

Enrollment in Medicare Drug Coverage

Enrollment for 2007

Enrollment Period	Dates	Event
Initial Enrollment Period (IEP)	A 7-month period	<ul style="list-style-type: none"> ▪ The IEP for individuals who are turning age 65 is a 7-month period, which begins on the first day of the 3rd month before the month in which they turn 65, includes the month of their 65th birthday, and ends on the last day of the 3rd month after their 65th birthday. During this 7-month period, Medicare beneficiaries can enroll in Medicare Part A, Part B, and a Medicare drug plan.
Annual Election Period (AEP)	Nov. 15, 2006- Dec. 31, 2006	<ul style="list-style-type: none"> ▪ Medicare beneficiaries who have not yet enrolled in a plan can enroll in a plan, with coverage effective on Jan. 1, 2007. They may have a penalty premium imposed if they were without creditable drug coverage for more than 63 days in 2006. ▪ Medicare beneficiaries already enrolled in a plan can switch to a different plan, with coverage effective on Jan. 1, 2007. ▪ Medicare beneficiaries can also switch to traditional Medicare and a PDP or to a Medicare Advantage plan with prescription drug coverage (MA-PD).
Part B General Enrollment Period (GEP)	Jan. 1, 2007- March 31, 2007	<ul style="list-style-type: none"> ▪ Individuals who did not enroll in Part B during their Initial Enrollment Period (IEP) can enroll during the GEP (Jan. 1-March 31). Part B is effective on July 1. ▪ They then have a Special Election Period (April 1-June 30) to enroll in a Medicare drug plan, effective on July 1. See corresponding SEP information below.
Open Enrollment Period (OEP)	Jan. 1, 2007- March 31, 2007	<ul style="list-style-type: none"> ▪ During this Medicare Advantage enrollment period, Medicare beneficiaries who have <i>both</i> Medicare Parts A and B and who have already enrolled in a Medicare drug plan have one opportunity to switch to a different plan, effective on the first of the following month. <ul style="list-style-type: none"> ➤ Beneficiaries in an MA-PD plan can switch to another MA-PD <u>or</u> traditional Medicare and a PDP, but cannot switch to original Medicare without a PDP or an MA-only plan (not providing prescription coverage). ▪ Beneficiaries in an MA only plan that does not provide prescription coverage cannot switch to an MA-PD. They can enroll in original Medicare, but cannot enroll in a PDP. ▪ Beneficiaries in traditional Medicare and a PDP cannot switch to a different PDP or to an MA plan <i>without</i> prescription drug coverage, but they can enroll in an MA-PD.

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Population/Circumstance	Special Enrollment Periods for PDPs
Limited Income Individuals	
Full Dual-Eligibles ¹	<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.² ▪ Begins the month s/he becomes dually-eligible and continues as long as s/he remains a full dual
Beneficiaries Who Lose Dual-Eligible Status	<ul style="list-style-type: none"> ▪ A 3-month period after the date s/he is no longer eligible for full Medicaid benefits in which the beneficiary may switch plans.
Enrollees in Medicare Savings Programs (QMBs, SLMBs, and QIs) ³	<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.² ▪ Begins the month s/he enrolls in a MSP and continues as long as s/he remains in the MSP
Other LIS Eligible Beneficiaries Who Are Notified of Pending Facilitation	<ul style="list-style-type: none"> ▪ Begins on the date of the notice of LIS eligibility ▪ The SEP ends when the individual enrolls in a Medicare drug plan or when the individual is facilitated into a plan (about 2 months). If the beneficiary is facilitated, s/he has an additional SEP to change plans. See directly below.
Other LIS Eligible Beneficiaries Whose Enrollment Into a Part D Plan Is Facilitated	<ul style="list-style-type: none"> ▪ Begins on the effective date of facilitated enrollment and ends on December 31 of the same year ▪ The SEP ends when the individual enrolls in a new Medicare drug plan or when the time frame ends, whichever comes first
Institutionalized Individuals	
Beneficiaries in Long-Term Care Facilities ⁴	<ul style="list-style-type: none"> ▪ An individual who <u>moves into</u> certain long-term care facilities⁴ has a continuous SEP for as long as s/he resides in these long-term care facilities. ▪ An individual who <u>moves out</u> of certain long-term care facilities⁴ has a SEP for up to 2-months after moving out of the facility. <ul style="list-style-type: none"> ➤ The effective date of the SEP is the first of the month following the month in which the disenrollment/enrollment request is received by the plan.

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Population/Circumstance	Special Enrollment Periods for PDPs
Individuals with Creditable Coverage	
Beneficiaries Who <u>Involuntarily</u> Lose Creditable Coverage	<ul style="list-style-type: none"> ▪ Begins with the month s/he is notified of a loss in creditable coverage (including a reduction in coverage so that it is no longer creditable). ▪ Ends when the individual enrolls in a Medicare drug plan, 60 days after the loss (or reduction) occurs, or 60 days after s/he received the notice, whichever is later.
Beneficiaries <u>Not Adequately Notified</u> About Their Creditable Coverage Status ⁵	<ul style="list-style-type: none"> ▪ Requires CMS approval; following approval, s/he will have a 90-day period to enroll in a new Medicare drug plan after receiving notification from CMS.
Beneficiaries with Coverage Through an Employer Group Health Plan (EGHP)	<ul style="list-style-type: none"> ▪ During an employer/union-sponsored health plan open season, an employee, retiree, or dependent also on Medicare has a SEP to either disenroll from a Medicare drug plan to enroll in the employer/union-sponsored prescription drug plan or disenroll from an employer/union-sponsored prescription drug plan to enroll in a Medicare drug plan. Some EGHPs do not allow Medicare beneficiaries who dropped EGHP coverage to re-enroll in the EGHP. <ul style="list-style-type: none"> ➢ S/he may choose the effective date of enrollment/disenrollment as long as it is no later than 3 months after the request.
Individuals Who Change Residence	
Beneficiaries Who Permanently Move Out of the Plan's Service Area	<ul style="list-style-type: none"> ▪ If the beneficiary notifies the plan about his/her move before the move occurs, 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. <ul style="list-style-type: none"> ➢ If s/he notifies the plan more than 2 months after the move, this SEP no longer applies. ▪ If the beneficiary does not notify the plan and the plan finds out through the U.S. Post Office's returned mail that s/he has been living out of the area for more than 6 months (and the plan has not been able to contact the beneficiary), The SEP starts on the first of the 6th month and ends at the end of the 8th month after the move. <ul style="list-style-type: none"> ➢ S/he may choose an effective coverage date of up to 3 months after the month in which the plan receives the new enrollment request.

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Population/Circumstance	Special Enrollment Periods for PDPs
Individuals Enrolling in Part B for the First Time	
Individuals Who Enroll in Part B During the General Enrollment Period (GEP) ⁶	<ul style="list-style-type: none"> ▪ The SEP begins on April 1 and ends on June 30, with drug coverage through a prescription drug plan (PDP) effective on July 1 (the same date Part B coverage becomes effective). ▪ Individuals enrolling in Medicare for the first time during the GEP who join a Medicare Advantage plan with a prescription drug benefit (MA-PD) have a SEP under certain circumstances: <ul style="list-style-type: none"> ➤ If they voluntarily disenroll from their MA-PD within the first 12 months of enrollment, they can enroll in original Medicare and a prescription drug plan (PDP) no later than 12 months from the date of their enrollment in the MA-PD. ➤ If they are enrolled in an MA-PD that does not renew for the following calendar year, their SEP is extended for a second 12-month period (in addition to the first 12 months following their enrollment in the MA-PD as noted directly above). The extended SEP allows them to either enroll in original Medicare and a PDP <u>or</u> an MA-PD.
Individuals Enrolling in an MA-PD for the First Time	<ul style="list-style-type: none"> ▪ Beneficiaries over age 65 already enrolled in original Medicare who decide to enroll in a Medicare Advantage plan with a prescription drug benefit (MA-PD) during the MA ACEP (November 15 to December 31) for the first time can voluntarily disenroll and have a SEP. The SEP is a 12-month period during which they can enroll in original Medicare and a prescription drug plan (PDP) <u>or</u> another MA-PD.
Other	
Enrollment/Non-Enrollment Due to an Error by a Federal Employee	<ul style="list-style-type: none"> ▪ Requires CMS approval; following approval, s/he has a 90-day period to enroll in a new PDP after receiving notification from CMS.
Contract Violations ⁷	<ul style="list-style-type: none"> ▪ The SEP begins once CMS determines the violation has occurred; the end date will vary case-by-case.
Non-Renewals of Plans	<ul style="list-style-type: none"> ▪ Plans that choose not to renew their contracts for the next calendar year (starting on Jan. 1) must notify their enrollees at least 90 calendar days prior to the non-renewal date, or by October 1. ▪ The SEP begins on Oct. 1 and ends on Dec. 31. (Note: This SEP also applies to beneficiaries in an MA-PD that does not renew its contract.)
Plan Terminations	<ul style="list-style-type: none"> ▪ Plans that have their contract 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.
Other Circumstances	Other circumstances give CMS discretion to create a SEP.

Note: Special Enrollment Periods (SEPs) allow Medicare beneficiaries to enroll in a Medicare drug plan or to disenroll from one plan and enroll in another 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 that are available to full dual eligibles, MSP enrollees, enrollees in SSI, and residents of long-term care facilities.

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. New full duals are automatically (and randomly) assigned to a Medicare drug plan, usually within 2 months of the state notifying CMS of the enrollee's Medicaid status. They can choose a different plan. More information about auto-enrollment of new duals is available from <http://www.hapnetwork.org/>.

² Practically speaking, full duals and MSP 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.

³ MSP enrollees (as well as other Medicare beneficiaries who get the "extra help") are automatically (and randomly) assigned to a Medicare drug plan, usually within 2 months of the state notifying CMS of the enrollee's MSP status. They can choose a different plan. More information about facilitated enrollment of new MSP enrollees is available from <http://www.hapnetwork.org/>.

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 (Jan. 1-March 31) have an effective Part B 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.