced to MA-only-PFFS
30.3.2	Corrected reference to SEP to OEPI
30.3.3	Removed entire section on limited open enrollment period (L-OEP), per statutory deletion
30.4	Clarified plan responsibilities in determination of SEP eligibility
30.4.3	1. Editorial revisions of plan non-renewal language

	2. Updated nonrenewal SEP to extend timeframe an additional month through January of following year. As a result of this extension, clarified February 1 possible effective date if requests made in January.
30.4.4	<ol style="list-style-type: none"> 1. Updated SEP for non-renewals to reflect new language in 30.4.3 (c.f.) 2. Updated SPAP SEP to include beneficiaries losing SPAP status 3. Moved language regarding effective date of LIS SEP to prevent misinterpretation 4. Added language to Chronic Care SNP SEP to allow beneficiaries w/ new SNP-focused conditions to choose new, appropriate SNPs 5. Changed title of item #9 to better reflect that SEPs are MA SEPs that coordinate with MA enrollment periods 6. NEW! SEP to coordinate with possible additional Part D IEP
30.4.5	Revised language to clarify that SEP65 cannot be used to elect MSA plan
30.5	Removed reference to rating elections periods to prevent redundancy
30.6	<ol style="list-style-type: none"> 1. Changed reference in NOTE from “ROs” to “CMS” 2. Reiterated that MSA plan enrollees may not use the OEP to make changes
30.7	Reiterated that MSA plan enrollees may not use the OEP to make changes
40	<ol style="list-style-type: none"> 1. Reiterated that beneficiaries must submit enrollment requests during valid election periods 2. Removed reference to October 1st marketing start date and clarified that plans can accept only <i>unsolicited</i> paper applications prior to November 15th 3. Further clarified language addressing enrollment requests received prior to November 15th
40.1	Changed “Elections” to “Requests” in heading
40.1.1	<ol style="list-style-type: none"> 1. Changed “Form” to “Request Mechanisms” in heading & text 2. Included reference to new model PFFS form (exhibit 1c) 3. Added language directing plans to use the appropriate models for plan type (e.g. PFFS plans use PFFS models), but allowing PFFS plans to use Exhibits 3 & 3a for changing PBPs from one PFFS to another in same H# 4. Revised to specify information that must be included on all enrollment request mechanisms and include reference to Appendix 2 for list of all required elements on enrollment mechanisms 5. Clarified that SNPs must include SNP-specific eligibility criteria on enrollment mechanisms 6. Clarified that references to binding arbitration not permitted on enrollment mechanisms
40.1.2	Language moved to consolidated section on employer/union section at §40.1.7
40.1.3 – 40.1.7	Sections renumbered due to relocation of content from §40.1.2 to §40.1.7
40.1.2	<ol style="list-style-type: none"> 1. Clarified MA organizations may offer internet enrollment only on their own websites 2. Removed requirement that plan must inform RO of intent to use internet enrollment mechanism 3. Changed from required to optional the inclusion of alternative payment methods on internet enrollment mechanisms 4. Added language indicating plans should check the Medicare Online Enrollment Center for enrollment requests “at least

	daily”
40.1.3	<ol style="list-style-type: none"> 1. Clarified that individual receiving telephonic enrollment request must be “plan representative or agent” 2. Established that inbound calls can also refer to requests to enroll made to an incorrect department and transferred to the correct department 3. Clarified that enrollment requests via telephone must be reproducible
40.1.4	Removed requirement to send copy of proposal to CO plan manager
40.1.6	<ol style="list-style-type: none"> 1. Consolidated information from two previously existing sections about options for employer/union enrollments & optional employer group mechanisms into one section 2. Clarified how plans can accept employer/union enrollments 3. Addressed plan responsibilities in employer/union enrollment process
40.1.6.1	<ol style="list-style-type: none"> 1. Reiterate that beneficiaries participate in group enrollment process through advance notification from employer/union 2. Clarified that employer/union must provide MA organization with information in Exhibit 2 3. Clarified application date for submission of group enrollments to CMS
40.1.7	Added language indicating application date of SPAP enrollments submitted during AEP is November 15 th
40.2	<ol style="list-style-type: none"> 1. Clarified plan must verify Medicare entitlement regardless of whether Medicare card is available 2. Clarified required elements in Appendix 2 apply to group enrollments 3. Clarified required elements in Appendix 2 apply to telephone enrollments 4. Clarified that organizations must determine whether individual permanently resides in plan service area, rather than obtain an individual’s permanent residence address 5. Revised so as not to require verification of Medicare entitlement when beneficiary is changing PBPs within same contract 6. Updated to require that plans accept Medicare card as proof of Medicare entitlement, when CMS systems do not reflect entitlement, and to accept SSA award letter when Medicare card not available 8. Indicated beneficiaries must have access to benefits as of date of enrollment, regardless of status of enrollment in CMS systems 9. Editorial revisions to “statements of understanding” section 10. Clarified that documentation of call to beneficiary to confirm intent to enroll is sufficient if signature missing from paper enrollment form, 11. Added references to new Appendix 3
40.2.1	<ol style="list-style-type: none"> 1. Clarified if plan aware of SSA representative payee, should contact that individual to confirm status 2. Clarified provision when someone other than beneficiary completes the enrollment request to conform with language already on model enrollment form(s) 3. Clarified that plan should establish mailing address preferences when someone other than beneficiary completes the enrollment request
40.2.2	Clarified that plan uses code 62 when 21-day period to complete enrollment extends past CMS plan data due date
40.2.5	Added “strongly” to suggestion that plans monitor their outreach efforts following up on conditional rejection due to retiree

	drug subsidy (RDS)
40.3	Removed language indicating plans must process elections in chronological order by date received
40.4	<ol style="list-style-type: none"> 1. Added language indicating a member's coverage begins on effective date regardless of whether or not member has received all info plan sends to new enrollees 2. Clarified that the combination notice must be sent to member as quickly as possible because of its nature
40.4.2	<ol style="list-style-type: none"> 1. Added language indicating a member's coverage begins on effective date regardless of whether or not member has received all info plan sends to new enrollees 2. Clarified language regarding exceptions to issuance of rejection notices per a public comment received
40.5	<ol style="list-style-type: none"> 1. Removed language indicating plans must process elections in chronological order by date received 2. Added OEPI & OEPNEW to language referencing the OEP
40.7	<ol style="list-style-type: none"> 1. Added language clarifying the MSA enrollment policy & indicating that MSA enrollment is not available through the OEC 2. Clarified that beneficiaries learn how to use MSA savings account through education from the MSA plan 3. Clarified MARx notifies MSA plan of hospice or Medicaid status 4. Removed obsolete language regarding processing rejections and resubmissions
50.1	<ol style="list-style-type: none"> 1. Revised language to indicate an individual may <i>request</i> disenrollment 2. Clarify that disenrollment requests must be dated when received by the plan rather than at the plan's business offices 3. Added language outlining process authorized representative must follow to request disenrollment for the beneficiary
50.1.1	<ol style="list-style-type: none"> 1. Revised effective date of disenrollment via internet to be determined by the date the plan received the request rather than by when the member made the request 2. Established that the internet site for member disenrollment must be in member materials sent by plan
50.1.3	<ol style="list-style-type: none"> 1. Clarified heading to refer to "Effective date of Disenrollment" 2. Added language clarifying that the election period determines the effective date for a disenrollment requests 3. Changed "mails in" to "submits"
50.1.4	Revised the requirement for denial of disenrollment notice to be based upon when request received rather than date of "denial determination"
50.1.5	<ol style="list-style-type: none"> 1. Editorial revisions to beginning of section. 2. Clarified that the indicated effective date of employer group/union disenrollment is prospective from date request received by employer group/union
50.2	<ol style="list-style-type: none"> 1. Editorial revision to service area reduction language 2. Added clarification for handling incarcerated members
50.2.1	Clarify that individuals who are disenrolled due to a change in residence are eligible for SEP for changes in residence.
50.2.1.2	<ol style="list-style-type: none"> 1. Added that submitted requests can go to CMS "or its designee" 2. Removed language about SEP in §30.4.1
50.2.1.3	Clarify to better define plan responsibilities when members change addresses including those who are incarcerated

50.2.1.4	<ol style="list-style-type: none"> 1. Establish developing process for undeliverable mail as new subsection. 2. Removed note regarding auto- & facilitated enrollees 3. Added reference to §50.2.1.3 for further clarification
50.2.1.5	<ol style="list-style-type: none"> 1. Renumbered sub-section per new previous subsection 2. Revised notice requirement to within 10 calendar days of learning of the permanent move rather than “before the disenrollment transaction is submitted to CMS” 3. Notices to those out-of-area for more than six months must be sent within first ten calendar days of sixth month 4. Example updated to conform with above changes 5. Notices to those out-of-area for more than twelve months in plans with visitor/traveler programs must be sent within first ten calendar days of twelfth month
50.2.4	Streamlined service area reduction language
50.2.5	<ol style="list-style-type: none"> 1. Clarified is “special needs” criteria is what individual is expected to regain 2. Removed language referring to SNP renewing as different type of SNP, since given recent statutory changes to future of SNP program, this is not an option 3. Clarified language addressing plan responsibilities to members during period of deemed continued eligibility 4. Added language addressing plan responsibilities, including notice requirements, when a member loses SNP eligibility
50.3	Changed language addressing “election forms” to “enrollment requests”
50.3.1	<ol style="list-style-type: none"> 1. Added descriptive title for Example #2 -- “Incorrect Data Due to Systems Miscommunication” 2. Added clarification that beneficiaries must wait for a valid election period to re-enroll if they were disenrolled for failure to pay plan premiums 3. Clarified grace period for paying plan premiums past due must be a whole number of months 4. Established that plans must wait for CMS to indicate premium due by new enrollees when establishing the grace period & due date for unpaid premiums 5. Changed “overdue payments” to “delinquent premiums” 6. Established 3 calendar day timeframe from expiration of grace period for required beneficiary notification and submission of disenrollment transactions to CMS for failure to pay premium 7. Established 10 calendar day timeframe from expiration of grace period for required beneficiary notification when optional supplemental benefits are discontinued for failure to pay premium for those benefits
50.3.3	Established that plans request approval from CMS for disenrollment for fraud and abuse
50.4.1	Removed language to support policy that requests for disenrollments are based upon the date request is received i.e. additional documentation received will be dated upon receipt, however, effective date upon initial request for disenrollment
50.4.2	Clarified the timeframe to receive additional information for incomplete elections made during the AEP elections
60.2	Changed “desire to cancel the election” to “cancellation request”

60.3	<ol style="list-style-type: none"> 1. Clarify purpose of reinstatements is to erase “invalid” disenrollments 2. Include language indicating “the MA organization must instruct the member in writing as soon as possible to continue to use MA plan services” 3. Moved reinstatement language to streamline section
60.4	<ol style="list-style-type: none"> 1. Clarified when obtaining the necessary info to complete an enrollment request extends past the CMS deadline, the plan should use code 62 2. Added special note regarding RO casework actions when an MA organization is directed by CMS to submit a retroactive enrollment or disenrollment request to resolve a complaint
60.6	Clarified that agreements between MA and employer/union groups must include timely submission of enrollment and disenrollment elections to reduce the need for retroactivity
Appendix 1	<ol style="list-style-type: none"> 1. Confirmed notice must be sent within number of days of the <i>availability</i> of the TRR rather than “receipt” of the TRR, et al. 2. Changed timeframes for notices for termination due to address to conform w/ changes to §50.2.1.5 3. Changed timeframes for notices for termination due to failure to pay premiums to conform w/ changes to §50.3.1 4. Added entries for new exhibits 1c, 31, 32, & 33
Appendix 2	<ol style="list-style-type: none"> 1. Updated appendix to now include both Data Elements Required for Plan Enrollment Mechanisms and elements needed for Completed Enrollment Requests 2. Added column indicating whether the data element is required on the enrollment mechanism 3. Removed data element “Response to Medicaid question” 4. Added two new data elements, “Information provided under ‘please read and sign below’” and “Release of information”
Appendix 3	NEW! Setting application date for CMS enrollment transactions
General Updates to Exhibits	<ol style="list-style-type: none"> 1. On all enrollment mechanisms, streamlined language in “Office Use Only” block 2. Added language, when appropriate, clarifying changes can not be made outside of election periods without special circumstances (SEPs) 3. Added language regarding SEP opportunities for individuals receiving extra help 4. Updated language on late enrollment penalty
Exhibit 1	<ol style="list-style-type: none"> 1. Revised “Paying your Plan Premium” Section, directing zero premium MA-only plans directed to omit section and provide suggested optional language for zero premium MA-PD plans 2. Addition of SNP section for required questions (per guidance) 3. Revised language preference section to required field and included alternative format and additional contact information, per CMS marketing requirements 4. Revised “Please read and sign below” statement: <ul style="list-style-type: none"> - Added required statement that plan has contract with federal government - Added statement on impact of enrollment in this plan on other Medicare plan enrollment - Added statement on limitation on enrollment, including deletion of disenrollment - Added network language for use by PPOs

	<ul style="list-style-type: none"> - Added statement advising agent/broker/other rep of plan may receive compensation for enrollments - Revised Part D payment demo language - Added language acknowledging awareness of counseling services and state assistance programs <p>5. Removed references to MA-PFFS to conform with new model MA-PFFS enrollment form (Exhibit 1c)</p>
Exhibit 1a	<ol style="list-style-type: none"> 1. Changed title to “Information to include on or with Enrollment Form – Information to Determine Enrollment Periods” 2. Removed element “I’m enrolled in the Original Medicare Plan”
Exhibit 1b	<ol style="list-style-type: none"> 1. Revised language preference section to a required field and included alternative format and additional contact information, per CMS marketing requirements 2. Revised “Read & Sign Below” include those described in Exhibit 1, plus the following MSA specific language: <ul style="list-style-type: none"> - addition of tax implications - if disenrolled mid-year, individual’s bank account may be debited for prorated amount - Added language acknowledging awareness of counseling services and state assistance programs
Exhibit 1c	NEW! Model PFFS Individual Enrollment Form
Exhibit 2	<ol style="list-style-type: none"> 1. Removed question “Do you receive Medicaid benefits?” & accompanying data fields 2. Revised language preference section to a required field and included alternative format and additional contact information, per CMS marketing requirements 3. Revised “Please read and sign below”: <ul style="list-style-type: none"> - Added required statement that plan has contract with federal government - Added statement on impact of enrollment in this plan on other Medicare plan enrollment - Added statement on limitation on enrollment, including deletion of disenrollment - Added statement advising agent/broker/other rep of plan may receive compensation for enrollments - Added language acknowledging awareness of counseling services and state assistance programs
Exhibit 3	<ol style="list-style-type: none"> 1. Revised language preference section to a required field and included alternative format and additional contact information, per CMS marketing requirements 2. Revised “Paying your Plan Premium” Section, directing zero premium MA-only plans directed to omit section and provide suggested optional language for zero premium MA-PD plans 3. Revised “Please read and sign below”: <ul style="list-style-type: none"> - Add required statement that plan has contract with federal government - Add statement advising agent/broker/other rep of plan may receive compensation for enrollments - Revised Part D payment demo language 4. Added required PFFS-specific language
Exhibit 3a	<ol style="list-style-type: none"> 1. Add specific language regarding LIS enrollment opportunities 2. Add language preference section to a required field and included alternative format and additional contact information, per CMS marketing requirements 3. Revised “Paying your Plan Premium” Section, directing zero premium MA-only plans directed to omit section and provide

	<p>suggested optional language for zero premium MA-PD plans</p> <ol style="list-style-type: none"> Revised Part D payment demo language Expanded signature line to a table with expanded data elements for authorized representative Added required PFFS-specific language
Exhibits 4 & 4a	Removed PFFS-specific language
Exhibit 4b	<ol style="list-style-type: none"> New language advising LIS individuals on process if believe LIS amount incorrect or, if not currently LIS and needs assistance in obtaining proof Removed PFFS-specific language
Exhibit 4c	Removed entire exhibit per statutory deletion
Exhibit 4d	<ol style="list-style-type: none"> Established old Exhibit 4d as new Exhibit 4c Added required PFFS-specific language
Exhibit 6, 6a and 6c	New language advising LIS individuals on process if believe LIS amount incorrect or, if not currently LIS and needs assistance in obtaining proof
Exhibit 6b	<ol style="list-style-type: none"> Added language indicating members can call to confirm enrollment Added required PFFS-specific language
Exhibit 6c	Added required PFFS-specific language
Exhibit 7	<ol style="list-style-type: none"> Corrected numerical formatting of listed items Added optional language for MA-PD plans
Exhibit 9	Language rewritten to specifically apply model to MA-PD enrollees
Exhibit 9a	NEW! Created Exhibit 9a to apply to MA-only enrollees
Exhibit 12b	<ol style="list-style-type: none"> Changed “in” to “from” Changed “have Medicaid coverage” to “qualify for extra help with your prescription drug costs”
Exhibit 16	<ol style="list-style-type: none"> Added language indicating timeframe “60 days from date of disenrollment notice” Added language to indicate optional sections for plans that can verify Medicare entitlement
Exhibit 17	Added language with variable text including plan’s address & fax number
Exhibit 18	Added language indicating missing “information requested” as optional reason for closing out request for reinstatement
Exhibit 22	Changed title of Exhibit to “Model Notice on Failure to Pay Optional Supplemental Benefit Premiums - Notice of Reduction in Coverage Within Same Plan (PBP)”
Exhibit 27	<ol style="list-style-type: none"> New language advising LIS individuals on process if believe LIS amount incorrect Added required PFFS-specific language
Exhibit 28	<ol style="list-style-type: none"> Changed language to include plan name in reference New language advising LIS individuals on process if believe LIS amount incorrect Added required PFFS-specific language

Exhibit 28a	1. Removed language addressing retroactive effective dates 2. New language advising LIS individuals on process if believe LIS amount incorrect
Exhibit 30	Added required PFFS-specific language
Exhibit 31	NEW! Added Exhibit 31 Model Employer/Union Sponsored MA Plan Group Enrollment Mechanism Notice
Exhibit 32	NEW! Added Exhibit 32: Model Notice for Loss of Special Needs Status (Exclusive SNP)
Exhibit 33	NEW! Added Exhibit 33: Model Notice for Loss of SNP Status - Notification of Involuntary Disenrollment (Exclusive SNP)