

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard
Baltimore, Maryland 21244-1850



DIVISION OF ENROLLMENT & ELIGIBILITY POLICY

DATE: March 8, 2006

TO: SNPs Approved for January 2006 Passive Enrollments

FROM: Randy Brauer, Acting Director

SUBJECT: Guidance for MA SNPs That Have Attempted to Passively Enroll Ineligible Beneficiaries

Some MA Special Needs Plans (SNPs) approved by CMS for passive enrollment have submitted enrollments for individuals who were not eligible to be enrolled in the SNP because they do not have both Part A and Part B of Medicare. This guidance explains what steps you must take to ensure that these individuals have appropriate Part D coverage effective 01/01/2006.

If you attempted to passively enroll an individual who does not have both Part A and Part B of Medicare, the enrollment transaction would have been rejected. These individuals should have been auto-enrolled into a PDP retroactive to January 1, 2006, and have received notice of their plan assignment. Please instruct your providers to bill Medicare fee-for-service, the beneficiary's PDP, and/or Medicaid, as appropriate, for any covered drugs and services furnished to these individuals beginning January 1. Please also send the attached model notice to advise beneficiaries of the error, and to inform them that they are not eligible for your SNP and that they have been assigned to a PDP. This notice must be sent within 7 business days of the date of these instructions.

If you have any questions, please contact your CMS Regional Office plan manager.

Part B Premium Reduction Model Letter

[Date]

[Member Name]

[Member Address]

[City, State Zip]

Dear [insert name]:

Starting [effective date], as a member of [plan name] you should have received help paying [all/part] of the cost of your monthly Medicare Part B premium. This help meant less money would be deducted from your Social Security check to pay the premium. To provide you with this help, we worked in cooperation with the Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA). Due to technical problems with communication between the CMS and SSA computer systems, some members have experienced long delays in receiving the help to pay for the Part B premium.

CMS is working with SSA to resolve these issues as soon as possible. Be assured that when the issue is corrected, you will receive all the money you should have gotten to help pay your Part B premium since [effective date].

If you have any questions, please call us at [customer service number/TTY number].

Sincerely,

[Health Plan]