

2012 Horizon BCBSNJ Medicare Advantage/Part D Special Election Period



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Special Election Periods (SEPs) Some Typical Circumstances

- Medicaid
- Change in Residence
- Contract Violation
- Involuntary loss of creditable coverage (coverage at least as good as Medicare)
- Institutionalized Individuals
- Employer Group Health Plan
- Medigap
- PAAD



SEPs - Some Typical Circumstances

- **Medicaid**

- Individuals who receive assistance from Medicaid can change plans at any time. If a person loses his/her Medicaid benefits, he/she has a three month period to make an enrollment decision

- **Moving**

- If a person has a service area based plan (MA,MAPD, PDP) and moves outside the service area, he/she can apply the month prior to the move and up to 2 months after the move.
- The individual may choose an effective date of up to 3 months after the month in which the enrollment form is received, but may not be earlier than the date of the permanent move.

SEPs - Some Typical Circumstances

- **Misrepresentation**
 - CMS may grant the individual an SEP if a plan representative materially misrepresented the plan during marketing.
- **Involuntary loss of creditable coverage** (coverage at least as good as Medicare)
 - Involuntary loss, including a reduction in the level of coverage
 - Begins with the month in which the individual is advised of the loss of creditable coverage and ends 60 days after either the loss occurs or the individual received notice, whichever is later.

SEPs - Some Typical Circumstances

- **Institutionalized Individuals**
 - For an individual who moves into, resides in, or moves out of a:
 - Skilled nursing facility (SNF) or nursing facility (NF);
 - Intermediate care facility for the mentally retarded (ICF/MR);
 - Psychiatric hospital or unit;
 - Rehabilitation hospital or unit; or
 - Long-term care hospital or swing-bed hospital.
 - Effective dates: first of the month following the month in which the enrollment/disenrollment request is received, but not prior to the month residency begins. Up to 2 months after he/she moves out of the facility.

Employer Group Health Plan - SEP EGHP

- The **SEP EGHP** may be used when the EGHP would otherwise allow the individual to make changes to their EGHP plan choice (group open enrollment).

Enrollment into MA and PDP

- Effective date of enrollment or disenrollment: up to 3 months after the month in which the request is made. However, the effective date may not be earlier than the date the EGHP received the completed enrollment or disenrollment request.

SEPs - Some Typical Circumstances

Medigap:

This SEP is for individuals who dropped a Medigap policy when they joined an MA Plan for the first time.

This SEP allows an individual to disenroll from the MA Plan anytime during the first 12 months they are enrolled and return to the Original Medicare Plan and Medigap. Individuals can use this SEP to join a PDP at the same time

SEPs - Some Typical Circumstances

If you selected an MA or MAPD when you **first qualify** for Medicare based on age (65 yrs old):

You can disenroll from your plan at any time during the 12-months after your MA or MAPD coverage first started and go back to Original Medicare. The individual who disenrolls from an MAPD plan, may (but is not required to) enroll in a stand-alone Medicare drug plan (PDP).

SEP for Individuals Who Belong to a Qualified State Pharmaceutical Assistance Program (SPAP)

State Pharmaceutical Assistance Program members (ex: PAAD) have a SEP to enroll in a Part D plan outside of existing enrollment opportunities. This SEP allows a person to switch from:

- An MAPD plan to another PDP or MAPD plan,
- Original Medicare without a PDP to original Medicare with a PDP or to an MAPD plan,
- A PDP to another PDP or MAPD plan, or
- An MA only plan to a PDP or MAPD plan.
- Eligible PAAD members may make one enrollment election at any time through the end of each calendar year (once per year).

*****Important Note: PAAD and Senior Gold members are required to enroll in a Prescription Drug Plan. *****

The following are examples of questions that might be used to determine eligibility for an SEP:

Type of SEP?

Change in Residence

Employer/Union Group Health Plan (EGHP)

Disenroll from Part D to enroll in Creditable Coverage

Full and Partial Dual Eligible

Other Low Income Subsidy

Retroactive notice of Medicare entitlement

PACE

Examples of Questions

Have you recently moved? If so, when? Where did you move from?

Do you currently have (or are leaving) coverage offered by an employer or union? Have you recently lost such coverage?

Are you a member of TriCare?

Do you have or want to obtain VA benefits?

Do you currently have Medicaid coverage?

Did you recently receive a yellow letter from CMS?

Does your state pay for your Medicare premiums?

Have you recently lost coverage under Medicaid?

Have you recently been approved for extra help?

Have you recently received a green letter from CMS?

Do you receive SSI cash benefits without Medicaid?

Did you receive a letter from Medicare letting you know that you automatically qualify for extra help?

How much do you pay for your prescriptions?

Have you recently received a notice telling you that you have been approved for Medicare for a “retroactive” date?

If so, when did you receive this notice?

For enrollment – are you currently

Attestation of Eligibility

- Completion and submission of the **Attestation of Eligibility for an Enrollment Period** is required for all applications submitted outside of the AEP.
- This form advises the enrollment department of the applicable Election Period for the applicant, allowing accurate and timely processing of the application.
- This form needs to be submitted with each application for submissions other than an AEP election with the specific SEP detailed on that form.

Medicare Managed Care Manual

Chapter 2 - Medicare Advantage Enrollment and Disenrollment

- Attached below is a link to the CMS Medicare Managed Care Manual with enrollment and disenrollment guidelines. Please reference section 30.4 for more detailed information on Special Election Periods.
- <https://www.cms.gov/MedicareMangCareEligEnrol/Downloads/FINALMAEnrollmentandDisenrollmentGuidanceUpdateforCY2012-REV11.16.2011.pdf>

Helpful Websites / Additional Resources

Websites

www.medicare.gov (Plan finder)

www.cms.hhs.gov (CMS info)

www.socialsecurity.gov (SS benefits)

www.state.nj.us/humanservices (Medicaid)

www.horizonblue.com/medicare

(Horizon BCBSNJ products)

Publications

- “Medicare & You 2012” handbook

Phone Contacts:

• 1-800-MEDICARE (1-800-633-4227)

• Medicaid Hotline (1-800-356-1561)

• Social Security Administration (1-800-772-1213)

