

2019 Enrollment Guidance Summary of Changes
Chapter 2 and 17D of the Medicare Managed Care Manual
Chapter 3 of the Medicare Prescription Drug Benefit Manual

Ch 2	Ch 17D	Ch 3	Update
Throughout Document	Yes	Yes	<ol style="list-style-type: none"> 1. Changed ‘Medicare Marketing Guidelines’ to ‘Medicare Communications and Marketing Guidelines’ 2. Changed ‘HICN,’ ‘claim number’ or “Medicare #’ to ‘Medicare Number’ 3. Added regulatory or legal citations for sections with edits
Cover page	Yes	Yes	<ol style="list-style-type: none"> 1. Reminder of organization’s responsibility to provide information to members in alternate formats, as outlined in Section 504 of the Rehabilitation Act of 1973
Table of Contents	Yes	Yes	<ol style="list-style-type: none"> 2. Updated to account for new sections and page renumbering
10	10	10	<ol style="list-style-type: none"> 1. Added common language definitions of ‘At-risk beneficiary’ and ‘Potential at-risk beneficiary’ for purposes of understating changes in Special Enrollment Period for dual-eligibles and those receiving Extra Help. Official definitions of terms found in 42 CFR 423.100. 2. Modified definition of ‘Evidence of Entitlement’ to include the Medicare Number
20.3			<ol style="list-style-type: none"> 1. Fixed typographical error
20.4		20.3	<ol style="list-style-type: none"> 2. Added the ability for an individual new to Medicare to use the simplified enrollment mechanism (Ch. 2 only) 2. Simplified language of existing policy, removing references to specific model exhibits
20.4.2		20.5	<ol style="list-style-type: none"> 1. Revised section to outline the new policies for passive enrollment to continue integrated care for dual-eligibles and other conforming edits newly outlined in regulation (Ch. 2 only) 2. Clarified existing policies and reformatted information
30			<ol style="list-style-type: none"> 1. Make adjustments to remove the Medicare Advantage Disenrollment Period (MADP) and add the Medicare Advantage Open Enrollment Period (MA OEP)
		30	<ol style="list-style-type: none"> 1. Clarified duals/LIS SEP limitation
	30		<ol style="list-style-type: none"> 1. Added cross reference to Part D enrollment guidance (Chapter 3) regarding enrollment periods for the optional supplemental Part D benefit
		30.3	<ol style="list-style-type: none"> 2. Clarified duals/LIS SEP limitation 3. Modified and added examples of questions that can help determine eligibility for a SEP
	30.4	30.3.2	<ol style="list-style-type: none"> 1. Modified SEP for dual-eligible individuals to become one SEP for dually-eligible and other LIS-eligible individuals 2. Included the restrictions in the use of this SEP 3. Outlined additional limitations in using this SEP for those identified as potentially at-risk or at-risk
		30.3.8	<ol style="list-style-type: none"> 1. Expanded SEP #7 for individuals who gain, lose or have a change in their dual or LIS-eligible status 2. Modified SEP #8.D for individuals using the MA OEP to enroll in a stand-alone Part D plan

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			<ol style="list-style-type: none"> Added SEP #15 for individuals who are enrolled in a plan based on CMS or state-initiated action Added SEP #16 for individuals who requested information in accessible formats but are not provided such materials before the election period ends Added SEP #17 for individuals who were unable to make a timely election due to a weather-related emergency or major disaster
30.4			<ol style="list-style-type: none"> Made adjustments to remove the MADP and add the MA OEP Modified and added examples of questions that can help determine eligibility for a SEP
		30.4	<ol style="list-style-type: none"> Modified the ranking of election periods
30.4.4			<ol style="list-style-type: none"> Modified SEP #5 for dual-eligible individuals to become one SEP for dually-eligible and other LIS-eligible individuals Included the restrictions in the use of this SEP Outlined that other SEPs or election periods have a higher hierarchy than the dual/LIS SEP Outlined additional limitations in using this SEP for those identified as potentially at-risk or at-risk Expanded SEP #12 for individuals who gain, lose or have a change in their dual or LIS-eligible status Added SEP #17 for individuals who requested information in accessible formats but are not provided such materials before the election period ends Added SEP #18 for individuals who were unable to make a timely election due to a weather-related emergency or major disaster
30.4.7			<ol style="list-style-type: none"> Added SEP for individuals who are enrolled in a plan based on CMS or state-initiated action
		30.5	<ol style="list-style-type: none"> Corrected typographical error in section cross reference
30.5			<ol style="list-style-type: none"> Added new effective dates for the MA OEP Added the MA OEP to the ranking of election periods
30.6			<ol style="list-style-type: none"> Modified the chart to remove MADP and add MA OEP for disenrollment effective dates
30.7, 30.8, 30.9, 30.9.1			<ol style="list-style-type: none"> Adjusted text for the MA OEP, and to remove MADP
40.1.2			<ol style="list-style-type: none"> Add information related to the simplified enrollment mechanism
40.1.3	40.1.2	40.1.3	<ol style="list-style-type: none"> Clarified parameters when it is permissible to accept enrollment requests during outreach efforts Add information related to the simplified enrollment mechanism (Ch. 2 only)
40.1.4			<ol style="list-style-type: none"> Modified section on seamless conversion to be default enrollment option for new Medicare beneficiaries currently enrolled in an organization's Medicaid managed care plan
40.1.5.C.2	40.1.5.C.2, 40.1.5.D	40.1.4.D.1, 40.1.4.E, 40.1.4.G	<ol style="list-style-type: none"> Adjusted the reference for the proper SEP to use when a beneficiary wants to change plans after being notified of a CMS-initiated enrollment action Made text adjustments to account for the duals/LIS SEP limitation

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40.1.9			1. Added new section outlining parameters of the simplified enrollment mechanism for those converting from an organization's non-Medicare coverage to an MA plan without a break
40.2	40.2	40.2	1. Revised section to outline changes in when the forms of evidence of Medicare are required 2. Removed requirements for individual to provide copy of Medicare card with enrollment request and the elements on the Medicare card
40.2.B		40.2.B	1. Changed title to include Medicare Number 2. Clarified that CMS systems include the most current Medicare entitlement data and policies when the individual provides evidence contradicting CMS systems 3. Added policies for obtaining the Medicare Number, if the beneficiary doesn't have it at the time the request is submitted to the plan
40.2.M		40.2.L	1. Clarified that the plan premium payment options are not required for the simplified enrollment mechanism
40.2.2	40.2.2	40.2.2	1. Added cross reference to §40.2.B if the enrollment request is missing the Medicare Number
40.4.1			1. Clarified that requests received via the simplified enrollment mechanism must include evidence of receipt to the individual if the request was made telephonically or electronically.
40.4.2		40.4.2	1. Removed evidence of Medicare entitlement from the notice requirement for CMS rejected enrollments 2. Clarified the situation when the plan should submit the rejected transaction to the Retroactive Processing Contractor
40.5			1. Clarified that the plan may be closed for enrollment during the MA OEP and required under a capacity limit 2. Modified text as all enrollment periods are closed under a capacity limit
40.5.1, 40.5.2			1. Adjusted title of section 2. Modified text related to MA OEP and enrollment periods under a capacity limit 3. Corrected terminology error
50.3.1	50.3.1	50.3.1	1. Clarified that the grace period for non-payment of plan premiums does not begin until the plan provides notice of the bill in an alternate format, if the member requests communications in such format
60.6.1			1. Adjusted text related to capacity limit for accuracy
Appendix 1			1. Added a model of the simplified enrollment form as Exhibit 1d
Appendix 2			1. Added clarification on the elements that must be included in all simplified enrollment mechanisms 2. Modified data element #12, as image of Medicare card not included in sample model, and added footnote that plans may include the image of the Medicare card in enrollment mechanisms 3. Modified data element #17 to include clarify option to request materials in other languages/accessible formats, to remove duplication with element #31

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			4. Modified data element #31 to be optional notification of receiving plan materials electronically
		Appendix 2	<ol style="list-style-type: none"> 1. Modified data element #12, as image of Medicare card not included in sample model and added footnote that plans may include the image of the Medicare card in enrollment mechanisms 2. Modified data element #21 to include clarify option to request materials in other languages/accessible formats 3. Added data element #31 to be optional notification of receiving plan materials electronically
Appendix 3			<ol style="list-style-type: none"> 1. Added clarification for determining application date for simplified enrollment mechanism 2. Modified name of enrollment mechanism from 'seamless conversion' to 'default enrollment'
Exhibits 1, 1b, 1c, 2, 3	Exhibit 1	Exhibits 1, 1b	<ol style="list-style-type: none"> 1. Added new optional data element for enrollment applications regarding receiving plan materials electronically 2. Modified language related to accessible formats
Exhibit 1a		Exhibit 1a	<ol style="list-style-type: none"> 1. Added new situations to model to account for the MA OEP, SEP following a CMS- or state-initiated enrollment 2. Modified existing situations related to duals/LIS status
Exhibit 1d			1. Added sample model for simplified enrollment request
Exhibit 3a		Exhibit 1c	<ol style="list-style-type: none"> 1. Modified language on enrollment periods, and make adjustments to LIS SEP language 2. Added new optional data element for enrollment applications regarding receiving plan materials electronically
Exhibits 4, 4a, 4b, 4c, 4d, 4e, 9, 9a, 19, 22, 29, 32, 33	Exhibits 5a, 6, 19, 19a, 20, 21, 22, 22a, 22b, 22c, 23, 24, 25	Exhibits 2, 2a, 2b, 8, 10, 10a, 12, 19, 20, 21, 21a, 21b, 21c, 21d, 21e, 22, 23, 26, 26a, 34, 35, 36, 37	<ol style="list-style-type: none"> 1. Modified language regarding enrollment periods, and made adjustments to LIS SEP language 2. Added optional text (i.e. plan insert) to Extra Help language (Ch. 3 Ex. 26 & 27)
Exhibit 5	Exhibit 3	Exhibit 3	1. Modified reason to remove needing evidence of Medicare entitlement and added needing the Medicare Number
Exhibits 7, 8		Exhibits 6, 7	<ol style="list-style-type: none"> 1. Modified denial reason due to duals/LIS SEP limitation 2. Modified language on enrollment periods, and make adjustments to LIS SEP language
Exhibit 10	Exhibit 6a		1. Changed 'Medicare #' to 'Medicare Number' and added option to request current plan member number
Exhibit 10a		Exhibit 9a	<ol style="list-style-type: none"> 1. Added new situation to model to account for the SEP following a CMS- or state-initiated enrollment 2. Modified existing situations related to duals/LIS status 3. Modified language to remove MADP and add MA OEP
Exhibit 12a, 12b		Exhibits 11, 11a,	<ol style="list-style-type: none"> 1. Modified denial reason to include duals/LIS SEP limitation 2. Modified language on enrollment periods, and make adjustments to LIS SEP language

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Exhibit 20, 21, 22a, 22b, 22c, 22d, 25, 25b, 37	Exhibit 23	Exhibit 25b	1. Modified language to make adjustments to LIS SEP language
Exhibits 35, 36			1. Modified language to remove duplicate information 2. Modified language regarding enrollment periods and LIS SEP
Exhibit 38			1. Modified language regarding enrollment periods and LIS SEP 2. Corrected typographical error