



Enrollment During Lock-In

In 2006, some Medicare beneficiaries will have election periods allowed after lock-in into a MA (MAPD, MA-Only, PFFS, etc.) and/or Part D stand-alone plan (PDP).

Population	Qualification	Time Frame	Elections	Proof/Coding Copy of Any One Item
Dual Eligible (Full Benefits)	Medicaid Beneficiary	As long as Medicaid eligible or entitled to MSP* *Medicare will auto-enroll into PDP if plan not chosen within 1 month	Continuous	<ul style="list-style-type: none"> Medicaid # Medicaid Card Medicaid Award Letter Code: SEP-DE
Dual Eligible (Partial in MSP) (MSP = Medicare Savings Programs ... QMBs, SLMBs, & Qis)	Medicaid Beneficiary	As long as Medicaid eligible or entitled to MSP* *Medicare will auto-enroll into PDP if plan not chosen within 1 month	Continuous	<ul style="list-style-type: none"> Medicaid # Medicaid Card Medicaid Award Letter Code: SEP-MSP
Dual-Eligible (Loss of Status)	No longer eligible for Medicaid benefits	Within 3-months after loss of eligibility	1 Election	<ul style="list-style-type: none"> State Notice <i>regarding loss of dual eligible status</i> Code: SEP-Loss DE
Other LI/S Levels	Qualified for Part D premium subsidy (i.e., ≤ 150% FPL [Federal Poverty Level])	Begins on date notified of LI/S status or effective date of facilitated enrollment, whichever comes first Ends on date makes election, or switch, or <ul style="list-style-type: none"> 11-15-06 for MA election 12-31-06 for PDP election whichever comes first	1 Election* *1 switch allowed before end of 2006 calendar year, if CMS facilitated into PDP on 01-01-06	<ul style="list-style-type: none"> SSA Award Letter Code: SEP-LIS

Population	Qualification	Time Frame	Elections	Proof/Coding Copy of Any One Item
Institutionalized	Resides in SNF, intermediate care facility, facility for the mentally retarded, psychiatric, rehab, LTC, or swing-bed hospital	Begins first day institutionalized Ends 2 months after discharge	Continuous	<ul style="list-style-type: none"> Facility Address & Contact Info <i>on enrollment form</i> Code: SEP-Inst.
Age-In	<ul style="list-style-type: none"> Turned 65 on/after 03-01-06 Otherwise eligible for Medicare Part A/B (i.e. $\geq 25^{\text{th}}$ month of disability) 	<u>First Election</u> Begins 3 months before Ends last day of 3 rd month after Part A/B entitlement (usually 65 th birthday) Can elect effective date that begins first day of month of birthday <u>Switch (MA Plans only)</u> Begins month of Part A/B entitlement Ends last day of 6 th month of entitlement	<u>MA</u> 1 Election 1 Switch to like-plan <u>PDP</u> 1 Election	<ul style="list-style-type: none"> Medicaid Entitlement Letter Back-End (MAS) Scan of MBD Code: SEP-Age-In
Change in Residence	Permanently moved outside plan's service area	Begins month before month of permanent move Ends 2 months after move	1 Election	<ul style="list-style-type: none"> New Address on Enrollment Form <i>Member attestation</i> Code: SEP-Move
Outside Plan's Service Area Longer Than 6 Months	Left plan's service area for over 6 months	Begins first of 6 th month out-of-area Ends last day of 8 th month out-of-area	1 Election	<ul style="list-style-type: none"> Current Address on Enrollment Form <i>Member attestation</i> Code: SEP-Move
Displaced by Hurricane Katrina	Currently/previously reside(d) in certain zip codes within Alabama, Louisiana, & Mississippi	Immediate	Continuous	<ul style="list-style-type: none"> Utility Bill Driver's License Member Attestation Code: SEP-Hurricane
Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> Involuntarily lost drug coverage Coverage deemed no longer creditable Never informed coverage not creditable 	Begins month informed of loss of coverage Ends 60 days after loss of coverage	1 Election	<ul style="list-style-type: none"> Letter <i>stating loss of creditable coverage</i> Member Attestation Code: SEP-Loss Cred Cvrgr
Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	Voluntary/involuntary termination of group coverage	Begins month group receives completed disenrollment request or date COBRA ends Ends 2 months after effective date of disenrollment* *Must be enrolled in Part B to elect MA during MA SEP 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	1 Election	<ul style="list-style-type: none"> Term Letter <i>from group or COBRA</i> Email <i>from group attesting to disenrollment</i> Code: SEP-Loss Group

Population	Qualification	Time Frame	Elections	Proof/Coding Copy of Any One Item
Erroneous Part D Enrollment or Non-Enrollment	Enrollment/non-enrollment due to action/inaction/error by Federal employee	Begins following date of approval by Medicare Ends 90 days following notification to Beneficiary	1 Election	<ul style="list-style-type: none"> No Proof Required Code: SEP-Erroneous
Termination of Plan Contract	Contract terminated with/without mutual consent of Medicare	<u>By mutual consent</u> Begins 2 months before Ends 1 month after effective date of termination <u>Terminated by CMS</u> Begins 1 month before Ends 2 months after effective date of termination	1 Election	<ul style="list-style-type: none"> Term Letter <i>from Plan or CMS</i> Code: SEP-Contract
Violation of Plan Contract Provision	Demonstrated to Medicare that plan violated provision of contract or misrepresented plan when marketing	Begins once Medicare determines violation has occurred Ends 90 days from effective date of disenrollment During final month of enrollment in original plan, may elect another plan or return to original Medicare (effective the first day of the month after petition approved by Medicare.) If return to original Medicare, have 90 days from effective date of disenrollment to elect another plan	1 Election	<ul style="list-style-type: none"> Letter of Proof <i>from Medicare</i> Code: SEP-Contract
CMS Sanction	Disenrolled after affected by matter for which CMS sanctioned plan	Dependent on situation	1 Election	<ul style="list-style-type: none"> Letter of Proof <i>from Medicare</i> Code: SEP-Contract
Non-Renewing Cost Plans	Plan no longer offered in area	Begins 90 calendar days prior to end of contract year Ends Dec 31 of same year* *May choose a Nov 1, Dec 1, or Jan 1 effective date	1 Election	<ul style="list-style-type: none"> Letter of Proof <i>from Plan</i> Code: SEP-Contract
First Time MA Enrollee	<ul style="list-style-type: none"> Dropped Medigap policy to enroll Enrolled upon eligibility for Medicare 	Begins month enrolled in MA for first time Ends 12 months after effective date	1 Election* *Back to guaranteed issue Medigap, original Medicare, or to PDP	<ul style="list-style-type: none"> Back-End (MAS) Scan of <i>MBD</i> Code: SEP-Trial
Retro Medicare Determination	Medicare entitlement verification is made after 05-15-06	Begins month notice of entitlement is received Ends 2 months after month notice is received	1 Election	<ul style="list-style-type: none"> Medicare Entitlement Letter Code: SEP-Retro

Population	Qualification	Time Frame	Elections	Proof/Coding Copy of Any One Item
Retro ESRD Determination (ESRD = End-Stage Renal Disease)	ESRD status was determined after his/her ICEP passed May elect MA if: <ul style="list-style-type: none"> Were in a health plan offered by the same MA the month before Part A/B entitlement Developed ESRD while a member of that health plan Still enrolled in that health plan Had untimely entitlement determination due to an admin delay 	Begins month received notice of Medicare entitlement Ends 2 months after the month notice is received	1 Election	<ul style="list-style-type: none"> Back-End (MAS) Scan of Renal Network Database Code: SEP-Retro ESRD
PACE Switcher (PACE = Program for All-Inclusive Care for the Elderly)	Enroll/disenroll from PACE	2 months after effective date of PACE disenrollment to elect plan May disenroll from plan at any time to enroll in PACE	1 Election	<ul style="list-style-type: none"> PACE Enrollment Letter PACE Member ID Card Code: SEP-PACE
Enrolled in Plan by SPAP (SPAP = State Pharmaceutical Assistance Program)	Enrolled in plan by SPAP	Begins on effective date of enrollment into SPAP Ends last day of calendar year	1 Election	<ul style="list-style-type: none"> State Facilitation Letter Code: SEP-SPAP
Special Needs Status Change for Members of SNP (SNP = Special Needs Program)	Disenrolled from SNP due to loss of special needs status	Begins month of effective date of disenrollment Ends when enrolled	1 Election	<ul style="list-style-type: none"> Letter <i>attesting to loss of special needs status</i> Code: SEP-SN
Severe or Disabling Chronic Condition	Qualifies for, but not yet enrolled in, SNP	Begins upon qualification of disabling condition Ends when enrolled in SNP	1 Election* *Once SEP ends, may make enrollment changes only during election periods	<ul style="list-style-type: none"> Letter <i>attesting to severe or disabling condition</i> Code: SEP-SN

Beneficiaries may elect a PFFS & PDP during a SEP



Contact your Secure Horizons Marketing Organization with questions you may have.

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