

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: December 6, 2011

TO: All Medicare Advantage Organizations and Part D Plan Sponsors

FROM: Arrah Tabe-Bedward,
Acting Director, Medicare Enrollment and Appeals Group

SUBJECT: Instructions for Processing Enrollment Requests Received at the Closing of the Annual Election Period

On November 23, 2011, the Centers for Medicare & Medicaid Services (CMS) sent a message to organizations and sponsors reminding them that the Annual Election Period (AEP) ends on December 7, 2011.

CMS is providing additional flexibilities to the current Enrollment Guidance to ensure that all enrollment requests submitted during the AEP are processed. The following flexibilities are extended only for this AEP:

- Sponsors must accept and process all paper enrollment requests that are received with a postmark date of December 8, 2011 or earlier. Sponsors are not required to retain the envelopes as proof of postmark.
- Sponsors, State Health Insurance Assistance Programs (SHIPs), and other partners who assist beneficiaries may work with beneficiaries to complete enrollment requests that were initiated prior to December 8. This would only include call backs to beneficiaries who sponsors, SHIPs, and other partners were not able to assist on or before December 7, due to high call volumes or difficulty in accessing CMS' On-line Enrollment Center (OEC). Sponsors, SHIPs, and other partners must return all calls and obtain completed enrollment requests by midnight local time on Saturday, December 10.

Sponsors must use the application date of December 7, 2011, on all AEP enrollment transactions submitted to CMS to report enrollment requests completed following the guidelines above to ensure these are processed appropriately in MARx. CMS will continue to monitor marketing activity to ensure that all AEP marketing ceases on December 8. Additionally, CMS will consider the effect of the flexibilities outlined in this memo in determining whether compliance action is necessary. Please direct questions regarding this matter to your CMS Account Manager.

SHIPs, and other partners that complete enrollment requests after December 7 consistent with the guidelines above, must select “Other” on the CMS OEC SEP Options page, then click “For CMS Use Only” and type “AEP2012” in the text box.

For enrollment requests that are initiated on December 8 or later, after the close of the AEP, sponsors must determine a beneficiary’s eligibility for a special election period using Chapters 2 and 3 of CMS’ Medicare Advantage and Part D enrollment guidance. Exceptional circumstances may be transferred to 1-800-MEDICARE as appropriate. SHIPs and other partners should also refer such requests to 1-800-MEDICARE.

As a reminder, beneficiaries who want to disenroll from their Medicare Advantage plan for 2012 may also use the Medicare Advantage Disenrollment Period (MADP) to go back to Original Medicare and enroll in a stand-alone Prescription drug plan and/or an open Medicare cost plan. The MADP runs from January 1- February 14 each year.

For Assistance

Please refer to the Frequently Asked Questions document that is attached to this memorandum.

For more information regarding processing enrollment requests, please contact Jeff Maready at (415) 744-3523 or Jeffrey.Maready@cms.hhs.gov or Adrienne Carter at (303) 844-5810 or Adrienne.Carter@cms.hhs.gov.

Attachment

1. Why does the Annual Election Period (AEP) end on December 7 this year?

The Affordable Care Act mandates that beginning in 2011, the Medicare AEP will run from November 15 - December 7 each year. In part, the earlier start and stop dates for the AEP will help ensure that sponsors are able to process enrollment requests and provide beneficiaries with all the information they'll need when their coverage begins on January 1. This new time frame is also longer than before to help ensure that beneficiaries have time to review their plan options for the upcoming year.

2. Will enrollment requests that are mailed on December 7 be accepted?

Sponsors are required to accept and process paper enrollment requests that are postmarked on or before December 8, regardless of when such requests are received by the plan.

3. Is CMS implementing any additional flexibilities to accommodate potentially high call volumes in the last few days of the AEP?

Yes, this year, to account for potential backlogs at call centers in the last few days of the AEP, Sponsors, State Health Insurance Assistance Programs (SHIPs), and other partners that assist beneficiaries will be allowed to take messages/contact information, through close of business on Wednesday, December 7, from individuals seeking to enroll in a Medicare plan. Beginning on December 8, sponsors, SHIPs, and partners will call back these individuals to complete their enrollment requests. All call-back enrollments must be completed by midnight on Saturday, December 10. 1-800 MEDICARE will also assist callers who are unable to complete their enrollment action by December 7.

4. Will online or telephonic requests be accepted after December 7?

As in previous years, enrollment requests will be accepted after the end of the AEP under the following circumstances:

- Individuals who qualify for a special enrollment period (SEP), including the new 5-star SEP, may enroll either online or contact 1-800-MEDICARE, even after December 7. In addition, if 1-800-MEDICARE believes that an individual qualifies for an enrollment exception, s/he will be routed to the appropriate CMS regional office case worker.
- From January 1 - February 14, beneficiaries who want to disenroll from their Medicare Advantage plans may use the Medicare Advantage Disenrollment Period to go back to Original Medicare and enroll in a stand-alone Prescription drug plan and/or open Medicare cost plan.

5. Can plans market after December 7?

All AEP marketing must cease after midnight on December 7. However, sponsors may continue marketing to individuals who are eligible to enroll in their plans outside of the AEP (e.g., beneficiaries who relocate or dual-eligible beneficiaries who have an on-going SEP).

6. Will CMS take compliance actions against plans for not meeting the timeliness standards?

The timeliness measures will remain in place, but CMS will consider the effect of the AEP flexibilities in determining whether a compliance action is necessary.