Purpose & Use: This document provides individuals who will be reviewing the Draft of Proposed Update to National MMP Enrollment Guidance with a high level synopsis of the changes and updates made to the guidance. This overview document also provides readers the location of the changes noted below, as well as summary of edits and additional context for the edits made. It does not provide the location and detail of every single change made within the document, but rather highlights key changes and edits made throughout the document.

Key Area Updated	Section #	Summary of Updates
1- Reduction in the Number of Notices Required in Writing	40.2.2 Loss of Medicare Part A or B, 40.2.4 - Death, 50.3.3 Reinstatements Due to Mistaken Disenrollment Due to State or MMP Error	In an effort to reduce burden on states, Exhibits 7, 22, 23, 24, 25, 26, 29, & 30 will no longer be required in writing if, at minimum, verbal notice is given.
2 - Clarification on Online Enrollment, Disenrollment and Cancelations	30.2.2 Enrollment Related Requests via Electronic Mechanisms 40.1 Voluntary Disenrollment by Member	Updated to align with MAPD Chapter 2 guidance on enrollment requirements via electronic mechanisms.
3 - Clarifications on Opt-Out Flags When Cancelling vs. Disenrolling	30.2.5 G. – Opt Out of Passive Enrollment	Added language to help illistrate the use of opt-out flags when cancelling a passive enrollment, as well as, when a beneficiary requests to disenroll after the effective date of passive enrollment in an MMP.
4 - Clarifications on Loss of Medicaid Eligibility and Cancellation before Enrollment	40.2.3 - Loss of Medicaid Eligibility or Additional State-Specific Eligibility	Added language to clarify enrollment requirements if an individual experiences a loss of Medicaid and is disenrolled, but regains eligibility before the disenrollment takes effect.
5- Clarification on States with Mandated Managed Care and Service Areas Containing One MMP	Section 30.2.5 P. - State with Mandated Medicaid Managed Care and Service Areas	To allow passive enrollment in a service area with one MMP if the individual has a choice of at least one other Medicaid delivery system.
6- Social Security Number Removal Initiative	Introduction, Exhibits 1, 2, 5, 13	The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards. A new Medicare Beneficiary Identifier (MBI) is replacing the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions, like billing, eligibility status, and claim status. Enrollment notices were updated to come into compliance with this regulation. Exhibits 1, 2, 5, & 13 have been updated to reflect this initiative.
7 - New Special Enrollment Periods (SEP - Dual and Other LIS-Eligible Individuals and Passive Enrollment	Section 20 - Elections and Effective Dates Section 40.1 - Voluntary Disenrollment by Member 40.1.3 - Notice Requirements 40.2.3.1 - General Disenrollment Procedures due to Loss of Medicaid Eligibility or Additional State-Specific Eligibility 40.2.3.3 - Rapid Re-enrollment 40.4.1 - Voluntary Disenrollments 40.4.2 - When the Disenrollment Request is Incomplete 50.2.1 - Cancellation of Opt-in Enrollment 50.2.2 - Cancellation of Voluntary Disenrollment Appendix 3 - Definitions	Revised to add new SEPs; policy language refers to the new Dual-Eligible Individuals and Other LIS-Eligible Individual SEP and the new Passive SEP parameters. These revisions are to comply with the 2019 Medicare C/D regulation implementaitons.
8 - CARA Lock-In Provisions	Section 20 - Elections and Effective Dates Section 30.2.5 - Passive Enrollment	Language regarding the Comprehensive Addiction and Recovery Act of 2016 added. As of January 1, 2019, if a beneficiary is in a drug management program, and is in a potentially at-risk or at-risk status, the beneficiary may not be able to change plans using the Dual or Other LIS-eligible SEP, however, the beneficiary would be allowed to change plans during other enrollment periods.
Summary of Notices	Dual-Eligible Individual and Other LIS-Eligible individual SEP Language, and other Enrollment Period Language added to the following Exhibits: 1, 2, 3, 4, 5, 5a, 5b, 5c, 7, 9, 10, 13, 15, 17, 19, 20, 21, 22, 28, 31, 32, 33	Exhibits were updated to comply with 2019 Medicare C/D regulation implementations. This updates include the new Dual-Eligible Individual and Other LIS-Eligible Individual SEP, Passive SEP and SSNRI.