

# Medicare Plan Enrollment/Election Periods Job Aid for Humana/CarePlus Agents

The Centers for Medicare and Medicaid Services (CMS) does not make election code changes every year. This cover page exists to identify any changes that may have occurred with election codes as well as call out important reminders. It is not recommended to download this resource since it can change without notice. The version date is always reflected in the bottom right corner.

**When using the paper application:** Not all Special Election Periods (SEPs) are listed. If you have a client eligible for a SEP not on the application, please write the applicable three-character code found in this document in the space indicated in this screenshot to the right.

ICEP	IEP	AEP	OEP	OEP	OEPI	SEP
MA or MAPD	PDP or MAPD			NEW		
						CODE†

(See Additional Notes page)  
†Required if SEP selected. See page 4 for code.

## IMPORTANT:

- One (1) SEP is **only for use via paper application** because it requires inclusion of supporting pre-authorization from CMS.
- Six (6) SEPs are **only for use by CMS** and are here for informational purposes.

## NOTABLE NEW OR CHANGED FOR 2025:

- CMS has **eliminated** SEP-MDE, the quarterly Dual/LIS special election period which had been available between during the first three quarters.
- CMS has created a **new** monthly SEP-DEP for beneficiaries receiving Extra Help to **enroll in a stand-alone PDP** (page 9) for use beginning 1/1/2025 application date. Beneficiaries deemed “potential at-risk” or “at-risk” for certain medication abuse are NOT eligible to use SEP-DEP.
- CMS has created a **new** monthly SEP-INT for beneficiaries with both Medicare and Medicaid to **enroll in an Integrated DE-SNP** (page 9) for use beginning 1/1/2025 application date. Not all DE-SNPs are considered Integrated - less than a third of Humana and CarePlus DE-SNPs are Integrated. Page 17 of this document contains an [Appendix II](#) with a list and geographic locations of the Integrated DE-SNPs for PY2025.
- Neither Humana nor CarePlus have any plans rated 5-Stars for Plan Year 2025 so SEP-5ST will not be visible in tools and cannot be used.
- There are eight (8) Consistently Poor Performing Plans for Plan Year 2025 which have been added to page 12 for SEP-LPI.
- SEP **code changes** (usage unchanged): Chronic Condition from **CHR to CSN** and Maintain Other Creditable Coverage from **OCC to CDC**.
- **SEP-DST** for Government Entity-Declared Disaster or Other Emergency will be prohibited from agent use for enrollments with application dates of April 1, 2025 and beyond - **only CMS will be allowed to process**. Without another valid election, the enrollment submission will be denied.

## REMINDERS:

Except for AEP, all other election codes are one-time-use as outlined for each scenario. If a beneficiary has “buyer’s remorse” before the effective date, **best practice** is for the beneficiary to cancel the other enrollment before using that election for a different new plan enrollment.

CMS prohibits marketing OEP – beneficiary must be expressing dissatisfaction with their current plan. To be eligible to use OEP/OEP-New (page 4), a beneficiary must be active in a Medicare Advantage plan. They may make **one** change to another Medicare Advantage plan or may return to Original Medicare (with or without a PDP) annually January 1 - March 31 and within the three (3) month window that begins with the date of Medicare Entitlement.

[APPENDIX I:](#) Page 16 are examples of questions that can be used to determine eligibility for Special Election Periods and other election periods.

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

<a href="#"><u>ICEP - Initial Coverage Election Period and ICEP for Delayed Part B</u></a> <a href="#"><u>IEP - Initial Election Period</u></a>	<a href="#"><u>D) SEP - Enrolled in a MA/MAPD during IEP/ICEP at 65th birthday to drop it within 1st 12 mos for PDP</u></a>	<a href="#"><u>P) SEP - CMS and State-Initiated Enrollments (Passive Enrollments)</u></a>	<a href="#"><u>Z) SEP – To enroll in FIDE DE-SNP, HIDE DE-SNP, or AIP DE-SNP</u></a>
<a href="#"><u>AEP - Annual Enrollment Period</u></a>	<a href="#"><u>E) SEP - Trial Period: dropped a Medigap Policy when they enrolled for the first time in a MA Plan</u></a>	<a href="#"><u>Q) SEP - MA/MAPD to disenroll using the OEP to enroll in a PDP (coordinates with OEP/OEP-New)</u></a>	<a href="#"><u>AA) SEPs - Exceptional Condition for Premium-Part A and/or Part B</u></a> <b>Only for use on PAPER application</b>
<a href="#"><u>(MA) OEP - Open Enrollment Period</u></a> <a href="#"><u>(MA) OEP-New - Open Enrollment Period</u></a>	<a href="#"><u>F) SEP - PACE</u></a> <a href="#"><u>G) SEP - SPAP</u></a>	<a href="#"><u>R) SEP - Institutionalized Individuals that wish to Enroll/Change PDP (coordinates with OEP-I)</u></a>	<a href="#"><u>BB) SEP - Retroactive Entitlement</u></a> CMS pre-approval required <b>Only for use on PAPER application</b>
<a href="#"><u>OEP-I - Open Enrollment Period Institutional</u></a>	<a href="#"><u>H) SEP - To Disenroll from Part D to enroll in or maintain other creditable coverage</u></a>	<a href="#"><u>S) SEP - To enroll in PDP if not entitled to premium free Part A and who enroll in Part B during General Enrollment</u></a>	<a href="#"><u>CC) SEP - Government Entity-Declared Disaster or Other Emergency</u></a> <b>NOT for agent use as of 4/1/2025 – will be only for CMS use</b>
<a href="#"><u>Hierarchy of Enrollment Periods</u></a> <a href="#"><u>IEP vs ICEP Chart</u></a> <a href="#"><u>(MA) OEP Charts (following IEP/ICEP)</u></a>	<a href="#"><u>I) SEP - Contract Not Renewed</u></a>	<a href="#"><u>T) SEP - Non-U.S. Citizens who Become Lawfully Present</u></a>	<a href="#"><u>DD) SEP - Enroll/Disenroll in connection with CMS Sanction</u></a> <b>NOT for agent use - only for CMS</b>
<b>APPENDIX I</b> <a href="#"><u>Questions to ask for election period</u></a> <b>APPENDIX II</b> <a href="#"><u>DE-SNP list eligible for SEP-INT</u></a>	<a href="#"><u>J) SEP - 2nd ICEP for beneficiaries who have Medicare due to disability upon turning age 65</u></a>	<a href="#"><u>U) SEP - Individuals involuntarily disenrolled from a MAPD plan due to loss of Part B</u></a>	<a href="#"><u>EE) SEP - Contract Violations</u></a> <b>NOT for agent use - only for CMS</b>
<b>SPECIAL ELECTION PERIODS (SEPs)</b> NOTE: Alpha designation before each SEP here is for identification purposes only and is NOT to be put on applications.	<a href="#"><u>K) SEP - Loss of Special Needs Status</u></a> <a href="#"><u>L) SEP - Chronic Condition SNP</u></a>	<a href="#"><u>V) SEP - Five Star Rated Plans</u></a>	<a href="#"><u>FF) SEP - Not adequately informed of loss of creditable coverage</u></a> <b>NOT for agent use - only for CMS</b>
<a href="#"><u>A) SEP - New Move</u></a> (Change in Residence)	<a href="#"><u>M) SEP - Dual-Eligible (Medicaid) and Other LIS-Eligible to Enroll into only PDP</u></a>	<a href="#"><u>W) SEP - Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions</u></a>	<a href="#"><u>GG) SEP - Federal Employee Error</u></a> <b>NOT for agent use - only for CMS</b>
<a href="#"><u>B) SEP - Employer/Union Group Health Plan (EGHP)</u></a>	<a href="#"><u>N) SEP - Gain, Lose or Have a Change in their Medicaid Status</u></a>	<a href="#"><u>X) SEP - Individuals Enrolled in a Plan Placed in Receivership</u></a>	<a href="#"><u>HH) SEP - Significant Change in Provider Network</u></a> <b>NOT for agent use - only for CMS</b>
<a href="#"><u>C) SEP - Involuntary Loss of Creditable Prescription Drug Coverage</u></a>	<a href="#"><u>O) SEP - Gain, Lose or Have a Change in their LIS Status</u></a>	<a href="#"><u>Y) SEP - Individuals enrolled in a Consistently Low Performing Plan</u></a>	<a href="#"><u>II) SEP - Other Exceptional Circumstances</u></a> <b>NOT for agent use - only for CMS</b>

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p><b>ICEP - Medical Coverage</b></p> <p>1) Initial Coverage Election Period - gaining Medicare A &amp; B at the same time</p>	<p>1) ICEP is for <b>Medical-only</b> coverage (MA-only), <u>not</u> MAPD or PDP. The total enrollment period is seven (7) months beginning three (3) months before the individual’s entitlement to Medicare Part A or enrollment into Medicare Part B, includes the month Medicare begins, and continues for three (3) additional months. If enrollment is during the three (3) months before the Medicare effective date, the plan effective date will be the same effective date as Medicare; otherwise, the plan effective date will be the first of the month following plan enrollment.</p>	<p>1) <b>ICEP</b> 7-month period to enroll in a MA (NOT for MAPD or PDP - use IEP for MAPD or PDP)</p>
<p>2) Delayed Part B while already has Part A</p>	<p>2) If a person has Medicare Part A and opted out of Medicare Part B when first eligible and then later enrolled in Part B, the ICEP would occur during the <b>three (3) months prior to the effective date for Part B, the month of until the end of the second month – a five (5) month window.</b></p> <ul style="list-style-type: none"> <li>• If the beneficiary is adding Part B during the General Enrollment Period Jan. 1 - Mar. 31, or during the Medicare Part B SEP, Part B begins the month following enrollment. The delayed Part B MA/MAPD ICEP election window is the three (3) months before Part B is effective with the MA/MAPD being effective the same month as Part B, or the month of or the month after.</li> </ul>	<p>2) <b>ICEP</b> 5-month period to enroll in a MA/MAPD (NOT for PDP. PDP-only plan NOT eligible under delayed Part B)</p>
<p>3) Turning 65 if has Medicare due to Disability; a.k.a. 2<sup>nd</sup> Initial Election</p>	<p>3) Beneficiaries with Medicare due to disability (before age 65) will have a second election (7-month period) when they turn 65 to change/enroll in a MA-only. A beneficiary is not required to have used the first ICEP in order to use the second election at age 65. See IEP for PDP and MAPD.</p>	<p>3) For MA-only use item J <a href="#">SEP</a> to change/enroll in a MA-only</p>
<p><b>IEP - Prescription Coverage</b></p> <p>1) Initial Election Period - gaining Medicare A &amp; B at the same time</p>	<p>1) This enrollment period is for <b>Part D</b> coverage (MAPD or PDP), <u>not</u> MA-only. The total enrollment period is seven (7) months beginning three (3) months before the effective date of Medicare Part A and B, includes the month Medicare begins, and continues for three (3) additional months. If enrollment is during the three (3) months before the Medicare effective date, the plan effective date will be the first of the month that Medicare is effective; otherwise, the plan effective date will be the first of the month following plan enrollment.</p> <p>IEP is also used for an individual who has resided out of the country during the period of their original Medicare eligibility and is now moving back to the U.S./U.S. Territory, is getting Medicare A <u>and</u> B and wishes to enroll in a MAPD or PDP.</p>	<p>1) <b>IEP</b> 7-month period to enroll in a MAPD or PDP (NOT for MA - use ICEP for MA)</p> <p style="text-align: center; color: #E91E63;">***Do NOT use IEP for Delayed Part B - refer to ICEP***</p>
<p>2) Turning 65 if has Medicare due to Disability; a.k.a. 2<sup>nd</sup> Initial Election</p>	<p>2) Beneficiaries with Medicare due to disability (before age 65) will have a second IEP (7-month period) when they turn 65 to change/enroll in a MAPD or PDP. A beneficiary is not required to use the first IEP in order to use the second IEP at age 65.</p> <p><b>NOTE:</b> If person had Medicare before age 65, did not have creditable prescription coverage and was subject to the Part D late enrollment penalty then uses the 2<sup>nd</sup> IEP at their 65<sup>th</sup> birthday to enroll in Part D (PDP or MAPD), the penalty will no longer apply as long as they keep Part D or creditable prescription coverage.</p>	<p>2) <b>IEP</b> for MAPD/PDP (NOT for MA-only. Use item J <a href="#">SEP</a> for MA)</p>

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ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<b>AEP - Annual Enrollment Period</b> 10/15 - 12/07 annually	During AEP, beneficiaries may choose how they receive their Medicare benefits for the upcoming year. The last election made, determined by the application date, will be the plan that takes effect on January 1. The Annual Enrollment Period is open for all plan types: MA, MAPD and PDP, but excludes Medicare Supplements.	<b>AEP</b> To enroll into a MA, MAPD or PDP with a Jan. 1 plan effective date
<b>(MA) OEP - Open Enrollment Period</b> 01/01 - 03/31 annually	Beneficiaries already enrolled in a Medicare Advantage plan (MA/MAPD) may make one plan change during the first three (3) months of each year (1/1-3/31) to enroll in another Medicare Advantage plan OR to disenroll to obtain Original Medicare (and get a PDP). The effective date will be the first day of the month following receipt of the enrollment or disenrollment request. MA/MAPD member NOT required to have made an election during AEP.  <b>IMPORTANT NOTE:</b> You may NOT engage in activities that intend to target the OEP as an opportunity to make further sales.  <i>NOT permitted to have Original Medicare to enroll in MA/MAPD or change PDP.</i>	<b>OEP</b> To enroll in a different MA/MAPD from a MA/MAPD  <b>NOTE:</b> To disenroll from a MA/MAPD and enroll in a PDP-only, use item Q <a href="#">SEP-OEP</a> .
<b>(MA) OEP-New - Open Enrollment Period</b>  The month of Medicare entitlement and for 2 additional months following IEP/ICEP enrollment into MA/MAPD	OEP is available to new Medicare Advantage enrollees following IEP/ICEP with their Medicare entitlement. The one-time election begins the month of entitlement (effective date) to Part A and Part B and for two additional months. There are <a href="#">charts</a> at the end of this document illustrating use of OEP following IEP/ICEP (including Delayed A or B).  <b>NOTE:</b> Beneficiaries who wait to use their IEP/ICEP until the month of their Medicare effective date or later during that initial seven-month window will reduce or even forfeit their OEP. <b>NOT eligible for second use with 2<sup>nd</sup> IEP/ICEP upon turning 65 for those on Medicare due to disability.</b>  <i>NOT permitted to have Original Medicare to enroll in MA/MAPD or change PDP.</i>	<b>OEP-New</b> To enroll in a different MA/MAPD from a MA/MAPD  <b>NOTE:</b> To disenroll from a MA/MAPD and enroll in a PDP-only, use item Q <a href="#">SEP-OEP</a> .
<b>OEP-I - Open Enrollment Institutional</b> When moving into, residing in, or moving out of an institution for MA/MAPD	This is an open and unlimited use enrollment period for Medicare beneficiaries residing in an institution lasting for up to two (2) months after leaving the facility. An “institution” is defined as a skilled nursing facility, nursing home, intermediate care facility for the mentally disabled, psychiatric hospital, rehabilitation hospital or long-term care hospital (it does NOT include assisted living facilities or residential homes).	<b>OEP-I</b> To enroll in a MA or MAPD (OEP-I is NOT for PDP. For a PDP-only plan, use item R <a href="#">SEP-LTC.</a> )

## Hierarchy of Enrollment Periods

CMS regulations dictate election period hierarchy choice when two (or more) election periods overlap, **however** the regulations also specify that the election that is the most advantageous/beneficial for the beneficiary should be chosen.

- 1. IEP/ICEP**
**2. (MA) OEP/OEP-New**
**3. SEP**
**4. AEP**
**5. OEP-I**

**NOTE: CMS will deny applications with the wrong enrollment/election. It is imperative to choose the correct enrollment/election period.**

**The Descriptions and Codes for the Special Elections Periods (SEPs) are Located on the Following Pages.**

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p><b>A. New Move</b></p> <p>1) Permanent Move out of service area</p> <p><b>NOTE:</b> When a member notifies Customer Service of an address change, generally speaking, the member's plan will terminate at the end of the current month. Check with Customer Service as necessary to verify member's disenrollment date.</p> <p>2) Plan learns that individual has been out of the service area more than 6 months and member has been disenrolled</p> <p>3) Member notifies plan that they moved or have been out of service area for 6+ months and have yet to be disenrolled</p> <p>4) Individuals who were not eligible for a MA or PDP because they had been out of the U.S. and have now moved back</p> <p>5) Individuals who were incarcerated and now have released</p>	<p>1) SEP available for permanent <b>change of residence</b>. Can complete application the month prior to the permanent move and up to 2 months after the move. The applicant may choose an effective date of up to 3 months after the month in which the enrollment form is received but the <u>effective date may NOT be earlier than the date of permanent move</u>. May enroll in any plan for which the beneficiary is eligible in the new service area, regardless of coverage in former service area. Individuals who move and have new Medicare health or Part D plans available to them as a result of the move, but continue to reside in the current plan service area, may use this SEP to enroll in a different plan. Zip code <u>or</u> county must change.</p> <p><b>SCENARIO #1:</b> When an individual notifies the plan of a <u>future</u> move date, the SEP begins the month <u>before</u> the individual's permanent move and continues for two (2) additional months.</p> <p><b>SCENARIO #2:</b> When an individual notifies the plan of a <u>past</u> move date, the SEP begins the month the individual notifies the plan and continues for two (2) additional months. The member will be disenrolled from their plan at the end of the current month and will revert back to Original Medicare if they do not enroll in a new plan to be effective the first of the upcoming month.</p> <p>2) SEP begins on the start of the 6<sup>th</sup> month that the beneficiary has been out of the service area and continues through the end of the eighth month. Plan learns beneficiary has moved and the member has been disenrolled. SEP begins the month notification is received and continues for two additional months. Notification may be in the form of a letter or upon realization that disenrollment has occurred.</p> <p>3) SEP begins when the member notifies the plan and continues for two additional months after the month of notification to the plan.</p> <p>4) The SEP begins on the actual date of the move or with the date the individual provides notification of such move and continues for two additional calendar months.</p> <p>5) The SEP begins on the actual date of the release from incarceration or with the date the individual provides notification of such move and continues for two additional calendar months.</p>	<p>1) SEP: <b>MOV</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>2) SEP: <b>MOV</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>3) SEP: <b>MOV</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>4) SEP: <b>RUS</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>5) SEP: <b>INC</b></p> <p>For enrollment into MA, MAPD or PDP</p>

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

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<p><b>B. Employer/Union Group Health Plan (EGHP)</b></p> <p>This SEP is available while covered by an EGHP and ends two (2) months after the EGHP ends or when the election is used - whichever comes first.</p>	<p>This SEP is for individuals who are losing group health coverage (including COBRA). Losses include the individual opting out of the Company/Group coverage during the employer’s annual benefit selection season, changes due to life events and discontinuation of employment or the Company/Group ceases to offer group health coverage. It is also for individuals making MA enrollment requests out of employer sponsored MA plan. The individual may choose a plan effective date up to 3 months after the month that the enrollment request was made.</p> <p><b>NOTE:</b> Individuals with a Humana Group plan should always speak to a Group-certified Agent prior to changing coverage. Individuals enrolled in Group Retirement benefits should check with their plan representatives <u>before</u> changing/opting out as there could be impacts to other aspects of their retirement benefits. Some retirees must enroll via a designated brokerage firm to receive benefits.</p>	<p>SEP: <b>LEC</b></p> <p>For enrollment into MA, MAPD or PDP</p>
<p><b>C. Involuntary Loss of Creditable Prescription Drug Coverage</b></p>	<p>Involuntary loss of creditable coverage, including a reduction in the level of coverage so that it is no longer creditable, <b>NOT including</b> any loss or reduction <b>due to a failure to pay premiums</b>. The SEP permits enrollment in a MAPD/PDP and begins with the month in which the individual is advised of the loss of creditable coverage and continues for two additional calendar months after either the loss (or reduction) occurs or the individual received notice, whichever is later. The effective date of this SEP may be the first of the month after the enrollment or, at the beneficiary’s request, may be effective no more than three (3) months in the future.</p>	<p>SEP: <b>LCC</b></p> <p>For enrollment into MAPD or PDP</p>
<p><b>D. Enrolled in a MA/MAPD during the IEP/ICEP at 65<sup>th</sup> birthday and dropping it within 1<sup>st</sup> 12 months to choose PDP</b></p>	<p>Individuals who elected a MA/MAPD plan during their IEP/ICEP surrounding their 65<sup>th</sup> birthday have this SEP allowing them to disenroll from the MA/MAPD and return to Original Medicare (with or without a PDP) anytime during the 12-month period that begins on the effective date of coverage in the MA/MAPD plan.</p> <p><b>NOTE:</b> Individuals entitled to Medicare prior to age 65 are NOT eligible for this SEP.</p>	<p>SEP: <b>12J</b></p> <p>To enroll in PDP only</p>
<p><b>E. Trial Period: Individuals who dropped a Medicare Supplement plan after enrolling in a MA/MAPD for the First Time</b></p>	<p>This SEP is for individuals who dropped a Medicare Supplement (Medigap) plan after enrolling in an MA/MAPD <b>for the first time</b>, and who are still within 12 calendar months of that first MA/MAPD enrollment, i.e., Trial Period. During this Trial Period SEP, the individual can elect to disenroll from the MA/MAPD, return to Original Medicare (with or without a PDP). They will also have guaranteed issue to return to the Medicare Supplement they had before (same Supplement and same company). The effective date would be the first day of the following month of the plan’s receipt of the PDP enrollment request.</p> <p><b>NOTE:</b> The Trial Right is three (3) years for residents of the state of Maine.</p>	<p>SEP: <b>12G</b></p> <p>To enroll in PDP only</p>
<p><b>F. Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p>Individuals may disenroll from MA/MAPD/PDP at any time to enroll in Program of All-inclusive Care for the Elderly (PACE). Additionally, individuals who disenroll from PACE have a SEP for up to two calendar months after the effective date of the PACE disenrollment to enroll in a MA, MAPD or PDP.</p>	<p>SEP: <b>PAC</b></p> <p>For enrollment into MA, MAPD or PDP</p>

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<p><b>G. Qualified State Pharmaceutical Assistance Program (SPAP) Members</b></p>	<p>Individuals who belong to a qualified SPAP are eligible for an SEP to make one enrollment request at any time through the end of each calendar year (i.e. once per year). SPAP members may use this SEP to enroll in a Part D plan outside of existing enrollment opportunities, allowing them, for example, to join a Part D plan upon becoming a member of an SPAP or to switch to another Part D plan. A beneficiary may use this SEP to switch from an MAPD plan to another PDP or MAPD plan, from Original Medicare without a PDP to Original Medicare with a PDP or to an MAPD plan, from a PDP to another PDP or MAPD plan or from an MA-only plan to a PDP or MAPD plan.</p> <p>In addition, individuals no longer eligible for SPAP benefits will have an SEP beginning either the month they lose eligibility or are notified of the loss, whichever is earlier, and ends two months after either the month of the loss of eligibility or notification of the loss, whichever is later.</p>	<p>SEP: <b>PAP</b></p> <p>For enrollment into MAPD or PDP</p>
<p><b>H. Individuals who disenroll from Part D to enroll in or maintain other creditable coverage</b></p> <p><b>NOTE:</b> This SEP code had been SEP-OCC. The only change is that it will be SEP-CDC by late December 2024.</p>	<p>Individuals enrolled in a PDP or MAPD may disenroll to enroll or maintain other creditable drug (such as TriCare or VA coverage) by using this SEP to enroll in a MA-only plan. The effective date of enrollment is the first day of the month following the month the enrollment request is received by the organization.</p> <p><b>NOTE:</b> If a PDP member is choosing a MA-only PFFS, they must submit a written request to disenroll from the PDP.</p> <p><b>NOTE:</b> Individuals who have submitted a written request to disenroll from a Part D plan (PDP or MAPD) to enroll in or maintain other creditable drug coverage (such as TriCare or VA coverage) will have two months following disenrollment of MAPD/PDP to select a MA-only plan.</p>	<p>SEP: <b>CDC</b></p> <p>To enroll in MA-only</p>
<p><b>I. Contract Not Renewed</b></p> <p>1) <b>MA/MAPD/PDP</b> Contract non-renewal of plan effective Jan. 1</p> <p>2) <b>§1876 Cost Plan</b> Contract non-renewal of plan effective Jan. 1</p>	<p>1) For members of a <b>MA/MAPD/PDP</b> plan that will be affected by contract non-renewal (PLEX - Plan Exit) or service area reduction (plan no longer available in zip or county) for the upcoming plan year. The SEP begins December 8 and ends on the last day of February with effective date the first day of the upcoming month following enrollment. This used to be SEP-NON.</p> <p><b>NOTE:</b> Approved plan consolidations (also known as plan cross-walk or migration) are NOT plan exits, terminations or non-renewals, thus NOT eligible for the SEP for non-renewal.</p> <p>2) For members of a <b>§1876 Cost Plan</b> that will be affected by contract non-renewal (PLEX - Plan Exit) or service area reduction (plan no longer available in zip or county) for the upcoming plan year. The SEP begins December 8 and ends on the last day of February with effective date the first day of the upcoming month following enrollment.</p> <p><b>NOTE:</b> Approved plan consolidations (also known as plan cross-walk or migration) are NOT plan exits, terminations or non-renewals, thus NOT eligible for the SEP for non-renewal.</p> <p style="text-align: center;"><b>***Additional Scenario for Contract Not Renewed (mid-year) Continued on Next Page***</b></p>	<p>1) SEP: <b>EOC</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>For use 12/8 - end of Feb.</p> <p>2) SEP: <b>OTH</b> and enter: <b>Cost Plan exit</b></p> <p>For enrollment into MA, MAPD or PDP</p> <p>For use 12/8 - end of Feb.</p>

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
3) Mid-Year Mutual termination of contract with CMS or CMS terminates the plan's contract(s)	<p>3) This SEP-MYT exists for members who will be affected by a termination of contract that occurs mid-year. SEP begins the month of the termination effective date and ends two months after the effective date of the termination.</p> <p><b>REMINDER:</b> A special communication will be distributed by Sales Compliance and/or your Leadership with the SEP instructions in the event a plan's contract(s) ceases mid-year.</p>	<p>3) SEP: <b>OTH</b> <i>Follow instructions in the communication with what to 'Specify'/'Note'.</i></p> <p><b>For enrollment into MA, MAPD or PDP</b></p>
<b>J. 2<sup>nd</sup> ICEP for beneficiaries who have Medicare due to disability upon turning age 65</b>	<p>An individual eligible for an additional Part D IEP, such as an individual currently entitled to Medicare due to a disability and who is attaining age 65, has a MA SEP-IEP that coordinates with the second Part D IEP. The SEP may be used to enroll in a MA-only plan (regardless of whether the individual uses the Part D IEP to enroll in a PDP). The SEP begins three months before month of 65<sup>th</sup> birthday, continues through birth month and for three additional months (<u>7-month enrollment period</u>). This SEP is for use one time only per beneficiary.</p> <p><b>NOTE:</b> Beneficiaries on Medicare due to disability who wish to add/change MAPD/PDP upon turning 65 should use IEP.</p>	<p>SEP: <b>MRD</b></p> <p><b>To enroll in MA-only</b></p>
<b>K. Loss of Special Needs Status</b>	<p>CMS provides a SEP for individuals enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status. This SEP begins when the period of deemed continued eligibility starts and ends the earlier of when the beneficiary makes an enrollment request or within three calendar months after the expiration of the period of eligibility.</p>	<p>SEP: <b>SNP</b></p> <p><b>For enrollment into MA, MAPD or PDP</b></p>
<p><b>L. Chronic Condition</b></p> <p>1) Enrollment into a Chronic Care SNP</p> <p>2) Individuals found ineligible for a CC-SNP</p> <p>3) For individuals enrolled in CC-SNP to change to a different CC-SNP focusing on a different condition</p>	<p><b>FastApp and Enrollment Hub will change from code from CHR to CSN in mid-December 2024.</b></p> <p>1) SEP-CSN is for those individuals with severe or disabling chronic conditions to enroll in a CC-SNP designed to serve individuals with those conditions. This SEP will apply as long as the individual has the qualifying condition and will end once they enroll in a CC-SNP. Once the SEP ends, they may make enrollment changes only during AEP or other eligible election periods.</p> <p>2) After enrollment, Individuals who are found to not have the qualifying condition necessary to enroll in the CC-SNP will have SEP-CSN to enroll in a different plan. This normally occurs when the required post enrollment verification with the provider did not confirm the information provided during the pre-enrollment assessment. This SEP begins when the plan notifies the individual of the lack of eligibility and continues for two additional calendar months. The SEP ends when the individual makes an enrollment election or on the last day of the 2<sup>nd</sup> month following the notification.</p> <p>3) Individual is enrolled in a CC-SNP who has a chronic condition which is not the focus of their current CC-SNP is eligible for SEP-CSN. Such individuals have an opportunity to change to a different CC-SNP that focuses on a different chronic condition. Eligibility for this SEP ends at the time the individual enrolls in the new CC-SNP.</p>	<p>1) SEP: <b>CSN</b></p> <p><b>For enrollment into CC-SNP</b></p> <p>2) SEP: <b>CSN</b></p> <p><b>For enrollment into MA, MAPD or PDP</b></p> <p>3) SEP: <b>CSN</b></p> <p><b>For enrollment into CC-SNP</b></p>



# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p><b>M. Subsidy-Eligible into only a PDP</b></p> <p>For use with application date 1/1/2025 and later.</p>	<p>Individuals who have Medicare and receive any type of Federal or State assistance from Medicaid or Low Income Subsidy (LIS) a.k.a. Extra Help have a monthly SEP to newly <b>enroll into or change to a different PDP</b>. This coverage is effective the first of the upcoming month.</p> <p><b>NOTE:</b> An individual is <b>not</b> eligible for this SEP if the individual has been identified as an “at-risk beneficiary” or “potential at-risk beneficiary”.</p>	<p>SEP: <b>DEP</b></p> <p>For enrollment into PDP only</p>
<p><b>N. Who Gain, Lose or Have a Change in their Medicaid Status</b></p>	<p>Individuals who Gain, Lose or Have a Change in their Medicaid (Dual Eligible) Status have a SEP which includes those who:</p> <ul style="list-style-type: none"> <li>• Become eligible for any type of assistance from the Title XIX program (including “partial duals” who receive cost sharing assistance under Medicaid); or</li> <li>• Lose eligibility for any type of assistance; or</li> <li>• Have a change in the level of assistance they receive (e.g., stop receiving Medicaid benefits, but still qualify for LIS, those who have a change in cost sharing).</li> </ul> <p>The SEP allows the individual one opportunity to make an election within three months of any of the changes noted above, or notification of such a change, whichever is later. The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request.</p>	<p>SEP: <b>MCD</b></p> <p>For enrollment into MAPD or PDP</p>
<p><b>O. Who Gain, Lose or Have a Change in their LIS Status</b></p> <p><b>NOTE:</b> Beneficiaries whose income is up to 150% of FPL will be eligible for LIS.</p>	<p>Individuals who Gain, Lose or Have a Change in their LIS-Eligible Status have a SEP which includes those who:</p> <ul style="list-style-type: none"> <li>• Become eligible for LIS (but who do not receive Medicaid benefits); or</li> <li>• Lose eligibility for any type of assistance.</li> </ul> <p>The SEP allows the individual one opportunity to make an election within three months of any of the changes noted above, or notification of such a change, whichever is later. The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request.</p>	<p>SEP: <b>NLS</b></p> <p>For enrollment into MAPD or PDP</p>
<p><b>P. For CMS and State-Initiated Enrollments (Passive Enrollments, etc.)</b></p>	<p>Individuals who are enrolled into a plan by CMS or a State (i.e., through passive enrollment, auto-enrollment, facilitated enrollment, and reassignment) have a SEP to disenroll from their new plan or enroll into a different plan. The SEP permits a onetime election within three months of the effective date of the assignment, or notification of the assignment, whichever is later. It allows the individual to make an election before the enrollment is effective in the receiving plan or after the coverage in the receiving plan starts. This SEP must be used within three months of the start of coverage in the receiving plan. In the case where the notice is sent after the coverage in the receiving plan starts, the SEP ends three months after the date of the notice. This SEP is provided so that an individual may exercise any mandatory “opt-out” right provided to the enrollee as part of the CMS or State-initiated enrollment.</p> <p>The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request by the plan.</p>	<p>SEP: <b>DIF</b></p> <p>For enrollment into MA, MAPD or PDP</p>

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<b>Q. For MA/MAPD to disenroll using the OEP to enroll in a PDP (coordinates with OEP/OEP-New)</b>	<p>Beneficiaries already enrolled in a Medicare Advantage plan (MA/MAPD) may make one plan change during the first three (3) months of each year (1/1-3/31) to disenroll from MA/MAPD to return to Original Medicare and get a PDP via SEP-OEP (coordinates with <a href="#">OEP</a>). The effective date will be the first day of the month following receipt of the enrollment or disenrollment request. MA/MAPD members are NOT required to have made an election during AEP.</p> <p><a href="#">OEP-New</a> is also available as SEP-OEP to new Medicare Advantage enrollees following IEP/ICEP with their Medicare entitlement. The one-time election begins the month of entitlement (effective date) to Part A and Part B and continues for two additional months to drop the MA/MAPD to return to Original Medicare and get a PDP.</p> <p><b>NOTE:</b> MA-PFFS members will have to submit a written request to disenroll.</p>	SEP: <b>OEP</b>  To enroll in PDP only
<b>R. Institutionalized Individuals (coordinates with OEP-I)</b>  <b>NOTE:</b> Assisted Living Facilities are NOT considered Institutions.	<p>A SEP (which coordinates with <a href="#">OEP-I</a>) is provided to an individual who moves into, resides in or moves out of a Skilled Nursing Facility (SNF), Nursing facility, Intermediate Care Facility for the Mentally Retarded, Psychiatric hospital or unit, Rehabilitation Hospital or Unit, Long-term care hospital, or a Swing-bed Hospital. Individuals who move out of one of these facilities have a SEP for up to two (2) calendar months after they move out of the facility to use this SEP. The SEP allows an individual to enroll in or change PDP or disenroll from a MA/MAPD by enrolling in a PDP.</p>	SEP: <b>LTC</b>  To enroll in PDP only
<b>S. Enrolled in Part B during the Part B General Enrollment Period when NOT entitled to free Part A</b>	<p>SEP-PRE for individuals <b>who are not entitled to premium-free Part A and</b> who enroll in Part B during the General Enrollment Period (GEP) for Part B (Jan. – Mar.). The SEP begins the month of the Part B enrollment request and continues for two additional months. Plan effective date is the first day of the month following enrollment submission.</p>	SEP: <b>OTH</b>  To enroll in MAPD or PDP Valid ONLY 1/1 - 5/31
<b>T. Non-U.S. Citizens who become Lawfully Present</b>	<p>This SEP is for non-U.S. citizens who become lawfully present in the United States. The individual may use this SEP to request enrollment in any MA/MAPD/PDP plan for which he or she is eligible. This SEP <b>begins the month the lawful presence starts</b> and continues for two (2) additional calendar months.</p> <p>Applicants are NOT required to provide evidence of U.S. citizenship or lawful presence with the enrollment request and plans are NOT permitted to request/require such documentation.</p>	SEP: <b>LAW</b>  To enroll in MA, MAPD or PDP
<b>U. PDP SEP for individuals involuntarily disenrolled from a MAPD plan due to loss of Part B</b>	<p>Individuals who are involuntarily disenrolled from a MAPD plan due to loss of Part B (failure to pay part B premium), but who continue to be entitled to Part A have a SEP-INV to enroll in a PDP. This SEP begins when the individual is advised of the loss of Part B continues for two (2) additional calendar months.</p>	SEP: <b>OTH</b> and enter: <b>Disenrolled from a MAPD due to loss of Part B</b>  To enroll in PDP only

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<b>V. To Enroll in a plan with a Five (5) Star Rating</b>	<p>A Medicare beneficiary may enroll in a MA/MAPD/PDP that has an overall Plan Rating of five (5) Stars. The plan effective date must be during the year in which that plan has the 5-Star rating and the enrollee must meet all other plan eligibility requirements. This SEP is a one-time use per contract year. The enrollment effective date is the first of the month following the month in which the plan receives the enrollment request.</p> <p><b>NOTE:</b> There are NO 5-Star Humana nor CarePlus plans for PY2025.</p>	<p>SEP: <b>SST</b></p> <p>To enroll in MA, MAPD or PDP (dependent on what plan(s) are rated 5 Stars)</p> <p>Use ONLY between 12/8 - 11/30</p>
<b>W. Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions</b>	<p>Organizations are required to provide materials in accessible formats (such as Braille, Audio files, etc.). CMS will grant a SEP when the organization or CMS was unable to provide required notices or information in an accessible format, as requested by an individual, within the same timeframe that it was able to provide the same information to individuals who did not request an accessible format.</p> <p>This limited SEP ensures that beneficiaries are not disadvantaged by any additional time necessary to fulfill their request, including missing an election period deadline.</p> <p>The SEP begins at the end of the election period during which the beneficiary was seeking to make an election. The start and length of the SEP, as well as the effective date, are dependent upon the situation, and are at least as long as the time it took for the information to be provided to the individual in an accessible format.</p> <p><b>NOTE:</b> Enrollment and Sales Compliance will be monitoring usage for any signs of misuse.</p>	<p>SEP: <b>ACC</b></p> <p>To enroll in MA, MAPD or PDP</p>
<b>X. Individuals Enrolled in a Plan Placed in Receivership</b>	<p>SEP-REC exists for individuals enrolled in a plan that has been placed into receivership by a state or territorial regulatory authority. The SEP begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever is first. When instructed by CMS, the plan placed under receivership must notify its enrollees, in the form and manner directed by CMS, of the enrollees' eligibility for this SEP and how to use the SEP.</p> <p><b>REMINDER:</b> A special communication will be distributed by Sales Compliance and/or your Leadership with the SEP instructions in the event a plan is placed into receivership.</p>	<p>SEP: <b>OTH</b></p> <p>Follow instructions in the Sales Compliance communication with what to 'Specify'/'Note'.</p> <p>To enroll in MA, MAPD or PDP</p>
<b>Y. Individuals Enrolled in a Consistently Poor Performing Plan</b>	<p>This SEP-LPI is for individuals who are enrolled in a plan that CMS has identified with the low performing icon on Medicare.gov. These individuals will have received a letter from CMS encouraging them to consider another plan since their current plan is a consistently poor performing plan. This SEP exists while the individual is enrolled in the low performing plan.</p> <p><b>NOTE:</b> Agents must make a concerted effort to validate the plan is identified as a poor performer and include the plan's contract number in the SEP-OTH field with the words Low Rated Plan.</p> <p><b>For 2025, these Individual contracts are LPI: Aetna H4982 (CA), Meridian H5475 (MI), Wellcare H6713 (IL), Zing H7330, Wellcare H8553 (Southwest), Clear Spring S6946. Group plans Buckeye Health Community Solutions H0724 and Centene Venture Tennessee H2853 are also LPI.</b></p>	<p>SEP: <b>OTH</b> and enter: <b>LPI and the contract</b></p> <p>To enroll in MA, MAPD or PDP</p> <p><b>Must be actively enrolled in consistently poor performing plan to use SEP.</b></p>

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

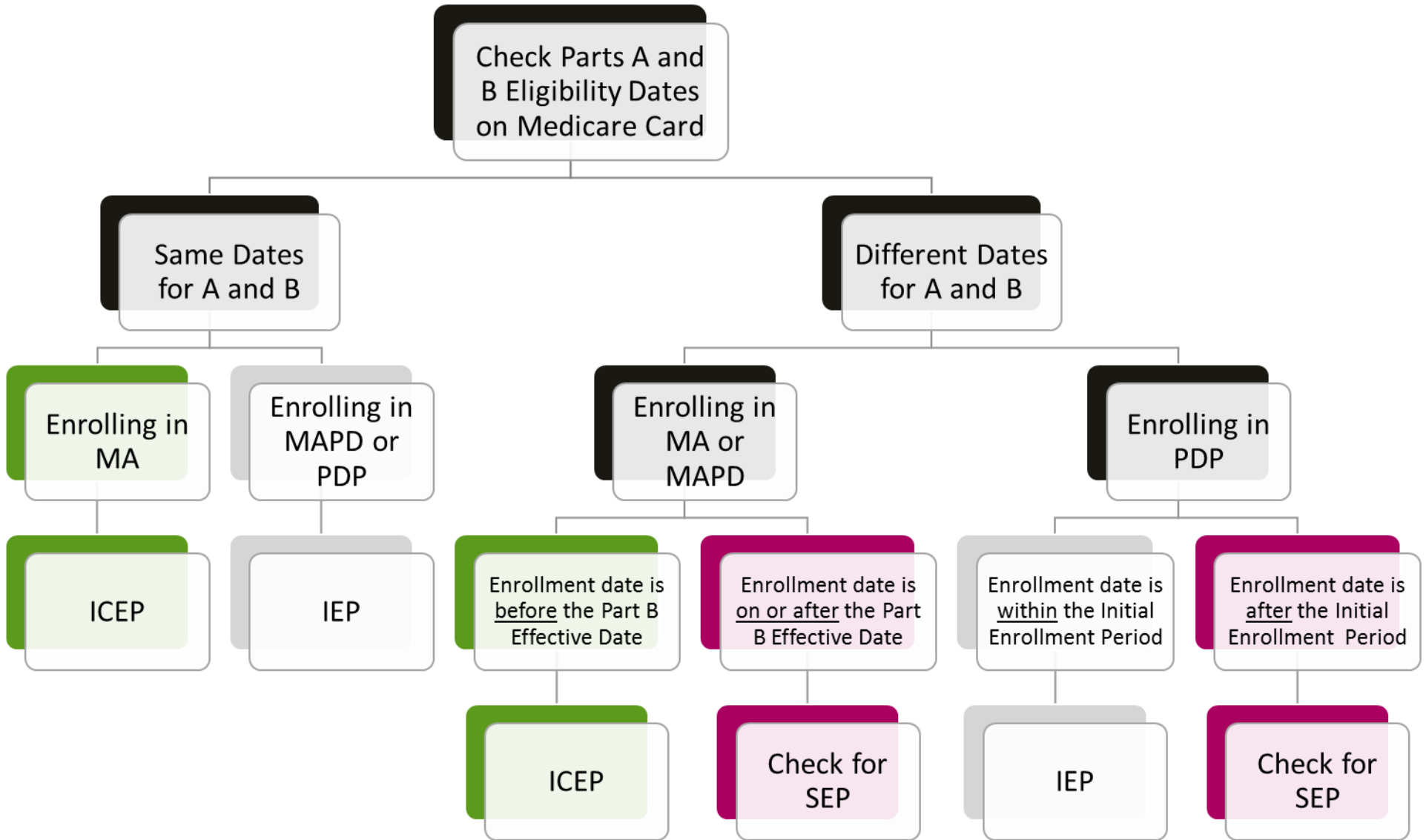
ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p><b>Z. To enroll in FIDE DE-SNP, HIDE DE-SNP, or AIP DE-SNP</b></p> <p><b>For CarePlus PY2025, the following are plan enrollments eligible to use SEP-INT: H1019-023, H1019-073, H1019-146</b></p>	<p>Effective January 1, 2025, full-benefit dually eligible individuals may use the integrated care SEP to enroll, once per month, into a fully integrated dual eligible special needs plan (FIDE SNP), highly integrated dual eligible special needs plan (HIDE SNP), or applicable integrated plan (AIP). Enrollment effective date is the first of the following month. <b>For Humana PY2025, the following are plan enrollments eligible to use SEP-INT :</b></p> <p>H1036-077, H1036-102, H1036-209, H1036-210, H1036-213, H1036-214, H1036-226, H1036-235, H1036-280*, H1036-285, H1036-304, H1036-314, H2875-001**, H2875-003**, H4007-016, H4007-018, H4007-026, H4007-027, H4007-030, H4007-031, H5216-394, H5216-420, H5525-045, H5619-054, H5619-075, H5619-163, H6622-018, H7284-003, H7284-010</p> <p><b>For Humana iCare Wisconsin: H2237-001, H2237-007</b></p> <p><b>*Florida FIDE plan can only be enrolled via paper application and by a small set of Career agents.</b></p> <p><b>*Virginia FIDE plans not yet approved by the State of Virginia - target date is mid 2025.</b></p>	<p>SEP: <b>INT</b></p> <p><b>For enrollment only into FIDE, HIDE or AIP DE-SNP</b></p> <p>An <a href="#">Appendix II</a> is on page 17 with a grid of the contract/PBPs, market, geo and the DE-SNP eligibility requirements for the Humana and CarePlus DE-SNPs (HIDE, FIDE, AIP) eligible to use SEP-INT.</p>
<p><b>AA. Exceptional Condition Enrollment of Premium-Part A and/or Part B</b></p> <p><b>NOT for use by any telesales agent</b></p>	<p><b>NOTE: SEP only for use on <u>paper application</u>; requires inclusion of CMS approval documentation.</b></p> <p>These SEPs begins with the submission of the application for premium-Part A and Part B, or for Part B only. It continues for the first two (2) months from the premium-Part A and/or Part B entitlement date.</p>	<p><b>CMS pre-approval required</b></p> <p>SEP: <b>CSP</b> To enroll in MA</p> <p>SEP: <b>DSP</b> To enroll in MAPD or PDP</p>
<p><b>BB. Retroactive Entitlement</b></p> <p><b>NOT for use by any telesales agent</b></p>	<p><b>NOTE: SEP only for use on <u>paper application</u>; requires inclusion of CMS approval documentation.</b></p> <p>This SEP-RET is for an individual who has not been provided the opportunity to enroll in a plan during their ICEP/IEP, perhaps due to administrative delays. These individuals will have a SEP to enroll in a plan that begins the month the individual receives the notice of the Medicare entitlement retroactive determination and continues for two (2) additional months after the month the notice is provided. Effective date is first of month after application is received by the plan sponsor.</p>	<p><b>CMS pre-approval required</b></p> <p>SEP: <b>RET</b> To enroll in MA, MAPD or PDP</p>
<p><b>CC. Government Entity-Declared Disaster or Other Emergency</b></p> <p><b>For enrollments with application dates of April 1, 2025 and beyond, only CMS can use SEP-DST</b></p>	<p>SEP-DST exists for individuals affected by a disaster or other emergency declared by a Federal, state or local government entity who were unable to, and <b>did not make an election during another valid election period</b>. Individuals are eligible for this SEP if they meet all three of the requirements:</p> <ul style="list-style-type: none"> <li>• Reside, or resided at the start of the SEP eligibility period, in an area for which a federal, state or local government entity has declared a disaster or other emergency or they do not reside in an affected area but rely on help making healthcare decisions from one or more individuals who reside in an affected area; <b>and</b></li> <li>• Were eligible for another valid election period at the time of the incident period; <b>and</b></li> <li>• Did NOT make an election during that other valid election period due to the incident.</li> </ul>	<p>SEP - <b>DST</b></p> <p>To enroll in MA, MAPD or PDP</p> <p><b>***Use of this SEP by agents and plans ends 3/31/2025***</b></p>

## Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<b>DD. Enroll/Disenroll in connection with CMS Sanction</b> <b>Only CMS can process</b>	<b>On a case-by-case basis</b> , CMS established SEP-SAN if CMS sanctions a plan sponsor and an enrollee disenrolls in connection with the matter that gave rise to that sanction to enroll in a different plan. The start/length of the SEP, as well as the effective date, is dependent upon the situation.	<b>NOT for Agent Use</b> CMS has to process the enrollment
<b>EE. Contract Violations</b> <b>Only CMS can process</b>	<b>On a case-by-case basis</b> , SEP-VIO is available and begins once CMS determines that a violation has occurred. The length of the SEP will depend on whether the individual immediately enrolls in a new plan upon disenrollment from the original plan. If no plan is chosen immediately after the SEP is granted, then the individual has 90 days to elect a new plan. CMS may process a retroactive disenrollment in some cases.  <b>NOTE:</b> The individual may choose an effective date of enrollment in a new plan beginning any of the three months after the month in which the plan sponsor receives the enrollment request.	<b>NOT for Agent Use</b> CMS has to process the enrollment
<b>FF. Individuals not adequately informed of loss of creditable coverage</b> <b>Only CMS can process</b>	Individuals who are not adequately informed of a loss of creditable coverage, or that they never had creditable coverage, have an SEP-CRE to enroll in a plan. The SEP permits one enrollment <b>on a case-by-case basis</b> . This SEP begins the month of CMS approval of this SEP and continues for two (2) additional months following this approval.	<b>NOT for Agent Use</b> CMS has to process the enrollment
<b>GG. Federal employee error causing enrollment or disenrollment in Part D</b> <b>Only CMS can process</b>	SEP begins the month the individual receives CMS approval of the SEP and continues for two (2) additional months following this approval. SEP allows enrollment/disenrollment from a PDP <b>on a case-by-case basis</b> .	<b>NOT for Agent Use</b> CMS has to process the enrollment
<b>HH. Significant Change in Provider Network</b> <b>Only CMS can process</b>	<b>On a case-by-case basis</b> , CMS will establish a SEP-PRO if CMS determines a network change to be significant. The SEP will be in effect once CMS makes its determination and enrollees have been notified. The SEP begins the month the individual is notified of the network change and continues for two (2) additional months.	<b>NOT for Agent Use</b> CMS has to process the enrollment
<b>II. Other Exceptional Circumstances</b> <b>Only CMS can process</b>	<b>On a case-by-case basis</b> , CMS established a SEP-OTH for individuals who CMS determines have experienced exceptional circumstances related to enrollments into or disenrollments from an MA plan or Part D plan that are not otherwise captured in regulation and beyond the beneficiary's control. Additionally, established SEP-EXC specific to marketing misrepresentation established by CMS on a case-by-case basis.	<b>NOT for Agent Use</b> CMS has to process the enrollment

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

## IEP vs ICEP Chart

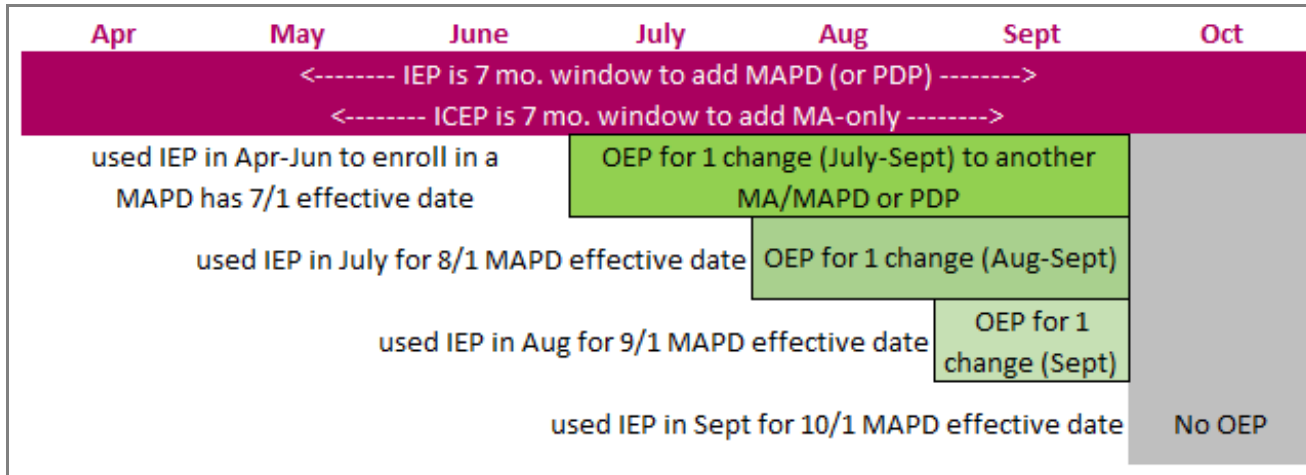


# Medicare Plan Enrollment/Election Periods Job Aid for Agents

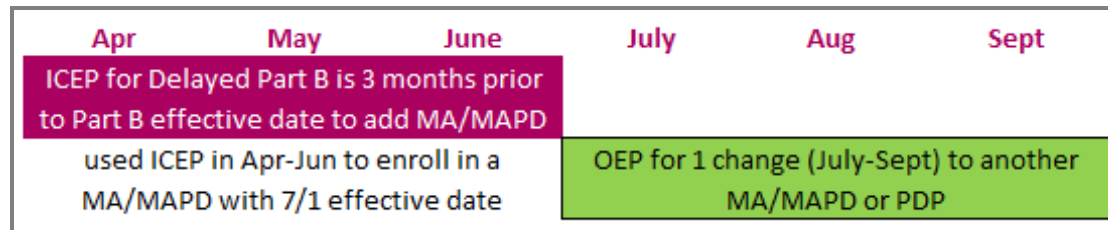
## (MA) OEP Charts (following IEP/ICEP)

**REMINDER:** PDP-only members can NOT use OEP to select a Medicare Advantage plan or change to a different PDP.

Part A and Part B are the SAME DATE. This EXAMPLE illustrates OEP use, reduction or forfeiture based on when during IEP/ICEP seven-month window that the Medicare Advantage plan was selected by the beneficiary. For this EXAMPLE Parts A and B are effective July 1.



Part A and Part B are a DIFFERENT DATE (ie, Delayed Part B or Delayed Part A). This EXAMPLE illustrates OEP use following Delayed Part B using ICEP to enroll in MA/MAPD with an effective date of July 1 (for both Part B and the MA/MAPD).



Resources used to create/maintain this job aid is CMS.gov

- [Medicare Managed Care Eligibility and Enrollment](#) - (current plan year) Enrollment and Disenrollment Guidance.pdf
- [Medicare Marketing Guidelines](#) - (current plan year) Medicare Communications and Marketing Guidelines (MCMG formerly MMG)

# Medicare Plan Enrollment/Election Periods Job Aid for Agents

## APPENDIX I - Examples of Questions to Determine Election Code Eligibility

TYPE OF ELECTION OR SEP	EXAMPLE QUESTIONS	LINK TO CODE
Change in Residence	<ul style="list-style-type: none"> <li>Has the beneficiary recently moved? If so, when?</li> <li>Has the beneficiary been out of the service area more than six (6) months and been disenrolled?</li> </ul>	<a href="#">SEP-MOV</a>
Employer/Union Group Health Plan (EGHP)	<ul style="list-style-type: none"> <li>Does the beneficiary currently have (or are leaving) coverage offered by an employer or union?</li> <li>Has the beneficiary recently lost such coverage? If so, when?</li> </ul>	<a href="#">SEP-LEC</a>
Disenroll from Part D for other Creditable Coverage	Is the beneficiary enrolled in PDP or MAPD and wants MA-only because will be using VA benefits?	<a href="#">SEP-CDC</a>
Medicaid or Medicare Savings Program	Did the beneficiary recently receive a letter informing of new eligibility for their state's Medicaid program, a change in Medicaid status or loss of Medicaid eligibility? If so, when?	<a href="#">SEP-MCD</a>
Low Income Subsidy	Did the beneficiary recently receive a letter informing of their new eligibility in the Extra Help program, a change in Extra Help level or loss of Extra Help eligibility? If so, when?	<a href="#">SEP-NLS</a>
Medicaid or Low Income Subsidy for PDP	<ul style="list-style-type: none"> <li>Does the beneficiary currently have Medicaid coverage?</li> <li>Does their state pay for their Medicare premiums?</li> <li>How much do they pay for their prescriptions?</li> </ul>	<a href="#">SEP-DEP</a>
PACE	Is the beneficiary currently enrolled in a special plan called "PACE"?	<a href="#">SEP-PAC</a>
SPAP	Does the beneficiary belong to a qualified SPAP or is no longer eligible for a SPAP?	<a href="#">SEP-PAP</a>
CMS/State Assignment	<ul style="list-style-type: none"> <li>Has the beneficiary recently received a blue letter (i.e., Reassignment notice) from Medicare?</li> <li>Did the state/plan send them a letter to let them know they are being moved to a different plan?</li> <li>Did the beneficiary recently receive a yellow letter (i.e., Autoenrollment notice) from Medicare?</li> <li>Has the beneficiary recently received a green letter (i.e., Facilitated Enrollment notice) from Medicare?</li> </ul>	<a href="#">SEP-DIF</a>
Involuntary Loss of Creditable Rx Coverage	Has the beneficiary lost creditable prescription coverage, including a reduction making that coverage no longer creditable? If so, when?	<a href="#">SEP-LCC</a>
Chronic Condition	<ul style="list-style-type: none"> <li>If a CC-SNP is available, does the beneficiary indicate they meet the chronic condition(s) for eligibility?</li> <li>Was the beneficiary disenrolled from CC-SNP either for not meeting the chronic condition or the VCC form was not returned thus beneficiary needs to choose a different plan?</li> <li>Is the beneficiary enrolled in a CC-SNP and wants to change to a CC-SNP focusing on different condition?</li> </ul>	<a href="#">SEP-CSN</a>
Institutionalized	<ul style="list-style-type: none"> <li>Is the beneficiary moving into or is a resident of a skilled a nursing facility or long-term care hospital?</li> <li>Is the beneficiary moving out of such a facility?</li> </ul>	<a href="#">OEP-I</a>
Open Enrollment Period <b>NOTE: Beneficiary MUST have proactively expressed dissatisfaction with current plan.</b>	<ul style="list-style-type: none"> <li>If dissatisfaction expressed, is today's date between 1/1-3/31? Is the beneficiary currently enrolled in a MA/MAPD and not already used OEP election? Check MARx to validate.</li> <li>If dissatisfaction expressed, is the beneficiary currently enrolled in a MA/MAPD and is it within the first three (3) months of their Medicare entitlement and not already used OEP election? Check MARx to validate.</li> </ul>	<a href="#">OEP</a>  <a href="#">OEP-New</a>



# Medicare Plan Enrollment/Election Periods Job Aid for Agents

## APPENDIX II – PY2025 Humana and CarePlus Contract/PBPs Eligible for use of SEP-INT

**IMPORTANT:** Not all Dual Eligible Special Needs Plans (DE-SNPs) qualify to be enrolled using SEP-INT. The list below represents less than a third of the DE-SNPs that Humana and CarePlus offer in Plan Year 2025.

Contract	PBP	Carrier	State	Plan Geographic Name	Plan Name	DESNP	SNP Eligibility Requirements
H1019	023	CarePlus	FL	Broward, Miami-Dade, & Palm Beach	CareNeeds Platinum (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1019	073	CarePlus	FL	Select Counties in Florida	CareNeeds Plus (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1019	146	CarePlus	FL	Select Counties in Florida	CareNeeds Platinum (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	077	Humana	FL	Broward, Miami-Dade, and Palm Beach	Humana Gold Plus SNP-DE H1036-077A (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	102	Humana	FL	Greater Tampa Bay	Humana Gold Plus SNP-DE H1036-102 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	209	Humana	FL	Flagler and Volusia counties	Humana Gold Plus SNP-DE H1036-209 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	210	Humana	FL	Jacksonville Metro area	Humana Gold Plus SNP-DE H1036-210 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	213	Humana	FL	Counties: LAK, MRN, ORA, OSC, SEM, SUM	Humana Gold Plus SNP-DE H1036-213 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	214	Humana	FL	Emerald Coast	Humana Gold Plus SNP-DE H1036-214 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	226	Humana	FL	Treasure Coast	Humana Gold Plus SNP-DE H1036-226 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	235	Humana	KY	Jefferson County	Humana Community HMO SNP-DE (HMO D-SNP)	HIDE	FBDE,QMB,QMB+,SLMB+
H1036	280	Humana	FL	Select Florida counties	Humana Fully Integrated H1036-280 (HMO D-SNP)	FIDE AIP	FBDE,QMB+,SLMB+ plus Humana LTC
H1036	285	Humana	FL	Gulf Coast	Humana Gold Plus SNP-DE H1036-285 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	304	Humana	FL	Broward, Miami-Dade, and Palm Beach	Humana Gold Plus SNP-DE H1036-304 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H1036	314	Humana	FL	Select Florida counties	Humana Gold Plus SNP-DE H1036-314 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	016	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-016 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	018	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-018 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	026	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-026 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	027	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-027 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	030	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-030 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H4007	031	Humana	PR	Puerto Rico Island Wide	Humana Gold Plus SNP-DE H4007-031 (HMO D-SNP)	HIDE AIP	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H5216	394	Humana	FL	Central and North Florida	HumanaChoice Florida SNP-DE H5216-394 (PPO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H5216	420	Humana	WI	Eastern, South Central, and Western	HumanaChoice SNP-DE H5216-420 (PPO D-SNP)	HIDE	FBDE,QI,QMB,QMB+,SLMB,SLMB+
H5525	045	Humana	KY	Kentucky	HumanaChoice SNP-DE H5525-045 (PPO D-SNP)	HIDE	FBDE,QMB,QMB+,SLMB+
H5619	054	Humana	IN	Indiana	Humana Gold Plus Integrated SNP-DE H5619-054 (HMO-POS D-SNP)	HIDE	FBDE,QMB+,SLMB+ plus PathWays for Aging
H5619	075	Humana	KY	Kentucky	Humana Dual Select H5619-075 (HMO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+
H5619	163	Humana	KY	Kentucky	Humana Gold Plus SNP-DE H5619-163 (HMO D-SNP)	HIDE	FBDE,QMB+,SLMB+
H6622	018	Humana	KY	Northern Kentucky Area	Humana Gold Plus SNP-DE H6622-018 (HMO D-SNP)	HIDE	FBDE,QMB,QMB+,SLMB+
H7284	003	Humana	FL	Panhandle	HumanaChoice SNP-DE H7284-003 (PPO D-SNP)	HIDE AIP	FBDE,QMB+,SLMB+
H7284	010	Humana	FL	Southeast Florida	HumanaChoice Florida SNP-DE H7284-010 (PPO D-SNP)	HIDE	FBDE,QDWI,QI,QMB,QMB+,SLMB,SLMB+

**NOTE:** Humana Fully Integrated H1036-280 (HMO D-SNP) does not appear in electronic enrollment tools. This plan requires a beneficiary to also be enrolled in Humana’s Long-Term Care plan. Only a limited number of Humana Career agents are authorized to write enrollments for H1036-280 and it must be written via paper enrollment.

**NOTE:** Humana Gold Plus Integrated SNP-DE H5619-054 (HMO-POS D-SNP) requires a beneficiary to also be enrolled in PathWays for Aging facilitated by Humana, United Healthcare or Anthem Blue Cross Blue Shield.