



# STRENGTHENING YOUR Business



## Election Periods Available to Medicare Beneficiaries

When beneficiaries first become eligible for Medicare, they are considered “age-ins” and have the ability to enroll into a PDP or Medicare Advantage plan. This period is for all beneficiaries becoming eligible for Medicare whether it is due to turning 65 or by becoming eligible due to a qualifying disability.

The Annual Election Period (AEP), which runs from November 15 to December 31, enables beneficiaries to change or add prescription drug plans (PDPs), change Medicare Advantage plans, return to original Medicare, or enroll in a Medicare Advantage plan for the first time. After that, the Open Enrollment Period (OEP) provides beneficiaries with one opportunity to enroll in, disenroll from, or change to a Medicare Advantage “like plan” between January 1 and March 31.

Special Election Periods (SEP) allow beneficiaries to make an enrollment change in accordance with applicable requirements anytime during the year, including during the “lock-in” period, which is outside of the regular enrollment periods. The SEPs vary in the qualifications to use them as well as the types of elections allowed. Situations such as dual-eligible status and institutionalization provide the ability to switch plans at any time during the year. All SEPs are determined and announced by CMS.

## Sales Enrollment Calendar

**Initial receipt date to the sales representative must be no later than:**

- December 31
- January 31
- February 28
- March 31

**For the policy to become effective on:**

- January 1
- February 1
- March 1
- April 1

***Note: Agents are expected to submit applications to the Enrollment Team the same day that they are received.***

Completed Individual Election Applications received by the end of the month will be processed for enrollment eligibility for the first of the following month. Incomplete election applications will be pended to obtain additional information and could result in denial if information is not received.

## Enrollment Elections Timeline

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>Select</b>	<b>AEP</b> 11/15 – 12/31		← <b>Wild Card: Select Any Type of Plan</b>											
<b>Switch</b>			<b>OEP</b> 1/1 – 3/31			← <b>Like Plan Switch: PDP to MAPD, MAPD to Original Medicare+PDP, MAPD to MAPD, MA Only to MA Only</b>								
<b>Lock-In</b>	After 4/1: Changes generally allowed only for Special Election Periods →					<b>LOCK-IN</b> 4/1 – 12/31								
<b>Any Time</b>	<b>SPECIAL ELECTION PERIODS (SEP), AGE-INS (ICEP/IEP/OEPNEW), &amp; INSTITUTIONALIZED</b> 1/1 – 12/31													

- **AEP:** Beneficiary can make a new plan choice
- **OEP:** Beneficiary can switch to, from, or within an MA Plan to a “like-plan”
- **Lock-In:** Beneficiary must remain with their last choice through the end of the year
- **Any Time:** Qualifying beneficiaries can make changes at any time during the year in accordance with applicable requirements.

## Defining “Like-To-Like” Plan Switches During Medicare’s Open Enrollment Period

During the open enrollment period (January 1 through March 31) Medicare enrollees are allowed to make one “like-to-like” plan switch. The switch is limited by the Part D component of an enrollee’s existing plan (i.e., enrollees cannot begin or discontinue Part D coverage). The table below helps illustrate the types of switches that are allowed. Please keep in mind that a beneficiary may have a Special Election Period or other individual election period available during the OEP that would allow changes other than what are outlined here.

Existing Plan	Allowable Switch
<b>MAPD</b> <i>(HMO, POS, PPO, PFFS with drug coverage included in the plan)</i>	<ul style="list-style-type: none"> <li>▪ Can switch to another MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan.</li> <li>▪ Can switch to a PFFS MA Only Plan and join a PDP.</li> <li>▪ Can switch to Original Medicare and join a PDP.</li> </ul>
<b>MA Only Plan</b> <i>(HMO, POS, PPO, PFFS with no drug coverage in the plan)</i>	<ul style="list-style-type: none"> <li>▪ Can switch to another MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but <b>cannot</b> join a PDP.</li> <li>▪ Can switch to Original Medicare but <b>cannot</b> join a PDP.</li> </ul>
<b>Original Medicare With a Separate PDP</b> <i>(with or without a Medicare supplement)</i>	<ul style="list-style-type: none"> <li>▪ Can switch to an MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan.</li> <li>▪ Can switch to a PFFS MA Only Plan, but <b>must keep the existing PDP</b>.</li> <li>▪ <b>Cannot</b> switch existing PDP for a new PDP.</li> </ul>
<b>Original Medicare Without a PDP</b> <i>(with or without a Medicare supplement)</i>	<ul style="list-style-type: none"> <li>▪ Can remain with Original Medicare.</li> <li>▪ Can switch to an MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but <b>cannot</b> join an MAPD or a PDP.</li> </ul>
<b>PFFS Plan With a Separate PDP</b>	<ul style="list-style-type: none"> <li>▪ Can switch to an MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan.</li> <li>▪ Can switch to Original Medicare but <b>must keep the existing PDP</b>.</li> <li>▪ Can switch to another PFFS MA Only Plan but <b>must keep the existing PDP</b>.</li> <li>▪ <b>Cannot</b> switch existing PDP for a new PDP.</li> </ul>
<b>PFFS Plan Without Drug Coverage</b>	<ul style="list-style-type: none"> <li>▪ Can switch to an MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but <b>cannot</b> join an MAPD or a PDP.</li> <li>▪ Can return to Original Medicare but <b>cannot</b> join a PDP.</li> </ul>

## Election Period Coding - “Cheat Sheet”

	Population	Coding		Population	Coding
1	Age-In ( <i>Newly Eligible – Medicare Parts A &amp; B are within 3 months of each other</i> )	ICEP IEP –or– Part D (if PDP election)	20	Retro Medicare Determination	SEP-Retro
2	Enrolling into Part B After Delaying Enrollment	ICEP-Delay Part B	21	Retro ESRD Determination	SEP-Retro ESRD
3	Age-In ( <i>OEPNEW for newly eligible - Beneficiary whose ICEP / IEP is no longer available</i> )	OEP-New	22	SPAP Members	SEP-SPAP
4	Age-In ( <i>Eligible Prior to Age 65</i> )	IEP Part D	23	SPAP Loss of Eligibility	SEP-Loss SPAP
5	Enrolled into Part B during the Part B General Enrollment Period (GEP)	SEP-GEP Part B	24	Special Needs Status Change for Members of SNP	SEP-SN
6	MA Eligible ( <i>Annual Election Period, AEP, 11/15-12/31</i> )	AEP	25	Chronic SNP Non-Eligibility	SEP-SN Non-Elig
7	MA Eligible ( <i>Open Enrollment Period, OEP, 1/1-3/31</i> )	OEP	26	Severe or Disabling Chronic Condition	SEP-CHRONIC
8	Dual-Eligible ( <i>Full Benefit &amp; Partial</i> )	SEP-DE	27	PACE	SEP-PACE
9	Dual-Eligible ( <i>Loss of Status</i> )	SEP-Loss DE	28	Individuals disenrolling from a cost plan and the cost plan’s optional supplemental Part D benefit	SEP-Cost
10	LIS ( <i>Non-Medicaid &amp; Maintaining LIS – Non-Medicaid LIS is 135% to 150% FPL</i> )	SEP-LIS	29	Loss of Part B	SEP-Loss Part B
11	LIS ( <i>Loss of Status</i> )	SEP-Loss LIS	30	Erroneous Part D Enrollment or Non-Enrollment	CMS MUST AWARD SEP
12	Institutionalized	OEPI	31	Inadequate Notice of Creditable Coverage	CMS MUST AWARD SEP
13	Change in Residence	SEP-Move	32	Violation of Plan Contract Provision	CMS MUST AWARD SEP
14	Outside Plan’s Service Area Longer Than 6 Months	SEP-Move	33	CMS Sanction	CMS MUST AWARD SEP
15	Involuntary Loss of Creditable Coverage	SEP-Loss Cred Cvrgr	34	Individuals enrolled based on misleading or incorrect information provided by plan employees, agents or brokers	CMS MUST AWARD SEP 1-800-Medicare Marketing Misrepresentation SEP
16	Loss of Employer Group Coverage ( <i>Group Retiree, COBRA, &amp; Commercial Coverage</i> )	SEP-Loss EGHP	35	First Time MA Enrollee ( <i>Age-In</i> )	SEP-65 ( <i>Disenrollment SEP</i> )
17	Gain Employer Group Coverage	SEP-Gain EGHP	36	Individuals who drop Medigap and are in Trial period	SEP-Trial ( <i>Disenrollment SEP</i> )
18	Non-Renewing ( <i>including Cost Plans</i> )	SEP-Contract	37	Eligible for Other Creditable Coverage	SEP-Other Coverage ( <i>Disenrollment SEP</i> )
19	Termination of Plan Contract	SEP-Contract			

**\*MSA Note: Individuals may only enroll in Medicare MSA plans (should one be offered in their area) during the ICEP or the AEP; they may not enroll in Medicare MSA plans during the OEP or a SEP.**

## Election Period Details

#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
<b>Individuals Newly Entitled to Medicare or Medicare Part D</b>						
1	Age-In ( <i>Newly Eligible</i> )	<ul style="list-style-type: none"> <li>▪ Entitled to and has BOTH A/B for the first time*</li> <li>▪ Turned 65</li> <li style="text-align: center;">-OR-</li> <li>▪ Otherwise eligible for Medicare Part A/B (i.e. &gt; 25<sup>th</sup> month of disability)</li> <li>▪ Medicare Part A and Part B are within 3 months of each other</li> </ul> <p><i>*For PDP elections, beneficiary only has to have Part A or Part B to be eligible</i></p>	<p><b>7 month Election Period Begins</b> 3 months before month of entitlement</p> <p><b>Ends</b> last day of 3<sup>rd</sup> month after month of the earlier effective date of Part A/B entitlement (usually 65<sup>th</sup> birthday).</p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▪ <i>The end of the ICEP is generally the end of the beneficiary's initial enrollment period for enrolling into Part B.</i></li> <li>▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility.</li> <li>▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election.</li> </ul>	1 Election*  <i>*To MA-Only, MAPD or PDP</i>	<ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter*</li> <li>▪ Back-End (MAS) Scan</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: ICEP</b> <b>Code: IEP Part D (if PDP election)</b></p> <p><b>Application check box "I" for ICEP and "E" for IEP</b></p> <p><i>*The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>
2	Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> <li>▪ Entitled to Part A</li> <li>▪ Newly enrolled in Part B after delaying enrollment more than 3 months after month of entitlement.</li> </ul>	<p><b>Begins</b> 3 months before Part B effective date</p> <p><b>Ends</b> last day of the month before Part B effective date</p>	Must be equal to Part B effective date.	1 Election*  <i>*To MA-Only or MAPD</i>	<ul style="list-style-type: none"> <li>▪ Back-End (MAS) Scan</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: ICEP-Delay Part B</b> <b>Application check box "I"</b></p>
3	Age-In ( <i>OEPNEW for newly eligible</i> )	<ul style="list-style-type: none"> <li>▪ Beneficiary entitled to and has BOTH A/B for the first time</li> <li style="text-align: center;">-AND-</li> <li>▪ Beneficiary whose ICEP / IEP is no longer available.</li> </ul>	<p><b>Begins</b> month of Part A and Part B entitlement</p> <p style="text-align: center;">-OR-</p> <p>if beneficiary delayed Part B enrollment more than 3 months past Part A entitlement, it begins on the Part B effective date</p> <p><b>Ends</b> 3 months later or 12/31, whichever comes first</p>	First day of the month following receipt of election	1 Election*  <i>*Like Plan Switch – See Like Plan Switch rules on p. 3.</i>  <b>NOTE:</b> PDP to PDP elections are not allowed	<ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter*</li> <li>▪ Back-End (MAS) Scan</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: OEP-New</b> <b>Application check box "N"</b></p> <p><i>* The beneficiary is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
4	Age-In (Eligible Prior to Age 65)	<ul style="list-style-type: none"> <li>Turning 65 -AND-</li> <li>Was eligible for Medicare prior to age 65</li> </ul>	<b>Begins</b> 3 months before  <b>Ends</b> last day of 3 <sup>rd</sup> month after 65 <sup>th</sup> birthday	<ul style="list-style-type: none"> <li>Enrollment request made prior to month of birthday, effective date is first day of the month of birthday.</li> <li>Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election.</li> </ul>	1 Election*  <i>*To MA Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>Back-End (MAS) Scan</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: IEP Part D</b> <b>Application check box "E"</b>
5	Enrolled into Part B during the Part B General Enrollment Period (GEP)	Not entitled to premium-free Part A & enrolled in Part B during the GEP for Part B	<b>Begins</b> 04/01 <b>Ends</b> 06/30	<b>July 1 (only)</b>	1 Election*  <i>*To PDP</i>	<ul style="list-style-type: none"> <li>Member Attestation</li> </ul> <b>Code: SEP-GEP Part B</b> <b>Application check box "S"</b> <b>To the left write "GEP Part B"</b>
<b>Annual Election Period (AEP)</b>						
6	MA/PDP Eligible	All Medicare beneficiaries	<b>Begins</b> 11/15 <b>Ends</b> 12/31	<b>January 1</b>	1 Election*  <i>*To MA Only, MAPD, PDP or Original Medicare</i>  <i>Note: last election made, determined by the application date, will be the election that takes effect.</i>	<ul style="list-style-type: none"> <li>Complete Enrollment Application Taken 11/15 or Later</li> </ul> <b>Code: AEP</b> <b>Application check box "A"</b>
<b>Open Enrollment Period (OEP)</b>						
7	MA Eligible	All Medicare Advantage eligible beneficiaries	<b>Begins</b> 01/01 <b>Ends</b> 03/31	First day of the month following receipt of election (02/01, 03/01, or 04/01)	1 Election*  <i>*Like Plan Switch – See Like Plan Switch rules on p. 3.</i>	<ul style="list-style-type: none"> <li>Complete Enrollment Application</li> </ul> <b>Code: OEP</b> <b>Application check box "O"</b>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
<b>Low Income Individuals</b>						
8	Dual-Eligible	Medicaid Beneficiary (Full Benefit & Partial)	As long as Medicaid eligible or entitled to MSP*  <i>*Medicare will auto-enroll into PDP if plan not chosen within 1 month</i>	First day of the month following receipt of election.  (In some cases, a Full Benefit Dual-Eligible enrolling into a Part D plan will have a retroactive effective date back to their Medicaid effective date.)	Continuous*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>▪ Medicaid #</li> <li>▪ Medicaid Card</li> <li>▪ Medicaid Award Letter</li> <li>▪ Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-DE</b> <b>Application check box “S”</b> <b>To the left write “DE”</b></p>
9	Dual-Eligible (Loss of Status)	No longer eligible for Medicaid benefits (Full Benefit & Partial)	<b>Begins</b> month of loss of dual eligibility and continues two additional months  <b>Ends</b> with the date beneficiary makes an election or the last day of the third month after notification received.	First day of the month following receipt of election.	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>▪ State Notice regarding loss of dual eligible status</li> <li>▪ Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-Loss DE</b> <b>Application check box “S”</b> <b>To the left write “Loss DE”</b></p>
10	LIS (Non-Medicaid & Maintaining LIS)  <i>Non-Medicaid LIS = 135% to 150% FPL</i>	Has Part D premium subsidy	As long as eligible for Part D subsidy	First day of the month following receipt of election.	Continuous*  <i>*To MAPD or PDP (Limited to Part D enrollments or disenrollments)</i>  <b>NOTE:</b> The SEP also permits returning to Original Medicare (disenrolling from Part D), but because the beneficiary has LIS, they will be put back onto a Part D plan unless they opt out of Part D.	<ul style="list-style-type: none"> <li>▪ Redetermination Letter</li> <li>▪ Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-LIS</b> <b>Application check box “S”</b> <b>To the left write “LIS”</b></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
11	LIS ( <i>Loss of Status</i> )	Has lost the Part D premium subsidy	<p><b>Begins</b></p> <ul style="list-style-type: none"> <li>January 1 if loss of subsidy occurs at the end of the calendar year</li> <li>-OR-</li> <li>When notified of the loss, if the loss occurs mid-year</li> </ul> <p><b>Ends</b></p> <ul style="list-style-type: none"> <li>March 31 if loss of subsidy occurs at the end of the calendar year</li> <li>-OR-</li> <li>Two months after notification of loss of subsidy if loss occurs mid-year</li> </ul>	First day of the month following receipt of election.	1 Election*  <i>*To MAPD or PDP (Limited to Part D enrollments or disenrollments)</i>	<ul style="list-style-type: none"> <li>Redetermination Letter</li> <li>Termination Notice</li> <li>Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: SEP-Loss LIS</b> <b>Application check box "S"</b> <b>To the left write "Loss LIS"</b></p>
<b>Institutionalized Individuals</b>						
12	Institutionalized	Resides in SNF, nursing facility (NF), intermediate care facility for the mentally retarded, psychiatric, rehab, LTC, or swing-bed hospital with an expecting stay of at least 90 days.	<p><b>Begins</b> first day institutionalized</p> <p><b>Ends</b> 2 months after discharge</p>	First day of the month following receipt of election.	Continuous*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>Facility Address &amp; Contact Info on enrollment form</li> <li>Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: OEPI</b> <b>Application check box "T"</b></p>
<b>Individuals Who Move</b>						
13	Change in Residence	<ul style="list-style-type: none"> <li>Permanently moved outside plan's service area</li> <li>Permanently moved inside plan's service area with new plan options available</li> </ul>	<p><b>Before Move</b></p> <p><b>Begins</b> month before month of permanent move</p> <p><b>Ends</b> 2 months after the move</p> <p><b>After Move</b></p> <p><b>Begins</b> month beneficiary notified current plan of the move</p> <p><b>Ends</b> 2 months after notification of move</p>	First day of the month up to 3 months after receipt of election <b>but not</b> earlier than the day of move.	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>New Address on Enrollment Form</li> </ul> <p><b>Code: SEP-Move</b> <b>Application check box "S"</b> <b>To the left write "Move"</b></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
14	Outside Plan's Service Area Longer Than 6 Months	Left plan's service area for over 6 months	<b>Begins</b> first day of 6 <sup>th</sup> month out-of-area  <b>Ends</b> last day of 8 <sup>th</sup> month out-of-area	First day of the month following receipt of the enrollment election or up to 3 months prospective if the beneficiary chooses	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>Current Address on Enrollment Form</li> </ul> <b>Code: SEP-Move</b> <b>Application check box "S"</b> <b>To the left write "Move"</b>
<b>Loss / Misinformation of Coverage</b>						
15	Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> <li>Involuntarily lost creditable coverage</li> <li>Coverage deemed no longer creditable</li> </ul> <p><i>NOTE: Does NOT include loss of coverage due to nonpayment of premium</i></p>	<b>Begins</b> either month of notice or month the loss or reduction of coverage occurs, whichever is later  <b>Ends</b> 2 months later	First day of the month following receipt of election or if enrollee requests, up to 3 months after receipt of election.	1 Election*  <i>*To MAPD or PDP (Enrollment into MA-Only not allowed)</i>	<ul style="list-style-type: none"> <li>Letter stating loss of creditable coverage</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: SEP-Loss Cred Cvrgr</b> <b>Application check box "S"</b> <b>To the left write "Loss Cred Coverage"</b>
<b>Change in Employer Group Health Plan</b>						
16	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<b>Begins</b> month group allows for disenrollment or date COBRA ends  <b>Ends</b> 2 months after group coverage ends*  <i>*Must be enrolled in Part B to elect MA plan during MA SEP</i>  <b>NOTE:</b> <ul style="list-style-type: none"> <li>SEP for Part B coverage available 8 months after loss of group coverage</li> <li>Do not need to be enrolled in Part B to elect PDP</li> </ul>	First day of the month up to 3 months after receipt of disenrollment request	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>Term Letter from group or COBRA</li> <li>Copy of email from group attesting to disenrollment</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: SEP-Loss EGHP</b> <b>Application check box "S"</b> <b>To the left write "Loss EGHP"</b>
17	Gain Employer Group Coverage	Gain or enroll into coverage	<b>Begins</b> month plan is open for enrollment (or as group allows)  <b>Ends</b> 2 months after plan coverage takes effect	Employer Groups can choose an effective date up to 3 months in advance after receipt of election <b>but not</b> earlier than the first of the month following month in which the request is made.	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>Group Letter describing coverage options</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: SEP-Gain EGHP</b> <b>Application check box "S"</b> <b>To the left write "Gain EGHP"</b>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
<b>Other</b>						
18	Non-Renewing (including Cost Plans)	Plan no longer offered in area	<b>Begins</b> 10/01 of that year <b>Ends</b> 01/31 of the following year	May choose Nov 1, Dec 1, Jan 1 or Feb 1 <b>only</b> but may not be before the enrollment election is received	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>▪ Copy of Non-Renewal Notice</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: SEP-Contract</b> <b>Application check box “S”</b> <b>To the left write “Contract”</b></p>
19	Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<p><b><u>With mutual consent</u></b> <b>Begins</b> 2 months before proposed termination date</p> <p><b>Ends</b> 1 month after effective date of termination</p> <p><b><u>Without mutual consent</u></b> <b>Begins</b> 1 month before termination is effective</p> <p><b>Ends</b> 2 months after effective date of termination</p>	<p><b><u>With Mutual Consent</u></b> First day of the month after notice received <b>or</b> up to 2 months after the effective date of termination <b>but</b> not earlier than receipt of election.</p> <p><b><u>Without Mutual Consent</u></b> First day of the month after notice received up to 3 months after month of termination <b>but not</b> earlier than receipt of election.</p>	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<ul style="list-style-type: none"> <li>▪ Copy of Termination Notice</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: SEP-Contract</b> <b>Application check box “S”</b> <b>To the left write “Contract”</b></p>
20	Retro Medicare Determination	Medicare entitlement verification is made retroactively.	<b>Begins</b> month notice of entitlement is received  <b>Ends</b> 2 months after month notice is received	No earlier than the first day of the month the notice of Medicare entitlement is received and not before the first of the month following receipt of the election	1 Election*  <i>*To MA-Only, MAPD, or PDP</i>	<ul style="list-style-type: none"> <li>▪ Medicare Entitlement Letter</li> <li>▪ Member Attestation (<i>if above information not available</i>)</li> </ul> <p><b>Code: SEP-Retro</b> <b>Application check box “S”</b> <b>To the left write “Retro”</b></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
21	Retro ESRD Determination	ESRD status was determined after beneficiary's ICEP passed. May elect MA if: <ul style="list-style-type: none"> <li>Were in a health plan offered under the same MA contract # the month before Part A/B entitlement, -AND-</li> <li>Developed ESRD while a member of that health plan, -AND-</li> <li>Still enrolled in that health plan</li> </ul> <p style="text-align: center;">-OR-</p> <ul style="list-style-type: none"> <li>Had untimely entitlement determination due to an administrative delay</li> </ul>	<b>Begins</b> month received notice of Medicare entitlement  <b>Ends</b> 2 months after the month notice is received	First day of the month following receipt of election.	1 Election*  <i>*To MA-Only or MAPD</i>  <i>NOTE: In cases of retro ESRD determination, a beneficiary is retroactively determined to be eligible for Medicare. The beneficiary may choose to enroll into a PDP, which would fall under the IEP described in #21 above.</i>	<ul style="list-style-type: none"> <li>Back-End (Billing &amp; Enrollment) Scan of Renal Network Database</li> <li>Member Attestation</li> </ul> <p><b>Code: SEP-Retro ESRD</b> <b>Application check box "S"</b> <b>To the left write "Retro ESRD"</b></p>
22	SPAP Members	SPAP members	<b>Begins</b> on effective date of enrollment into SPAP  <b>Ends</b> last day of calendar year	First day of the month following receipt of election.	1 Election*  <i>*To MAPD or PDP (Enrollment into MA-Only not allowed)</i>	<ul style="list-style-type: none"> <li>State Facilitation Letter</li> <li>Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-SPAP</b> <b>Application check box "S"</b> <b>To the left write "SPAP"</b></p>
23	SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<b>Begins</b> month of loss of eligibility  <b>Ends</b> 2nd month after month notice is received	First day of the month following receipt of election.	1 Election*  <i>*To MAPD or PDP (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)</i>	<ul style="list-style-type: none"> <li>Letter attesting to loss of SPAP eligibility</li> <li>Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-Loss SPAP</b> <b>Application check box "S"</b> <b>To the left write "Loss SPAP"</b></p>
24	Special Needs Status Change for Members of SNP	Disenrolled from SNP due to loss of special needs status	<b>Begins</b> month of effective date of disenrollment  <b>Ends</b> 3 month after the date of involuntary disenrollment.	First day of the month following receipt of election.	1 Election*  <i>*To MA-Only, MAPD, or PDP</i>	<ul style="list-style-type: none"> <li>Letter attesting to loss of special needs status</li> <li>Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-SN</b> <b>Application check box "S"</b> <b>To the left write "SN"</b></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
25	Chronic SNP Non-Eligibility	Beneficiary enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date	<b>Begins</b> upon notification of non-eligibility  <b>Ends</b> 2 months after month notice is received	First day of the month following receipt of election	1 Election*  <i>*To, MAPD, PDP, or PFFS (MA-only) if accompanied by a PDP enrollment. Beneficiary cannot drop Part D.</i>	<ul style="list-style-type: none"> <li>Letter attesting to non-eligibility for chronic SNP</li> <li>Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-SN Non-Elig</b> <b>Application check box “S”</b> <b>To the left write “SN”</b></p>
26	Severe or Disabling Chronic Condition	<ul style="list-style-type: none"> <li>Beneficiary has a severe or chronic disabling condition(s) that an appropriate Evercare SNP is designed to serve</li> </ul> <p>AND –</p> <ul style="list-style-type: none"> <li>Beneficiary is not currently enrolled in a chronic SNP serving that condition.</li> </ul>	<b>Begins</b> upon qualification of disabling condition  <b>Ends</b> when enrolled in SNP	First day of the month following receipt of election.	1 Election*  <i>*Only to be used for enrolling into a chronic SNP serving individual’s condition; cannot use this SEP to enroll into any other plan.</i>	<ul style="list-style-type: none"> <li>Letter attesting to severe or disabling condition from provider</li> <li>Authorization from Evercare application allowing contact with physician (<b>NOTE:</b> MA plan to verify condition with provider before election is considered complete. This could delay effective date.)</li> </ul> <p><b>Code: SEP-CHRONIC</b> <b>Application check box “S”</b> <b>To the left write “CHRONIC”</b></p>
27	PACE	Beneficiary enrolling or disenrolling from PACE	<b>Begins</b> the effective date of PACE disenrollment.  <b>Ends</b> 2 months after effective date of PACE disenrollment to elect MA Only, MAPD, or PDP plan.  <b>NOTE:</b> <ul style="list-style-type: none"> <li>May disenroll from plan at any time to enroll in PACE</li> <li>Member should allow enrollment into PACE plan to automatically disenroll member from current plan.</li> </ul>	First day of the month following receipt of election.	1 Election*  <i>*To MA-Only, MAPD, or PDP</i>	<ul style="list-style-type: none"> <li>PACE Enrollment Letter</li> <li>PACE Member ID Card</li> <li>Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-PACE</b> <b>Application check box “S”</b> <b>To the left write “PACE”</b></p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
28	Individuals disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	Disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit into a Part D plan.	<p><b>Begins</b> The month disenrollment is requested</p> <p><b>Ends</b> Once the individual makes and enrollment election or on the last of the second month following the month of disenrollment, whichever is earlier</p>	First day of the month following receipt of election	1 Election*  <i>*To MAPD or PDP</i>	<p><b>Code: SEP-Cost</b> <b>Application check box "S"</b> <b>To the left write "Cost"</b></p>
29	Loss of Part B	Beneficiaries involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A.	<p><b>Begins</b> upon notification of loss of Part B</p> <p><b>Ends</b> 2 months after month notice is received</p>	First day of the month following receipt of election.	1 Election*  <i>*To PDP</i>	<ul style="list-style-type: none"> <li>▪ Letter attesting to loss of Part B</li> <li>▪ Member Attestation (if above information not available)</li> </ul> <p><b>Code: SEP-Loss Part B</b> <b>Application check box "S"</b> To the left write "Loss Part B"</p>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
<b>CMS Approval Only Action Initiated by CMS – NOT TO BE DETERMINED BY SALES</b>						
30	Erroneous Part D Enrollment or Non-Enrollment	Enrollment/non-enrollment due to action/inaction/error by Federal employee	<b>Begins</b> the month of approval by Medicare <b>Ends</b> 2 months following the approval by Medicare	Determined by CMS	1 Election*  <i>*To MA-Only, PDP, or Original Medicare</i>	<b>CMS MUST AWARD SEP</b>  <i>Application check box “S” To the left write “CMS Letter”</i>
31	Inadequate Notice of Creditable Coverage	Inadequately/never informed that coverage not creditable	<b>Begins</b> the month of approval by Medicare <b>Ends</b> 2 months following the approval by Medicare	First day of the month following receipt of election.	1 Election*  <i>*To MAPD or PDP (Enrollment into MA-Only not allowed)</i>	<b>CMS MUST AWARD SEP</b>  <i>Application check box “S” To the left write “CMS Letter”</i>
32	Violation of Plan Contract Provision	Demonstrated to Medicare that plan violated provision of contract or misrepresented plan when marketing	<b>Begins</b> Determined by CMS <b>Ends</b> Determined by CMS	Determined by CMS	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<b>CMS MUST AWARD SEP</b>  <i>Application check box “S” To the left write “CMS Letter”</i>
33	CMS Sanction	Disenrolled after affected by matter for which CMS sanctioned plan	<b>Begins</b> Determined by CMS <b>Ends</b> Determined by CMS	First day of the month following receipt of election unless CMS specifies otherwise	1 Election*  <i>*To MA-Only, MAPD, PDP, or Original Medicare</i>	<b>CMS MUST AWARD SEP</b>  <i>Application check box “S” To the left write “CMS Letter”</i>
34	Individuals enrolled based on misleading or incorrect information provided by plan employees, agents or brokers	Enrolled in a Medicare Advantage Plan	<b>Begins</b> Determined by CMS <b>Ends</b> Determined by CMS	Determined by CMS	1 Election	<b>CMS ENROLLS THROUGH OEC (Online Enrollment Center)</b>  <b>Code Used by CMS: 1-800-Medicare Marketing Misrepresentation SEP</b>  <i>Application check box “S”</i>

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Proof / Coding Copy of Any One Item
<b>Disenrollment</b>						
35	First Time MA Enrollee (Age-In)	Enrolled upon eligibility for Medicare (age 65)	<b>Begins</b> month enrolled in MA for first time  <b>Ends</b> 12 months after effective date	First day of the month following receipt of disenrollment request.	1 Election*  <i>*To PDP if coming from MAPD; otherwise Original Medicare</i>	<ul style="list-style-type: none"> <li>Back-End (MAS) Scan</li> </ul> <b>Code: SEP-65</b> <b>Application check box “S”</b> <b>To the left write “Sep-65”</b>
36	Individuals who drop Medigap and are in Trial Period	Beneficiaries who dropped Medigap policy to enroll into an MA plan for the first time and who are still in a “Trial Period”	<b>Begins</b> month enrolled in MA for first time  <b>Ends</b> 12 months after effective date  <hr/> <u>For enrollment into PDP (only if disenrolling from MAPD):</u>  <b>Begins</b> either the month enrolled into the MA plan for the first time -OR- The month the MAPD disenrollment takes effect  <b>Ends</b> two months later	First of the month following receipt of disenrollment request.	1 Election*  <i>* Disenrollment to Original Medicare only. If disenroll from MAPD, that permits enrollment in PDP.</i>	<ul style="list-style-type: none"> <li>Back-End (MAS) Scan</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: SEP-Trial</b> <b>Application check box “S”</b> <b>To the left write “Trial”</b>
37	Eligible for Other Creditable Coverage	Beneficiaries currently enrolled in MAPD or stand alone Part D plan are allowed to disenroll from their Part D Plan to obtain or maintain other types of creditable coverage, such as VA or Tricare for Life	<b>Begins</b> immediately <b>Ends</b> date elect disenrollment	First day of the month following receipt of disenrollment request.	1 Election*  <i>*To MA-Only (if leaving an MAPD) or Original Medicare</i>	<ul style="list-style-type: none"> <li>Statement of Proof from Other Coverage</li> <li>Member Attestation (if above information not available)</li> </ul> <b>Code: SEP-Other Coverage</b> <b>Application check box “S”</b> <b>To the left write “Other Coverage”</b>

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## Acronyms Used in This Document

Acronym	What it Stands For
AEP	Annual Election Period
ESRD	End-Stage Renal Disease
FPL	Federal Poverty Level
GEP	General Enrollment Period
ICEP	Initial Coverage Election Period <i>(Individual is first eligible to enroll in an MA plan)</i>
IEA	Individual Election Application
IEP-Part D	Initial Enrollment Period <i>(Individual is first eligible to enroll in a Part D plan)</i>
LIS	Low Income Subsidy
MSP	Medicare Savings Programs <i>(such as QMBs, SLMBs, &amp; QIs)</i>
OEC	Online Enrollment Center <i>(Plans receive enrollment application through OEC submitted by CMS)</i>
OEP	Open Enrollment Period
PACE	Program of All-Inclusive Care for the Elderly
SEP	Special Election Period
SNP	Special Needs Program
SPAP	State Pharmaceutical Assistance Program

**Questions?**

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