

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>L) SEP - Chronic Condition SNP</u>	<u>U) SEP - Contract Violation</u> CMS pre-approval required
<u>IEP - Initial Election Period</u>	<u>D) SEP65: Enrolled in a MA/MAPD during the IEP/ICEP at 65th birthday to drop it within 1st 12 months to choose PDP</u>	<u>M) SEP - Medicare/Medicaid</u>	<u>V) SEP - Individuals not adequately informed of loss of about creditable coverage</u> CMS pre-approval required
<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>N) SEP - LIS without Medicaid</u>	<u>W) SEP - Federal Employee Error</u> CMS pre-approval required
<u>OEP - Open Enrollment Period</u>	<u>F) SEP - PACE</u>	<u>O) SEP - Institutionalized Individuals that wish to Enroll/Change PDP (coordinates with OEPI)</u>	<u>X) SEP - Disenroll in connection with CMS Sanction</u> CMS pre-approval required
<u>OEPI - Open Enrollment Period Institutional</u>	<u>G) SEP - SPAP</u>	<u>P) SEP - to enroll in PDP if not entitled to premium free Part A and who enroll in Part B during General Enrollment</u>	<u>Y) SEP - Dual Eligible with Retro Uncovered Months</u> CMS must process any retroactive enrollment
<u>Hierarchy of Enrollment Periods</u> <u>IEP vs ICEP Chart</u>	<u>H) SEP - To Disenroll from Part D to enroll in or maintain other creditable coverage</u>	<u>Q) SEP - Medicare Entitlement Determination Made Retroactively</u>	<u>Z) SEP - Low Star Rating</u> NOT for use CMS must process any enrollment
SPECIAL ELECTION PERIODS (SEPs) NOTE: Alpha designation before each SEP is for identification purposes only and is NOT to be put on applications.	<u>I) SEP - Contract Non-Renewal for Upcoming Plan Year</u>	<u>R) SEP for Non-U.S. Citizens who Become Lawfully Present</u>	<u>AA) SEP for Significant Change in Provider Network</u> NOT for use CMS must process any enrollment
<u>A) SEP - New Move</u>	<u>J) SEP - 2nd ICEP for beneficiaries who have Medicare due to disability upon turning age 65</u>	<u>S) SEP - for individuals involuntarily disenrolled from a MAPD plan due to loss of Part B</u>	
<u>B) SEP - Employer Group Health Plan (EGHP)</u>	<u>K) SEP - Loss of Special Needs Status</u>	<u>T) SEP - Five Star Rated Plans</u>	

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ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE & NOTES
<p>ICEP - Medical Coverage</p> <p>1) Initial Coverage Election Period - gaining Medicare A & B at the same time</p> <hr/> <p>2) Delayed Part B while already has Part A</p> <hr/> <p>3) Turning 65 if has Medicare due to Disability; a.k.a. 2nd Initial Election</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> <hr/> <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. <hr/> <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>1) ICEP 7-month period to enroll in a MA (NOT for MAPD or PDP - use IEP for MAPD or PDP)</p> <hr/> <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> <hr/> <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> <hr/> <p>2) Turning 65 if has Medicare due to Disability; a.k.a. 2nd Initial Election</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> <hr/> <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> <hr/> <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>1) IEP 7-month period to enroll in a MAPD or PDP (NOT for MA - use ICEP for MA)</p> <hr/> <p style="text-align: center;">***Do NOT use IEP for Delayed Part B - refer to ICEP***</p> <hr/> <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
OEP - Open Enrollment Period 01/01 - 03/31	Beneficiaries enrolled in a Medicare Advantage plan may make an election <u>once</u> during the first three (3) months of the year to enroll in another Medicare Advantage plan or disenroll to obtain Original Medicare. An individual who chooses to exercise this election may also make a coordinating election to enroll in or disenroll from Part D. The effective date will be the first day of the month following receipt of the enrollment or disenrollment request. NOTE: Individuals enrolled in a MA PFFS plan <u>must request disenrollment</u> from the MA PFFS plan because enrollment in a PDP will NOT automatically disenroll them from the MA PFFS.	OEP 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 between 1/1-3/31.
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

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. SEP

3. AEP/OEP

4. 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 & NOTES
<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>	<p>SEP - LEC For enrollment into MA, MAPD or PDP</p>
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>	<p>SEP - LOC For enrollment into MAPD or PDP (not for MA-only)</p>
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>	<p>SEP - S65 To enroll in PDP only</p>
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>	<p>SEP - MES To enroll in PDP only</p>

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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. 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 (or 1876 Cost Plan) 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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J. 2nd ICEP for beneficiaries who have Medicare due to disability upon turning age 65	<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: For 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>
K. Loss of Special Needs Status	<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>
L. Chronic Condition		
1) Enrollment into a Chronic Care SNP	<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>1) SEP - CHR</p> <p>For enrollment into CC-SNP</p>
2) Individuals found ineligible for a CC-SNP	<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>2) SEP - CHR</p> <p>For enrollment into MA, MAPD or PDP</p>
3) For individuals enrolled in CC-SNP to change to a different CC-SNP focusing on a different condition	<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>3) SEP - CHR</p> <p>For enrollment into CC-SNP</p>

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<p>M. Medicare/Medicaid</p> <p>1 - PY 2018) Individual has <u>both</u> Medicare A & B and Medicaid (dual-eligible)</p> <hr/> <p>1 - PY 2019) Individual has Medicare and Medicaid (dual-eligible) <u>excluding</u> those notified that they have been identified as a “potential at-risk beneficiary” or an “at-risk beneficiary”</p> <hr/> <p>2) Individual who loses Medicaid or whose Medicaid status changes</p>	<p>1 - PY 2018) This SEP is for individuals who have Medicare A and B and receives any type of assistance from Medicaid (the State), including those eligible for Medicare Savings Programs, (QMB-only, SLMB-only, and QI). Someone dual-eligible receives unlimited SEPs as long as they receive Medicaid benefits. The SEP begins the month the individual becomes dual-eligible and exists as long as they receive Medicaid.</p> <hr/> <p>1 - PY 2019) Individuals who have Medicare A and B and receive any type of assistance from Medicaid (the State), including those eligible for Medicare Savings Programs, (QMB-only, SLMB-only, and QI) 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> <hr/> <p>2) Individuals who lose their Medicaid eligibility or whose Medicaid level changes will have an SEP that begins the month they are notified and continues for two additional months. This SEP allows a person losing Medicaid or experiencing a change in Medicaid status to enroll in or disenroll from a MA, MAPD or PDP.</p>	<p>1 - PY 2018) SEP - MDE For enrollment into MA, MAPD or PDP</p> <hr/> <p>1 - PY 2019) SEP - MDE For enrollment into MA, MAPD or PDP</p> <hr/> <p>2) SEP - MDE For enrollment into MA, MAPD or PDP</p>

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N. NON Dual Eligible LIS	This SEP is NOT for use for individuals who have Medicare/Medicaid (dual eligible).	
1 - PY 2018) Individual with LIS	1 - PY 2018) Individuals who qualify for LIS (but do NOT receive Medicaid benefits) have a SEP that begins the month the individual becomes eligible for LIS and exists as long as they are eligible for LIS. This SEP allows an individual to enroll in or disenroll from MAPD/PDP (not MA-only) at any time. Because this coverage is effective the first of the upcoming month, the SEP would permit beneficiaries to change enrollment on a monthly basis, if they so choose. NOTE: If the individual is choosing a PDP with a MA PFFS, use SEP-OTH for the MA PFFS and in the “specify” box type: enrollment in conjunction with LIS PDP. MA RPPO is <u>ineligible</u> for this SEP.	1 - PY 2018) SEP - LIS For enrollment into MAPD or PDP (not for MA-only - see note) Those with Medicaid <u>and</u> LIS should use item B SEP-MDE
1 - PY 2019) Individual with LIS <u>excluding</u> those notified that they have been identified as a “potential at-risk beneficiary” or an “at-risk beneficiary”	1 - PY 2019) Individuals who qualify for Low Income Subsidy (but do NOT receive Medicaid benefits) have a onetime-per-calendar-quarter SEP between January through September. This SEP allows an individual to enroll in or disenroll from MAPD/PDP (not MA-only) once during Jan-Mar, once during Apr-Jun and once during Jul-Sept. This coverage is effective the first of the upcoming month. HOWEVER , if a beneficiary has been notified that he or she has been identified as a “potential at-risk beneficiary” or “at-risk beneficiary”, they are NOT eligible to use this special election period. NOTE: If the individual is choosing a PDP with a MA PFFS, use SEP-OTH for the MA PFFS and in the “specify” box type: enrollment in conjunction with LIS PDP. MA RPPO is <u>ineligible</u> for this SEP.	1 - PY 2019) SEP - LIS For enrollment into MAPD or PDP (not for MA-only - see note) once during each quarter of Jan-Mar, Apr-Jun and Jul-Sept Those with Medicaid <u>and</u> LIS should use item B SEP-MDE
2) Individual who loses LIS or whose LIS status changes	2) Individuals who lose their LIS eligibility because they are no longer deemed eligible for the upcoming calendar year or whose subsidy level changes will have an SEP to make a change during January – March. Those individuals who lose eligibility for LIS during the year outside of this annual redeeming process or whose subsidy level changes will have an SEP that begins the month they are notified and continues for two months.	2) SEP - LLS For enrollment in MAPD or PDP for status change or for enrollment in MA, MAPD or PDP for LIS loss
O. Institutionalized Individuals (coordinates with OEPI)	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. NOTE: Assisted Living Facilities are NOT considered Institutions.	SEP - LTC To enroll in PDP only

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P. Enroll in Part B during the Part B General Enrollment Period when NOT entitled to free Part A	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 1 st and end June 30 th with an effective date of July 1 st . (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.)	SEP - OTH and type: Delayed Part B To enroll in PDP only ONLY between 4/1 - 6/30
Q. Medicare Entitlement Determination is Made Retroactively	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.	SEP - RET (use if reason for delay was for any other reason) To enroll in MA, MAPD or PDP
R. SEP for Non-U.S. Citizens who become Lawfully Present	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. 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.	SEP - OTH and type: Obtained lawful presence To enroll in MA, MAPD or PDP
S. PDP SEP for individuals involuntarily disenrolled from a MAPD plan due to loss of Part B	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.	SEP - OTH and type: Disenrolled from a MAPD due to loss of Part B To enroll in PDP only
T. SEP to Enroll in a plan with a Five (5) Star Rating	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.	SEP - 5ST ONLY between 12/8 - 11/30
U. Contract Violations	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. 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.	SEP - VIO To enroll in MA, MAPD or PDP CMS pre-approval required

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ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE & NOTES
V. 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
W. 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
X. 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
Y. 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
Z. 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
AA. 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

