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## Enrollment Guidance for Medicare Advantage and Part D Plans

### Part 5

**Version 3.0**  
**Updated June 1, 2009**



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## Who is Eligible to Enroll in MA or Part D Plans?

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- An individual is eligible to enroll in an MA plan if the individual is entitled to Medicare benefits under Part A and enrolled in Part B.
  - Generally beneficiaries are not eligible if they have end-stage renal disease when first enrolling in the plan.
- An individual is eligible to enroll in a Part D plan if the individual is entitled to Medicare benefits under Part A and/or enrolled in Part B.
- An individual must reside in the service area of the plan.

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## Enrollment Rules

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- Medicare beneficiaries may be enrolled in only one MA plan and only one Part D plan at a time.
- If enrolled in a Medicare coordinated care plan (HMO/PPO) or a PFFS plan that includes Part D drug coverage, the beneficiary may not be enrolled in a stand-alone PDP.
  - Enrollment in a stand-alone PDP will result in automatic disenrollment from a Medicare coordinated care or PFFS plan that includes Part D coverage.
- Enrollees may be enrolled in a stand-alone PDP only if they are enrolled in:
  - Original fee-for-service Medicare;
  - Private Fee-for-Service (PFFS) without Part D drug coverage;
  - Medical Savings Account (MSA) plan; or
  - 1876 Cost plan.



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## Enrollment Rules, cont'd.

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- The Medicare prescription drug benefit of a MA-PD is only available to members of the MA-PD plan.
- If a beneficiary is enrolled in a MA-PD plan, the enrollee must receive their Medicare prescription drug benefit through that plan.
  - Enrollees in certain Employer/Union retiree group plans may have different options.



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## Quick Review

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## Who May Complete the Enrollment Form?

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- If a paper enrollment form is used, it must be signed by the beneficiary.
- No other person can sign the enrollment form on behalf of the beneficiary without legal authority to do so.
  - For example, if both spouses cannot attend a sales presentation, the present spouse may make a decision to enroll and complete the enrollment form but cannot enroll the absent spouse.
- If an individual executes the enrollment request on behalf of the beneficiary, he/she must sign the attestation on the enrollment form that states:
  - he/she has authority to make health care decisions for the beneficiary under State law and
  - can provide documentation of this authority to the plan sponsor or CMS upon request.

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## Who May Complete the Enrollment Form?, cont'd

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- As permitted under the law of the State where the beneficiary resides, CMS will allow a legal representative or other individual to execute an enrollment request on behalf of a beneficiary.
  - This may include court-appointed legal guardians, individuals with durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have authority to act for the beneficiary in this capacity.
    - The authority must pertain to health care decisions. Authority to make financial decisions or insurance purchases is not sufficient authority.
    - The authority may apply beginning on a specified date or may only apply when the beneficiary becomes incapacitated.

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## Quick Review

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## Medicare Enrollment Guidelines Non-discrimination

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- Denying or discouraging beneficiary enrollment based on anticipated high need for health care services is prohibited.
- Health questions are prohibited unless they are necessary to determine eligibility to enroll in the plan (e.g., ESRD, chronic care SNPs).
- Appointments must be scheduled without regard to the health or financial status of the beneficiary.

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## Medicare Enrollment Guidelines Marketing Representative Requirements

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- If a marketing representative helps the beneficiary fill out the enrollment request, they must also sign the enrollment form.
- Marketing representatives must safeguard beneficiary information including enrollment forms.

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## Medicare Enrollment Guidelines PFFS Outbound Verification Calls

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- PFFS plan sponsors must call all new applicants to confirm that they wish to enroll and that they understand the features of the PFFS plan.
- Marketing representatives must:
  - Provide the beneficiary with a description of the PFFS enrollment verification process and
  - Obtain a phone number from the beneficiary for the plan sponsor to use to make the PFFS enrollment verification call.

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## Quick Review

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## Enrollment Periods

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- Beneficiaries may only enroll in or change plans at certain fixed times each year or under certain special circumstances.
- Enrollment periods are:
  - MA Initial Coverage Election Period (ICEP)
  - Part D Initial Enrollment Period (IEP)
  - MA and Part D Annual Election Period (AEP)
  - MA Open Enrollment Period (OEP)
    - Open Enrollment for Newly Eligible Individuals (OEPNEW)
    - Open Enrollment for Institutionalized Individuals (OEPI)
  - MA and Part D Special Enrollment Periods (SEP)

## Enrollment Periods Brief Summary



Enrollment Period	MA Options	PDP Options
MA ICEP / Part D IEP	Enroll	Enroll
Annual Election Period	Enroll, Disenroll, Change Plans	Enroll, Disenroll, Change Plans
MA OEP	Enroll, Disenroll, or Change Plans one time Cannot add or drop Part D drug coverage	Change from one MA-PD to another MA-PD or Original Medicare and a PDP, or from Original Medicare and a PDP to an MA-PD. Cannot add or drop drug coverage.
SEP	Most permit enrollment, disenrollment and plan changes, however some are limited. Refer to CMS guidance	Most permit enrollment, disenrollment and plan changes, however some are limited. Refer to CMS guidance

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



- The MA ICEP and the Part D IEP for Part D occur together as one period when a newly Medicare eligible individual has enrolled in BOTH Part A and Part B at first eligibility.
- Who is eligible for the MA ICEP?
  - The ICEP is available to individuals who are newly eligible for Medicare Advantage (MA).
- When does the MA ICEP take place?
  - The ICEP begins three months immediately before the individual's first entitlement to **both** Medicare Part A and Part B and ends on the later of the last day of the month preceding entitlement to both Part A and Part B, or the last day of the third month after the month in which an individual meets the eligibility requirements for Part B.
- What can individuals do during the MA ICEP?
  - During the ICEP, an eligible individual may enroll in an MA plan – or an MA-PD plan if the individual is eligible for Part A and enrolled in Part B.
  - The individual can make one enrollment choice under the ICEP. Once enrollment is effective, the ICEP is used.

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## Enrollment Periods

### Part D Initial Enrollment Period (IEP)

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- The MA ICEP and the Part D IEP for Part D occur together as one period when a newly Medicare eligible individual has enrolled in BOTH Part A and B at first eligibility.
- Who is eligible for the Part D IEP?
  - The IEP is available to individuals who are newly eligible for Medicare Part D prescription drug coverage.
- When does the Part D IEP take place?
  - The IEP begins 3 months before the month an individual meets the eligibility requirements for Part B, and ends 3 months after the month of eligibility.
  - Individuals eligible for Medicare prior to age 65 (such as for disability) will have another IEP when attaining age 65.
- What can individuals do during the Part D IEP?
  - Beneficiaries may make one Part D enrollment choice, including enrollment in an MA-PD plan.

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## Quick Review

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## Enrollment Periods

### Annual Election Period

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- Who is eligible for the Annual Election Period?
  - The Annual Election Period is available to all MA and Part D eligible beneficiaries.
- When does the Annual Election Period take place?
  - November 15 – December 31 of each year
- What can beneficiaries do during the Annual Election Period?
  - No action is needed if the beneficiary chooses to keep his/her current plan. She/he should check for any benefit changes under the plan.
  - Beneficiaries may add or drop MA and/or drug coverage, or return to Original Medicare.
  - Beneficiaries may make more than one enrollment choice during the Annual Election Period, but the last one made prior to the end of the Annual Election Period, as determined by the date the plan or marketing representative receives the completed enrollment form, will be the election that takes effect.

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## Enrollment Periods

### Annual Election Period, cont'd.,

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- Marketing representatives may not accept enrollment forms before November 15 for enrollments under the Annual Election Period.
- If a beneficiary sends an enrollment form to the plan between October 1 and November 15, the plan will process the application beginning November 15.
- A beneficiary will receive an acknowledgment letter when the plan sponsor receives an early enrollment form.

**Enrollment Periods**  
**Open Enrollment Period (OEP)**



- Who is eligible for the OEP?
  - All MA eligible beneficiaries (except MSA enrollees).
- When does the OEP take place?
  - From January 1 – March 31 of each year.
- What can beneficiaries do during the OEP?
  - MA eligible beneficiaries may make one change to how they receive their Medicare health benefits (i.e., add or drop MA), but they may not add or drop Part D drug coverage.
  - The OEP is not available for MSA elections.
- See CMS guidance for different rules for the:
  - Open Enrollment for Newly Eligible Individuals (OEPNEW)
  - Open Enrollment for Institutionalized Individuals (OEPI)

**Enrollment Periods**  
**Open Enrollment Period (OEP), cont'd.**



If a beneficiary has Part D drug coverage he/she must keep Part D drug coverage during an OEP and has one opportunity to make a change listed below:

Currently in MA-PD plan*	<input type="checkbox"/> A different MA-PD plan* <input type="checkbox"/> PFFS plan without drug coverage and a PDP <input type="checkbox"/> Original Medicare and a PDP
Currently in MA-only PFFS plan with a PDP	<input type="checkbox"/> MA-PD plan <input type="checkbox"/> Different MA only PFFS plan and same PDP <input type="checkbox"/> Original Medicare and PDP
Currently in Original Medicare and a PDP	<input type="checkbox"/> MA-PD plan*

\*PFFS plans with drug coverage are included in the definition of MA-PD plans.

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## Enrollment Periods

### Open Enrollment Period (OEP), cont'd.

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If a beneficiary has no Part D drug coverage, he/she cannot change to a plan with Part D drug coverage during an OEP, but has one opportunity to make a change listed below:

Currently in MA only plan* with no prescription drug coverage	<input type="checkbox"/> Change to a different MA only* <input type="checkbox"/> Change to Original Medicare Only
Currently in Original Medicare Only	<input type="checkbox"/> Change to MA only*

\*PFFS plans with drug coverage are included in the definition of MA-PD plans.

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## Quick Review

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## Enrollment Periods

### Special Enrollment Periods (SEP)

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- Who is eligible for an SEP?
  - Part D eligible beneficiaries and those enrolled in an MA plan who experience certain qualifying events are allowed an SEP.

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## Enrollment Periods

### Special Enrollment Periods (SEP), cont'd.

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- When does the SEP take place?
  - Timeframes for SEPs are variable, however, most begin on the first day of the month in which the qualifying event occurs and last for a total of three months. The SEP ends when the individual utilizes their SEP to make an allowed change, or the time period expires, whichever comes first. Where appropriate, SEPs allowing changes to MA coverage are coordinated with those allowing changes in Part D coverage.
  - Some (but not all) situations resulting in an SEP include:
    - Change in residence
    - Involuntary loss of creditable drug coverage
    - Exceptional conditions such as
      - Gaining or losing Medicaid eligibility
      - Gaining or losing the Part D low-income subsidy
      - Changing employer/union group health plan coverage
      - Enrollment based on incorrect or misleading information

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## Enrollment Periods

### Special Enrollment Periods (SEP), cont'd.

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

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## Quick Review

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## SEP - Exceptional Conditions MA Marketing Misrepresentation

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- Who is eligible?
  - Beneficiaries who have enrolled in a Medicare Advantage plan based upon misleading information.
  - To take advantage of this SEP, beneficiaries must call 1-800 MEDICARE.
- When does the SEP take place?
  - Begins when a determination is made by CMS that the beneficiary qualifies for the SEP.
  - Ends once a new enrollment decision is made.
- What can beneficiaries do during the SEP?
  - CMS will help all qualifying beneficiaries select a new Medicare plan option, which may include a different MA plan, a PDP, or Original Medicare.
  - Requests for retroactive enrollments will be handled by Regional Office caseworkers who will discuss with beneficiaries the possible ramifications.

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## Typical SEPs Change of Residence

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- Who is eligible?
  - MA and Part D enrollees who move out of their existing plan's service area, or who have new options available to them as a result of a permanent move.
  - Beneficiaries who have moved into a plan service area from a location where there was no Part D plan available (e.g. overseas) qualify for an SEP just for Part D election purposes.
- When does the SEP take place?
  - Begins either the month before the permanent move if the plan is notified in advance or the month the beneficiary provides notice of the move.
  - Continues for two months following the month it begins or the month of the move, whichever is later.
    - Example: A beneficiary resides in Florida and is currently in Original Medicare and not enrolled in an MA plan. The individual intends to move to Maryland on August 3. An SEP exists for this beneficiary from July 1 through October 31.
  - The individual may choose an effective date of up to 3 months after the month in which the enrollment form is received by the plan, but it may not be earlier than the date of the permanent move.
- What can beneficiaries do during the SEP?
  - Qualifying beneficiaries have one opportunity to enroll into a new MA or Part D plan.

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## Typical SEPs - Involuntary Loss of Creditable Drug Coverage

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- Who is eligible?
  - Beneficiaries eligible for Part D who involuntarily lose creditable prescription drug coverage including a reduction in coverage so it is no longer creditable.
- When does the SEP take place?
  - Begins with the month in which the beneficiary is advised of loss of creditable coverage.
  - Ends 2 months after loss of creditable coverage or the date the individual received the notice, whichever is later.
- What can beneficiaries do during the SEP?
  - One opportunity to select a PDP or MA-PD plan.

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## Typical SEPs - Exceptional Conditions Gaining or Losing Medicaid Eligibility

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- Who is eligible?
  - Beneficiaries who are entitled to Medicare Part A and/or Part B and receive any type of assistance from Medicaid (full benefits and partial benefits).
- When does the SEP take place?
  - Begins the month the beneficiary gains or loses dual eligibility.
  - If gaining eligibility: continues as long as the beneficiary receives Medicaid benefits.
  - If losing eligibility: begins the month that Medicaid eligibility is lost and continues for two additional months.
- What can beneficiaries do during the SEP?
  - Beneficiaries entitled to Part A and Part B can enroll in or disenroll from an MA and/or Part D plan at any time. Those entitled only to Part B can only do so for PDPs.

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## Typical SEPs - Exceptional Conditions Gaining Eligibility for Part D LIS

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- Who is eligible?
  - Non-dual beneficiaries who qualify for LIS but do not receive Medicaid benefits
- When does the SEP take place?
  - Begins on the month the individual becomes eligible for LIS.
  - Continues as long as s/he is eligible for LIS.
- What can beneficiaries do during the SEP?
  - Enroll in or disenroll from a PDP or MA-PD plan at any time.

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## Typical SEPs - Exceptional Conditions Losing Eligibility for Part D LIS

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- Who is eligible?
  - (1) Beneficiaries who lose their LIS eligibility because they are no longer deemed eligible for the following calendar year.
  - (2) Beneficiaries who lose their LIS eligibility during the year outside of the annual redetermination process.
- When does the SEP take place?
  - Group 1: January 1 – March 31
  - Group 2: Begins the month beneficiaries are notified and continues for two months.
- What can be done during the SEP?
  - Enroll in or disenroll from a PDP or MA-PD plan.

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## Typical SEPs - Exceptional Conditions Employer/Union Group Coverage

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- Who is eligible?
  - Beneficiaries who elect into or out of employer-sponsored MA plans.
  - Beneficiaries disenrolling from an MA plan to enroll in employer/union sponsored coverage that includes medical and/or drug coverage, and
  - Beneficiaries disenrolling from employer sponsored coverage (including COBRA coverage) to elect an MA plan.
- When does the SEP take place?
  - Begins when the employer/union plan would otherwise allow the individual to make changes to his/her coverage.
  - Ends 2 months after the month the employer or union-sponsored coverage ends.
- What can be done during the SEP?
  - Qualifying beneficiaries have one opportunity to
    - Enroll in an employer group/union-sponsored MA or Part D plan;
    - Disenroll from an MA or Part D plan to take employer/union-sponsored coverage of any kind; or
    - Disenroll from employer/union-sponsored coverage to enroll in an MA or Part D plan.

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## Quick Review

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## Post-Enrollment Materials for the Beneficiary

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- After the plan receives the enrollment form, PFFS plans must verify enrollment via a phone call to the enrollee or through other means and prior to the effective date of coverage all plans must provide the member with:
  - A notice acknowledging receipt of the complete enrollment request;
  - A copy of the completed enrollment form;
  - The plan rules;
  - The member's rights and responsibilities;
  - Evidence of plan membership and the effective date of coverage so that he/she may begin using the plan services as of the effective date; and
  - Information for how to obtain services prior to the receipt of an ID card (if the sponsor has not yet provided the ID card).

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## Premium Payment

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- At a minimum, plans must offer beneficiaries the option to pay the monthly premium through
  - Direct billing by the plan, or
  - Premium withholding from their Social Security check.
- Plans also may offer other payment options such as:
  - Coupon book
  - Automatic bank withdrawal
  - Credit card

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## When does coverage begin?

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- If a beneficiary joins during Annual Election Period, (November 15 – December 31), coverage begins January 1 of the following year.
- At other times, coverage generally begins on the first day of the month following the month in which the beneficiary joins a plan.

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## Quick Review

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## Additional information

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- Guidance for Eligibility, Enrollment and Disenrollment procedures for Medicare Advantage (MA) plans, including MA-PD plans, is provided in Chapter 2 of the Medicare Managed Care Manual. Similar guidance for 1876 Cost plans is provided in Chapter 17, Subpart D of the same manual.
  - <http://www.cms.hhs.gov/MedicareMangCareEligEnrol/>
- CMS provides instructions for enrolling Medicare beneficiaries in Medicare Prescription Drug Plans (PDPs) in the Agency's PDP Guidance for Eligibility, Enrollment and Disenrollment.
  - <http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/>

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## Session 5 Review

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