

Contract Year 2026
Non-Renewal and Service Area Reduction (NR/SAR) Guidance: Enrollee
Notification

Medicare Advantage Organizations (MAOs), Prescription Drug Plans (PDPs), section 1876 Cost Plans, Employer/Union-Only Group Waiver Plans (EGWPs), and Medicare-Medicaid Plans (MMPs) that are non-renewing their contracts or individual plan benefit packages or reducing their service areas are required to notify their enrollees within a specific timeframe and provide information about alternative enrollment options (42 C.F.R. §§422.506(a)(2)(ii), 423.507(a)(2)(ii), 417.492(a)(1)(ii), 422.2267(e)(10), and 423.2267(e)(13)).

Any marketing for the upcoming plan year to members of a non-renewing plan, whether to the plan's own members or a competitor's, may not take place until October 1, 2025 (42 C.F.R. §§422.2263(a) and 423.2263(a)).

Delivery and Notification Receipt Requirements

MAOs, Cost Plans, and Part D sponsors of NR/SAR plans must send final notices with individual enrollee names and addresses, and ensure timely enrollee receipt as follows:

- MAOs, PDPs, Cost Plans that offer a Part D benefit, EGWPs, and MMPs must provide notice to each of its affected enrollees **at least 90 days** before the end of the current contract period. For contracts ending on December 31, 2025, notice must be provided no later than October 2, 2025. Plans with new members enrolling on October 1, November 1, or December 1 must ensure that notice is provided as soon as reasonably possible.
 - Since some EGWPs operate on a non-calendar year basis, the 90-day notice should be calculated based on when its contract year ends.
 - MAOs and Part D sponsors that accept enrollment requests into an employer/union sponsored Medicare Advantage (MA) plan or PDP may send out a single notice to enrollees that is consistent with the group enrollment process requirements. The MAO or Part D sponsor's advance notice must tell enrollees that their current plan is being terminated and they will be moved to new employer coverage if they decide not to opt out of such enrollment. Notice shall be provided to the enrollee no later than 21 calendar days prior to the effective date of the beneficiary's enrollment in the employer/union sponsored MA plan or PDP. If notice is not sent within this timeframe, enrollments made using this group enrollment mechanism are invalid (See §40.1.10.1 of the [Medicare Advantage and Part D Enrollment and Disenrollment Guidance](#).) Enrollees that decline group enrollment must be provided an advanced notice that contains the required non-renewal rights and protections outlined in regulations at 42 CFR §§ 422.2267(e)(10)(ii) and 423.2267(e)(13)(ii).
- Cost plans that do not offer a Part D benefit must provide notice to each of its affected enrollees **at least 60 days** before the end of the current contract period.

CMS recommends the use of first-class postage for these notices. MAOs, Cost Plans and Part D sponsors of NR/SAR plans that send NR/SAR notices may only provide information regarding other Medicare products (such as other MA-PDs available in the service area) to those enrollees receiving the NR/SAR notice. MAOs, Cost Plans and Part D sponsors of NR/SAR

plans may include additional materials in a separate enclosure within the same envelope. Enrollment applications may not be provided in the same envelope with NR/SAR or termination notices.

Regardless of when the notices are mailed, all plan notices must be dated **October 2, 2025** to ensure national consistency in the application of Medigap Guaranteed Issue (GI) rights to all enrollees. Exceptions include:

- Enrollees in MMPs and Dual Eligible Special Needs Plans (D-SNPs).
- Plan notices sent to new members enrolling on October 1, November 1, or December 1.

MAOs, Cost Plans and Part D sponsors of NR/SAR plans that are unable to provide notice to their enrollees within the required timeframe must inform their Account Manager (Contract Management Team for MMPs) and specify why the notices were not sent timely and when they will be sent.

Note: NR/SAR Plans are not required to provide public notice for NR/SAR notices. This is only applicable to mutual terminations.

Format Requirements

The personalized final enrollee notices should be on 8 ½” x 11” sized paper and mailed in a similarly sized envelope. These notices should also include the individual beneficiary’s name and address to enable affected beneficiaries to prove their special rights to Medigap insurers and other Medicare Plans/Part D sponsors.

Non-Renewal Model Notices

In accordance with 42 C.F.R. §§422.2267(e)(10) and 423.2267(e)(13), NR/SAR model notices are standardized communication materials that are not required to be submitted in HPMS for MAOs, Cost Plans, and Part D Sponsors. MMPs must continue to submit applicable non-renewal notices under their state-specific MMP non-renewal notice material types in HPMS. Unless otherwise specified, the following notices should not be modified:

- Model Notice to Enrollees in PDPs that are Non-Renewing or Reducing their Service Areas (Tab A);
- Model Notice to Enrollees in MA, MA-PD, and Cost Plans that are Non-Renewing or Reducing their Service Areas (Tab B);
- Model Notices to Enrollees in Dual Eligible Special Needs Plans (D-SNPs) that are Non-Renewing or Reducing their Service Areas (Tabs C and D);
- Model Notices to Enrollees in Medicare-Medicaid Plans (Tab K);
- Model Notices to Enrollees in Integrated D-SNPs (For use by D-SNPs that are working with State governments to populate the model notice.) (Tab L);
- Model Notice to Enrollees in MA-PD D-SNP Look-Alike Plans that are Non-Renewing or Reducing their Service Areas (Tab M); and

- “What You Should Know About Medigap” Fact Sheet, including specific notices for the three waiver states: Massachusetts, Minnesota, and Wisconsin (Tabs F-I).

EGWPs are not required to submit NR notices in HPMS, but must make them available to CMS upon request.

CMS and certain contracting states will reach out to integrated D-SNPs to populate the integrated notice (Tab L). All other D-SNPs should use the notice in Tab C.

MA-PD D-SNP Look-Alike Plans must provide Tab M to full- and partial-benefit dually eligible enrollees and enrollees with Low Income Subsidy (LIS) and should provide Tab B to all other non-dual and non-LIS enrollees.

Notification of Alternative Enrollment Options

MAOs, Cost Plans and Part D sponsors of NR/SAR plans must notify enrollees of alternative enrollment options using one or both of the options below:

- **Written Description.** If a plan or sponsor chooses to provide a written description, the plan or sponsor must provide all plan options to the affected enrollees. The list of available plans must be downloaded from HPMS and included in the final beneficiary notice mailing. To access the list, go to HPMS > Contract Management > Contract Reports > Select 2026 > Select Non-Renewal/SAR Reports > Select Organization Replacement Report > Select Contract Number and State> Create Report. The table may also be downloaded as an Excel file by clicking on “Download to Excel” at the bottom of the page.
- **Outbound Phone Calls.** If a plan or sponsor chooses to place outbound calls, the plan or sponsor must notify the affected enrollees on how they may find out about plan options from available sources, including 1-800-MEDICARE, State Health Insurance Assistance Program (SHIP), Medicare.gov, and State Ombudsman as applicable for MMPs. MAOs, Cost Plans and Part D sponsors must adhere to the Outbound Non-Renewal/Service Area Reduction Call Script Requirements (Tab E); however, submission in HPMS is not required.

Medigap Policies and State-Specific Notices

Applicable to MA Organizations and Cost Plans:

MAOs and Cost Plans must inform all enrollees affected by the NR/SAR about their Medigap rights. This includes informing those who are eligible for Medicare due to a disability and individuals with End Stage Renal Disease. Information on this topic is provided in the enclosed document “What You Should Know about Medigap.” (See Tab F.) CMS has prepared State-specific Medigap notices for Massachusetts, Minnesota, and Wisconsin, which are the three original “waiver States.” (See Tabs G-I.) Many other States have Medigap protections that go beyond federal requirements. The state-specific information can be obtained by contacting your local SHIP office or State Department of Insurance. Use of this State-specific language will

ensure accurate communication of these provisions. Note that SNPs and MMPs that exclusively enroll dually eligible individuals should **not** include Medigap information in their communications. This is to avoid confusion for dually eligible individuals, who may be prohibited from purchasing a Medigap policy, and whose State may pay the dually eligible individual's cost-sharing in Original Medicare.

Guaranteed Issue Rights:

Medigap is governed by Section 1882 of the Social Security Act. Subsection (s)(3) requires Medigap issuers to sell certain types of Medigap policies to individuals whose MAO elects to non-renew or reduce its service area. Subsection (s)(3) also specifies other Medigap GI rights that may simultaneously apply, depending on the individual's specific circumstances. For example, if an individual in a non-renewing MA plan is also in their MA trial period, there could be an intersection with those Medigap GI opportunities.

Enrollees have guaranteed issue (GI) rights to buy a Medigap policy if they are disenrolled from an MAO or Cost Plan that is non-renewing or reducing its service area. MAOs that are non-renewing or reducing their service areas may contact the local SHIP office to determine whether there are any additional state law Medigap protections beyond Federal law requirements. When necessary, CMS will notify State Insurance Departments.

The MA and Part D Enrollment and Disenrollment Guidance includes additional information on situations in which an individual has GI rights and the role of the MAO in each of the situations.

For voluntary disenrollments, the GI time period begins 60 days before the MA or Cost plan coverage ends and ends 63 days after coverage with the non-renewing organization ends. For involuntary disenrollments, the GI time period begins with receipt of the final enrollee notice of NR and ends 63 days after the managed care coverage ends. CMS model notices for disenrollment are found in the MA Enrollment and Disenrollment Guidance appendices and exhibits.

Note that Medigap GI rights may be exercised by individuals using the MA SEP for individuals whose plan or contract is terminated or non-renewed, including service area reductions, to return to Original Medicare. GI rights for the MA SEP under Section 1851(e)(4) found at 42 CFR § 422.62(b) do not extend to the Part D SEP under Section 1860D-1(b) found at 42 CFR 423.38(c). Meaning, there are no GI rights if the terminating/non-renewing plan or contract is a PDP sponsor.

For further assistance on NR/SARs, contact your Account Manager (Contract Management Team for MMPs) or submit your question to the "SARs/Non-Renewal/Terminations" Mailbox located at: <https://dmao.lmi.org/>.