

## **Medicare Advantage Enrollment Periods**

**AEP – Annual Election Period.** October 15 to December 7. Can sign up for MAPD/PDP for coverage beginning January 1 the following year.

**OEP – Open Enrollment Period.** January 1-March 31<sup>st</sup>, for people who already have an MA Plan. Can make one plan change during this time. Coverage begins the 1<sup>st</sup> of the month following enrollment.

**Loss of Employer Coverage.** Worked past the age of 65. May have signed up for premium free A and delay part B. Note:make sure group coverage is creditable before delaying Medicare enrollment (group plans from employers with more than 20 employees). When they lose group coverage, they have an 8-month SEP to sign up for Medicare.

**Loss of Employer Coverage.** Worked past the age of 65. May have signed up for premium free A and delay part B. Note:make sure group coverage is creditable before delaying Medicare enrollment (group plans from employers with more than 20 employees). When they lose group coverage, they have an 8-month SEP to sign up for Medicare Part B. **After their group coverage ends, they only have a 2-month SEP to join a MA-PD or PDP plan after their group coverage ends.**

**Relocation.** If they move to an area, they can switch if their current plan isn't available where they move OR they can switch to a new plan if it wasn't available where they moved from. If the member tells the Plan before moving, the SEP begins the month before the move and continues for 2 months after the move. If they tell the plan after moving, the SEP begins the month they tell the Plan plus 2 full months. Some plans may give longer than 2 months if you refer to the Evidence of Coverage.

**Beginning or Ending Stay at Long-Term Care Facility.** Lasts the duration of the stay at the institution plus 2 full months after they move out.

**Beneficiary Is Eligible for Extra Help/LIS.** Can make one change during the first three quarters or during AEP if they have or become eligible for Extra Help.

**Beneficiary Loses Extra Help/LIS.** They are able to switch for 3 months from the date no longer eligible, or the date notified, **whichever is later.**

**Beneficiary is eligible for Medicare and Medicaid (Dual Eligible).** Can make one change during the first three quarters or during AEP if they have or become eligible for Extra Help. **Depending on the level of Medicaid assistance, they may be eligible for a D-SNP plan.**

**Beneficiary Loses Eligibility for Medicaid.** They are able to switch for 3 months from the date no longer eligible, or the date notified, **whichever is later.**

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**5-Star Rating Plan.** One-time SEP between December 8 and November 30 the following year to switch to a 5-Star plan.

**Has a Medicare Supplement.** If they have a supplement, they have a Trial Right SEP. They have a 12-month trial period during which they have Guaranteed Issue to available supplement plans.

**Chronic Special Needs Plan is Available.** IF they have a qualifying condition, they can join a C-SNP at anytime during the year, but can only use the SEP once.

**Medicare Sanctions a Plan.** The SEP starts when the sanction is imposed and is available until the sanction ends or the beneficiary switches to another plan.

**Medicare Terminates a Plan.** The SEP starts two months before the contract with Medicare ends and ends 1 full month after the contract ends.

**If a MAPD, PDP or Cost Plan's Contract isn't Renewed.** IF it isn't renewed, they can join between December 8 and the last day of February the following year.

**Enrolled in a State Pharmaceutical Assistance Program (SPAP).** They can use this SEP once during the calendar year.

**Loses State Pharmaceutical Assistance Program (SPAP) Eligibility.** Starts the month they lose eligibility or the month notified, whichever is earlier, and ends 2 months after month of loss or notification of loss, whichever is later.

**Other drug coverage as good as Medicare like VA or Tricare.** They can switch to Original Medicare or a MA Only Plan.

**Natural Disaster.** The time frame for the SEP is determined at the time it's announced. Beneficiary is eligible if they had another valid election period they missed due to the natural disaster.

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## Questions to ask to determine eligibility



**Make sure you ask enough questions to understand if the client is eligible for an election period.**

- Has the beneficiary recently moved? If so, when?
- Is the beneficiary leaving employer coverage? If so, when?
- Did the beneficiary recently receive a letter informing them of eligibility into state's Medicaid program, a change in Medicaid status or loss of Medicaid? If so, when?
- Does the beneficiary currently have Medicaid? Does the state pay their premiums?
- Did the beneficiary recently receive a letter informing them of eligibility in the Extra Help program, a change or loss of Extra Help?
- **How much do they pay for their prescriptions?** (\$1.55 or \$4.60 for each generic  
\$4.50 or \$11.20 for each brand name means they have help)
- If a C-SNP is available, so they meet the chronic condition(s) for eligibility?
- Is the beneficiary moving into or out of a SNF or LTC hospital?

Does the caller qualify for an election period now? Ask the following questions until you receive a "Yes" response. Once you receive a "Yes", educate the caller about the relevant SEP, for example if SEP MOV, advise you have one month before and two months after to complete your enrollment. Then continue.

o "Are you new to Medicare?" (ICEP-Initial Coverage Election Period)

o "Are you enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)?"

o "Have you recently moved outside of your plan's service area, or have you moved, and this plan is a new option? If yes, what was the date?"

o "Have you recently been released from incarceration? If yes, what was the date?"

o "Have you recently returned to the United States after living permanently outside of the United States? If yes, what was the date?"

o "Have you recently obtained lawful presence status in the United States? If yes, what date did you obtain this status?"

o "Have you recently had a change in your Medicaid (new to Medicaid, had a change in level of Medicaid assistance, or lost Medicaid)? If yes, what date was this change?"

o "Have you recently had a change in your Extra Help paying for Medicare prescription drug coverage (newly received Extra Help, had a change in the level of Extra Help, or lost Extra Help)? If yes, what date was this change?"

o "Do you have both Medicare and Medicaid or is your state helping to pay for Medicare premiums or do you get Extra Help paying for your Medicare prescription drug coverage, but you haven't had a change?"

o "Are you moving into, live in, or recently moved out of a Long Term Care Facility (example, nursing home)? If yes, as of what date?"

o "Have you recently left a Program of All-Inclusive Care for the Elderly (PACE)? If yes, when did you leave?"

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- o “Have you recently involuntarily lost creditable prescription drug coverage (as good as Medicare’s)? If yes, what was the date?”
- o “Are you losing or leaving coverage you had from an employer or union? If yes, what was the date?”
- o “Do you belong to a pharmacy assistance program provided by your state?”
- o “Were you enrolled in a plan by Medicare (or your state) and you want to choose a different plan? If yes, what date did your enrollment in that plan start on?”
- o “Is your plan ending its contract with Medicare or is Medicare ending its contract with your plan?”
- o “I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.”
- o “I’m in a plan that’s had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.”
- o “I’m in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.”
- o “Were you enrolled in a Special Needs Plan but have lost the Special Needs qualification requirement to be in that plan? If yes, when?”
- o “If none of these statements applies to you, is there another reason you believe you may be eligible to enroll?”

#### Hierarchy of Enrollment Periods

1. IEP
2. MA OEP
3. SEP
4. AEP
5. OEP-I (Institutional)

For Original Medicare and Supplement Enrollment Periods →

**Signing up for Original Medicare Parts A and B Enrollment Periods**

**IEP – Initial Enrollment Period.** Turning 65. The 7-months of the three full calendar months before and three full calendar months after you turn 65. There's an exception if their birthday is on the 1<sup>st</sup> of the month, in which case it is 4 months before and 2 months after turning 65. Starts the first of the month they turn 65 or the first of the following month if they enroll after their birthday. If receiving SS or Railroad benefits they automatically get A and B when they turn 65. Otherwise they will need to sign up at SSA.gov. If they do not sign up, there is a Late Enrollment Period for Part A and Part B. Part A applies only if they don't have premium-free Part A which most people do. Part B late enrollment is 10% plus 10% for each year they could've signed up. This is waived if they qualify for Extra Help/LIS.

**GEP – General Enrollment Period.** January 1 – March 31 each year. They may pay a penalty if they don't qualify for a SEP. Coverage starts the month after they sign up.

**Loss of Employer Coverage.** Worked past the age of 65. May have signed up for premium free A and delay part B. Note: make sure group coverage is creditable before delaying Medicare enrollment (group plans from employers with more than 20 employees). If a beneficiary works past age 65 and stays on an employer plan, they have 8 months after the group plan or employment ends, whichever happens first. If they already have Part A, they can go to ssa.gov to sign up for Part B.

**Medicare Supplement OEP** – 6 months after signing up for Part B, where the beneficiary has guaranteed issue for a Medicare Supplement Plan. They can apply at anytime after this, but will have to qualify with Medical Underwriting.