



## **MEDICARE ENROLLMENT & APPEALS GROUP**

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**DATE:** July 31, 2018

**TO:** All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations

**FROM:** Jerry Mulcahy  
Director

**SUBJECT:** Enrollment Guidance Policy Changes and Updates for Contract Year 2019

The Centers for Medicare & Medicaid Services (CMS) published regulation changes that impact enrollment in CMS-4182-F (Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program) on April 16, 2018. To implement these changes, we updated guidance to Chapter 2 and 17D of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Benefit Manual. This memorandum provides guidance and enrollment form/model notice updates for contract year 2019. Guidance documents and a detailed summary of changes are available online at the locations outlined at the end of this memorandum. A summary of the significant changes to the guidance include:

### **1. Restoration of the Medicare Advantage Open Enrollment Period**

To preserve beneficiary choice under Medicare Advantage (MA), the 21<sup>st</sup> Century Cures Act discontinued the Medicare Advantage Disenrollment Period (MADP) and established the Medicare Advantage Open Enrollment Period (MA OEP), effective January 1, 2019. Plans can accept and process elections made by MA enrollees during the first 3 months of each year or newly MA-eligible individuals during the first 3 months of their entitlement, beginning January 1, 2019.

### **2. Duals/LIS Special Enrollment Period (SEP) Changes and Limitations**

#### *SEP for Dual-eligible Individuals and Other LIS-Eligible Individuals*

There are new limitations on the use of the Special Election Period (SEP) for dually-eligible and other low income subsidy (LIS) beneficiaries to once per calendar quarter during the first three quarters of the year (January – September). Extra limitations exist for this group of beneficiaries identified as potential at-risk or at-risk for misuse or abuse of a frequently abused drug.

#### *SEP for Individuals who Gain, Lose, or Have a Change in their Dual or LIS-Eligible Status*

Separate from the duals/LIS SEP, we established an SEP for beneficiaries notified of a change of LIS or dual status.

### *SEP for CMS and State-Initiated Enrollments*

This new SEP is available for individuals who are assigned into a plan by CMS or their state (e.g., auto-assignment, reassignment, passive enrollment).

### **3. Default enrollment and a new simplified enrollment mechanism**

We modified default enrollment (previously called “seamless conversion”) to permit automatic enrollment of a dully-eligible beneficiary in a Medicaid Managed Care Organization into a D-SNP offered under the same MA organization, under certain circumstances, when the beneficiary is first eligible for Medicare. We also established a simplified enrollment process as a means for MA organizations to streamline enrollments of newly Medicare-eligible individuals in their non-Medicare products. Guidance on the temporary suspension on acceptance of new proposals for default enrollment, as well as instructions for MA organizations currently approved for “seamless conversion” will be issued by the fall.

### **4. Passive enrollment changes**

We expanded the application of passive enrollment to full-benefit dual eligible beneficiaries currently enrolled from one integrated Dual Eligible Special Needs Plan (D-SNP) to another in order to promote continuity of integrated care. Technical guidance regarding criteria for MA organization eligibility to conduct passive enrollment will be issued separately.

### **5. Additional Updates**

#### *New Medicare Number enrollment processing*

We outlined policy and operational changes addressing when a member is unaware of their new Medicare Number and seeks to enroll in a plan.

#### *Parity for individuals requesting information in accessible formats*

We established new policy to provide equitable opportunity for enrollment for beneficiaries for whom the organization or CMS was unable to provide required notices or information in an accessible format, as requested by an individual, in a timely manner.

#### *Disaster SEP policy*

We included the SEP established in 2017 for weather-related and natural disasters. This SEP provides assistance to individuals affected by a weather-related emergency or major disaster who were unable to, and did not make an election during another valid election period.

#### *Enrollment forms and model notice updates*

We modified information regarding requesting accessible formats and added optional language for plans that wish to include information on receiving communications electronically. Most model notices are updated to include conforming edits to the changes in the enrollment periods outlined above.

Updates are incorporated into the enrollment guidance posted at the links below. Additionally, a summary of changes document that outlines the sections that have edits and basic information on what’s changed in them is also available at the links below.

- MA and Cost Plan enrollment guidance: <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>

- PDP enrollment guidance: <http://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnroll/index.html>

Please direct questions regarding the submission of enrollment forms and enrollment policy first to your CMS Account Manager. If you need additional assistance, please submit your inquiry to [PDPENROLLMENT@cms.hhs.gov](mailto:PDPENROLLMENT@cms.hhs.gov) and copy your CMS Account Manager.