

PDP enrollment & disenrollment guidance

Summary of Updates – 9-8-06

Chapter Section	Update
Throughout Chapter	<p>General typos/edits</p> <p>Deleted 2005 language and policy no longer relevant (e.g. specific references to special 2005 annual coordinated election period, first Part D IEP from November 15, 2005 to May 15, 2006)</p>
10	Add clarification that individuals not eligible to enroll in a Part D plan during their IEP for Part B OR if they were not eligible for Part D during the first November 15, 2005 through May 15, 2006 IEP, will get a 7 month period to join Part D surrounding month becomes eligible for Part D.
	Add clarifications on enrollment options for cost plan enrollees and PFFS enrollees.
20	Added statement that the PDP sponsor is responsible for determining the appropriate enrollment period for each request.
	Deleted 2005 Annual Coordinated Election Period example
20.1	Added clarifying statement outlining eligibility requirements for Part D = individual is entitled to Part A (i.e. has) OR enrolled Part B, AND lives in the service area of a Part D plan.
	Repeat policy clarification originally stated (above) in Section 10 regarding individuals who were 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.
	Clarify that individuals who have Medicare based upon disability and then turn age 65 have a new Part D IEP.
	Added (3) new IEP for Part D examples – newly eligible individuals, working individuals, and individuals who have been outside the US
20.2	Deleted reference to 2006 initial AEP
20.3	<p>Added clarification that the PDP sponsor MUST accept verbal confirmation from the individual regarding that conditions that make him or her eligible for the SEP.</p> <p>Further, clarified if contact made orally (by phone), sponsor must document the contact and retain the documentation in its records.</p> <p>Confirmation requested through a written notice must include the option (and information) needed to call the PDP sponsor and confirm this information verbally.</p> <p>Confirmation must be obtained by the PDP sponsor before the end of the enrollment period. If the PDP sponsor is not able to obtain this confirmation, the individual with a notice of denial of enrollment.</p>
	Provided examples of questions PDP sponsors/plan may use to determine

	eligibility for SEPs and created optional screening tool (Exhibit 1a)
20.3.1	Revision to the SEP for change of residence: -- individuals are eligible if in PDP and move out of PDP service area, if out of U.S. and moving back to U.S., if incarcerated and released, and if move and have new health and Part D plans available to them when they move. -- SEP may begin with the date the individual provides notification (hence, delete language that beneficiary not eligible for SEP if notifies PDP more than two months after move)
20.3.2	Clarified that the SEP for duals applies to partial duals (i.e. QMB, SLMB, etc)
20.3.5	Added guidance regarding effective date for SEP for involuntary loss of creditable coverage
20.3.6	Add option of disenrolling to the SEP for individuals not adequately informed about creditable coverage.
20.3.8 #1	Clarification of employer group not really necessary and removed language.
20.3.8 #5	Added clarification to SEP for Institutionalized Individuals that definition of “institution” for this SEP differs from that used in determining when an institutionalized full-benefit dual eligible qualifies for the low-income subsidy copayment level of zero.
20.3.8 #8	Add/clarify: SEP Individuals Who Newly Qualify for the Low Income Subsidy (LIS) Because They Have SSI or Applied for LIS at SSA – this was previously issued in 2007 CMS call letter.
20.3.8 #9 E and F	Added (2) new MA coordinating SEPs: ■ <u>SEP for MA-PD enrollees using the MA OEPNEW to disenroll to Original Medicare and a PDP.</u> Discussed in preamble of final rule and had not been added in previous version. ■ <u>SEP for MA SNPs.</u> Added to coordinate with previous SNP guidance and Chapter 2 of the Medicare Managed Care manual.
20.3.8 #10	Addition and clarification: SEP for for Individuals who are enrolled into an MA-PD or PDP by an SPAP. This SEP was previously issued in 2007 CMS call letter. Further clarification on this SEP has been included.
20.3.8 #11	Add: SEP for Full-Benefit Dual Eligibles With Retroactive Uncovered Months
20.3.8 #12	Add: SEP for Individuals impacted by Hurricane Katrina, Wilma, and Rita
20.3.8 #13	Add: SEP for Disenrollment from Part D to Enroll in or Maintain Other Creditable Coverage
20.4	Updated effective date table, deleting outdated policy from 2005/2006
30	Clarify AEP process for 2007 AEP if plans receive enrollment requests prior

	to the November 15, 2006 AEP.
30.1.2	<p>Add requirement to internet enrollment option, requiring plans to include a tracking mechanism to provide the individual with evidence that the internet enrollment request was received, for example, a confirmation number.</p> <p>Updated CMS IT website address</p> <p>Update OEC section, clarifying that the receipt date for downloaded requests.</p>
30.1.4 -- general	Change terms from “affirmatively decline” to “opt-out”
30.1.4 A.1	Clarify that CMS directs Medicare Advantage organizations to facilitate the enrollment of full benefit duals in MA plans into MA-PD plan offered by the same MA organization
30.1.4 B	<p>Provide the clarifications to the effective date of auto-enrollment:</p> <ul style="list-style-type: none"> ■ For those who are Medicare eligible first, and then subsequently become Medicaid eligible, auto-enrollment will be effective the first day of the month the person became Medicaid eligible (i.e. achieved full-benefit dual status), or January 1, 2006, whichever is later. Effective date will likely always be retroactive, since there are no data that can be used to identify them prospectively. ■ CMS will auto-enroll full-benefit dual eligibles who have disenrolled, either voluntarily or involuntarily, from a Part D plan and failed to enroll in a new plan (unless they affirmatively declined auto-enrollment). The effective date will be retroactive to the month after the disenrollment effective date of the previous Part D plan enrollment
30.1.4 B	Provide clarifying guidance when a full-benefit dual eligible voluntarily enrolls in a Part D plan in the month(s) before the individual would otherwise have been auto-enrolled.
30.1.4D	Clarify PDP notice requirements for auto-enrollment -- PDPs must send a notice confirming the auto- within 7 business days after receiving CMS confirmation of the enrollment from the transaction reply report (TRR) or the CMS file with addresses of auto-enrollees, whichever is later.
30.1.5 -- general	Change terms from “affirmatively decline” to “opt-out”
30.1.5	Clarify that the effective date for facilitated enrollment process for duals will always be prospective.
30.1.5	Clarify that the facilitated enrollment process will occur monthly.
30.1.5 A.1	Add clarification that only the facilitated process excludes individuals for whom the employer is claiming the retiree drug subsidy; this population is included in the auto-enrollment process.
30.1.5.B	This section greatly simplified given the monthly facilitated process.

30.1.5.B	Clarify that the effective date of an enrollment may be moved up if the “Other LIS” beneficiary requests this in a timely fashion, i.e. before start of earlier month. That is, the individual is able to have an earlier effective date via the SEP and the facilitated enrollment for that individual was to occur.
30.1.5D	Clarify PDP notice requirements for facilitated enrollment: PDPs must send a notice confirming the facilitated enrollment within 7 business days after receiving CMS confirmation of the enrollment from the transaction reply report (TRR), or the CMS file with addresses of auto-enrollees, whichever is later.
30.1.7	Clarify that the SPAP must provide the PDP sponsor with enrollment information in an agreed upon electronic file format Add clarification that the SPAP must make it clear in its notice that the SPAP is enrolling on behalf of the individual
30.2.F	Add clarification that if a paper enrollment form is submitted and the signature is not included, the PDP sponsor may verify with the individual with a phone call and document the contact, rather than return the paper enrollment form as incomplete.
30.2.I	Clarify Determination of the “Application Date” section. Since transactions are submitted with application date, CMS has re-written this section and provided substantial clarification to for PDP sponsors to receive a request and determine the application date. CMS is providing additional guidance on how various enrollment requests may be received by the PDP sponsor and clarifying specific direction as to what constitutes the “application date” for purposes of submitting the enrollment to CMS.
30.2.1	Add the following additional clarification regarding who may complete an enrollment request. <ul style="list-style-type: none"> ■ Persons authorized under State law may include court-appointed legal guardians, persons having 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. ■ Individuals must attest that proof of authorization, if any, required by State law that empowers the individual to effect an enrollment request on behalf of the applicant is available upon request by the PDP sponsor or CMS. ■ Plans cannot require such documentation as a condition of enrollment.

30.2.2	Revise the timeframe to receive additional information if the enrollment is not complete from 45 calendar days to 21 calendar days.
30.3	Revise the timeframe for transmission of enrollments to CMS from 30 calendar days to 14 calendar days. In 2008, this will be further reduced to 7 calendar days.
30.4	Revise requirement for plans using “weekly” TRR option to ensure beneficiaries receive required information.
30.4.2	Clarify exceptions for plan errors for retroactive requests to include situations that do not penalize beneficiaries.
40.1.5	To be consistent with timeframes outlines in Appendix 1, PDP sponsor must send within 7 business days of the denial determination
40.2.1	Additional clarification for individuals who change residence. Add new guidance to assist plans in researching addresses for full-dual individuals whose addresses are outside the PDP region. In addition, 2 new exhibits are being created for plans to use.
40.2.1	Add guidance for notice requirements for those who are out of the service area
40.4.1	Revise the timeframe for transmission of voluntary disenrollments to CMS from 30 to 14 calendar days. Starting in 2008, this requirements will be reduced to 7 calendar days.
50 - general	Replace CMS, CMS RO, etc with “CMS (or its designee)” to allow for processes/guidance outside of Chapter 2 (e.g. IntegriGuard contract/process)
50.1.1	Clarification regarding submission of cancellations.
Appendices/ Exhibits	
Notices – general	Addition of language regarding creditable coverage, late enrollment penalty, etc.
Exhibit 1	Addition of creditable coverage information. Revised premium withhold question to allow referral to plan instead of Yes/No.
New Exhibit 1a	New optional information that plans can include in an enrollment request or as an addendum to assist plans in determining enrollment periods
New Exhibit 2b	New model combination notice
New Exhibit 27	Auto and Facilitated Enrollees Who Permanently Reside in another Region Where the PDP Sponsor Offers another PDP at or below the Low-Income Premium Subsidy Amount for that Region
New Exhibit 28	Auto and Facilitated Enrollees Who Permanently Reside in another Region Where the PDP Sponsor DOES NOT offer another PDP at or below the Low-Income Premium Subsidy Amount for that Region