Medicare Managed Care Manual
Chapter 2 – Medicare Advantage Enrollment and Disenrollment
Summary of Draft Updates – April 2009

Chapter Section	Update
Throughout Document	1. General correction of typos, syntax, verb tense changes, etc. 2. Added references to new model exhibits 3. Removed references to disproportionate percentage SNPs 4. Updated references to years in examples where appropriate
10	1. Clarified that postmark is irrelevant to determine "application date" of enrollment requests received by mail 2. Changed language regarding process for plan-submitted rollover transactions such that Medicare Advantage Organizations (MAOs) must have CMS approval and must wait for further instructions in the Fall of every year. 3. Changed "Enrollment Request Form" to "Enrollment Request Mechanism;" modified definition as well. Removed mention of disenrollment forms from the definition.
20.2.2	Removed references to "exceptions" to requirement that new plan be in same state as previous plan
30.3.1	Added examples for OEPNEW
30.4.1	Clarified that the SEP for a change of residence permits enrollment elections only.
30.4.3	1. Clarified non-renewals bullet so that language also applies to service area reductions. 2. Clarified that resulting SEP allows Feb 1 effective date only when the enrollment request is made in January.
30.4.5	Clarified that individuals entitled to Medicare prior to age 65 are not eligible for SEP65
40.1.2	Clarified that online enrollment, other than CMS OEC, is limited to organization's website
40.1.4	1. Clarified that proposals for seamless enrollment conversion must include identification of individuals whose entitlement is based on disability, as well as individuals aging into Medicare 2. Revised seamless conversion timeframes from 120/90 days to 90/60 days. 3. Clarified that seamless conversion enrollment transactions must be submitted to CMS at the same time the MAO sends the notice to the affected individuals ("60 day" notice). 4. Clarified that requests to opt out of seamless conversion are to be treated as enrollment cancellations.
40.1.5	1. Clarified MA organization's responsibilities for auto/facilitated enrollment. 2. Clarified that written confirmation of opt-out must be sent within 10 calendar days of receipt of opt out request.
40.1.5 A	Clarified that individuals for whom RDS is claimed, as well as those enrolled in employer/union sponsored MA-only plan (including MA-only "800" series plans) are to be excluded from auto/facilitated enrollment.
40.1.5 B	Clarified auto- and facilitated enrollment process for PFFS plans.
40.1.5 C	Updated reference to PCUG for identifying full benefit dual eligible individuals.
40.1.5 F	Revised to include policy on passive declination for full duals with RDS.
40.1.5 H	Added enrollment source code information for auto/facilitated enrollments
40.2 O	Removed exception regarding Part D payment demonstrations
40.2.2	In third paragraph, removed "and only this condition," to account for change to §40.2.5

40.2.5	Clarified that MAOs may use Code 62, if necessary, to transmit enrollment to CMS after receiving TRC 127 and after confirming intent to enroll.
40.4.1	Clarified that the Part D late enrollment penalty is part of the plan premium.
40.4.2	Removed language referencing the 45 day timeframe for follow-up and replaced it with reference to "the timeframes provided in the Standard Operating Procedures for the CMS Retroactive Processing Contractor."
50.1	Added reference to §40.2.1 referencing who may complete (an enrollment or) a disenrollment request
50.1.1	Clarified that online disenrollment is limited to organization's website; e-mail is not acceptable.
50.1.3	Clarified that disenrollment confirmation notice is not required for automatic disenrollments resulting from an individual's enrollment in a PBP within the same MA contract.
50.2	Added plan renewal as Part D payment demonstration plan to list of reasons for involuntary disenrollment
50.2.1.2	Clarified that the disenrollment effective date is the first of the month following the organization's confirmation of current incarceration.
50.2.1.3	Clarified that incarcerated status is an eligibility criterion for MA-PD (not MA-only).
50.2.1.3 #2	Clarified time frames for required notices upon confirmation of member's out of area status.
50.2.5	Clarified that members have until the end of the period of deemed continued eligibility to regain SNP eligibility, and that members must be disenrolled at the end of this period if they have not regained SNP eligibility.
	Added language indicating, "Payment of past due premiums after the disenrollment date does not create an opportunity for reinstatement into the plan from which the individual was disenrolled for failure to pay premiums."
50.3.1	1. Added language clarifying that the Part D late enrollment penalty is part of the plan premium. 2. Clarified that grace periods must be whole number of *calendar* months 3. Clarified notice requirements for MAOs electing to use the "rollover approach" for calculating and applying the grace period for unpaid premiums.
50.4.1	1. Revised language in last bullet for clarity and added language addressing notice requirements for disenrollment due to PBP change. 2. In fifth full paragraph, removed "and only in these cases" to account for changes to §40.2.5.
50.4.2	Established in text that organization must send notice that disenrollment request is incomplete "within 10 calendar days of receipt of the disenrollment request."
50.7	1. Changed language to reflect that contracts between MAOs and employers/unions can be terminated by either party. 2. Clarified that MAOs can choose either disenrollment option when a contract with an employer/union is terminated, but that the option to be used must be clearly delineated in the contract and must be applied consistently among the beneficiaries in that employer/union sponsored plan.

60.3	1. Clarified that notice offering services must be issued within "ten calendar days of the individual's contact with the organization to report the erroneous disenrollment." Further clarified the point at which plan records must reflect member's access to benefits. 2. Added text indicating "Payment of past due premiums after the disenrollment date does not create an opportunity for reinstatement into the plan from which the individual was disenrolled for failure to pay premiums." 3. Added language stating that the MAO must document the date on which the notice offering services was sent to the individual requesting reinstatement.
60.3.1	Clarified that erroneous disenrollments due to death or loss of entitlement must be corrected, regardless of the date on which the affected individual requests reinstatement.
60.3.2	For cases of erroneous disenrollment made by member, clarified that MAOs must submit reinstatement requests "within the timeframes provided in the Standard Operating Procedures for the CMS Retroactive Processing Contractor."
60.4	1. Updated text to indicate that retroactive enrollment requests are submitted to CMS Retroactive Processing Contractor. 2. Significantly reduced documentation requirements for retro enrollment requests. 3. Changed language to indicate that retroactive enrollment requests "may" (rather than "will") be denied if the MAO has not notified the member to use plan services.
60.5	Clarified that retroactive disenrollments must be submitted "within the timeframes provided in the Standard Operating Procedures for the CMS Retroactive Processing Contractor."
60.7	Corrected definitions of TRCs 704 – 707.
Appendix 1	Added references to new exhibits.
Appendix 2	Added to list of data elements the option to request materials in language other than English and in other formats.
Exhibits	1. Removed variable text "<Member # - if member # is SSN, only use last 4 digits>" & replaced with <Member #> 2. Added the following text to appropriate exhibits: "People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp." 3. Revised language in model notices to meet "plain language" standards. 4. Clarified in all references to AEP that election period can be used to add or drop drug coverage; clarified in all references to OEP that election period cannot be used to add or drop drug coverage.
Exhibit 1b	Added language to the MSA enrollment form to alert authorized reps of the need to keep track of how funds in MSA account are used.
Exhibit 4c	Added text for use by PFFS plans with provider networks (MIPPA).
Exhibit 6c	1. Added text for use by PFFS plans with provider networks (MIPPA). 2. Added qualifier to LIS language to clarify that the text applies only to MA-PD plans (not to MA-only plans).

Exhibit #7	1. Added denial reason: "[*Special needs plans add:* You are not eligible for this Special Needs Plan because you do not <insert special needs criteria>. 2. Added denial reason: [*MA-PD plans only:* You have drug coverage from your employer or union and you told us you do not want to join <MA plan>.]
Exhibits #11, 12, 13	Added language to advise of possible delay in processing refund if premiums were being deducted from SSA benefit payments.
Exhibits 27, 27a, 28, 28a, 29	Deleted reference to LEP for LIS individuals.
Exhibits 28 & 28a	Clarified that individual must opt out of facilitated enrollment prior to enrollment effective date.
Exhibit 28a	Changed introductory language to read: "*Our records show that you qualify for extra help with your prescription drug costs.*"
Exhibit 34	NEW! MA Model Notice to Research Potential Out of Area Status.
Exhibit 35	NEW! MA Model Notice for Disenrollment Due Out of Area Status (No Response to Request for Address Verification).
Exhibit 36	NEW! MA Model Notice for Disenrollment Due to Confirmation of Out of Area Status.