

**Medicare Managed Care Manual**  
**Chapter 17-D – Medicare Cost Plan Enrollment & Disenrollment Instructions**  
**Summary of FINAL Update for 2013**

Chapter/Section(s)	Update
Throughout Document	<ol style="list-style-type: none"> <li>1. General typos/edits, syntax, verb tense changes, etc.</li> <li>2. Changed section references where appropriate due to new or changed section numbers</li> <li>3. Added references to sections, new model correspondence and other guidance documents where appropriate</li> <li>4. Changed references to the enrollment “application” to enrollment “mechanism” or “request” to reflect the easing of the signature requirement on an enrollment request</li> </ol>
Cover Page	Updates specifics regarding effective dates for implementing the CY2013 guidance update
Table of Contents	Updated to correlate with section numbers and models
10	Renamed as “General Information” to correct continuity of section
10.1	<ol style="list-style-type: none"> <li>1. Established definitions as subsection of Section 10 – General Information</li> <li>2. Added new definitions to support new policies and to clarify existing terms</li> </ol>
10.3	<ol style="list-style-type: none"> <li>1. Added language addressing the Part D late enrollment penalty</li> <li>2. Added language addressing the Part D-IRMAA policy</li> </ol>
20.1	Added general explanation of CMS’ expectations of conversion enrollments
20.3	Clarified reinstatement related to hospice
30.2	Clarified use of options for enrollment effective dates
30.2.1	Clarified effective date requirement when individual is becoming eligible for Medicare Part B
30.2.2	Changed timeframe for rule #2 to match the changed timeframe for the MA/PDP AEP
30.3	Added new section explaining the effects of the 5-star SEP related to cost plans
40.1	<ol style="list-style-type: none"> <li>1. Added general language about the nature of enrollment requests in light of allowing new formats</li> <li>2. Moved language regarding paper enrollment requests to new section 40.1.1</li> </ol>
40.1.1	<ol style="list-style-type: none"> <li>1. Moved section on auto/facilitated enrollment to new section 40.1.5</li> <li>2. Created new section for language regarding paper enrollment requests</li> </ol>
40.1.2	<b>NEW!</b> Added new section establishing the use of the telephonic enrollment mechanism by cost plans
40.1.3	<b>NEW!</b> Added new section establishing the use of the internet enrollment mechanism by cost plans
40.1.4	<b>NEW!</b> Added new section establishing the use of the Medicare Online Enrollment Center by cost plans
40.1.5	<ol style="list-style-type: none"> <li>1. Moved policy for auto/facilitated enrollment to this new section</li> <li>2. Updated language regarding demonstration to reflect establishment of LI NET</li> <li>3. Clarified the criteria for the optional supplemental prescription benefit to which the cost plan is moving beneficiaries</li> <li>4. Updated LIS copay information in summary of differences between facilitated and auto-enrollment</li> </ol>

Attachment A

Chapter/Section(s)	Update
40.1.6	<b>NEW!</b> Established new section allowing cost plans the use of the group enrollment mechanism and optional mechanism
40.2	Adjusted language on verifying enrollment information to account for new enrollment mechanisms
40.2.1	<ol style="list-style-type: none"> <li>1. Included disenrollment requests in this section</li> <li>2. Clarified that enrollee’s representative must provide contact information</li> <li>3. Established that, when necessary, CMS will request proof of authorization to act on behalf of an enrollee</li> </ol>
40.2.2	<ol style="list-style-type: none"> <li>1. Clarified cost plan can obtain verbal confirmation of information missing from application, including signature</li> <li>2. Added additional language indicating CMS’ expectations of what cost plans send to enrollees after enrollment</li> </ol>
40.4	Expanded requirement to provide copy of paper enrollment form or other tracking identifier for other enrollment mechanisms
40.5	Added language clarifying when a cost plan must deny an enrollment request
40.7	Updated re-enrollment policy to reflect how it is applied in end-of-year activities in current policies
50.1	Allowed cost plans to obtain verbal confirmation of intent to disenroll when member fails to sign disenrollment request
50.1.2	<b>NEW!</b> Added new section allowing cost plans to accept disenrollments made using the employer/union disenrollment mechanism
50.2.5	<b>NEW!</b> Added section establishing policy for involuntary disenrollment for failure to pay Part D-IRMAA
50.3	Added list of other involuntary disenrollments
50.3.1	<ol style="list-style-type: none"> <li>1. Clarified that other charges for deductible or coinsurance for which the member is liable is included in failure to pay premium policy</li> <li>2. Added requirement to communicate ability to request reinstatement for “good cause”</li> <li>3. Added references to new model notices</li> </ol>
50.3.3	Clarified CMS’ expectations regarding notice to members and criteria for disenrollment
50.3.3.1 – 50.3.3.3	Removed these sections as the policies contained therein were part of the streamlined language in §50.3.3
60.5.1 – 60.5.2	<ol style="list-style-type: none"> <li>1. Clarified cancellation of enrollment and disenrollment policy</li> <li>2. Added requirement to send a notice of confirmation of reinstatement</li> </ol>
60.6, 60.6.1 – 60.6.4	<b>NEW!</b> Added new sections on reinstatement of members disenrolled for involuntary reasons, including erroneous death, erroneous loss of Part B, cancellation of subsequent enrollment, failure to pay Part D-IRMAA
Appendix 1	<ol style="list-style-type: none"> <li>1. Added entries for new exhibits</li> <li>2. Clarified Exhibit 11 was moved to Appendix 2</li> </ol>
Appendix 2	<ol style="list-style-type: none"> <li>1. Moved content of Exhibit 11 to this new Appendix</li> </ol>
Throughout Exhibits	<ol style="list-style-type: none"> <li>1. Added requirement to include Federal Contracting Statement to all notices, as outlined in Medicare Marketing Guidelines</li> <li>2. Added availability of 1-800-MEDICARE, where appropriate</li> </ol>
Exhibit 1	<ol style="list-style-type: none"> <li>1. Added optional county field</li> <li>2. Clarified start date of premium withhold and possible consequences</li> <li>3. Clarified premium withhold can be from SSA or RRB</li> <li>4. Clarified that extra help text is optional for plans also offering optional supplemental Part D benefit</li> </ol>

**Attachment A**

<b>Chapter/Section(s)</b>	<b>Update</b>
Exhibit 2 & 4	Added optional language for individuals enrolling in both the cost plan contract and the plan's optional supplemental Part D benefit
Exhibit 11	Removed Exhibit 11 (moved to Appendix 2)
Exhibit 13 & 13a	Changed reference to demonstration to reference to LI NET
Exhibit 16	<b>NEW!</b> Model Confirmation of Reinstatement
Exhibit 17	<b>NEW!</b> Model Notice to Offer Beneficiary Services, Pending Correction of Erroneous Death Status
Exhibit 18	<b>NEW!</b> Model Notice to Offer Beneficiary Services, Pending Correction of Erroneous Medicare Part B Termination
Exhibit 19	<b>NEW!</b> Notice of Involuntary Disenrollment for Failure to Pay Plan Premium
Exhibit 20	<b>NEW!</b> Notice of Confirmation of Involuntary Disenrollment for Failure to Pay Premiums
Exhibit 21	<b>NEW!</b> Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D-Income Related Monthly Adjustment Amount
Exhibit 22	<b>NEW!</b> Model Notice on Favorable "Good Cause" Determination – Notification of Premium Amount Due for Reinstatement of Optional Supplemental Part D Benefit
Exhibit 22a	<b>NEW!</b> Model Notice on Favorable "Good Cause" Determination – Notification of Premium Amount Due for Reinstatement into Cost Contract