

Medicare Managed Care Manual
Chapter 2 - Medicare Advantage Enrollment and Disenrollment

Summary of Updates – September 8, 2006

| Chapter Section | Update |
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| Throughout Chapter | <ol style="list-style-type: none"> 1. General typos/edits, verb tense changes, etc. 2. Deleted references to 2005/2006 dates that have passed |
| TOC | Reflect changes to section numbers, section deletions and additions |
| 10 | <ol style="list-style-type: none"> 1. Added definition of Application Date 2. Added definition of Special Needs Plan 2. Updated definitions for: <ul style="list-style-type: none"> • Election Form • Institutionalized Individual • Receipt of Election • Reinstatement of Election |
| 20.3 | <ol style="list-style-type: none"> 1. Clarified reference to driver’s license records (now consistent with PDP guidance) 2. Clarified that incarcerated individuals are considered to be out of Part D plan service area |
| 20.4 | Added reference to enrollment via Internet |
| 20.4.4 | 1. Updated per 10/5/05 memo to MAOs. Telephonic enrollment not limited to current MA enrollees in same organization |
| 20.4.6 | <ol style="list-style-type: none"> 1. Revised to indicate that effective date of auto-enrollment is retro to later of 1/1/06, Medicaid effective date or MA plan enrollment 2. Deleted pre-1/1/06 auto-enrollment info and inserted description of population to be auto-enrolled on an ongoing basis |
| 20.4.7 | <ol style="list-style-type: none"> 1. Deleted reference to auto-enrollment and full benefit dual eligibles and inserted reference to facilitated enrollment and Other LIS individuals instead 2. Deleted reference to first IEP for Part D as these dates have passed 3. Clarified that effective date of facilitated enrollment will always be prospective |
| 20.4.8 | 1. Added summary of new group enrollment mechanism |
| 20.5 | Added reference to marketing guidelines |
| 20.7 | Deleted non-enrollment hospice info |
| 20.11 | <ol style="list-style-type: none"> 1. Added reference to 6 month deemed status for SNP enrollees 2. Expanded description regarding proof of eligibility for dual eligible, institutional and severe/chronic disabling condition SNP |
| 30.1 | 1. Clarified that application date determines effective date |
| 30.2 | 1. Clarified that ICEP applies to individual’s first entitlement to Medicare Parts A & B |
| 30.2.1 | <ol style="list-style-type: none"> 1. Clarified description of the IEP for Part D to indicate that individuals not eligible to enroll in Part D during Part B IEP or first Part D IEP will have another Part D IEP upon becoming eligible for Part D. 2. Added description of IEP “redo” when individuals entitled to Medicare based on disability turn 65 3. Added description of circumstance in which ICEP and IEP for Part D occur |

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| | <p>together</p> <p>4. Changed “this election period” to “IEP for Part D”</p> |
| 30.3 | <p>1. Clarified that MAOs must act on disenrollment requests from MA-only plan enrollees during OEP</p> <p>2. Inserted OEP election options chart</p> |
| 30.3.4 | <p>1. Deleted list of types of institutions; added reference to §10</p> <p>2. Added clarification regarding definition of institution for purposes of OEPI versus LIS \$0 copay level</p> <p>3. Clarified that SEP ends two months after the month the individual moves out of the institution.</p> |
| 30.4 | <p>1. Deleted items 1-4 as these SEP situations are described in subsequent subsections</p> <p>2. Added statement regarding requirement of organization to determine if individual qualifies for SEP</p> <p>3. Added chart to assist in determining if individual qualifies for SEP</p> <p>4. Added requirement that applicant’s verbal confirmation of eligibility for SEP be documented and that enrollment be denied if applicant fails to respond to SEP question(s)</p> |
| 30.4.1 | <p>1. Clarified that SEP applies to changes in permanent residence</p> <p>2. Clarified conditions under which SEP for Changes in Residence may be used</p> <p>3. Clarified that SEP may begin the date the individual provides notification of move</p> <p>4. Added additional example</p> |
| 30.4.4 | <p>1. Revised item #9 and included as new item #12, expands SEP to allow “other LIS” individuals to enroll in MA-PD or PDP on their own; renumbered subsequent items</p> <p>2. Clarified SEP effective date under item #9A</p> <p>3. Clarified allowable actions under item #9B</p> <p>4. Added new SEP as item #10, per 1/19/06 SNP guidance Q&A</p> <p>5. Added item #11, expands SEP to include anyone who belongs to a qualified SPAP</p> <p>6. Added item #13, formerly part of #10 (SEP for Individuals Who Lose Special Needs Status)</p> <p>7. Added item #14, SEP for disenrollment from Part D plan when individual has other creditable coverage (i.e. TriCare, VA)</p> <p>8. Added item #15, SEP for individuals affected by Hurricanes Katrina, Rita or Wilma</p> <p>9. For item #1, clarified that the SEP EGHP ends 2 months after the month the employer or union sponsored coverage ends.</p> |
| 30.5 | Clarified in chart that IEP for Part D applicable only to MA-PD elections |
| 30.6 | <p>1. Deleted reference to SSA</p> <p>2. Clarified in chart that MA-only plans must process and MA-PD plans must deny requests for disenrollment during OEP</p> |
| 30.7 | Clarified that SEP can’t be used for MSA plan enrollments |
| 30.8 | Clarified reference to auto- and facilitated enrollment |
| 30.8.1 | Deleted reference to April, since the OEP ends in March beginning in 2007 |
| 40 | <p>1. Revised language to address election mechanisms other than paper</p> <p>2. Clarified that plans must not solicit but may accept paper enrollment requests received prior to the AEP in 2006.</p> <p>3. Referenced §40.2.5 (new) to clarify process for MA-PD enrollment requests from</p> |

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| | individuals with employer/union drug coverage |
| 40.1 | 1. Clarified that MAOs “must” (instead of “will”) process auto- and facilitated enrollments into MA-PD plans |
| 40.1.1 | 1. Deleted reference to “Statements of Understanding” 2. Indicated that enrollment forms for MSA plans may inquire about hospice status |
| 40.1.2 | Deleted reference to record retention for six years; now references Section 60.8 |
| 40.1.3 | 1. Under OEC, deleted reference to MA-PD plans, as earlier reference to MA plans includes this 2. Clarified receipt date for OEC enrollments 3. Added requirement for tracking mechanism (e.g. confirmation number) |
| 40.1.4 | 1. Revised content per 10/5/05 memo to MAOs |
| 40.1.5 | 1. Added that enrollment effective date must be date of first entitlement to Medicare Parts A and B. 2. Added that plans must have HICN, date-of-birth and sex |
| 40.1.6 | 1. Added explanation of safeguards for MA and cost plan enrollees 2. Clarified that auto-enrollment not required of MAOs for which all plans are MA-PD plans 3. Clarified that MAOs are to auto-enroll both new and current members of MA-only plans 4. Explained that MAOs may continue to auto-enroll into plan with lowest Part D premium for remainder of 2006 only 5. Added explanation that effective date of auto-enrollment is retro to latter of 1/1/06, Medicaid effective date or MA plan enrollment 6. Clarify notice requirements and opt out process. 7. Clarify that auto-enrollment is applicable to full duals with employer coverage. |
| 40.1.7 | 1. Clarify that CMS will delegate facilitated enrollment of “other LIS” individuals to MA organizations and this process will occur monthly. 2. Clarify that this process includes individuals who are “other LIS” upon enrollment as well as those who become “other LIS” while members 3. Clarify that “other LIS” individuals being claimed by employer for retiree drug subsidy will be excluded from facilitated process (but not auto-enroll process). 4. Explained that MAOs may continue to facilitate enroll into plan with lowest Part D premium for remainder of 2006 only. 5. Effective date for facilitated enrollment of “other LIS” individuals is 1 st day of 2 nd month after person is identified as qualifying for facilitated enrollment. However, may move up effective date if beneficiary requests. 6. Clarify opt-out process. 7. Provided summary of differences between auto & facilitated processes |
| 40.1.8 | Added group enrollment process for employer/union sponsored plans as announced in 10/5/06 CMS memo |
| 40.1.9 | Description of process for enrollment of beneficiaries in qualified SPAPs |
| 40.2 | 1. Under item “F” added that enrollment forms that are missing signatures can be verified by MAO by telephone 2. Under item “N” deleted reference to creditable coverage information being submitted as part of enrollment transaction |
| 40.2.1 | 1. Added individuals authorized to make health care decisions under State surrogate |

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| | <p>consent laws as example of someone who can effectuate enrollment request on behalf of beneficiary</p> <p>2. Added that MAOs may not require proof of authorization as a condition of enrollment</p> |
| 40.2.2 | Revised the timeframe to receive additional information if the enrollment request is not complete from 45 to 21 calendar days |
| 40.3 | Revise timeframe for transmission of enrollments to CMS from 30 calendar days to 14 business days, changing to 7 calendar days for 2008 enrollments |
| 40.4 | Added description of appropriate use of combination acknowledgement/confirmation notice |
| 40.4.1 | <p>1. Added that acknowledgement notice must disclose premium and cost sharing information, if available at the time, and that combination acknowledgement/confirmation notice must disclose this information</p> <p>2. Revised to require that acknowledgement notice be mailed no later than 7 business days after receipt of the completed enrollment election</p> |
| 40.4.2 | <p>1. Added reference to the exception for issuing plan materials within 7 business days of receipt of completed enrollment request</p> <p>2. Added that MAOs are encouraged to call member to provide information to access benefits within 1 business day of effective date if plan materials not mailed in advance of effective date</p> <p>3. Added that confirmation notice and combination acknowledgement/confirmation notice must disclose premium and cost sharing information</p> <p>4. Clarify exceptions for plan errors for retroactive requests to include situations that do not penalize beneficiaries.</p> <p>5. Clarified that plans should not send rejection notice when reject is due to system issue or plan error</p> |
| 40.7 | Clarified that enrollment requests for MSA plans must be screened for hospice |
| 50.1.4 | Added that disenrollment denial notices must be sent within 7 business days of denial determination |
| 50.1.6 | Revised content per 10/5/05 memo to MAOs |
| 50.2 | Added loss of special needs status to reasons for involuntary disenrollment |
| 50.2.1.1 | Added that MA-PD plan enrollees who become incarcerated must be disenrolled |
| 50.2.1.3 | <p>1. Added that out of out of area address must be confirmed as being permanent as part of research</p> <p>2. Added that MAOs may accept verbal, as well as written, verification of address changes</p> <p>3. Added new guidance to assist plans in researching addresses for individuals whose addresses are outside the plan service area</p> |
| 50.2.5 | Added Section 50.2.5 per 1/1/9/06 SNP guidance |
| 50.4.1 | Revise the timeframe for transmission of voluntary disenrollments to CMS from 30 to 14 calendar days. |
| 50.7 | 1. Added that contract termination requirements should incorporate disenrollment process chosen by MAO |
| 50.8 | Deleted reference to disenrollment via SSA or RRB |
| 60.1 | <p>1. Clarified that application date is date complete enrollment request is received</p> <p>2. Clarified that multiple transaction rejects occur when multiple enrollment request</p> |

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| | for the same effective date have the same application date 3. Revised example to illustrate multiple transaction reject |
| 60.2.1 | Added that individuals electing an MSA plan for the first time have until 12/15 to cancel the enrollment request |
| 60.5 | Deleted reference to SSA processing disenrollment requests |
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| Appendices/ Exhibits | |
| Appendix 1 | 1. Added entries for new exhibits 1a and 4b 2. Clarified that acknowledgement notice must be sent within 7 business days of receipt of completed enrollment election |
| Appendix 2 | 1. Added Part D payment demonstration attestation, response to SSA premium withhold question and response to creditable coverage question 2. Added footnotes to indicate when applicant’s response defaults to “No” when field left blank 3. Revised item #14 to indicate that response to Plan Premium Payment Option question is not required 4. Revised item #17 to indicate that response to other insurance COB question is not required 5. Added item #32 regarding verification of SNP eligibility |
| Notices – general | 1. Addition of language regarding creditable coverage, late enrollment penalty, etc. 4. Simplified language describing OEP limitation 5. Changed references to specific LIS premium and cost sharing amounts to generic references 6. Inserted language regarding rounding of SSA premium withhold to ten cent increment 7. Inserted language regarding right to LEP reconsideration 8. Revised OEP and AEP dates 9. Corrected spelling errors, typos, etc. 10. Changed references to “CMS” to “Medicare” |
| Exhibit 1 | 1. Added creditable coverage question 2. Added Part D payment demonstration attestation 3. Revised premium withhold question to allow referral to plan instead of Yes/No. |
| Exhibit 1a | New exhibit. Information to assist in determining enrollment periods |
| Exhibit 2 | Added creditable coverage question |
| Exhibit 3 | 1. Added Part D payment demonstration attestation 2. Revised premium withhold question to allow referral to plan instead of Yes/No. |
| Exhibit 3a | 1. Added Part D payment demonstration attestation 2. Revised premium withhold question to allow referral to plan instead of Yes/No. |
| Exhibit 4b | 1. New exhibit – combination acknowledgement and confirmation notice 2. Added optional paragraph if EGWP pays LEP on behalf of enrollee |
| Exhibit 5 | Revised to incorporate request for creditable coverage information |
| Exhibit 6 | Added optional paragraph if EGWP pays LEP on behalf of enrollee |
| Exhibit 6a | Added optional paragraph if EGWP pays LEP on behalf of enrollee |
| Exhibit 6b | Revised to indicate that enrollment effective date is initially proposed effective date, not 1 st of month after applicant contacts MAO to confirm desire to enroll |

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| Exhibit 7 | Added denial reason for MA-PD plans – individual not eligible to enroll in prescription drug coverage |
| Exhibit 8 | Added reference to enrollment limitations |
| Exhibit 9 | Changed “MA-PFFS without drugs” to “MA-only plans” |
| Exhibit 19 | Added variable text field to insert disenrollment date |
| Exhibit 19 | New exhibit to inform dually eligible member of auto-enrollment in MA-PD |