

Medicare Managed Care Manual
Chapter 2- Medicare Advantage Enrollment and Disenrollment
Summary of Update for August 2011

Chapter Section(s)	Update
Throughout Document	<ol style="list-style-type: none"> 1. Corrects general typos/edits, syntax, verb tense changes, etc. 2. Changes section references where appropriate 3. Adds references to coordinating sections, new model correspondence, other Manual Chapters and documents, where appropriate 4. Clarifies AEP dates, where necessary 5. Adjustments due to MARx Redesign & Modernization
Introduction	Clarifies effective dates for policy changes in this update
Table of Contents	<ol style="list-style-type: none"> 1. Reflects changes to section numbers as well as section deletions and additions 2. Changed to reflect correct page numbers
10	1. Adds definitions for Authorized Representative, Good Cause, Part D-Income Related Monthly Adjustment Amount, and Plan Performance Rating
20 & 30	Clarifies that it is plans' responsibility to contact enrollee if no valid election period is indicated or obvious in enrollee's enrollment/disenrollment request.
30.1	Adds optional terminology for plans to use when describing the Annual Election Period to current and prospective enrollees
30.4	<ol style="list-style-type: none"> 1. Clarifies that it is plans' responsibility to contact enrollee if no valid election period is indicated or obvious in enrollee's enrollment/disenrollment request. 2. Adds the requirement that organizations document and retain SEP eligibility if the information is obtained orally "in person" 3. Removes language directing organizations to policy on incomplete applications
30.4.1	<ol style="list-style-type: none"> 1. Adds language regarding incarceration to residence change requirements 2. Adds language regarding Late Enrollment Penalty for those who are involuntarily disenrolled
30.4.3	<ol style="list-style-type: none"> 1. Changes timeframe of the SEP for plan/contract non-renewals 2. Clarifies that plan consolidations are not considered non-renewals for the purpose of establishing eligibility for the non-renewal SEP
30.4.4	<ol style="list-style-type: none"> 1. Clarifies the SEP timeframes for when individuals lose Medicaid eligibility, Special Needs status, or SPAP eligibility 2. NEW! - Adds SEP for individuals to enroll in plans with Plan Performance Rating of Five Stars
30.5	Clarifies the subsequent Part D SEP during the Medicare Advantage Disenrollment Period
30.6	Adds that individuals eligible for EGHP and other enrollment periods will be assigned the EGHP effective date unless otherwise requested

40	Adds that MA organization must provide a notice of rejection with 10 calendar days if the plan uses combined acknowledgement/ confirmation notice
40.1.2	Adds that plans with CMS-approved online enrollment mechanisms can use a short enrollment form for current members
40.2	Updates guidance regarding RRB premium withholding
40.2.1	Adjusts and clarifies policy regarding authorized representatives
40.2.3	Adds instructions on how plan should treat an enrollment request outside of the AEP when plan is unable to verify enrollee's eligibility for an SEP.
40.4	Clarified information plan must provide to enrollee when enrollee requests premium withhold.
40.4.1	Adds that plans must provide evidence to new members when enrollments are accepted over the phone (e.g.: confirmation number)
40.5.2	Clarifies that this section applies to Open Enrollment Period for Institutionalized individuals (OEPI) now that the OEP no longer exists.
50	Clarifies that it is unnecessary for plan to send a disenrollment notice to a member whose PBP number changed because of a CMS-approved plan renewal
50.2	Adds non-payment of Part D-Income Related Monthly Adjustment Amount to involuntary disenrollment requirements
50.2.1.3	Clarifies the date of disenrollment for individuals whom the plan confirms are incarcerated
50.2.5	1. Clarifies the period of deemed continued eligibility for SNP plans 2. Deletes previous guidance process regarding retroactive Medicaid terminations
50.2.6	Adds a new section regarding involuntary disenrollments for failure to pay Part D-Income Related Monthly Adjustment Amount, notification to beneficiary and opportunity of reinstatement
50.3.1	1. Clarifies that plans must apply disenrollment procedures equitably among all members of the plan 2. Clarifies that plans may extend the grace period or eliminate the policy to disenroll for failure to pay during the calendar year 3. Adds plan requirements to notify member if their request for SSA or RRB premium withholding was processed after the monthly cut-off to submit premium withhold requests 4. Clarifies that plans may adjust their grace period to match the CMS initial grace period for Part D-Income Related Monthly Adjustment Amount 5. Clarifies that if notice for failure to pay premiums is undeliverable, the plan should implement its procedure for researching a potential change of address
60.2.1	1. Clarifies that plans must document all contact with beneficiary during cancellation process regardless of plan personnel making the beneficiary contact. 2. Clarifies that an enrollment cancellation may occur after the effective date of enrollment if the cancellation is requested during the Outbound Education and Verification process
60.2.1, 60.2.3, 60.3, 60.3.1,	Adds that plans are required to notify reinstated members within 10 days of reinstatement (Exhibit

60.3.2	25a)
60.2.3	Adds new section explaining plan responsibilities when cancellation transaction is rejected by CMS systems
60.3	<ol style="list-style-type: none"> 1. Adds demonstration of “good cause” as a valid reason for reinstatement 2. Adds requirement to send notification of reinstatement and provides Exhibits 17 and 25a as model letters for such. 3. Adds procedures for responding to requests for reinstatement after involuntary disenrollment for failure to pay premiums.
60.3.1	<ol style="list-style-type: none"> 1. Adds requirement to send Exhibit 25a to notify member of reinstatement. 2. Adds clarification that CMS will attempt to reinstate beneficiaries disenrolled by an erroneously established date of death.
60.3.2	<ol style="list-style-type: none"> 1. Clarifies that a reinstatement request by beneficiary must start with a cancellation to the new plan when disenrollment due to enrolling in another plan. 2. Clarified plans’ responsibilities from both cancelling plan and reinstating plan perspectives.
60.3.3	Moves language addressing reinstatements due to plan error to its own section
60.3.4	Adds new section regarding “good cause” determination and process
60.4	Adds instructions for enrollment requests that aren’t transmitted to CMS timely
60.5	<ol style="list-style-type: none"> 1. Adds instructions for enrollment requests that aren’t transmitted to CMS timely 2. Clarifies the documentation required for processing retroactive disenrollments due to confirmation of incarceration start date
Appendix 1	<ol style="list-style-type: none"> 1. Adds entry for the Notice to Acknowledge Receipt of Completed PFFS Enrollment Request and to Confirm Enrollment in a PFFS Plan (Exh. 4d) 2. Adds reference to Exhibit 10a. 3. Clarifies change to notice of Offering Reinstatement of Beneficiary Services, Pending Correction of Disenrollment Status Due to Plan Error (Exh 17) 4. Adds Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D-Income Related Monthly Adjustment Amount (Exh. 21a) 5. Adds Notice of Favorable “Good Cause” Determination – Notification of Premium Amount Due for Reinstatement (Exh. 22a) 6. Adds Confirmation of Reinstatement Per Notification From CMS (Exh. 25a)
Appendix 2	Added reference to new “County” field in “Permanent Address” section
Appendix 3	Clarifies application date for SPAPs during Annual Election Period
Exhibits Introduction	Clarifies changes acceptable to model notices submitted to CMS under the ten (10) day review period
General Changes to Exhibits	1. Adds/Changes language regarding payment of Part D-Income Related Monthly Adjustment Amount, premium withhold requests, information regarding ESRD and requests for proof of

	<p>authorized representatives to all model enrollment mechanisms</p> <p>2. Changes language addressing premium withhold to refer to the Railroad Retirement Board (RRB) as well</p> <p>3. Allows dual SNPs to omit the paragraph on Low Income Subsidy</p>
Exhibits 1, 1b, 1c, and 2	<p>1. Adds “County” as a field optional for organizations to include and optional for beneficiaries to complete.</p> <p>2. Changed question about ESRD to better reflect the purpose of the question.</p>
Exhibit 1a	<p>1. Adds field for enrollees moving back into the U.S. after living abroad.</p> <p>2. Adds field for enrollees disenrolled from a Special Needs Plan for losing special needs status.</p>
Exhibit 4d	NEW! “Model Notice to Acknowledge Receipt of Completed PFFS Enrollment Request and to Confirm Enrollment in a PFFS Plan”
Exhibit 8	Adds sentence at beginning if organization usually uses a combined acknowledgement/confirmation letter.
Exhibit 10a	NEW! Exhibit 10a: Information to include on or with Disenrollment Form – Attestation of Eligibility for an Election Period
Exhibits 11a, 31	Adds clarification that individuals disenrolling from EGHPs need to contact their employer, not CMS
Exhibit 17	Changes model exhibit to “Model Notice to Offer Reinstatement of Beneficiary Services, Pending Correction of Disenrollment Status Due to Plan Error”
Exhibits 20, 21	Changes the process to request reinstatement from plan grievance process to good cause process
Exhibit 21a	Adds new notice: “Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services for Failure to Pay the Part D-Income Related Monthly Adjustment Amount”
Exhibit 22a	NEW! “Model Notice on Favorable “Good Cause” Determination – Notification of Premium Amount Due for Reinstatement”
Exhibit 25	<p>1. Changes language regarding direction for the beneficiary to call former plan to check enrollment status</p> <p>2. Adds language regarding special enrollment period for individuals who lose Low Income Subsidy status</p>
Exhibit 25a	NEW! “Model Acknowledgment of Reinstatement After Cancelling a Request to Enroll in Another Plan or Reinstatement for Favorable “Good Cause” Determination”
Exhibit 31	Adds language clarifying that beneficiaries will be automatically disenrolled from another (current) MA plan if they enroll in an this MA plan