

Medicare Plan Enrollment/Election Periods Job Aid for Agents

<u>ICEP - Initial Coverage Election Period and ICEP for Delayed Part B</u>	<u>C) SEP - Involuntary Loss of Creditable Prescription Drug Coverage</u>	<u>M) SEP - Chronic Condition SNP</u>	<u>W) SEP - Affected by a FEMA-Declared Weather Related Emergency or Major Disaster</u>
<u>IEP - Initial Election Period</u>	<u>D) SEP: Enrolled in a MA/MAPD during IEP/ICEP at 65th birthday to drop it within 1st 12 mos for PDP</u>	<u>N) SEP for Dual-Eligible (Medicaid) and Other LIS-Eligible</u>	<u>X) SEP - Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions</u>
<u>AEP - Annual Enrollment Period</u>	<u>E) SEP - Trial Period: dropped a Medigap Policy when they enrolled for the first time in a MA Plan</u>	<u>O) SEP - Who Gain, Lose or Have a Change in their Dual or LIS-Eligible Status</u>	
<u>(MA) OEP - Open Enrollment Period</u>	<u>F) SEP - PACE</u>	<u>P) SEP - For CMS and State-Initiated Enrollments (Passive Enrollments, etc.)</u>	<u>Y) SEP - Contract Violation</u> CMS pre-approval required
<u>OEPI - Open Enrollment Period Institutional</u>	<u>G) SEP - SPAP</u>	<u>Q) SEP - Institutionalized Individuals that wish to Enroll/Change PDP (coordinates with OEPI)</u>	<u>Z) SEP - Individuals not adequately informed of loss of about creditable coverage</u> CMS pre-approval required
<u>Hierarchy of Enrollment Periods</u>	<u>H) SEP - To Disenroll from Part D to enroll in or maintain other creditable coverage</u>	<u>R) SEP - To enroll in PDP if not entitled to premium free Part A and who enroll in Part B during General Enrollment</u>	<u>AA) SEP - Federal Employee Error</u> CMS pre-approval required
<u>IEP vs ICEP Chart</u> <u>(MA) OEP Charts (following IEP/ICEP)</u>	<u>I) SEP - MA/MAPD/PDP Contract Not Renewed</u>	<u>S) SEP - Medicare Entitlement Determination Made Retroactively</u>	<u>BB) SEP - Disenroll in connection with CMS Sanction</u> CMS pre-approval required
SPECIAL ELECTION PERIODS (SEPs) NOTE: Alpha designation before each SEP is for identification purposes only and is NOT to be put on applications.	<u>J) SEP - Cost Plans that are Not Renewing their Contracts</u>	<u>T) SEP for Non-U.S. Citizens who Become Lawfully Present</u>	<u>CC) SEP - Dual Eligible with Retro Uncovered Months</u> CMS must process any retroactive enrollment
<u>A) SEP - New Move (Change in Residence)</u>	<u>K) SEP - 2nd ICEP for beneficiaries who have Medicare due to disability upon turning age 65</u>	<u>U) SEP - for individuals involuntarily disenrolled from a MAPD plan due to loss of Part B</u>	<u>DD) SEP - Low Star Rating</u> NOT for use - CMS must process
<u>B) SEP - Employer Group Health Plan (EGHP)</u>	<u>L) SEP - Loss of Special Needs Status</u>	<u>V) SEP - Five Star Rated Plans</u>	<u>EE) SEP for Significant Change in Provider Network</u> NOT for use - CMS must process

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ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p>ICEP - Medical Coverage</p> <p>1) Initial Coverage Election Period - gaining Medicare A & B at the same time</p>	<p>1) ICEP is for Medical-only coverage (MA-only), <u>not</u> MAPD or PDP. The total enrollment period is seven (7) months beginning three (3) months before the individual's entitlement to Medicare Part A or enrollment into Medicare Part B, includes the month Medicare begins, and continues for three (3) additional months. If enrollment is during the three (3) months before the Medicare effective date, the plan effective date will be the same effective date as Medicare; otherwise, the plan effective date will be the first of the month following plan enrollment.</p>	<p>1) ICEP 7-month period to enroll in a MA (NOT for MAPD or PDP - use IEP for MAPD or PDP)</p>
<p>2) Delayed Part B while already has Part A</p>	<p>2) If a person has Medicare Part A and opted out of Medicare Part B when first eligible and then later enrolled in Part B, the ICEP would occur during the three (3) months prior to the effective date for Part B.</p> <ul style="list-style-type: none"> • If the beneficiary is adding Part B during the General Enrollment Period Jan. 1 - Mar. 31 for a July 1 effective date, the ICEP would be available April 1 - June 30 for a July 1 effective date. • If the beneficiary is adding Part B because due to losing creditable coverage, the ICEP would be the three (3) months prior to the Part B effective date. 	<p>2) ICEP 3-month period to enroll in a MA/MAPD (NOT for PDP. PDP-only plan NOT eligible under delayed Part B)</p>
<p>3) Turning 65 if has Medicare due to Disability; a.k.a. 2nd Initial Election</p>	<p>3) Beneficiaries with Medicare due to disability (before age 65) will have a second election (7-month period) when they turn 65 to change/enroll in a MA-only. A beneficiary is not required to have used the first ICEP in order to use the second election at age 65. See IEP for PDP and MAPD.</p>	<p>3) For MA-only use item W SEP-OTH to change/enroll in a MA-only</p>
<p>IEP - Prescription Coverage</p> <p>1) Initial Election Period - gaining Medicare A & B at the same time</p>	<p>1) This enrollment period is for Part D coverage (MAPD or PDP), <u>not</u> MA-only. The total enrollment period is seven (7) months beginning three (3) months before the effective date of Medicare Part A and B, includes the month Medicare begins, and continues for three (3) additional months. If enrollment is during the three (3) months before the Medicare effective date, the plan effective date will be the first of the month that Medicare is effective; otherwise, the plan effective date will be the first of the month following plan enrollment.</p> <p>IEP is also used for an individual who has resided out of the country during the period of their original Medicare eligibility and is now moving back to the U.S./U.S. Territory, is getting Medicare A and B and wishes to enroll in a MAPD or PDP.</p>	<p>1) IEP 7-month period to enroll in a MAPD or PDP (NOT for MA - use ICEP for MA)</p> <p style="text-align: center; color: #E91E63;">***Do NOT use IEP for Delayed Part B - refer to ICEP***</p>
<p>2) Turning 65 if has Medicare due to Disability; a.k.a. 2nd Initial Election</p>	<p>2) Beneficiaries with Medicare due to disability (before age 65) will have a second IEP (7-month period) when they turn 65 to change/enroll in a MAPD or PDP. A beneficiary is not required to use the first IEP in order to use the second IEP at age 65.</p> <p>NOTE: If person had Medicare before age 65, did not have creditable prescription coverage and was subject to the Part D late enrollment penalty then uses the 2nd IEP at their 65th birthday to enroll in Part D (PDP or MAPD), the penalty will no longer apply as long as they keep Part D or creditable prescription coverage.</p>	<p>2) IEP for MAPD/PDP (NOT for MA-only. Use item W SEP-OTH for MA)</p>

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AEP - Annual Enrollment Period 10/15 - 12/07	AEP is when individuals may choose how they receive their Medicare benefits for the upcoming year. The last election made, determined by the application date, will be the plan that takes effect on January 1. The Annual Enrollment Period is open for all plan types: MA, MAPD and PDP, but excludes Medicare Supplements.	AEP To enroll into a MA, MAPD or PDP with a Jan. 1 effective date
(MA) OEP - Open Enrollment Period 01/01 - 03/31 annually AND The month of Medicare entitlement and for 2 additional months following IEP/ICEP enrollment into MA/MAPD	Beneficiaries already enrolled in a Medicare Advantage plan (MA/MAPD) may make one plan change during the first three (3) months of each year (1/1-3/31) to enroll in another Medicare Advantage plan OR to disenroll to obtain Original Medicare (and get a PDP). The effective date will be the first day of the month following receipt of the enrollment or disenrollment request. MA/MAPD member NOT required to have made an election during AEP. In addition to OEP annually, OEP is also available to new Medicare Advantage enrollees following IEP/ICEP with their Medicare entitlement. The one-time election begins the month of entitlement (effective date) to Part A and Part B and for two additional months. There are charts at the end of this document illustrating use of OEP following IEP/ICEP (including Delayed A or B). NOTE: Beneficiaries who wait to use their IEP/ICEP until the month of their Medicare effective date or later during that initial seven-month window will reduce or even forfeit their OEP. IMPORTANT NOTE: You may NOT engage in activities that intend to target the OEP as an opportunity to make further sales.	OEP <ul style="list-style-type: none"> To enroll in a different MA/MAPD from a MA/MAPD; or To disenroll from a MA/MAPD and enroll in a PDP-only plan. NOT permitted: <ul style="list-style-type: none"> Having Original Medicare (with/without PDP) and enrolling in MA/MAPD or changing PDPs.
OEPI - Open Enrollment Institutional When moving into, residing in, or moving out of an institution for MA/MAPD	This is an open and unlimited use enrollment period for Medicare beneficiaries residing in an institution lasting for up to two (2) months after leaving the facility. An “institution” is defined as a skilled nursing facility, nursing home, intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital or long term care hospital (it does NOT include assisted living facilities or residential homes).	OEPI To enroll in a MA or MAPD (OEPI code is NOT for PDP. For PDP-only plan, use item M SEP-LTC.)

Hierarchy of Enrollment Periods (NEW for 2019)

CMS regulations dictate election period choice when two election periods overlap. Use the following hierarchy order to determine which election period to use. If two SEPs exist for an applicant, choose the SEP that is the most advantageous for the beneficiary. There is a [chart](#) at the end of this document which visually explains IEP versus ICEP choice.

1. IEP/ICEP

2. (MA) OEP

3. SEP

4. AEP

5. OEPI

NOTE: Applications can be denied by CMS if the wrong enrollment/election period is chosen.

It is imperative to choose the correct enrollment/election period.

The Descriptions of the Special Elections Periods (SEPs) are Located on the Following Pages.

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ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p>A. New Move</p> <p>1) Permanent Move out of service area</p>	<p>1) SEP available for permanent change of residence. Can complete application the month prior to the permanent move and up to 2 months after the move. The applicant may choose an effective date of up to 3 months after the month in which the enrollment form is received but the <u>effective date may NOT be earlier than the date of permanent move</u>. May enroll in any plan for which the beneficiary is eligible in the new service area, regardless of coverage in former service area. Individuals who move and have new Medicare health or Part D plans available to them as a result of the move, but continue to reside in the current plan service area, may use this SEP to enroll in a different plan. Zip code <u>or</u> county must change.</p> <p>NOTE #1: If a member notifies the plan of a specific future move date (for the following or subsequent future month), the SEP begins the month of the move date.</p> <p>NOTE #2: If a member has already informed Customer Service of the address change (move), in all likelihood, the member will be disenrolled from their current plan at the end of the current month and will revert back to Original Medicare if they do not enroll in a new plan to be effective the first of the upcoming month.</p>	<p>1) SEP - MOV For enrollment into MA, MAPD or PDP</p>
<p>2) Individuals who were not eligible for a MA or PDP because they had been out of the U.S. and have now moved back or those were incarcerated and now have released</p>	<p>2) SEP begins on the actual date of the move or with the date the individual provides notification of such move and continues two months after the month it begins or month of the move, whichever is later.</p>	<p>2) SEP - MOV For enrollment into MA, MAPD or PDP</p>
<p>3) Plan learns that individual has been out of the service area more than 6 months and member has been disenrolled</p>	<p>3) SEP begins on the start of the 6th month that the beneficiary has been out of the service area and continues through the end of the eighth month. Plan learns beneficiary has moved and the member has been disenrolled. SEP begins the month notification is received and continues for two additional months. Notification may be in the form of a letter or upon realization that disenrollment has occurred (for example, beneficiary arrives at a pharmacy and learns coverage has ended).</p>	<p>3) SEP - MOV For enrollment into MA, MAPD or PDP</p>
<p>4) Member notifies plan that they moved or have been out of the service area for 6 months or more and have yet to be disenrolled</p>	<p>4) SEP begins when the member notifies the plan and continues for two additional months after the month of notification to the plan.</p>	<p>4) SEP - MOV For enrollment into MA, MAPD or PDP</p>

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B. Employer Group Health Plan	<p>This SEP exists for individuals who are losing group health coverage. Losses include the individual opting out of the Company/Group coverage during the employer’s annual benefit selection season, changes due to life events and discontinuation of employment or the Company/Group ceases to offer group health coverage. The SEP begins the month of the loss of coverage and continues for two additional months. The individual may choose a plan effective date up to 3 months after the month in which the individual completed the enrollment request.</p> <p>NOTE: Individuals with a Humana Group plan should always speak to a Group-certified Agent prior to changing coverage. Individuals enrolled in Group Retirement benefits should check with their plan representatives <u>before</u> changing/opting out as there could be impacts to other aspects of their retirement benefits. Some retirees must enroll via a designated</p>	SEP - LEC For enrollment into MA, MAPD or PDP
C. Involuntary Loss of Creditable Prescription Drug Coverage	<p>Involuntary loss of creditable coverage, including a reduction in the level of coverage so that it is no longer creditable, NOT including any loss or reduction due to a failure to pay premiums. The SEP permits enrollment in a MAPD/PDP and begins with the month in which the individual is advised of the loss of creditable coverage and ends two months after either the loss (or reduction) occurs or the individual received notice, whichever is later. The effective date of this SEP may be the first of the month after the enrollment or, at the beneficiary’s request, may be effective no more than three (3) months in the future.</p>	SEP - LOC For enrollment into MAPD or PDP (not for MA-only)
D. SEP65: Enrolled in a MA/MAPD during the IEP/ICEP at 65th birthday and dropping it within 1st 12 months to choose PDP	<p>Individuals who elected a MA/MAPD plan during their IEP/ICEP surrounding their 65th birthday have this SEP allowing them to disenroll from the MA/MAPD and return to Original Medicare anytime during the 12 month period that begins on the effective date of coverage in the MA/MAPD plan. They can use this SEP to enroll in a PDP. Individuals entitled to Medicare prior to age 65 are NOT eligible for the SEP65.</p> <p>NOTE: The Trial Right is three (3) years for residents of the state of Maine.</p>	SEP - S65 To enroll in PDP only
E. Trial Period: Individuals who dropped a Medicare Supplement plan after enrolling in a MA/MAPD for the First Time	<p>There is an SEP for individuals who dropped a Medicare Supplement (Medigap) plan after enrolling in an MA/MAPD for the first time, and who are still within 12 months of that first MA/MAPD enrollment, i.e., Trial Period. During this Trial Period SEP, the individual can elect to disenroll from the MA/MAPD, return to Original Medicare, and enroll in a PDP. They will also have guaranteed issue to return to the Medicare Supplement they had with the company they were previously with. The effective date would be the first day of the following month of the plan’s receipt of the PDP enrollment request.</p>	SEP - MES To enroll in PDP only

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F. Individuals disenrolling from a PACE program	Individuals who disenroll from PACE have an SEP for up to two months after the effective date of the PACE disenrollment to enroll in a MA, MAPD or PDP.	SEP - PAC For enrollment into MA, MAPD or PDP
G. Qualified State Pharmaceutical Assistance Program (SPAP) Members	Individuals who belong to a qualified SPAP are eligible for an SEP to make one enrollment request at any time through the end of each calendar year (i.e. once per year). SPAP members may use this SEP to enroll in a Part D plan outside of existing enrollment opportunities, allowing them, for example, to join a Part D plan upon becoming a member of an SPAP or to switch to another Part D plan. A beneficiary may use this SEP to switch from an MAPD plan to another PDP or MAPD plan, from Original Medicare without a PDP to Original Medicare with a PDP or to an MAPD plan, from a PDP to another PDP or MAPD plan or from an MA-only plan to a PDP or MAPD plan. In addition, individuals no longer eligible for SPAP benefits will have an SEP beginning either the month they lose eligibility or are notified of the loss, whichever is earlier, and ends two months after either the month of the loss of eligibility or notification of the loss, whichever is later.	SEP - SPA For enrollment into MAPD or PDP (not for MA-only)
H. Individuals who disenroll from Part D to enroll in or maintain other creditable coverage	Individuals enrolled in a PDP or MAPD who have or are enrolling in other creditable coverage such as Tricare or VA coverage may use this SEP to disenroll from the PDP or MAPD by enrolling in an MA-only plan. NOTE: If a PDP member is choosing a MA PFFS, they must submit a written request to disenroll from the PDP. Individuals who have submitted a written request to disenroll from a Part D plan (PDP or MAPD) to enroll in or maintain other creditable drug coverage (such as Tricare or VA coverage) will have two months following disenrollment of MAPD/PDP to select a MA-only plan.	SEP - OCC To enroll in MA only
I. MA/MAPD/PDP Contract Not Renewed 1) Contract non-renewal of plan effective Jan. 1 2) Mutual termination of contract with CMS or CMS terminates the plan's contract(s)	1) For members of MA/MAPD/PDP that will be affected by contract non-renewal (PLEX - Plan Exit) or service area reduction (plan no longer available in zip or county) for the upcoming plan year. The SEP begins December 8 and ends on the last day of February. The effective date would be the first day of the upcoming month following enrollment. NOTE: Approved plan consolidations (also known as plan cross-walk or migration) are NOT plan exits, terminations or non-renewals. Thus, individuals affected by plan consolidations are NOT eligible for the SEP for non-renewal. 2) This SEP exists for members who will be affected by a termination of contract that occurs mid-year. SEP begins the month of the termination effective date and ends two months after the effective date of the termination. REMINDER: A special communication will be distributed by Compliance and/or your Leadership with the SEP instructions in the event a plan's contract(s) cease mid-year.	1) SEP - NON For enrollment into MA/MAPD or PDP For use 12/8 - end of Feb. 2) SEP - OTH and follow instructions in the Communication

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<p>J. Cost Plan Contract Not Renewed</p> <p>Enrolling beneficiaries must meet plan eligibility requirements.</p>	<p>An SEP will be available to enrollees of Medicare Cost Plans that are not renewing their \$1876 cost contracts for the area in which the enrollee lives.</p> <p>Enrollment requests received from December 8 through December 31 will have an effective date of January 1. Enrollment requests received in January will have an effective date of February 1. Enrollment requests received in February will have an effective date of March 1.</p>	<p>SEP -</p> <p>For enrollment into MA/MAPD or PDP</p> <p>For use 12/8 - end of Feb.</p>
<p>K. 2nd ICEP for beneficiaries who have Medicare due to disability upon turning age 65</p>	<p>An individual eligible for an additional Part D IEP, such as an individual currently entitled to Medicare due to a disability and who is attaining age 65, has an MA SEP to coordinate with the additional Part D IEP. The SEP may be used to enroll in a MA-only plan (regardless of whether the individual uses the Part D IEP to enroll in a PDP). The SEP begins three months before month of 65th birthday, continues through birth month and for three additional months (<u>7 month enrollment period</u>). This SEP is for use one time only per beneficiary.</p> <p>NOTE: Beneficiaries on Medicare due to disability who wish to add/change MAPD/PDP upon turning 65 should use IEP.</p>	<p>SEP - OTH and type: 2nd ICEP at age 65</p> <p>To enroll in MA-only</p>
<p>L. Loss of Special Needs Status</p>	<p>CMS will provide a SEP for individuals enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status. This SEP begins when the period of deemed continued eligibility starts and ends the earlier of when the beneficiary makes an enrollment request or within three months after the expiration of the period of eligibility.</p>	<p>SEP - SNP</p> <p>For enrollment into MA, MAPD or PDP</p>
<p>M. Chronic Condition</p> <p>1) Enrollment into a Chronic Care SNP</p> <p>2) Individuals found ineligible for a CC-SNP</p> <p>3) For individuals enrolled in CC-SNP to change to a different CC-SNP focusing on a different condition</p>	<p>1) This SEP is for those individuals with severe or disabling chronic conditions to enroll in a SNP designed to serve individuals with those conditions. This SEP will apply as long as the individual has the qualifying condition and will end once they enroll in a CC-SNP. Once the SEP ends, they may make enrollment changes only during AEP or other eligible election periods.</p> <p>2) Individuals who are found after enrollment not to have the qualifying condition necessary to enroll in the CC-SNP will have an SEP to enroll in a different Medicare Advantage plan. This normally occurs when the required post enrollment verification with the provider did not confirm the information provided during the pre-enrollment assessment. This SEP begins when the plan notifies the individual of the lack of eligibility and continues for two additional months. The SEP ends when the individual makes an enrollment election or on the last day of the 2nd month following the notification.</p> <p>3) Individual is enrolled in a CC-SNP who has a chronic condition which is not the focus of their current CC-SNP is eligible for this SEP. Such individuals have an opportunity to change to a different CC-SNP that focuses on a different chronic condition. Eligibility for this SEP ends at the time the individual enrolls in the new CC-SNP.</p>	<p>1) SEP - CHR</p> <p>For enrollment into CC-SNP</p> <p>2) SEP - CHR</p> <p>For enrollment into MA, MAPD or PDP</p> <p>3) SEP - CHR</p> <p>For enrollment into CC-SNP</p>

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<p>N. Dual-Eligible Individuals (Medicare and Medicaid) and Other LIS-Eligible</p> <p>For use ONCE in each of the following calendar quarters:</p> <ul style="list-style-type: none"> • Jan-Mar • Apr-Jun • Jul-Sept <p>Application date determines which quarter SEP was used.</p>	<p>Individuals who have Medicare A and B and receive any type of Federal or State assistance from Medicaid or Low Income Subsidy (LIS) a.k.a. Extra Help (due to financial reasons), including Full Benefit Dual Eligible (FBDE), QMB, QMB+, SLMB, SLMB+, QI, the Medicare Savings Program, or are only eligible for LIS have a onetime-per-calendar-quarter SEP between January through September. This SEP allows an individual to enroll in or disenroll from a MA, MAPD or PDP once during Jan-Mar, once during Apr-Jun and once during Jul-Sept. This coverage is effective the first of the upcoming month.</p> <p>This SEP may NOT be used during the fourth quarter of the year (Oct-Dec).</p> <p>NOTE: Beneficiaries that have been deemed “potential at-risk” or “at-risk” are NOT eligible to use this SEP, but may still use other election periods for which they may be eligible (for example: AEP or SEP-MOV).</p> <p>NOTE: If a beneficiary is eligible for more than one election period, for example this and SEP-MOV, use the OTHER election period (SEP-MOV in this example).</p>	<p>SEP -</p> <p>For enrollment into MA, MAPD or PDP</p>
<p>O. Who Gain, Lose or Have a Change in their Dual or LIS-Eligible Status</p>	<p>Individuals who Gain, Lose or Have a Change in their Dual or LIS-Eligible Status have an SEP which includes those who:</p> <ul style="list-style-type: none"> • Become eligible for any type of assistance from the Title XIX program (including “partial duals” who receive cost sharing assistance under Medicaid) and individuals who qualify for LIS (but who do not receive Medicaid benefits); • Lose eligibility for any type of assistance; and • Have a change in the level of assistance they receive (e.g., stop receiving Medicaid benefits, but still qualify for LIS, those who have a change in cost sharing). <p>The SEP allows the individual one opportunity to make an election within three months of any of the changes noted above, or notification of such a change, whichever is later. The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request by the plan.</p> <p>NOTE: Use of this SEP does NOT count towards the once per calendar quarter limitation outlined in the previous SEP.</p>	<p>SEP -</p> <p>For enrollment into MA, MAPD or PDP</p>

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<p>P. For CMS and State-Initiated Enrollments (Passive Enrollments, etc.)</p>	<p>Individuals who are enrolled into a plan by CMS or a State (i.e., through passive enrollment, auto-enrollment, facilitated enrollment, and reassignment) have an SEP to disenroll from their new plan or enroll into a different plan. The SEP permits a onetime election within three months of the effective date of the assignment, or notification of the assignment, whichever is later. It allows the individual to make an election before the enrollment is effective in the receiving plan or after the coverage in the receiving plan starts. This SEP must be used within three months of the start of coverage in the receiving plan. In the case where the notice is sent after the coverage in the receiving plan starts, the SEP ends three months after the date of the notice. This SEP is provided so that an individual may exercise any mandatory “opt-out” right provided to the enrollee as part of the CMS or State-initiated enrollment.</p> <p>Individuals passively enrolled due to a plan’s non-renewal or termination may also be eligible for an SEP.</p> <p>The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request by the plan.</p>	<p>SEP -</p> <p>For enrollment into MA, MAPD or PDP</p>
<p>Q. Institutionalized Individuals (coordinates with OEPI)</p>	<p>A SEP (which coordinates with OEPI) is provided to an individual who moves into, resides in or moves out of a Skilled Nursing Facility (SNF), Nursing facility, Intermediate Care Facility for the Mentally Retarded, Psychiatric hospital or unit, Rehabilitation Hospital or Unit, Long-term care hospital, or a Swing-bed Hospital. Individuals who move out of one of these facilities have a SEP for up to 2 months after they move out of the facility to use this SEP. The SEP allows an individual to enroll in or change PDP or disenroll from a MA/MAPD by enrolling in a PDP.</p> <p>NOTE: Assisted Living Facilities are NOT considered Institutions.</p>	<p>SEP - LTC</p> <p>To enroll in PDP only</p>
<p>R. Enroll in Part B during the Part B General Enrollment Period when NOT entitled to free Part A</p>	<p>An SEP will be provided to individuals who are not entitled to premium-free Part A and who enroll in Part B during the General Enrollment Period for Part B (Jan. – Mar.) for a July 1 effective date. The SEP will begin April 1st and end June 30th with an effective date of July 1st. (An individual who has Part A and enrolls in Part B during the Part B General Enrollment Period and wants to enroll in a MA plan would use the ICEP enrollment period.)</p>	<p>SEP - OTH and type: Delayed Part B</p> <p>To enroll in PDP only ONLY between 4/1 - 6/30</p>

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<p>S. Medicare Entitlement Determination is Made Retroactively</p> <p>Individuals with ESRD whose Medicare Entitlement Determination is Made Retroactively</p>	<p>This SEP is for an individual who has not been provided the opportunity to enroll in a plan during their ICEP/IEP, perhaps due to administrative delays. These individuals will have an SEP to enroll in a plan that begins the month the individual receives the notice of the Medicare entitlement determination and continues for two additional months after the month the notice is provided. Effective date is first of month after application is received by the plan sponsor.</p> <p>Medicare entitlement determination is made retroactively, an individual has not been provided the opportunity to elect an MA plan during his/her ICEP. Therefore, these individuals will be allowed to prospectively elect an MA plan offered by the MA organization, provided:</p> <ol style="list-style-type: none"> a. They were in a health plan offered by the same MA organization the month before their entitlement to Parts A and B; b. Developed ESRD while a member of that health plan; and c. Are still enrolled in that health plan. <p>This would also be allowed in cases when there is an administrative delay and the entitlement determination is not made timely. For example, an individual who performs self-dialysis will have his/her entitlement date adjusted to begin at the time of dialysis, rather than the customary 3-month period AFTER dialysis begins.</p>	<p>SEP - RET</p> <p>To enroll in MA, MAPD or PDP</p>
<p>T. SEP for Non-U.S. Citizens who become Lawfully Present</p>	<p>CMS will provide an SEP for non-U.S. citizens who become lawfully present in the United States. The individual may use this SEP to request enrollment in any MA/MAPD/PDP plan for which he or she is eligible. This SEP begins the month the lawful presence starts and continues for two additional months.</p> <p>Applicants are not required to provide evidence of U.S. citizenship or lawful presence status with the enrollment request and Humana/CarePlus is not permitted to request such information or documentation.</p>	<p>SEP - OTH and type: Obtained lawful presence</p> <p>To enroll in MA, MAPD or PDP</p>
<p>U. PDP SEP for individuals involuntarily disenrolled from a MAPD plan due to loss of Part B</p>	<p>Individuals who are involuntarily disenrolled from a MAPD plan due to loss of Part B (failure to pay part B premium), but who continue to be entitled to Part A have an SEP to enroll in a PDP. This SEP begins when the individual is advised of the loss of Part B continues for 2 additional months.</p>	<p>SEP - OTH and type: Disenrolled from a MAPD due to loss of Part B</p> <p>To enroll in PDP only</p>
<p>V. SEP to Enroll in a plan with a Five (5) Star Rating</p>	<p>A Medicare beneficiary may enroll in a MA/MAPD/PDP that has an overall Plan Rating of five (5) stars. The plan effective date must be during the year in which that plan has the 5-star rating and the enrollee must meet all other plan eligibility requirements. This SEP is a one-time use per contract year. The plan effective date is generally the first of the month following enrollment.</p>	<p>SEP - 5ST</p> <p>ONLY between 12/8 - 11/30</p>

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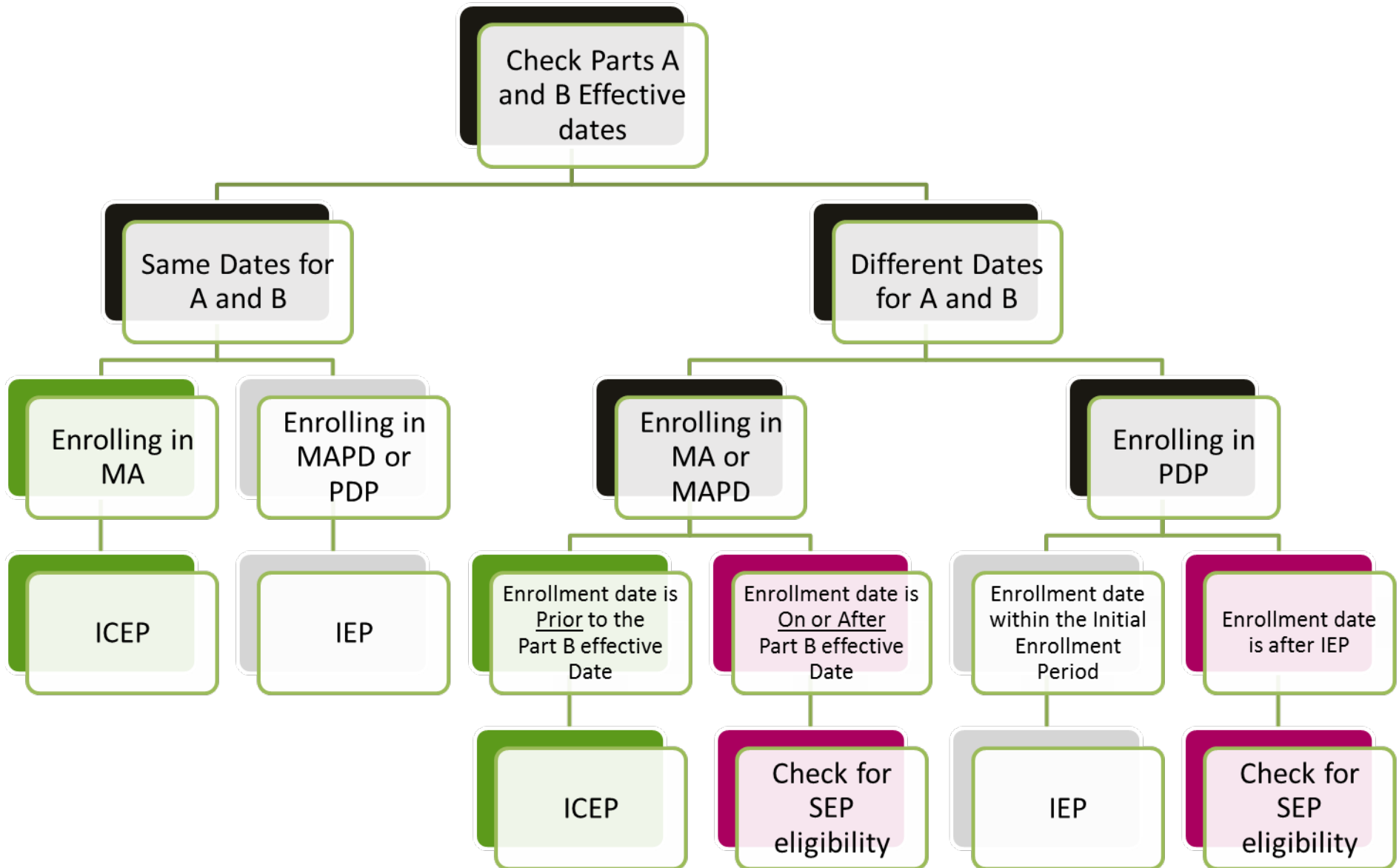
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<p>W. Affected by a FEMA-Declared Weather Related Emergency or Major Disaster</p>	<p>A SEP exists for individuals affected by a weather-related emergency or major disaster who were unable to, and did not make an election during another valid election period. This includes both enrollment and disenrollment elections. Individuals will be considered “affected” and eligible for this SEP if they:</p> <ul style="list-style-type: none"> • Reside, or resided at the start of the incident period, in an area for which FEMA has declared an emergency or a major disaster and has designated affected counties as being eligible to apply for individual or public level assistance; • Had another valid election period at the time of incident period; and • Did not make an election during that other valid election period. <p>In addition, the SEP is available to those individuals who don’t live in the affected areas but rely on help making healthcare decisions from friends or family members who live in the affected areas. The SEP is available from the start of the incident period and for four (4) full calendar months thereafter.</p>	<p>SEP - DST</p> <p>To enroll in MA, MAPD or PDP</p>
<p>X. Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions</p>	<p>Organizations are required to provide materials in accessible formats (such as Braille, Data, and Audio files, or other formats). CMS will grant an SEP in situations where the organization or CMS was unable to provide required notices or information in an accessible format, as requested by an individual, within the same timeframe that it was able to provide the same information to individuals who did not request an accessible format.</p> <p>This limited SEP ensures that beneficiaries who have requested information in accessible formats are not disadvantaged by any additional time necessary to fulfill their request, including missing an election period deadline.</p> <p>The SEP begins at the end of the election period during which the beneficiary was seeking to make an election. The start and length of the SEP, as well as the effective date, are dependent upon the situation, and are at least as long as the time it took for the information to be provided to the individual in an accessible format.</p>	<p>SEP - OTH and type: Equal Time for Materials in Accessible Format</p> <p>To enroll in MA, MAPD or PDP</p>
<p>Y. Contract Violations</p>	<p>SEP is available and begins once CMS determines that a violation has occurred. The length of the SEP will depend on whether the individual immediately enrolls in a new plan upon disenrollment from the original plan. If no plan is chosen immediately, after the SEP is granted, then the individual has 90 days to elect a new plan. CMS may process a retroactive disenrollment in some cases.</p> <p>NOTE: The individual may choose an effective date of enrollment in a new plan beginning any of the three months after the month in which the plan sponsor receives the enrollment request.</p>	<p>SEP - VIO</p> <p>To enroll in MA, MAPD or PDP</p> <p style="color: red;">CMS pre-approval required</p>

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Z. Individuals not adequately informed of loss of creditable coverage	Individuals who are not adequately informed of a loss of creditable coverage, or that they never had creditable coverage, have an SEP to enroll in a plan. The SEP permits one enrollment on a case-by-case basis . This SEP begins the month of CMS approval of this SEP and continues for two additional months following this approval.	SEP - CRE To enroll in MA, MAPD or PDP CMS pre-approval required
AA. Federal employee error causing enrollment or disenrollment in Part D	SEP begins the month the individual receives <i>CMS approval</i> of the SEP and continues for two additional months following this approval. SEP allows enrollment/disenrollment from a PDP on a case-by-case basis.	SEP - ERR To enroll in MA, MAPD or PDP CMS pre-approval required
BB. Disenroll in connection with CMS Sanction	On a case-by-case basis, CMS will establish an SEP if CMS sanctions a plan sponsor and an enrollee disenrolls in connection with the matter that gave rise to that sanction. The start/length of the SEP, as well as the effective date, is dependent upon the situation.	SEP - SAN To enroll in MA, MAPD or PDP CMS pre-approval required
CC. Full-Benefit Dual Eligible with Retroactive Uncovered Months	In <i>limited instances</i> , a full-benefit dual eligible voluntarily enrolls in Part D plan in the month(s) before the individual would otherwise have been auto-enrolled. The PDP may make the voluntary enrollment retroactive. A SEP exists that will permit such individuals to have their voluntary enrollment be retroactive to the first day of the previous un-covered month(s) and first day of the first month of dual status.	SEP - OTH-Full-benefit dual eligible with retroactive uncovered months PDP CMS must process any retroactive enrollment
DD. SEP-Low Stars Ratings - NOT for Use by Plan	This SEP is for individuals who have received a letter from CMS encouraging them to consider another MAPD plan since their current plan received a low stars rating for three+ years. This SEP requires the beneficiary to contact 1-800-MEDICARE to change plans. NOTE: DMS agents may NOT set appointments or seminars for this SEP. Plan review may occur telephonically, but the prospect must call CMS to change plans.	NOT for Use CMS has to process the enrollment
EE. SEP for Significant Change in Provider Network	CMS will establish an SEP, on a case by case basis, if it determines a network change to be significant. The SEP will be in effect once CMS makes its determination and enrollees have been notified. The SEP begins the month the individual is notified of the network change and continues for an additional two months. Enrollment in the new plan is effective the first day of the month after the plan receives the enrollment request. NOTE: DMS agents may NOT set appointments or seminars for this SEP. Plan review may occur telephonically, but the prospect must call CMS to change plans.	NOT for Use CMS has to process the enrollment

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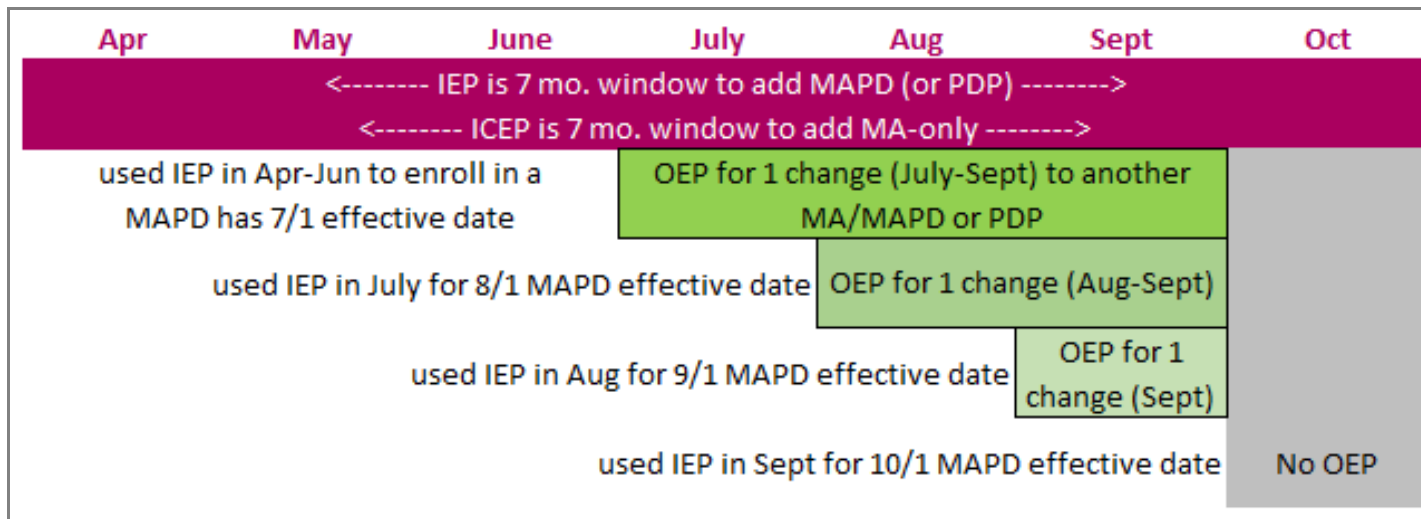
IEP vs ICEP Chart



Medicare Plan Enrollment/Election Periods Job Aid for Agents (MA) OEP Charts (following IEP/ICEP)

REMINDER: PDP-only members can NOT use OEP to select a Medicare Advantage plan or change to a different PDP.

Part A and Part B are the SAME DATE. This EXAMPLE illustrates OEP use, reduction or forfeiture based on when during IEP/ICEP seven-month window that the Medicare Advantage plan was selected by the beneficiary. For this EXAMPLE Parts A and B are effective July 1.



Part A and Part B are a DIFFERENT DATE (ie, Delayed Part B or Delayed Part A). This EXAMPLE illustrates OEP use following Delayed Part B using ICEP to enroll in MA/MAPD with an effective date of July 1 (for both Part B and the MA/MAPD).

