

Special Enrollment Periods Enrollment in Medicare Drug Coverage

Population/Circumstance	Special Enrollment Period
Limited Income Individuals	
Full Dual-Eligibles ¹ , Enrollees in Medicare Savings Programs ² (QMB, SLMB, and QI), and Other Beneficiaries with LIS	<ul style="list-style-type: none"> ▪ Continuous: Can join a plan or switch plans at anytime, effective on the 1st day of the following month ³ ▪ Begins the month they become eligible for low-income subsidy and continues as long as they remain LIS-eligible
Beneficiaries Losing LIS Eligibility Mid-Year	<ul style="list-style-type: none"> ▪ A 3-month period after the date they are no longer eligible for full Medicaid benefits during which beneficiaries may switch plans
Beneficiaries Losing LIS Eligibility At the End of the Plan Year	<ul style="list-style-type: none"> ▪ A specific 3-month period (January 1 to March 31) in the next plan year during which beneficiaries may switch plans
Qualified SPAP Enrollees Not Eligible for LIS	<ul style="list-style-type: none"> ▪ SPAP enrollees have a SEP to enroll in a plan at anytime during the calendar year. They may use the SEP to join a Part D plan or to switch to a different Part D plan
Beneficiaries Losing SPAP Eligibility	<ul style="list-style-type: none"> ▪ Beneficiaries have a SEP beginning the month they lose eligibility plus 2 additional months to enroll in a MA-PD or PDP
Institutionalized Individuals	
Beneficiaries in Long-Term Care Facilities ⁴	<ul style="list-style-type: none"> ▪ Upon moving into certain long-term care facilities, beneficiaries receive a continuous SEP during their entire stay ▪ Upon moving out of these long-term care facilities, beneficiaries have a SEP for up to 2 months, effective on the 1st day of the following month
Creditable Coverage	
Beneficiaries Involuntarily Losing Creditable Coverage (Including those who retire and lose coverage through their employers)	<ul style="list-style-type: none"> ▪ Begins with the month of notification of a loss in creditable coverage (including a reduction in coverage so that it is no longer creditable) ▪ Ends upon enrollment into a drug plan, 60 days after the loss (or reduction) occurs, or 60 days after notice, whichever is later
Beneficiaries Not Adequately Notified About Creditable Coverage Status ⁵	<ul style="list-style-type: none"> ▪ Requires CMS approval: following approval, beneficiaries have 90 days to enroll in a new plan
Beneficiaries Enrolling in Creditable Coverage	<ul style="list-style-type: none"> ▪ Beneficiaries may disenroll from a MA-PD or PDP at any time to enroll in or maintain other creditable coverage
Beneficiaries with Coverage Through an Employer Group Health Plan (EGHP)	<ul style="list-style-type: none"> ▪ During EGHP's open season, beneficiaries have a SEP to disenroll from a Medicare drug plan to enroll in the EGHP plan or to disenroll from an EGHP plan to enroll in a Medicare drug plan <ul style="list-style-type: none"> ○ Beneficiaries may choose the effective date, as long as it is within 3 months

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Change of Residence	
Beneficiaries Permanently Moving From a Plan's Service Area, Beneficiaries Who Have Moved Back to the US, and Beneficiaries No Longer Incarcerated	<ul style="list-style-type: none"> ▪ If the beneficiary notifies the plan before the move, the SEP begins the month prior to the month of the move, continues during the month of the move, and ends 2 months after the move ▪ If the beneficiary notifies the plan after the move and still within 6 months of move, the SEP begins the month the individual provides notice to the plan and ends 2 months later ▪ If the plan learns from CMS or the US Post Office that the beneficiary has been out of the service area for over six months and the plan is not able to confirm otherwise, the SEP begins at the beginning of the sixth month and continues through to the end of the eighth month
Part B Coordinating	
Beneficiaries Enrolling in Part B During the General Enrollment Period (GEP) ⁶	<ul style="list-style-type: none"> ▪ Begins April 1 and ends June 30, with coverage effective July 1 (the same date Part B coverage becomes effective)
Beneficiaries Involuntarily Disenrolled from a MA-PD due to loss of Part B	<ul style="list-style-type: none"> ▪ Beneficiaries who continue to be entitled to Part A will have a SEP to enroll in a PDP plan ▪ SEP begins when beneficiary is advised of Part B loss and lasts for 2 additional months
MA and MA-PD Coordinating	
Beneficiaries Who Drop a Medigap to Enroll in MA	<ul style="list-style-type: none"> ▪ Beneficiaries over age 65 already enrolled in original Medicare who drop a Medigap policy to enroll in a Medicare Advantage plan for the first time have a 12-month SEP. This SEP permits beneficiaries to return to original Medicare and join a prescription drug plan (PDP)
Beneficiaries During Initial Enrollment Period Who Enroll in MA (aka "SEP65")	<ul style="list-style-type: none"> ▪ Beneficiaries who, upon turning 65, enroll in an MA plan. This 12-month SEP permits beneficiaries to disenroll from an MA plan and go into original Medicare. If the MA plan is an MA-PD plan, the beneficiary must also choose a PDP at the same time
Beneficiaries Who Qualify for a Special Needs Plan and Beneficiaries Who Require a New Chronic Care SNP	<ul style="list-style-type: none"> ▪ A SEP allows eligible beneficiaries to disenroll from a PDP at any time to enroll in an MA SNP ▪ An additional SEP allows those no longer eligible for a SNP because they no longer meet special needs status to enroll in a plan ▪ An additional SEP exists for beneficiaries currently enrolled in a Chronic Care SNP who require a new SNP due to a new Chronic Care focus; the SEP ends upon enrollment in new SNP
Beneficiaries Who Qualify for Program-of-All-inclusive Care for the Elderly (PACE)	<ul style="list-style-type: none"> ▪ This SEP allows beneficiaries to disenroll from a PDP at any time to enroll in PACE ▪ An additional SEP allows those disenrolling from PACE to enroll in a PDP up to 2 months after the effective date of PACE disenrollment
Beneficiaries Eligible for Medicare Due to a Disability Upon Turning 65 (additional IEP for Part D)	<ul style="list-style-type: none"> ▪ This additional Part D IEP coordinates with an MA SEP which allows individuals to disenroll from an MA-only or MA-PD plan to Original Medicare, or to enroll in an MA-only plan ▪ The SEP begins and ends concurrently with the additional Part D IEP - 3 months before to 3 months after 65th birthday

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Other	
Enrollment/Non-Enrollment Due to an Error by a Federal Employee	<ul style="list-style-type: none"> ▪ Requires CMS approval; following approval, beneficiaries have 90 days to enroll in a new plan after receiving notification from CMS.
Contract Violations ⁷	<ul style="list-style-type: none"> ▪ Begins once CMS determines the violation has occurred; the end date will vary case-by-case.
Plan Terminations	<ul style="list-style-type: none"> ▪ Plans with contracts terminated by CMS (or modified by mutual consent) must notify their enrollees at least 60 calendar days prior to the date of termination (or modification). ▪ The SEP begins 2 months prior to the termination (or modification) date and ends 1 month after the month in which it occurred, effective on the 1st of the month following enrollment.
Non-Renewals	<ul style="list-style-type: none"> ▪ Plans or contracts not renewing for the contract year of January 1 must notify their enrollees at least 90 calendar days prior to January 1 ▪ The SEP begins October 1 and ends on January 31 of the following year
Other Circumstances	<ul style="list-style-type: none"> ▪ Other circumstances give CMS discretion to create a SEP. The length of the SEP is dependent upon CMS' decision.

Note: Special Enrollment Periods (SEPs) allow Medicare beneficiaries to enroll in a Medicare drug plan or to change enrollment into a different plan (thereby disenrolling from the first plan) outside of the AEP and the OEP. In most instances SEPs are situated to prevent the imposition of a penalty premium, because they occur at common instances which otherwise would create a 63-day gap in creditable drug coverage. This may not be the case for the continuous SEPs. Typically, most SEPs end when the beneficiary enrolls in a new plan or when the SEP timeframe ends, whichever comes first.

¹ Includes Medicare beneficiaries who spend-down to full Medicaid as well as Medicare beneficiaries who receive full Medicaid benefits through a Medicaid home and community-based services (HCBS) waiver. CMS automatically (and randomly) assigns new full duals to a Medicare drug plan, upon receiving notice from the state of the enrollee's Medicaid status. These enrollees may then choose a different plan.

² CMS automatically (and randomly) assigns MSP enrollees (as well as other Medicare beneficiaries who get the "extra help") to a Medicare drug plan, upon receiving notice from the state of the enrollee's MSP status. These enrollees may then choose a different plan.

³ In effect, these enrollees can switch plans once a month as the effective date for coverage under a new plan is the first of the month after a switch.

⁴ For the purpose of Medicare drug coverage, long-term care facilities include: skilled nursing facilities, nursing facilities, inpatient psychiatric hospitals, intermediate care facilities that are residential facilities for developmentally disabled adults (called "ICF/MR"), rehabilitation units or hospitals, long-term care hospitals, and swing-bed hospitals.

⁵ Includes both a notice about creditable coverage status and a notice about a loss or reduction of coverage.

⁶ Individuals who enroll in Part B during the Part B General Enrollment Period (January 1-March 31) have a Part B effective date of July 1.

⁷ Contract violations include (but are not limited to) failure to provide benefits in a timely manner and material misrepresentation of the plan by the sponsor.