



2010 Election Periods Available to Medicare Consumers

When consumers 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 consumers 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 consumers 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 consumers 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 consumers 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.

2010 AEP & OEP Sales Enrollment Calendar for Medicare Advantage and Prescription Drug Plans

**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

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
MA and PDP	Wild Card: Select Any Type of Plan →										AEP 11/15 – 12/31	
MA Switch	OEP 1/1 – 3/31			← Like Plan Switch: PDP to MAPD, MAPD to Original Medicare+PDP, to MAPD, MA Only to MA Only								
MA Lock-in				LOCK-IN: From 4/1 - 11/14, changes generally allowed only for Special Election Periods								
PDP Lock-in	LOCK-IN: From 1/1 - 11/14 Changes generally allowed only for Special Election Periods											
Any Time	SPECIAL ELECTION PERIODS (SEP), AGE-INS (ICEP/IEP/OEPNEW), & INSTITUTIONALIZED 1/1 - 12/31											

- **AEP:** Member can make a new plan choice
- **OEP:** Member can switch to, from, or within an MA Plan to a “like-plan.”
Member cannot switch from a standalone PDP to another standalone PDP
- **Lock-In:** Member must remain with their last choice through the end of the year
- **Any Time:** Qualifying members 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 consumers are allowed to make one “like-to-like” plan switch. The switch is limited by the Part D component of a consumer’s existing plan (i.e., consumers 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 consumer 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
MAPD <i>(HMO, POS, PPO, PFFS with drug coverage included in the plan)</i>	<ul style="list-style-type: none"> ▪ Can switch to another MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan. ▪ Can switch to a PFFS MA Only Plan and join a PDP.* ▪ Can switch to Original Medicare and join a PDP.
MA Only Plan <i>(HMO, POS, PPO, PFFS with no drug coverage in the plan)</i>	<ul style="list-style-type: none"> ▪ Can switch to another MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but cannot join a PDP. ▪ Can switch to Original Medicare but cannot join a PDP.
Original Medicare With a Separate PDP <i>(with or without a Medicare supplement)</i>	<ul style="list-style-type: none"> ▪ Can switch to an MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan. ▪ Can switch to a PFFS MA Only Plan, but must keep the existing PDP.* ▪ Cannot switch existing PDP for a new PDP.
Original Medicare Without a PDP <i>(with or without a Medicare supplement)</i>	<ul style="list-style-type: none"> ▪ Can remain with Original Medicare. ▪ Can switch to an MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but cannot join an MAPD or a PDP.
PFFS Plan With a Separate PDP	<ul style="list-style-type: none"> ▪ Can switch to an MAPD (<i>HMO, POS, PPO, PFFS</i>) with drug coverage included in the plan. ▪ Can switch to Original Medicare but must keep the existing PDP. ▪ Can switch to another PFFS MA Only Plan but must keep the existing PDP.* ▪ Cannot switch existing PDP for a new PDP.
PFFS Plan Without Drug Coverage	<ul style="list-style-type: none"> ▪ Can switch to an MA Only Plan (<i>HMO, POS, PPO, PFFS</i>) but cannot join an MAPD or a PDP. ▪ Can return to Original Medicare but cannot join a PDP.

**Members of MA only coordinated care plans (HMO, POS, PPO) cannot also enroll in a stand-alone PDP. If they enroll in a stand alone PDP, they will be disenrolled from their MA only coordinated care plan.*

Election Period Coding - “Cheat Sheet”

#	Population	Paper Application & iEnroll Coding
1	Age-In (<i>Newly Eligible – Medicare Parts A & B are within 3 months of each other</i>)	<ul style="list-style-type: none"> ▪ ICEP (<i>MA Only</i>) ▪ IEP (<i>If MAPD/PDP election</i>)
2	Age-In (<i>Eligible Prior to Age 65</i>)	<ul style="list-style-type: none"> ▪ SEP-MA-SEP (<i>MA Only</i>) ▪ IEP2 (<i>If MAPD/PDP election</i>)
3	Enrolling into Part B After Delaying Enrollment	ICEP (<i>MA/MAPD Only</i>)
4	Age-In (<i>Consumer whose ICEP/IEP is no longer available</i>)	OEPNEW
5	Enrolled into Part B during the Part B General Enrollment Period (GEP)	SEP-GEP Part B (<i>PDP Only</i>)
6	MA Eligible (<i>Annual Election Period, AEP, 11/15-12/31</i>)	AEP
7	MA Eligible (<i>Open Enrollment Period, OEP, 1/1-3/31</i>)	<ul style="list-style-type: none"> ▪ OEP ▪ SEP-Leaving MAPD During MA/OEP (<i>If MAPD consumer enrolls in plan with PDP</i>)
8	Dual-Eligible (<i>Full Benefit & Partial</i>)	SEP-Dual Eligible Full & Partial
9	Dual-Eligible (<i>Loss of Status</i>)	SEP-Dual Eligible (Status Loss)
10	LIS (<i>Non-Medicaid & Maintaining LIS – Non-Medicaid LIS is 135% to 150% FPL</i>)	<ul style="list-style-type: none"> ▪ SEP- LIS (Newly Eligible) (<i>MAPD or PDP</i>) ▪ SEP-LIS (NonMedicaid/ MntningLIS) (<i>MAPD or PDP</i>)
11	LIS (<i>Loss of Status</i>)	SEP-LIS (Loss of Status) (<i>MAPD or PDP</i>)
12	Institutionalized	<ul style="list-style-type: none"> ▪ SEP-Institutional (<i>PDP Plans</i>) ▪ OEPI (<i>MA/MAPD Plans</i>)
13	Change in Residence	SEP-Change in Residence/OOA 6 mo
14	Outside Plan’s Service Area Longer Than 6 Months & Involuntarily Disenrolled	SEP-Change in Residence/OOA 6 mo
15	Involuntary Loss of Creditable Coverage	SEP-Invol. Loss of Creditable Cvg (<i>MAPD or PDP</i>)
16	Loss of Employer Group Coverage (<i>Group Retiree, COBRA, & Commercial Coverage</i>)	SEP-Loss of Empl Group Coverage
17	Gain Employer Group Coverage	SEP-Group Retiree
18	Non-Renewing (<i>including Cost Plans</i>)	SEP-Termination/non renewal

1. Eligibility requirements for **SNP plans** must be verified prior to submission to CMS, regardless of the election period used.

2. Consumers may only enroll in **Medicare MSA plans** (should one be offered in their area) during ICEP or AEP, **not** during OEP or as a SEP.

#	Population	Paper Application & iEnroll Coding
19	Termination of Plan Contract	SEP-Termination/non renewal
20	Retro Medicare Determination	<ul style="list-style-type: none"> ▪ SEP-Retro Medicare Determination <i>(MA Only)</i> ▪ IEP <i>(MAPD or PDP)</i>
21	Retro ESRD Determination	SEP-Retro ESRD Determination ESRD <i>(MA/MAPD)</i>
22	SPAP Members <i>(used by SPAP only)</i>	N/A – Used by SPAP Only
23	SPAP Loss of Eligibility	SEP-Loss of SPAP Eligibility <i>(MAPD or PDP)</i>
24	Severe or Disabling Chronic Condition	SEP-Special Need/Chronic
25	Special Needs Status Change for Members of SNP	SEP-Loss of SNP Status
26	Chronic SNP Non-Eligibility	SEP- Chronic Non-Eligible
27	PACE	SEP-PACE Switcher
28	Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	SEP-Cost <i>(MAPD or PDP)</i>
29	Loss of Part B	SEP-Lost MAPD and Part B <i>(PDP Only)</i>
30	First Time MA Member <i>(Age-In)</i>	SEP-SEP 65 <i>(PDP Only)</i>
31	Consumers in an MAPD who drop Medigap and are in Trial period	SEP-Indiv drop Medigap-Trial period <i>(PDP Only)</i>
32	SEP-Trial/Leaving MAPD First Year	SEP-Trial/Leaving MAPD during first year <i>(PDP Only)</i>
33	Leaving MAPD During MA OEP	SEP-Leaving MAPD During MA OEP <i>(PDP Only)</i>
34	Eligible for Other Creditable Coverage	SEP-Elgbl for Other Creditable Cov <i>(MA Only)</i>
35	Erroneous Part D Enrollment or Non-Enrollment	CMS MUST AWARD SEP
36	Inadequate Notice of Creditable Coverage	CMS MUST AWARD SEP
37	Violation of Plan Contract Provision	CMS MUST AWARD SEP
38	CMS Sanction	CMS MUST AWARD SEP
39	Consumers enrolled based on misleading or incorrect information provided by plan employees, agents or brokers.	CMS MUST AWARD SEP

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Election Period Details

#	Population	Qualification	Examples of Qualification Items that can be checked	Time Frame	Effective Date	# Elections Allowed	Application Coding <i>**If SEP, please include reason**</i>
Consumers Newly Entitled to Medicare or Medicare Part D							
1	Age-In (<i>Newly Eligible</i>)	<ul style="list-style-type: none"> ▪ Entitled to and has BOTH A/B for the first time* ▪ Turned 65 -OR- ▪ Otherwise eligible for Medicare Part A/B (i.e. > 25th month of disability) ▪ Medicare Part A and Part B are within 3 months of each other -OR- ▪ first eligible to enroll in a Part D plan. <p><i>*For PDP elections, consumer only has to have Part A or Part B to be eligible</i></p>	<ul style="list-style-type: none"> ▪ Medicare Entitlement Letter* ▪ Copy of Medicare ID Card or SSA Award Letter <p><i>*The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>	<p>7 month Election Period Begins 3 months before month of entitlement</p> <p>Ends last day of 3rd month after month of the earlier effective date of Part A/B entitlement (usually 65th birthday).</p> <p>NOTE:</p> <ul style="list-style-type: none"> ▪ <i>The end of the ICEP is generally the end of the consumer's initial enrollment period for enrolling into Part B.</i> ▪ <i>The 7-month period is usually centered on the earlier of the Part A date or Part B date</i> 	<ul style="list-style-type: none"> ▪ Enrollment request made prior to month of eligibility, effective date is first day of the month of eligibility. ▪ Enrollment request made during or after first month of eligibility, effective date is first day of the month following the month of election. 	1 Election* <i>*Enroll into MA-Only, MAPD or PDP</i>	<p>Code: ICEP (<i>if MA-Only election</i>)</p> <p>Code: IEP (<i>if MAPD/PDP election</i>)</p>
2	Age-In (<i>Eligible Prior to Age 65</i>)	<ul style="list-style-type: none"> ▪ Turning 65 -AND- ▪ Was eligible for Medicare prior to age 65 	<ul style="list-style-type: none"> ▪ Copy of Medicare ID Card or SSA Award Letter* <p><i>* The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>	<p>Begins 3 months before</p> <p>Ends last day of 3rd month after 65th birthday</p>	<ul style="list-style-type: none"> ▪ Enrollment request made prior to month of birthday, effective date is first day of the month of birthday. ▪ Enrollment request made during or after first month of birthday, effective date is first day of the month following the month of election. 	1 Election* <i>*Enroll into MA Only, MAPD, PDP, or Disenroll into Original Medicare</i>	<p>Code: SEP Reason: MA-SEP (<i>If MA Only Election</i>)</p> <p>Code: IEP2 (<i>If MAPD/PDP Election</i>)</p>

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3	Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> Entitled to Part A Newly enrolled in Part B after delaying enrollment more than 3 months after month of entitlement, thereby delaying enrollment into an MA-Only or MAPD plan. 	<ul style="list-style-type: none"> Medicare entitlement letter* Copy of Medicare ID Card or SSA Award Letter <p><i>* The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>	<p>Begins 3 months before Part B effective date</p> <p>Ends last day of the month before Part B effective date</p>	Must be equal to Part B effective date.	1 Election* <i>*Enroll into MA-Only or MAPD</i>	Code: ICEP
4	Age-In (OEPNEW for newly eligible)	<ul style="list-style-type: none"> Consumer entitled to and has BOTH A/B for the first time -AND- Consumer whose ICEP / IEP is no longer available. 	<ul style="list-style-type: none"> Medicare Entitlement Letter* Copy of Medicare ID Card or SSA Award Letter <p><i>* The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>	<p>Begins month of Part A and Part B entitlement -OR- if consumer delayed Part B enrollment more than 3 months past Part A entitlement, it begins on the Part B effective date</p> <p>Ends 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> NOTE: PDP to PDP elections are not allowed	Code: OEPNEW
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	<ul style="list-style-type: none"> Copy of Medicare ID Card or SSA Award Letter* Member Attestation <p><i>* The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement.</i></p>	<p>Begins 04/01</p> <p>Ends 06/30</p>	July 1 (only)	1 Election* <i>*Enroll into PDP</i>	Code: SEP Reason: GEP Part B

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Annual Election Period (AEP)							
6	MA/PDP Eligible	All Medicare consumers	<ul style="list-style-type: none"> ▪ Complete Enrollment Application Taken 11/15 or Later ▪ Member Attestation 	Begins 11/15 Ends 12/31	<ul style="list-style-type: none"> ▪ December 31 disenrollment effective date <li style="text-align: center;">-OR- ▪ January 1 enrollment effective date 	1 Election* *Enroll into MA Only, MAPD, PDP or Disenroll into Original Medicare Note: last election made, determined by the application date, will be the election that takes effect.	Code: AEP
Open Enrollment Period (OEP)							
7	MA Eligible	All Medicare Advantage eligible consumers	<ul style="list-style-type: none"> ▪ Complete Enrollment Application ▪ Member Attestation 	Begins 01/01 Ends 03/31	First day of the month following receipt of election (02/01, 03/01, or 04/01)	1 Election* *Like Plan Switch – See Like Plan Switch rules on p. 3. <i>Cannot be used to go from a standalone PDP to another standalone PDP</i>	Code: OEP Note: Use Code “SEP,” Reason “Leaving MAPD During MA OEP” if MAPD consumer disenrolls from MAPD into: <ul style="list-style-type: none"> ▪ MA Only PFFS with standalone PDP ▪ Original Medicare with standalone PDP
Low Income Consumers							
8	Dual-Eligible	Medicaid Consumer (Full Benefit & Partial)	<ul style="list-style-type: none"> ▪ Medicaid # ▪ Medicaid Card ▪ Medicaid Award Letter ▪ Member Attestation 	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* *Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare	Code: SEP Reason: Dual Eligible Full & Partial

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9	Dual-Eligible (<i>Loss of Status</i>)	No longer eligible for Medicaid benefits (<i>Full Benefit & Partial</i>)	<ul style="list-style-type: none"> ▪ Member attestation ▪ State Notice <i>regarding loss of dual eligible status</i> 	<p>Begins month of loss of dual eligibility and continues two additional months</p> <p>Ends with the date consumer makes an election or the last day of the third month after notification received.</p>	First day of the month following receipt of election.	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	Code: SEP Reason: Dual-Eligible (Status Loss)
10	LIS (<i>Non-Medicaid & Maintaining LIS</i>) <i>Non-Medicaid LIS = 135% to 150% FPL</i>	Has Part D premium subsidy	<ul style="list-style-type: none"> ▪ Member attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter (<i>if letter shows the actual levels</i>) 	As long as eligible for Part D subsidy	First day of the month following receipt of election.	Continuous* <i>*Enroll into MAPD or PDP (Limited to Part D enrollments or disenrollments)</i> NOTE: <i>The SEP also permits returning to Original Medicare (disenrolling from Part D) but because consumer has LIS, they will be put back onto a Part D plan unless they opt out of Part D.</i>	Code: SEP Reason: LIS (Newly Eligible) - OR - Code: SEP Reason: LIS (Non Medicaid/Mntning LIS)

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11	LIS (<i>Loss of Status</i>)	Has lost the Part D premium subsidy	<ul style="list-style-type: none"> ▪ Member attestation ▪ Redetermination Letter ▪ SSA or Medicaid Award Letter (<i>if letter shows the actual levels</i>) ▪ Termination Notice 	<p>Begins</p> <ul style="list-style-type: none"> ▪ January 1 if loss of subsidy occurs at the end of the calendar year <li style="text-align: center;">-OR- ▪ When notified of the loss, if the loss occurs mid-year <p>Ends</p> <ul style="list-style-type: none"> ▪ March 31 if loss of subsidy occurs at the end of the calendar year <li style="text-align: center;">-OR- ▪ Two months after notification of loss of subsidy if loss occurs mid-year 	First day of the month following receipt of election.	1 Election* <i>*Enroll into MAPD or PDP (Limited to Part D enrollments or disenrollments)</i>	Code: SEP Reason: LIS (Loss of Status)
Institutionalized Consumers							
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.	<ul style="list-style-type: none"> ▪ Facility Address & Contact Info ▪ Member Attestation 	<p>Begins first day institutionalized</p> <p>Ends 2 months after discharge</p>	First day of the month following receipt of election.	Continuous* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	Code: SEP- Institutional (<i>for PDP plans</i>) Code: OEPI (<i>for MA/MAPD Plans</i>)
Consumers Who Move							
13	Change in Residence	<ul style="list-style-type: none"> ▪ Permanently moved inside plan's service area with new plan options available ▪ Permanently moved outside plan's service area 	<ul style="list-style-type: none"> ▪ New Address on Enrollment Form ▪ Member Attestation 	<p>Before Move</p> <p>Begins month before permanent move</p> <p>Ends 2 months after the move</p> <p>After Move</p> <p>Begins month consumer notified current plan of the move</p> <p>Ends 2 months after notification of move</p>	First day of the month up to 3 months after receipt of election but not earlier than the day of move.	1 Election* <i>*Enroll into MA-Only, MAPD, PDP or Disenroll into Original Medicare</i>	Code: SEP Reason: Change in Residence /OOA 6 mo <i>NOTE: Please ensure new address is entered on the application</i>

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#	Population	Qualification	Examples of Qualification Items that can be checked	Time Frame	Effective Date	# Elections Allowed	Application Coding **If SEP, please include reason**
14	Outside Plan's Service Area Longer Than 6 Months who were involuntarily disenrolled from previous plan	Consumers who left plan's service area for over 6 months and were involuntarily disenrolled from previous plan	<ul style="list-style-type: none"> Current Address on Enrollment Form Member Attestation 	<p>Begins first day of month of involuntary disenrollment</p> <p>Ends last day of 2nd month after involuntary disenrollment</p>	First day of the month following receipt of the enrollment election or up to 3 months prospective if the consumer chooses	1 Election* <i>*Enroll into MA-Only, MAPD, PDP</i>	Code: SEP Reason: Change in Residence /OOA 6 mo
Loss of Coverage							
15	Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> Involuntarily lost creditable coverage Coverage deemed no longer creditable <p>NOTE: Does NOT include loss of coverage due to nonpayment of premium</p>	<ul style="list-style-type: none"> Letter stating loss of creditable coverage Member Attestation 	<p>Begins either month of notice or month the loss or reduction of coverage occurs, whichever is later</p> <p>Ends 2 months later</p>	First day of the month following receipt of election or if consumer requests, up to 3 months after receipt of election.	1 Election* <i>*Enroll into MAPD or PDP (Enrollment into MA-Only not allowed)</i>	Code: SEP Reason: Invol. Loss of Creditable Cvg
Change in Employer Group Health Plan							
16	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	<ul style="list-style-type: none"> Term Letter from group or COBRA Copy of email from group attesting to disenrollment Member Attestation 	<p>Begins month group allows for disenrollment or date COBRA ends</p> <p>Ends 2 months after group coverage ends*</p> <p><i>*Must be enrolled in Part B to elect MA plan during MA SEP</i></p> <p>NOTE:</p> <ul style="list-style-type: none"> SEP for Part B coverage available 8 months after loss of group coverage Do not need to be enrolled in Part B to elect PDP 	First day of the month up to 3 months after receipt of disenrollment notification from Employer Group	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	Code: SEP Reason: Loss of Empl Group Coverage
17	Gain Employer Group Coverage	Gain or enroll into coverage	<ul style="list-style-type: none"> Group Letter describing coverage options Member Attestation 	<p>Begins month plan is open for enrollment (or as group allows)</p> <p>Ends 2 months after plan coverage takes effect</p>	Employer Groups can choose an effective date up to 3 months in advance after receipt of election but not earlier than the first of the month following month in which the request is made.	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	Code: SEP Reason: Group Retiree

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Other							
18	Non-Renewing (including Cost Plans)	Plan no longer offered in area	<ul style="list-style-type: none"> ▪ Copy of Non-Renewal Notice ▪ Member Attestation 	Begins 10/01 of that year Ends 01/31 of the following year	May choose Nov 1, Dec 1, Jan 1 or Feb 1* only but may not be before the enrollment election is received <i>*February 1 effective date can only be used when the enrollment request is received in January.</i>	1 Election* <i>*Enroll into MA-Only, MAPD, or PDP</i>	Code: SEP Reason: Termination/non renewal
19	Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<ul style="list-style-type: none"> ▪ Copy of Termination Notice ▪ Member Attestation 	<u>With mutual consent</u> Begins 2 months before proposed termination date Ends 1 month after effective date of termination <u>Without mutual consent</u> Begins 1 month before termination is effective Ends 2 months after effective date of termination	<u>With Mutual Consent</u> First day of the month after notice received or up to 2 months after the effective date of termination but not earlier than receipt of election. <u>Without Mutual Consent</u> First day of the month after notice received up to 3 months after month of termination but not earlier than receipt of election.	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	Code: SEP Reason: Termination/non renewal
20	Retro Medicare Determination	Medicare entitlement verification is made retroactively.	<ul style="list-style-type: none"> ▪ Medicare Entitlement Letter ▪ Member attestation 	Begins month notice of entitlement is received Ends 2 months after month notice is received	First of the month following receipt of the election	1 Election* <i>*Enroll into MA-Only, MAPD, or PDP</i>	Code: SEP Reason: Retro Medicare Determination (if MA Only election) Code: IEP Reason: Retro Medicare Determination (if MAPD or PDP election)

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#	Population	Qualification	Examples of Qualification Items that can be checked	Time Frame	Effective Date	# Elections Allowed	Application Coding **If SEP, please include reason**
21	Retro ESRD Determination	ESRD status was determined after consumer's ICEP passed. May elect MA if: <ul style="list-style-type: none"> Were in a health plan offered under the same MA contract # the month before Part A/B entitlement, -AND- Developed ESRD while a member of that health plan, -AND- Still enrolled in that health plan -OR- Had untimely entitlement determination due to an administrative delay 	<ul style="list-style-type: none"> Physician Statement/Letter Member Attestation (<i>if current member</i>) 	<p>Begins month received notice of Medicare entitlement</p> <p>Ends 2 months after the month notice is received</p>	First day of the month following receipt of election.	1 Election* *Enroll into MA-Only or MAPD NOTE: In cases of retro ESRD determination, a consumer is retroactively determined to be eligible for Medicare. The consumer may choose to enroll into a PDP, which would fall under the SEP described in #20 above.	Code: SEP Reason: Retro ESRD Determination ESRD
22	SPAP Members	SPAP members	<ul style="list-style-type: none"> State Facilitation Letter Member attestation 	<p>Begins on effective date of enrollment into SPAP</p> <p>Ends last day of calendar year</p>	First day of the month following receipt of election.	1 Election* *Enroll into MAPD or PDP (Enrollment into MA-Only not allowed) *One election is allowed each subsequent calendar year for consumers who remain SPAP members.	Code: SEP Reason: N/A - Enrolled in Plan by SPAP Only
23	SPAP Loss of Eligibility	Members of qualified SPAPs who lose SPAP eligibility	<ul style="list-style-type: none"> Letter attesting to loss of SPAP eligibility Member attestation 	<p>Begins month of loss of eligibility</p> <p>Ends 2nd month after month notice is received</p>	First day of the month following receipt of election.	1 Election* *Enroll into MAPD or PDP (Enrollment into MA-Only not allowed, and disenrollment from Part D not allowed)	Code: SEP Reason: Loss of SPAP Eligibility

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24	Severe or Disabling Chronic Condition	<ul style="list-style-type: none"> Consumer has a severe or chronic disabling condition(s) that an appropriate Evercare SNP is designed to serve AND – Consumer is not currently enrolled in a chronic SNP serving that condition. 	<ul style="list-style-type: none"> Form – "Authorization for Use or Disclosure of Health Information" (<i>authorization from Evercare allowing contact with physician</i>) Letter <i>attesting to severe or disabling condition from provider (to expedite the process)</i> 	<p>Begins upon qualification of disabling condition</p> <p>Ends when enrolled in SNP</p>	First day of the month following receipt of election.	1 Election* <i>*Only to be used for enrolling into a chronic SNP serving consumer's condition; cannot use this SEP to enroll into any other plan.</i>	<p>Code: SEP</p> <p>Reason: Special Need/ Chronic</p> <p>NOTE: MA plan to verify condition with provider before election is considered complete. This could delay access to benefits.</p>
25	Special Needs Status Change for Members of SNP	Disenrolled from SNP due to loss of special needs status	<ul style="list-style-type: none"> Letter <i>attesting to loss of special needs status</i> Member Attestation 	<p>Begins month of effective date of disenrollment</p> <p>Ends 3 month after the date of involuntary disenrollment.</p>	First day of the month following receipt of election.	1 Election* <i>*Enroll into MA-Only, MAPD, or PDP</i>	<p>Code: SEP</p> <p>Reason: Loss of SNP Status</p> <p><i>Please note on paper application that this is loss of SNP status</i></p>
26	Chronic SNP Non-Eligibility	Consumer enrolled in a chronic SNP who is not verified for enrollment and is disenrolled two months after the effective date	<ul style="list-style-type: none"> Letter <i>attesting to non-eligibility for chronic SNP</i> Member Attestation 	<p>Begins upon notification of non-eligibility</p> <p>Ends 2 months after month notice is received</p>	First day of the month following receipt of election	1 Election* <i>*Enroll into, MAPD, PDP, or PFFS (MA-only) if accompanied by a PDP enrollment. Consumer cannot drop Part D.</i>	<p>Code: SEP</p> <p>Reason: Chronic Non-Eligible</p> <p><i>Please note on paper application that this is non-eligibility for SNP</i></p>
27	PACE	Consumer enrolling or disenrolling from PACE	<ul style="list-style-type: none"> PACE Enrollment Letter PACE Member ID Card Member Attestation 	<p>Begins the effective date of PACE disenrollment.</p> <p>Ends 2 months after effective date of PACE disenrollment to elect MA Only, MAPD, or PDP plan.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <i>May disenroll from plan at any time to enroll in PACE</i> <i>Member should allow enrollment into PACE plan to automatically disenroll member from current plan.</i> 	First day of the month following receipt of election.	1 Election* <i>*Enroll into MA-Only, MAPD, or PDP</i>	<p>Code: SEP</p> <p>Reason: PACE Switcher</p>

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#	Population	Qualification	Examples of Qualification Items that can be checked	Time Frame	Effective Date	# Elections Allowed	Application Coding **If SEP, please include reason**
28	Consumers 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.	<ul style="list-style-type: none"> ▪ Letter <i>attesting to disenrollment from a Cost plan</i> ▪ Member Attestation 	<p>Begins The month disenrollment is requested</p> <p>Ends Once the consumers makes an 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>*Enroll into MAPD or PDP</i>	Code: SEP Reason: Cost
29	Loss of Part B	Consumers involuntarily disenrolled from an MAPD plan due to loss of Part B but continue to be entitled to Part A.	<ul style="list-style-type: none"> ▪ Letter <i>attesting to loss of Part B</i> 	<p>Begins upon notification of loss of Part B</p> <p>Ends 2 months after month notice is received</p>	First day of the month following receipt of election.	1 Election* <i>*Enroll into PDP</i>	Code: SEP Reason: Lost MAPD and Part B
30	First Time MA Member (<i>Age-In</i>)	Enrolled in Medicare Advantage upon eligibility (<i>age 65</i>)	<ul style="list-style-type: none"> ▪ Medicare Entitlement Letter* ▪ Copy of Medicare ID Card or SSA Award Letter ▪ Member attestation <p><i>*The consumer is not required to submit proof of entitlement. The plan is required to verify Medicare entitlement. This SEP only applies to consumers who enroll in an MA plan using their IEP at the time of their 65th birthday.</i></p>	<p>Begins month enrolled in MA for first time</p> <p>Ends 12 months after effective date</p>	First day of the month following receipt of disenrollment request.	1 Election* <i>*Enroll into PDP if coming from MAPD; otherwise Disenroll into Original Medicare</i>	Code: SEP Reason: SEP 65

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#	Population	Qualification	Examples of Qualification Items that can be checked	Time Frame	Effective Date	# Elections Allowed	Application Coding **If SEP, please include reason**
31	Consumers who drop Medigap and are in Trial Period	Consumers who dropped Medigap policy to enroll into an MA plan for the first time and who are still in a “Trial Period”	<ul style="list-style-type: none"> ▪ Letter from previous Medigap policy <i>attesting to drop</i> ▪ Member Attestation 	<p>MA disenrollment: Begins month enrolled in MA for first time</p> <p>Ends 12 months after effective date</p> <hr/> <p>For enrollment into PDP (only if disenrolling from MAPD):</p> <p>Begins either the month enrolled into the MA plan for the first time -OR- The month the MAPD disenrollment takes effect</p> <p>Ends two months later</p>	First of the month following receipt of disenrollment request.	1 Election* * <i>From MA plan: Disenrollment to Original Medicare only. If disenroll from MAPD, that permits enrollment in PDP.</i>	Code: SEP Reason: Indiv drop Medigap – Trial Period
32	Consumers Leaving MAPD During First Year	Consumers who enrolled in MAPD when first eligible and who are still in a “Trial Period”	<ul style="list-style-type: none"> ▪ Member Attestation 	<p>Begins month enrolled in MAPD for first time</p> <p>Ends 12 months after effective date</p>	First of the month following receipt of election.	1 Election* * <i>PDP Only</i>	Code: SEP Reason: Trial/Leaving MAPD During First Year
33	Consumer Leaving MAPD During MA OEP	All Medicare Advantage eligible consumers currently enrolled in an MAPD plan who disenroll from the MAPD plan during the OEP into a plan with a standalone PDP	<ul style="list-style-type: none"> ▪ Complete Enrollment Application ▪ Member Attestation 	<p>Begins 01/01</p> <p>Ends 03/31</p>	First day of the month following receipt of election (02/01, 03/01, or 04/01)	1 Election* * <i>Enroll into MA Only PFFS with standalone PDP or Original Medicare with standalone PDP</i>	Code: SEP Reason: Leaving MAPD During MA OEP
34	Eligible for Other Creditable Coverage	Consumers 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	<ul style="list-style-type: none"> ▪ Statement of Proof <i>from Other Coverage</i> ▪ Member Attestation 	<p>Begins immediately</p> <p>Ends date elected for disenrollment</p>	First day of the month following receipt of disenrollment request.	1 Election* * <i>Enroll into MA-Only (if leaving an MAPD) or Disenroll into Original Medicare</i>	Code: SEP Reason: Elgbl for Other Creditable Cov

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#	Population	Qualification	Time Frame	Effective Date	# Elections Allowed	Coding
CMS Approval Only						
Action Initiated by CMS – NOT TO BE DETERMINED BY SALES						
35	Erroneous Part D Enrollment or Non-Enrollment	Enrollment/non-enrollment due to action/inaction/error by Federal employee	Begins Determined by CMS Ends Determined by CMS	Determined by CMS	1 Election* <i>*Enroll into MA-Only or PDP, or Disenroll into Original Medicare</i>	CMS MUST AWARD SEP <i>For Enrollment Department Only – Not to be Used or Determined by Sales.</i>
36	Inadequate Notice of Creditable Coverage	Inadequately/never informed that coverage not creditable	Begins Determined by CMS Ends Determined by CMS	Determined by CMS	1 Election* <i>*Enroll into MAPD or PDP (Enrollment into MA-Only not allowed)</i>	CMS MUST AWARD SEP <i>For Enrollment Department Only – Not to be Used or Determined by Sales.</i>
37	Violation of Plan Contract Provision	Demonstrated to Medicare that plan violated provision of contract or misrepresented plan when marketing	Begins Determined by CMS Ends Determined by CMS	Determined by CMS	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	CMS MUST AWARD SEP <i>For Enrollment Department Only – Not to be Used or Determined by Sales.</i>
38	CMS Sanction	Disenrolled after affected by matter for which CMS sanctioned plan	Begins Determined by CMS Ends Determined by CMS	Determined by CMS	1 Election* <i>*Enroll into MA-Only, MAPD, PDP, or Disenroll into Original Medicare</i>	CMS MUST AWARD SEP <i>For Enrollment Department Only – Not to be Used or Determined by Sales.</i>
39	Consumers enrolled based on misleading or incorrect information provided by plan employees, agents or brokers	Enrolled in a Medicare Advantage Plan	Begins Determined by CMS Ends Determined by CMS	Determined by CMS	1 Election	CMS ENROLLS THROUGH OEC (Online Enrollment Center) Code Used by CMS: 1-800-Medicare Marketing Misrepresentation SEP <i>For Enrollment Department Only – Not to be Used or Determined by Sales.</i>

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Acronyms Used in This Document

Acronym	What it Stands For
AEP	Annual Election Period
CMS	Centers for Medicare & Medicaid Services
ESRD	End-Stage Renal Disease
FPL	Federal Poverty Level
GEP	General Enrollment Period
ICEP	Initial Coverage Election Period <i>(Consumer is first eligible to enroll in an MA plan)</i>
IEA	Individual Election Application
IEP-Part D	Initial Enrollment Period <i>(Consumer is first eligible to enroll in a Part D plan)</i>
LIS	Low Income Subsidy
MSP	Medicare Savings Programs <i>(such as QMBs, SLMBs, & 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

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