



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: August 7, 2012

TO: Prescription Drug Plan Sponsors, Medicare Advantage Organizations, Cost Plans, and Demonstration Organizations

FROM: Arrah Tabe-Bedward
Acting Director, Medicare Enrollment & Appeals Group

SUBJECT: Revisions to Medicare Advantage and Prescription Drug Plan Enrollment Guidance

The Centers for Medicare & Medicaid Services (CMS) is issuing Medicare Advantage (MA) and Prescription Drug Plan (PDP) Enrollment and Disenrollment Guidance revisions for contract year 2013. This revision does not include new requirements, but some minor clarifications, corrections, and updates to model notices based on requests from MA organizations and Part D plan sponsors.

The guidance revisions in this memorandum apply as described below to MA organizations, Part D plan sponsors and/or §1876 cost plans. All enrollments with an effective date on or after January 1, 2013, must be processed in accordance with the revised guidance requirements, including new model notices. Organizations may, at their option, implement any aspect of this guidance prior to the required implementation date.

A summary of changes and new/revised exhibits is attached for your reference (Attachments 1 and 2, respectively), and the revised chapters, in their entirety, will be posted at the links below within 10 days of this memorandum:

- MA enrollment guidance: <http://www.cms.gov/MedicareMangCareEligEnrol/>
- PDP enrollment guidance: <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html>

Please direct questions regarding the submission and/or review of member materials to your CMS Account Manager. For enrollment policy questions, you may contact Patty Helphenstine at Patricia.helphenstine2@cms.hhs.gov.

ATTACHMENT 1 – SUMMARY OF CHANGES TO CHAPTERS 2 AND 3

The changes to the enrollment manuals are listed below. Some of the entries show updated text as it would appear in the revised manual. When this occurs, both additions and deletions are marked in red italics. Deletions are also marked with a strikethrough.

Chapter 2 & 3 – Introductory Language

It is expected that plans will assure that all requirements outlined in Chapter 2 and Chapter 3 regarding communications made with beneficiaries/members, including the use of the model notices are also in compliance with standards and guidelines as established in the Medicare Marketing Guidelines.

Chapter 2, §10 – Definitions

To assist SNPs to more accurately distinguish between complete and incomplete enrollment requests, we are providing additional information to the definition of “completed election” as follows:

- 5. For Special Needs Plans (SNP), verification of SNP eligibility, as described in §20.11. Chronic condition SNPs (C-SNP) that utilize a CMS-approved pre-enrollment qualification assessment tool will consider the enrollment request to be complete upon receipt of the completed tool.*

Accordingly, we are revising Data Element #27 in Appendix 2 to clarify that SNPs may consider the enrollment request to be incomplete if information necessary to confirm the applicant’s special needs status is not readily available when the request is initially received. The revised row will read as follows.

	Data Element	CMS requires Field on enrollment mechanism?	Beneficiary response required on request?	Exhibit # in which data element appears
27	For Special Needs Plans, verification <i>description</i> of SNP eligibility <i>criteria</i>	Yes	Yes	N/A

Chapters 2 and 3, §10 – Definitions

CMS receives many questions as to what constitutes involuntary disenrollment. To that end, we are amending the definition of “involuntary disenrollment” as follows:

Involuntary Disenrollment - Disenrollments *made necessary due initiated by the MA organization, as opposed to the member, in response* to the organization’s determination that the individual is no longer eligible to remain enrolled in a plan, or when an organization otherwise initiates disenrollment (e.g. failure to pay plan premiums, plan termination).

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Chapter 2, §40.1.5, Subsection H – Summary of Differences Between Auto- and Facilitated Enrollment Processes

In the row titled “Data to identify those in MA-only plan who need to be moved to MA-PD plan,” under the column titled “Facilitated Enrollment of Other LIS,” the last bullet should read as follows:

- Premium subsidy = 100 and LIS copay = 1-~~(\$2/6)~~, 2, or 3, and person is not on MA full dual file or on MMR with dual status code 02, 04, or 08

Chapter 3, §40.1.5 – Re-Assignment of Certain LIS Beneficiaries

We are changing the first paragraph of the section as follows:

CMS has the discretion to re-assign LIS beneficiaries, including situations in which their current plan will have a premium above the low-income premium subsidy amount (i.e., benchmark) in the following year, unless the plan volunteers to waive the de minimis amount of the premium above the benchmark. ~~CMS will announce its intent to conduct reassignment in the Call Letter.~~ CMS will conduct the reassignment in the fall of each year, and ensure all affected LIS beneficiaries are notified. Affected PDPs are not responsible for initiating any enrollment or disenrollment transactions for reassigned beneficiaries, except for re-enrollment of beneficiaries who opt to remain in their current plan, as described below. Affected PDPs are only responsible for responding to the CMS enrollment transaction promptly when they receive it and for providing appropriate beneficiary notices and materials, also as described below.

Chapter 3, §40.1.5.E – Plan Communication to Affected Beneficiaries

CMS no longer provides to plans a preliminary file of reassignees to “losing” PDPs, therefore, we are revising this paragraph to read as follows:

“Losing” PDPs should make their best effort to identify individuals who will be lost to reassignment for purposes of providing the appropriate ANOC. ~~CMS sends a preliminary file of reassignees to “losing” PDPs in September for this purpose. In addition, pPlans~~ may identify potential reassignees by identifying those that meet both of the following conditions:...

Chapter 2, §40.1.6.1 – Group Enrollment Mechanism

The last line of the section has a corrected section reference and now reads as follows:

Records must be maintained as outlined in §60.89 of this chapter.

Chapter 2, §40.2.2 - When the Enrollment Request Is Incomplete

For consistency with the revision to the definition of “completed election” in §10 described above, we are adding a line to the first paragraph of §40.2.2, as follows:

When the enrollment request is incomplete, the MA organization must document all efforts to obtain additional documentation to complete the enrollment request and have an audit trail to document why the enrollment request needed additional documentation before it could be considered complete. The organization must make this determination and, within 10 calendar days of receipt of the enrollment request, must notify the individual that additional information is needed, unless the required but missing information can be obtained via CMS systems. *This notification is not required for SNP enrollment requests*

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for which the only missing information is confirmation of the applicant's special needs status.

Chapter 2, §40.4 & Chapter 3, §40.4 – Information Provided to Member

The requirement to convey possible disenrollment for non-payment of premiums for months in which premium withholding is not in effect applies to all plans that implement optional involuntary disenrollment for non-payment of premiums (Chapter 2 & Chapter 3, §50.3.1). Enrollments that are processed after the monthly cut-off for payment are considered in direct bill status until the premium withhold request has been submitted and CMS does not issue as response that the premium withhold request has rejected, failed or been unsuccessful. To clarify the requirement, the last bullet of this section has been revised as follows:

- *For plans implementing §50.3.1*, failure to pay premiums for months in which premium withholding is not in effect ~~will may~~ result in disenrollment from the plan.

Chapter 2, §60.3.4 & Chapter 3, §60.2.4 – Reinstatements Based on Demonstration of “Good Cause” Determination for Failure to Pay Plan Premiums or Part D-IRMAA

We are changing the sixth paragraph to align with the plan CTM Standard Operating Procedure which permits the plan to provide access to services upon full payment of required amounts for reinstatement, even if the plan has not yet received a confirmation TRC of the reinstatement action by CMS. The revised paragraph reads as follows:

An individual *who is not assessed Part D-IRMAA* remains disenrolled from the plan and does not have access to services until *one of the following occurs*:

- *The plan receives full payment of all required amounts to satisfy a CMS-determined, favorable good cause case for failure to pay plan premiums,*
- ~~*–the reinstatements actually occurs and is reported on the TRR or*~~ *The plan is contacted by the CMS caseworker, or*
- *The reinstatement occurs and is reported on the TRR.*

An individual who is assessed Part D-IRMAA remains disenrolled from the plan and does not have access to services until the reinstatement occurs and is reported on the TRR or the plan is contacted by the CMS caseworker after they have successfully updated the beneficiary's enrollment record in MARx. Once a reinstatement occurs, the individual's disenrollment will be cancelled and his/her coverage will be continuous, assuming the individual continues to be eligible for enrollment in that plan.

Chapter 2, §60.6.2 and Chapter 3, §60.5.2 – EGHP Retroactive Disenrollments

Both §60.6.2 of Chapter 2 and §60.5.2 of Chapter 3 incorrectly reference 42 CFR 422.250(b). This has been updated to 42 CFR 422.308(f)(2).

Chapter 2 and Chapter 3, §60.7 – User Interface (UI) Transaction Reply Codes (TRC) – Communication to Beneficiaries

The communication required to be sent upon receipt of TRC 713 (UI Removed End Date) has been clarified to be Exhibit 25a instead of Exhibit 30 for Chapter 2 and Exhibit 22a instead of Exhibit 31 for Chapter 3.

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In addition, following the requirement to convey information on plan premiums, slight changes to Chapter 2, Exhibit 25a and Chapter 3, Exhibit 22a have been made for plans to include this information. (Please see Attachment 2.)

Chapter 2, New Model Exhibit 4e: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment in Another Plan Within the Same Parent Organization

Plans may use this notice as they would use the other combined acknowledgment and confirmation notices in our manual guidance, but for enrollments within the same parent organization; i.e., plan benefit package (PBP) changes. Organizations that choose to send this combined notice to members who successfully change their PBP within the parent organization must send the notice within seven (7) calendar days of the Transaction Reply Report that provides notification of CMS’ acceptance of the PBP change. The model notice is attached at the end of this memo.

To clarify the use of this model, we are changing the first line of the third paragraph of § 40.4 of Chapter 2 so that it reads as follows:

The organization may provide the required notices described in §§40.4.1 and 40.4.2 or may utilize a single (“combination”) notice (see Exhibits 4b *and* 4e).

Additionally, we are adding a new row to the table in Appendix 1 to clarify the use of the new exhibit. We are inserting the row after the row referencing exhibit 4d. The new row will read as follows.

Notice	Section	Required?	Timeframe
<i>Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment in Another Plan Within the Same Parent Organization (Exh 4e)</i>	<i>40.4</i>	<i>Yes</i>	<i>7 calendar days of the availability of the TRR</i>

Chapters 2 & 3, Exhibits 20-21 – Model Notices Regarding Involuntary Disenrollments for Failure to Pay Plan Premiums or Part D-IRMAA

In an effort to reduce the number of CTM complaints, model notices regarding involuntary disenrollment for failure to pay premiums and Part D-IRMAA have been revised to direct beneficiaries to contact the plan if they believe the disenrollment was made in error. Changes also include simplifying language in requesting reinstatement for “good cause” and inserting language related to grievances that was inadvertently omitted for the previous chapter updates. (Please see Attachment 2.)

Chapter 3, Exhibit 24: PDP Model Notice to Confirm Auto-Enrollment, and Exhibit 25: PDP Model Notice to Confirm Facilitated Enrollment

The TTY telephone number for the Limited Income NET program has been corrected to **1-877-801-0369**.

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Chapter 2 - Exhibit 4e: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment in Another Plan Within the Same Parent Organization (NEW)

Referenced in section: 40.4

<Member # >
<RxID>
<RxGroup>
<RxBin>
<RxPCN>

Dear <Name of Member>:

Thank you for your request to change your enrollment from <old plan name> to <new plan name>. Medicare has approved your enrollment in <new plan name> beginning <effective date>.

How will this plan work?

Beginning <effective date>, you must see your <new plan name> doctor(s) for your health care. This means that starting <effective date>, all of your health care, except emergency or urgently needed care, **or out-of-area dialysis services**, must be given or arranged by a <new plan name> doctor(s). You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. **Please remember that, except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-<plan name> doctor without prior authorization, you will have to pay for these services yourself.**

[MA PPO plans use the following paragraph in place of paragraphs above: Thank you for your request to change your enrollment from <old plan name> to <new plan name>. Medicare has approved your enrollment in <new plan name> beginning <effective date>. Beginning <effective date>, you must get your health care as provided in your <insert either 'Member handbook' or 'Evidence of Coverage'>. You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials.]

[Optional: This letter is proof of insurance that you should show during your doctor appointments until you get your member card from us.] *[Optional language for MA-PD:* This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.]

[MA-PD plans insert the following two paragraphs if no low-income subsidy:

What are my costs on this plan?

The monthly premium for your plan is <insert premium>.

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly

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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. If you think you qualify for extra help with your prescription drug costs, but you don't have or can't find proof, please contact <plan name>.]

[MA-PD plans add the following paragraph if low-income subsidy applicable:

What are my costs since I qualify for extra help?

Because you qualify for extra help with your prescription drug costs, you will pay no more than:

- A monthly premium of <insert premium less amount of premium assistance for which the individual is eligible>,
- <insert appropriate LIS deductible amount> for your yearly prescription drug plan deductible,
- <insert appropriate LIS copay amount> copayment when you fill a prescription covered by <plan name>.

If you believe this is incorrect and you have proof that the extra help amounts should be different, please contact <plan name>.]

Will I pay a late enrollment penalty as part of my premium?

[MA-PD plans insert the following for new members with an existing LEP: Your premium continues to reflect a late enrollment penalty amount that was based on information we had from your previous enrollment in <old plan name>. If you have questions about the late enrollment penalty, call <plan name> at the phone number provided at the end of this letter. You can also get information by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.]

[MA-PD plans insert the following for new members who don't have an existing LEP:

The late enrollment penalty is an amount added to your monthly Medicare drug plan (Part D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare's minimum standards. You may owe a late enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

As you did not previously have a late enrollment penalty with us, you will not have a late enrollment penalty with this enrollment change.]

[Zero premium plans do not include the following:

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How do I pay my premium?

Your enrollment form included the options for paying your plan premium. If you did not choose one of these options when you enrolled, we will bill you directly. If you chose to have your monthly plan premium automatically deducted from your Social Security or Railroad Retirement Board check, we may have to send you a bill for your first month or two of enrollment if the deduction doesn't start right away. Generally, you must stay with the option you choose for the rest of the year. If you have any questions about how to pay your plan premium, please contact us at <plan telephone number>. TTY users should call <TTY number>.[MAOs that disenroll for nonpayment of premium include the following sentence: “Members who fail to pay the monthly plan premium may be disenrolled from <plan name>”.]

[MA-PD plans with a premium include the following: If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium.] [Zero premium plans do not include the following: We will bill you for the portion of your monthly premium that you owe.]

When can I make changes to my coverage?

Once enrolled in our plan, you can make changes only during certain times of the year. From October 15th through December 7th each year, anyone can make any type of change. From January 1 through February 14 (except an MSA plan), anyone enrolled in a Medicare Advantage Plan has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. [Plans with drug benefit: If you join a Medicare Prescription drug plan, you will be automatically disenrolled from our plan and returned to Original Medicare.] Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help paying for prescription drug coverage. If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

[If applicable, please insert information instructing member in simple terms on how to select a primary care provider/site (PCP); how to obtain Medicare Advantage Plan services, e.g., provide the name, phone number, and location of the PCP, include the membership identification card when possible, explain unique POS and/or PPO procedures (when applicable), explain which services do not need PCP approval (when applicable), etc.]

What if I have a Medigap (Medicare Supplement Insurance) policy?

Now that we have confirmed your enrollment, you may cancel any Medigap or supplemental insurance that you have. Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost plan, you may have a trial period during which you have certain rights to **leave** (disenroll from) <plan name> and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for further information. TTY users should call 1-877-486-2048.

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If you have any questions, please call <plan name> at <phone number>. TTY users should call <TTY number>. We are open <insert days/hours of operation and, if different, TTY hours of operation>. Please be sure to keep a copy of this letter for your records.

Thank you.

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Chapter 2 - Exhibit 20: Model Notice on Failure to Pay Plan Premiums - Notification of Involuntary Disenrollment (REVISED)

Referenced in section(s): 50.3.1

Dear <Name of Member>:

On <date> we sent you a letter that said your plan premium was overdue. The letter said that if we didn't get payment from you, we would disenroll you from <plan name>. Since we didn't get that payment, we asked Medicare to disenroll you from <plan name> beginning <effective date>. You will be covered by Original Medicare beginning <effective date>.

[**MA PFFS do not include this paragraph:** Please note that until <disenrollment effective date>, you must keep using <plan name> doctors except for emergency or urgently needed care or out-of-area dialysis services. After that date, you can see any doctor through Original Medicare, unless you join a Medicare Advantage plan or another Medicare health plan.]

What if I think there's been a mistake?

If you think that we have made a mistake, please call us at <phone number>. You also have the right to ask us to reconsider your disenrollment through the grievance procedure written in your <insert "Member Handbook" or "Evidence of Coverage", as appropriate>.

I had an emergency that kept me from sending my payment. What can I do?

You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your premiums. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed premium amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

When can I make changes to how I get my Medicare coverage?

*Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of plan's service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.*

You have the right to ask Medicare to reconsider this decision if you can do both of the following:

*Show "good cause" (a good reason) for not paying your premiums, (For example, you were unable to pay the amounts you owe due to an unexpected, prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute "good cause."), **and***

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~~Pay all plan premiums that you currently owe to <plan name> within 3 months of your disenrollment.~~

~~Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week to request reconsideration as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~

~~Once in Original Medicare, there are limits to when and how often you can change the way you get Medicare:~~

- ~~• **From October 15 through December 7**, anyone with Medicare can switch from one way of getting Medicare to another for the following year, including adding or dropping Medicare prescription drug coverage.~~
- ~~• **From January 1 through February 14**, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period.~~

~~Generally, you will be able to make changes only during these two times, unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help with your prescription drug costs. If you qualify for extra help, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.~~

[*MA-PD plans insert:* Please remember, if you don't have or get other creditable coverage (as good as Medicare prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.]

[Dual-eligible SNPs may omit the following paragraph:]

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your 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.

For more information:

If you ~~think that we have made a mistake, if you~~ have any questions, or if you have recently sent us a payment please call us at <phone number> between <hours and days of operation>. TTY users should call <TTY number>.

Thank you

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Chapter 2 - Exhibit 21: Model Notice on Failure to Pay Plan Premiums - Confirmation of Involuntary Disenrollment (**REVISED**)

Referenced in section(s): 50.3.1

Dear <Name of Beneficiary>:

Medicare has confirmed your disenrollment from <plan name> because you didn't pay your plan premium [For situations where the disenrollment effective date for failure to pay plan premiums and failure to pay Part D-IRMAA are the same, MA-PD plans who use this one notice to convey both actions must insert: and your Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)]. Your disenrollment begins <effective date>. You are now enrolled in Original Medicare.

What if I think there's been a mistake?

If you think that we have made a mistake, please call us at <phone number>. You also have the right to ask us to reconsider your disenrollment through the grievance procedure written in your <insert "Member Handbook" or "Evidence of Coverage", as appropriate>.

I had an emergency that kept me from sending my payment. What can I do?

You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your premiums. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed premium amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

When can I make changes to how I get my Medicare coverage?

*Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of plan's service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.*

You have the right to ask Medicare to reconsider this decision if you can do both of the following:

- ~~1. Show "good cause" (a good reason) for not paying your premiums, (For example, you were unable to pay the amounts you owe due to an unexpected, prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute "good cause.")~~, **and***
- ~~2. Pay all plan premiums that you currently owe to <plan name> as well as any Part D IRMAA, if any, within 3 months of your disenrollment.~~*

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~~Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week to request reconsideration as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~

~~As mentioned in our previous letter to you, there are limits to when and how often you can change the way you get Medicare:~~

- ~~• **From October 15 through December 7**, anyone with Medicare can switch from one way of getting Medicare to another for the following year, including adding or dropping Medicare prescription drug coverage.~~
- ~~• **From January 1 through February 14**, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. [Plans with drug benefit: If you join a Medicare Prescription drug plan, you will be automatically disenrolled from our plan and returned to Original Medicare.]~~

~~Generally, you will be able to make changes only during these two times, unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help with your prescription drug costs. If you qualify for extra help, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.~~

~~You have the right to ask us to reconsider your disenrollment through the grievance procedure written in your <insert "Member Handbook" or "Evidence of Coverage", as appropriate>.~~

[MA-PD plans insert: Please remember, if you don't have or get other creditable coverage (as good as Medicare prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.]

[Dual-eligible SNPs may omit the following paragraph:]

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your 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.

For more information:

If you have any questions, or need help, please call <plan name> at <phone number> between <hours and days of operation>. TTY users should call <TTY number>.

Thank you.

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Chapter 2 - Exhibit 21a: Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D-Income Related Monthly Adjustment Amount (REVISED)

Referenced in section: 50.2.6

Important – You have been disenrolled from your Medicare Advantage Prescription Drug Plan

<Date>

Dear <Beneficiary Name>:

As of <disenrollment effective date>, Medicare has disenrolled you from <MA-PD plan name> because you didn't pay the extra amount (called the Part D-Income Related Monthly Adjustment Amount or Part D-IRMAA). As of <effective date>, you will no longer have coverage through <MA-PD plan name>. Your Medicare prescription drug coverage ended on the same date. Since the disenrollment has already processed, you can't pay the owed amounts now to keep your Part D coverage.

Before you were disenrolled, *you should have received notices from Medicare-Medicare (or the Railroad Retirement Board) sent you notices* that showed the amount that you owed and provided information on how to pay this amount. If your plan premium was paid for any month after <disenrollment effective date>, you'll get a refund from us within 30 days of this letter.

The decision to disenroll you was made by Medicare, not by <plan name>.

What if I think there's been a mistake?

If you paid the Part D-IRMAA or think that there has been a mistake, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

I had an emergency that kept me from sending my Part D-IRMAA payment. What can I do?
You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your Part D-IRMAA. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed plan premium amounts and all owed Part D-IRMAA owed amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

How can I get my coverage back?

You have the right to ask Medicare to reconsider this decision if you can do both of the following:

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- ~~1. Show “good cause” (a good reason) for not paying the Part D IRMAA, (For example, you were unable to pay the amounts you owe due to an unexpected, prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute “good cause.”), and~~
- ~~2. Pay the Part D IRMAA to Medicare and any plan premiums that you currently owe to <plan name> within 3 months of your disenrollment.~~

~~For more information about how you can get your coverage back call Medicare at 1-800-MEDICARE (1-800-633-4227) as soon as possible, but no later than <insert the date that 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~ Please remember, if you don't request reinstatement within 60 days and pay all owed amounts within 3 months, you will not get your coverage back and will have to wait for another opportunity to enroll. If you don't get your coverage back and go without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”), you may have to pay a late enrollment penalty in addition to the monthly Part D-IRMAA and plan premium, if you enroll in Medicare prescription drug coverage in the future.

When can I get Part D coverage?

~~Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.~~

When can I get my coverage back?

~~There are limits to when and how often you can change the way you get Medicare:~~

- ~~• **From October 15 through December 7**, anyone with Medicare can switch from one way of getting Medicare to another for the following year, including adding or dropping Medicare prescription drug coverage.~~
- ~~• **From January 1 through February 14**, anyone already enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period.~~

~~Generally, you will be able to make changes only during these two times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help to paying for prescription drug coverage.~~

Who can I call to get more information?

You can call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week if you have questions about your disenrollment because you didn't pay the Part D-IRMAA. TTY users should call 1-877-486-2048. You can also call <plan name> at <phone number> if you have questions about your plan's premium. TTY users should call <TTY number>. We are open <days and hours of operation>.

Thank you.

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Chapter 2 - Exhibit 25a - Model Acknowledgment of Reinstatement (REVISED)

Dear <member name>:

Please be sure to keep a copy of this letter for your records.

Medicare has enrolled you back in <plan name> with no break in coverage as of <effective date>.

[If PCP not applicable, omit following sentence. Terms such as “physicians” or “doctors” or “providers” may be used instead of “primary care physician”: You should keep using your <plan name> primary care physician for your health care.]

[Insert one of the following sentences depending on plan policy: We will be sending you a new membership card and other important documents for <plan name>. or You can continue using the <plan name> membership card that you currently have. or If you no longer have your membership card, contact us at the number below to get a new card.]

[Insert information regarding plan premiums required to maintain enrollment, or use the following language: The monthly premium for <plan name> is <monthly premium amount>. You must pay this premium amount each month to remain enrolled in our plan. For more information regarding our disenrollment policy for non-payment of plan premiums, please see our policy written in your <insert “Member Handbook” or “Evidence of Coverage”, as appropriate>.]

Please call <plan name> at <phone number> if you have any questions. TTY users should call <TTY number>. We are open <days and hours of operation>.

Thank you for your continued membership in <plan name>.

~~Thank you.~~

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Chapter 3 - Exhibit 20 - PDP Notice of Failure to Pay Plan Premiums - Notification of Involuntary Disenrollment (**REVISED**)

Referenced in section: 50.3.1

<Date>

Dear < Member>:

On <date of notification letter>, we mailed you a letter stating that your plan premium was overdue. The letter said that if you didn't pay your premium, we would disenroll you from < PDP name >. Since we didn't get that payment, we have asked Medicare to disenroll you. Your disenrollment from < PDP name > will be effective <effective date>. After <effective date>, < PDP name > won't cover your prescription drugs.

This letter only applies to your <PDP name> benefits. Your other Medicare benefits aren't affected by your disenrollment from < PDP name >. [Cost Plans where individual is losing optional supplemental Part D benefit only, replace prior sentence with: This letter only applies to your prescription drug coverage. You will still have health coverage through <cost plan name>. ~~You are only losing your prescription drug benefit provided by <PDP name>.~~]

What if I think there's been a mistake?

If you think that we have made a mistake, please call us at <phone number>. You also have the right to ask us to reconsider your disenrollment through the grievance procedure written in your <insert "Member Handbook" or "Evidence of Coverage", as appropriate>.

I had an emergency that kept me from sending my payment. What can I do?

You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your premiums. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed premium amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

You have the right to ask Medicare to reconsider this decision if you can do both of the following:

- ~~1. Show "good cause" (a good reason) for not paying the <PDP name> premium, (For example, you were unable to pay the amounts you owe due to an unexpected, prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute "good cause."), and~~*
- ~~2. Pay any plan premiums that you currently owe to <Part D plan sponsor name> within 3 months of your disenrollment.~~*

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~~Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week to request reconsideration no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~

When can I get Part D coverage?

Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of < PDP name >'s service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.

Please remember, if you don't have or get other coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage"), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your 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.

For more information:

If ~~you think we have made a mistake, if~~ you have any questions, or if you have recently sent us a payment, please call <PDP name> at <toll-free number> <days and hours of operation>. TTY users should call <toll-free TTY number>.

Thank you.

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Chapter 3 - Exhibit 21 - PDP Notice of Failure to Pay Plan Premium - Confirmation of Involuntary Disenrollment (**REVISED**)

Referenced in section: 50.3.1

<Date>

Dear < Member>:

Medicare has confirmed your disenrollment from < PDP name > because you didn't pay your plan premium ~~[For situations where the disenrollment effective date for failure to pay plan premiums and failure to pay Part D-IRMAA are the same, PDPs who use this one notice to convey both actions must insert: and your Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)].~~ Your disenrollment begins <effective date>. ~~After~~ *As of* <effective date>, < PDP name> won't cover your prescription drugs.

What if I think there's been a mistake?

If you think that we have made a mistake, please call us at <phone number>. You also have the right to ask us to reconsider your disenrollment through the grievance procedure written in your <insert "Member Handbook" or "Evidence of Coverage", as appropriate>.

I had an emergency that kept me from sending my payment. What can I do?

You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your premiums. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed premium amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

When can I get Part D coverage?

Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of < PDP name >'s service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.

Please remember, if you don't have or get coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage"), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

~~*You have the right to ask Medicare to reconsider this decision if you can do both of the following:*~~

- ~~*3. Show "good cause" (a good reason) for not paying the amount you owe, (For example, you were unable to pay the amounts you owe due to an unexpected,*~~

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~~prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute “good cause.”), and~~
4. ~~Pay any plan premiums that you currently owe to <Part D plan sponsor name> and Part D IRMAA, if any, within 3 months of your disenrollment.~~

~~Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week to request reconsideration no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your 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.

If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

For more information:

If you have any questions, please call <PDP name> at <toll-free number> <days and hours of operation>. TTY users should call <toll-free TTY number>.

Thank you.

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Chapter 3 - Exhibit 21a: Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D-Income Related Monthly Adjustment Amount (REVISED)

Referenced in section: 50.2.6

Important – You have been disenrolled from your Medicare Prescription Drug Plan

<Date>

Dear < Member>:

As of <disenrollment effective date>, Medicare has disenrolled you from <Part D plan sponsor name> because you didn't pay the extra amount (called the Part D-Income Related Monthly Adjustment Amount or Part D IRMAA). As of <effective date>, you will no longer have prescription drug coverage. Since the disenrollment has already happened, you can't pay the owed amounts now to keep your Part D coverage.

Before you were disenrolled, ~~you should have received notices from Medicare~~ Medicare (or the Railroad Retirement Board) sent you notices that showed the amount that you owed and provided information on how to pay this amount. If your plan premium was paid for any month after <disenrollment effective date>, you'll get a refund from us within 30 days of this letter.

This decision was made by Medicare, not by <Part D plan sponsor name>.

What if I think there's been a mistake?

If you paid the Part D-IRMAA or think that there has been a mistake, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

I had an emergency that kept me from sending my Part D-IRMAA payment. What can I do?

You can ask Medicare to review this decision if you can show "good cause" (a good reason) for not paying your Part D-IRMAA. A good reason would have to be an emergency or unexpected situation. If Medicare approves your request, you will have to pay all owed plan premium amounts and all owed Part D-IRMAA owed amounts within 3 months of your disenrollment in order to get your coverage back. Call Medicare at 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week, to make a request as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.

How can I get my Part D coverage back?

You have the right to ask Medicare to reconsider this decision if you can do both of the following:

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- ~~3. Show “good cause” (a good reason) for not paying the Part D IRMAA, (For example, you were unable to pay the amounts you owe due to an unexpected, prolonged illness or hospitalization, natural disaster, or other exceptional circumstances. Lack of funds does not constitute “good cause.”), and~~
- ~~4. Pay the Part D IRMAA to Medicare and any plan premiums that you currently owe to <Part D plan sponsor name> within 3 months of your disenrollment.~~

~~For more information about how you can get your coverage back call Medicare at 1-800-MEDICARE (1-800-633-4227, 24 hours a day/7 days a week) as soon as possible, but no later than <insert the date that is 60 calendar days after the disenrollment effective date>. TTY users should call 1-877-486-2048.~~

Please remember, if you don't request reinstatement within 60 days, you will not get your coverage back and will have to wait for another opportunity to enroll in a Part D plan. If you don't get your coverage back and go without other coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”), you may have to pay a late enrollment penalty in addition to the monthly Part D-IRMAA and plan premium if you enroll in Medicare prescription drug coverage in the future.

When can I get Part D coverage?

*Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or you qualify for extra help with your prescription drug costs.*

When can I get my Part D coverage back?

There are limits to when and how often you can change the way you get Medicare:

- ~~• **From October 15 through December 7**, anyone with Medicare can switch from one way of getting Medicare to another for the following year, including adding or dropping Medicare prescription drug coverage.~~
- ~~• **From January 1 through February 14**, anyone already enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period.~~

~~Generally, you will be able to make changes only during these two times unless you meet certain special exceptions, such as moving out of the plan's service area, want to join a plan in your area with a 5-star rating, or living in the service area of a plan with a 5-star rating.~~

Who can I call to get more information?

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week, if you have questions about your disenrollment because you didn't pay the Part D-IRMAA. TTY users should call 1-877-486-2048. You can also call <Part D plan sponsor name> at <phone number>

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if you have questions about your plan’s premium. TTY users should call <TTY number>. We are open <days and hours of operation>.

Thank you.

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Chapter 3 - Exhibit 22a - Model Confirmation of Reinstatement **(REVISED)**

Dear <member name>:

Please be sure to keep this letter for your records.

Medicare has enrolled you back in <plan name> with no break in coverage as of <effective date>.

You should keep using your <plan name> pharmacy for your health care.

[Insert one of the following depending on plan policy: We will be sending you a new membership card and other important documents for < plan name >. or You can continue using the <plan name> membership card that you currently have. or If you no longer have your membership card, contact us at the number below to get a new card.]

[Insert information regarding plan premiums required to maintain enrollment, or use the following language: The monthly premium for <plan name> is <monthly premium amount>. You must pay this premium amount each month to remain enrolled in our plan. For more information regarding our disenrollment policy for non-payment of plan premiums, please see our policy written in your <insert “Member Handbook” or “Evidence of Coverage”, as appropriate>.]

Please call <plan name> at <phone number> if you have any questions. TTY users should call <TTY number>. We are open <days and hours of operation>.

Thank you for your continued membership in <plan name>.

~~Thank you.~~