


**MAS 2021 MAPD Election Period Grid**  
**Business Owners: Jessica Purser and Kari Dutton**



Date Updated: 06/01/2021

Initial Election				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>E</b></p> <p>IEP for Part D (Initial Election Period)</p> <p><b>MAPD plans ONLY</b>  (MA ONLY plans <u>CANNOT</u> be submitted with this election)</p>	<p>(1) Individuals just gaining Part D eligibility, <b>and applying for a MAPD Plan</b></p> <p><i>Note: An IEP can only be used once and that is in its entirety, and in situations where a beneficiary loses Part B and then it is reinstated they can only enroll using a valid SEP or during AEP.</i></p>	<p>The individual has 7 months surrounding the latest eligibility month.  <i>(Eligibility being month Medicare became effective)</i></p> <p>An individual has the 3 months prior to their latest qualifying date with Medicare, the qualifying month and the 3 months following to sign an enrollment into a Medicare Advantage plan.</p> 	<p>If receipt date of enrollment by Cigna HealthSpring is before the individual's <b>Part D</b> effective date with Medicare then the effective date can be no sooner than the <b>Part D</b> effective date</p> <p><b>OR</b></p> <p>If the enrollment is received by Cigna HealthSpring after the individual's <b>Part D</b> effective with Medicare then the effective date will be the 1<sup>st</sup> of the month following the request.</p>	<p><i>Eligibility for this election should ALWAYS be verified using MARx.</i></p>



**MAS MAPD Enrollment**

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<p><b>I</b></p> <p>ICEP for Part B (Initial Coverage Election Period)</p> <p><b>MA ONLY and MAPD plans dependent on the Election Reason</b></p>	<p>(1) Individuals gaining Part B outside of the Part D eligibility window.</p> <p><i>If Part B was gained within the Eligibility window of Part D please refer to QRG002 - Initial Election Overlapping Eligibility Grid</i></p> <p><b>OR</b></p> <p>(2) <b>If Parts A and B</b> (Medicare dates) are effective the same month <b>AND the individual is applying for a MA ONLY plan.</b></p> <p>(3) <b>Individuals only having Part A and B and Part B was gained at a later month AND the individual is applying for a MA ONLY plan.</b></p> <p><i>Note: An ICEP can only be used once and that is in its entirety, and in situations where a beneficiary loses Part B and then it is reinstated they can only enroll using a valid SEP or during AEP.</i></p>	<p><b>For Election Reasons 1 and 3</b> – the individual has 3 months before the Part B effective date with Medicare. Individual must sign enrollment within those 3 months.</p> <p>  </p> <p><b>OR</b></p> <p><b>For Election Reason 2</b> – the individual has 7 months surrounding the month <b>Parts A and B</b> of Medicare became effective.</p> <p>An individual has the 3 months before their qualifying date with Medicare, the qualifying month and the 3 months following to sign an enrollment into a Medicare Advantage plan.</p> <p>  </p>	<p><b>For Election Reasons 1 and 3</b> The Effective date must be same date that Part B is effective.</p> <p><b>OR</b></p> <p><b>For Election Reason 2</b></p> <ul style="list-style-type: none"> <li>If receipt date of enrollment by Cigna HealthSpring is before the individual's <b>Part B</b> effective date with Medicare then the effective date can be no sooner than the <b>Part B</b> effective date</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>If the enrollment is received by Cigna HealthSpring after the individual becomes effective with Medicare then the effective date will be the 1<sup>st</sup> of the month following the request.</li> </ul>	<p><i>Eligibility for this election should ALWAYS be verified using MARx.</i></p>

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**MAPD Age-In Election for Enrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required										
<div>F</div> <div>Second IEP for Part D (Initial Election for turning 65)</div> <div>MAPD plans ONLY (MA ONLY plans CANNOT be submitted with this election)</div>	<div>(1) If an individual turns 65 any time after the month of being granted all Parts A, B and D of their Medicare benefits for the first time, and applying for a MAPD plan</div> <div>Please Note: The individual MUST have been effective with Parts A, B and D of Medicare at some point before their 65th birthday month.</div> <div>Meaning... If Medicare is becoming effective, for the first time, the same month that the individual turns 65, this is NOT a valid qualification.</div>	<div>For Election Reason 1 the individual has 7 months surrounding the month of their 65th birthday.</div> <div>An individual has the 3 months before their qualifying month of birth, the qualifying month and the 3 months following to sign an enrollment into a Medicare Advantage plan.</div> <div><div><div>Month</div><div>1</div></div><div><div>Month</div><div>2</div></div><div><div>Month</div><div>3</div></div><div><div>Month</div><div>Turning 65</div></div><div><div>Month</div><div>5</div></div><div><div>Month</div><div>6</div></div><div><div>Month</div><div>7</div></div><div>Before</div><div>After</div></div> <div>Individuals only get 1 election per lifetime.</div> <table><tr><th>Year born in</th><th>Turns 65 in</th></tr><tr><td>1953</td><td>2018</td></tr><tr><td>1954</td><td>2019</td></tr><tr><td>1955</td><td>2020</td></tr><tr><td>1956</td><td>2021</td></tr></table>	Year born in	Turns 65 in	1953	2018	1954	2019	1955	2020	1956	2021	<div>For Election Reason 1</div> <div>If receipt date of enrollment by Cigna HealthSpring is prior to the individual's 65th birthday month then the effective date can be no sooner than the month that the individual turns 65.</div> <div>UNLESS—the individual's 65th birthday falls on the 1st day of the month, then the effective date will be the month before the individual turns 65 but cannot be sooner than the receipt date of the enrollment.</div> <div>OR</div> <div>If the enrollment is received by Cigna HealthSpring is after the individual's 65th birthday, then the effective date will be the 1st of the month following the request.</div>	<div>Date of Birth only</div> <div>Eligibility for this election should ALWAYS be verified using MARx.</div>
Year born in	Turns 65 in													
1953	2018													
1954	2019													
1955	2020													
1956	2021													

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**MA Only Age-In Election for Enrollment**

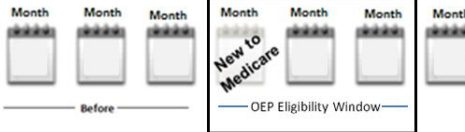
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required										
<div>S</div> <p>Turning 65 when applying for a MA ONLY plan</p> <p>MA ONLY plans ONLY (MAPD plans should not be submitted with this election when turning 65)</p>	<p>(1) If an individual turns 65 after the month of being granted Medicare benefits for the first time, <b>and applying for a MA ONLY plan</b></p> <p><b>Please Note:</b> The individual <b>MUST</b> have been effective with Parts A, B and D of Medicare at some point before their 65<sup>th</sup> birthday month</p> <p><b>Meaning...</b> If Medicare is becoming effective, for the first time, the same month that the individual turns 65, this is <b>NOT</b></p>	<p><b>For Election Reason 1</b> the individual has 7 months surrounding the month of their 65<sup>th</sup> birthday.</p> <p>An individual has the 3 months before their qualifying month of birth, the qualifying month and the 3 months following to sign an enrollment into a Medicare Advantage plan</p> <div><div>Month 1</div><div>Month 2</div><div>Month 3</div><div>Month 4</div><div>Month 5</div><div>Month 6</div><div>Month 7</div><div>Turning 65</div><div>Before</div><div>After</div></div> <p>Individuals only get 1 election per lifetime.</p> <table><tr><th>Year born in</th><th>Turns 65 in</th></tr><tr><td>1953</td><td>2018</td></tr><tr><td>1954</td><td>2019</td></tr><tr><td>1955</td><td>2020</td></tr><tr><td>1956</td><td>2021</td></tr></table>	Year born in	Turns 65 in	1953	2018	1954	2019	1955	2020	1956	2021	<p><b>For Election Reason 1</b> If receipt date of enrollment by Cigna HealthSpring is prior to the individual’s 65<sup>th</sup> birthday month then the effective date can be no sooner than the month that the individual turns 65.</p> <p><b>UNLESS—the individual’s 65<sup>th</sup> birthday falls on the 1<sup>st</sup> day of the month, then the effective date will be the month before the individual turns 65 but cannot be sooner than the receipt date of the enrollment.</b></p> <p><b>OR</b></p> <p>If the enrollment is received by Cigna HealthSpring is after the individual’s 65<sup>th</sup> birthday, then the effective date will be the 1<sup>st</sup> of the month following the request.</p>	<p>Date of Birth only</p> <p>Eligibility for this election should ALWAYS be verified using MARx.</p>
Year born in	Turns 65 in													
1953	2018													
1954	2019													
1955	2020													
1956	2021													

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**MA OEP for Enrollment and Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>M</b></p> <p>MA Open Enrollment Period</p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Individuals may make only one election during the MA OEP.</p> <p>Individuals may add or drop Part D coverage during the MA OEP. <b>Individuals actively enrolled in either MAPD or MA-only plans</b> can switch to:</p> <ol style="list-style-type: none"> <li>(1) MA-PD</li> <li>(2) MA-only</li> <li>(3) Original Medicare</li> </ol>	<p><b>MA OEP occurs:</b> January 1 – March 31</p>	<p>Effective date for <b>Enrollments</b> will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p> <p>Effective date for <b>disenrollments</b> will be the last day of the month in which the request was received by Cigna HealthSpring.</p>	<p>Completed Plan Change</p> <p><b>OR</b></p> <p>Signed document requesting to be disenrolled.</p> <p><b>Eligibility for this election should ALWAYS be verified using MARx.</b></p>
<p><b>M</b></p> <p>MA Open Enrollment Period – <b>ICEP Extension</b></p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Individuals may make only one election during the MA OEP.</p> <p>Individuals may add or drop Part D coverage during the MA OEP. <b>New Medicare beneficiaries who enrolled in either an MAPD or MA-only plan during their ICEP</b> can switch to:</p> <ol style="list-style-type: none"> <li>(1) MA-PD</li> <li>(2) MA-only</li> <li>(3) Original Medicare</li> </ol>	<p><b>MA OEP occurs:</b> The month of entitlement to Part A and Part B – the last day of the 3<sup>rd</sup> month of entitlement</p> 	<p>Effective date for <b>Enrollments</b> will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p> <p>Effective date for <b>disenrollments</b> will be the last day of the month in which the request was received by Cigna HealthSpring.</p>	<p>Completed Plan Change</p> <p><b>OR</b></p> <p>Signed document requesting to be disenrolled.</p> <p><b>OR</b></p> <p><b>Eligibility for this election should ALWAYS be verified using MARx.</b></p>

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**SEP for Enrollment and Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	No Verification Needed
<p><b>L</b></p> <p>Currently have LIS or Medicaid (Low Income Subsidy)</p> <p><b>MAPD and MA ONLY plans permitted</b></p>	<p>This SEP allows an individual to enroll in, or disenroll from, an MA plan once per calendar-quarter <i>during the first nine months of the year.</i></p>	<p>This SEP can be used once during each of the following time periods:</p> <ul style="list-style-type: none"> <li>• January – March,</li> <li>• April – June, and</li> <li>• July – September.</li> </ul> <p>It may not be used in the 4<sup>th</sup> quarter of the year (October – December).</p> <p>The SEP is considered “used” based on the month in which the individual makes the election (i.e., application date of the enrollment request).</p> <p><b>For Current MMP Customers with FULL Medicaid: See information under the U election</b></p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p> <p><b>**Limitation for CARA “At-Risk” Status: Beneficiaries cannot use this SEP to change plans while this designation is in place.</b></p>	<p>SEP requested on app</p> <p><b>Eligibility for this election should ALWAYS be verified using the Last Dual SEP Use Date field in MRDE and checked in MARx.</b></p>

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<p><b>U</b></p> <p>Newly Gaining or Recent Changes to LIS or Medicaid (Low Income Subsidy)</p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>An SEP is provided for individuals who receive “Extra Help.” It includes those who:</p> <ol style="list-style-type: none"> <li>(1) Become eligible for any type of assistance from the Title XIX program (including “partial duals” who receive cost sharing assistance under Medicaid) and individuals who qualify for LIS (but who do not receive Medicaid benefits);</li> <li>(2) Lose eligibility for any type of assistance; and</li> <li>(3) 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> </ol>	<p><b>For Election Reasons 1, 2 and 3</b></p> <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.</p> <p><b>NOTE:</b> Use of this SEP does not count towards the once per calendar quarter limitation</p> <p><b>Current MMP customers:</b> If not in active CARA risk status and has FULL Medicaid, this election can be used to disenroll from the MMP plan to enroll in a Medicare Advantage plan (MAPD and MA Only permitted)</p>	<p><b>For Election Reasons 1, 2 and 3</b>  Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>SEP requested on app</p> <p>*Note: Medicaid MUST be verified if the customer is enrolling into a “TotalCare” SNP.</p>

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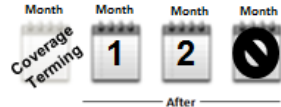
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<p><b>W</b></p> <p>EGHP (Employer Group Health Plan)</p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>(1) An individual disenrolling from an 'employer insurance policy' to enroll into a Medicare Advantage plan.</p> <p><b>OR</b></p> <p>(2) An individual disenrolling from a Medicare Advantage plan to enroll into an 'employer insurance policy.'</p>	<p><b>For Elections Reasons 1 and 2</b> the individual can sign an enrollment request at any time that employer coverage or Medicare Advantage coverage is active.</p> <p><b>OR</b></p> <p>If individual has stated coverage is terming, the individual has the month of the separation and two full calendar months after the separation to request a new enrollment.</p> <p>  </p>	<p><b>For Elections Reasons 1 and 2</b>  An individual may select an effective date that is up to 3 months after the month in which the individual completed an enrollment or disenrollment request.</p>	<p>Individual's attestation to having/lost employer/retiree coverage</p>



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<p><b>V</b></p> <p>Moving In or Out of the Service Area</p> <p><b>MAPD plan and MA ONLY plans permitted</b></p>	<p>(1) Individuals who will have a new Medicare Advantage or Part D plan available to them as a result of a permanent move.</p> <p><b>OR</b></p> <p>(2) Individuals who are no longer eligible to be enrolled in their previous Medicare Advantage or Part D plan due to a change in permanent residence outside of the service area.</p> <p><b>OR</b></p> <p>(3) Individuals who were not eligible for MA because they were incarcerated and have now been released.</p>	<p>If the Individual notifies Cigna HealthSpring prior to the move the individual has the month before the move, the month of the move and two full calendar months after the move to request a new enrollment</p> <p>If the move has taken place prior to notifying Cigna HealthSpring, the individual has the month of the notification to Cigna HealthSpring and two full calendar months after the notification</p>	<p>An individual may chose an effective date of up to three months after the enrollment request is received by Cigna HealthSpring. However, the effective date cannot be sooner than the individual's move takes place, if notified in advance.</p>	<p>Date of move</p> <p><b>OR</b></p> <p>Sign date as date of notification</p>


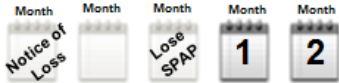
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SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>SPAP (State Pharmacy Assistance Program)</p> <p><b>MAPD plans ONLY</b>  (MA ONLY plans should not be submitted with this election)</p>	<p>(1) An individual who belongs to a qualified SPAP.</p> <p><b>OR</b></p> <p>(2) An individual who has just lost their SPAP eligibility.</p> <p><i>Note: PAAD, SDPAP, Pace, Pace Pending and PACenet all fall under the SPAP qualifications.</i></p>	<p><b>For Election Reason 1</b> an individual has the month that the individual becomes enrolled into the SPAP, and through the individual's coverage with the SPAP.</p> <p><b>OR</b></p> <p><b>For Election Reason 2</b> an individual has the month lose their SPAP or the month they are notified of the loss, whichever is earlier, and two full calendar months after either the loss or notification, whichever is later.</p> <p>If month they lose their SPAP is earlier and notice is later:</p>  <p>If month they are notified is earlier and loss is later:</p>  <p><i>An individual can use this election once per calendar year</i></p>	<p><b>For Election Reasons 1 and 2</b>  Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Customer attestation to having/losing SPAP coverage.</p>



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Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Loss of SNP (Special Needs Plan)</p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>(1) An individual who is no longer eligible for the SNP because they no longer meet the specific special needs status. <i>This applies to Cigna-HealthSpring's <b>IB</b> (Traditions) and <b>Dual</b> (TotalCare) plans.</i></p> <p><b>OR</b></p> <p>(2) An individual having a chronic condition who is currently in a plan that does not focus on their chronic condition <i>This applies to Cigna-HealthSpring's <b>Chronic</b> (Achieve) plans</i></p> <p><i>For a current individual further research may need to be completed in the system. (Notes, etc.)</i></p>	<p><b>For Election Reason 1</b> the individual has the month that he/she is deemed no longer qualified and ends when the individual makes an enrollment request or three months after they are no longer eligible.</p>  <p><b>For Election Reason 2</b> If an individual is found to not have the chronic condition after the enrollment has taken place, individual will qualify to change plans. This begins when individual is notified of findings and continues for two full calendar months after the month of the notification. <i>(Additional research in the system will need to be completed to determine this)</i></p> 	<p><b>For Election Reason 1</b> Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Customer attestation to losing SNP eligibility</p> <p><b>OR</b></p> <p>Loss of SNP alert on customer account in QNXT</p>

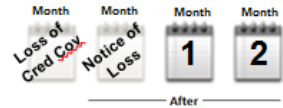

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<p><b>S</b></p> <p>Involuntary Loss of Creditable Coverage</p> <p><b>MAPD plans ONLY</b> (MA ONLY plans <u>CANNOT</u> be submitted with this election)</p>	<p>(1) An individual involuntarily losing their Creditable Coverage.</p> <p><b>OR</b></p> <p>(2) An individual that has had a reduction in their Creditable Coverage that deems it no longer 'creditable.' (<i>losing Part D</i>)</p> <p><b><i>This loss cannot be due to premium non-payment.</i></b></p>	<p><b>For Election Reasons 1 and 2</b> an individual has the month that he/she is notified of the loss of creditable coverage and ends two months either after the loss (or reduction) occurs or the individual receives the notice, whichever is later.</p> <p>If the notice was received after the loss:</p>  <p><b>OR</b></p> <p>If the loss was received after the notice:</p> 	<p><b>For Elections Reasons 1 and 2</b> An individual may select an effective date that is up to 3 months after the month in which the individual completed an enrollment request.</p>	<p>Date of Loss</p> <p><b>OR</b></p> <p>Letter stating date of reduction</p>

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**SEP for Enrollment and Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>FEMA – Declared Weather Related Emergency or Major Disaster</p> <p>MAPD plans and MA ONLY plans permitted</p>	<p>An individual affected by a disaster or other emergency declared by a Federal, state or local government entity who were unable to make an election during another valid election period.</p> <p>Individuals that qualify MUST meet all below criteria:</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 <b>or</b> 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 election period at the time of the SEP eligibility period; <b>and</b></li> <li>Did not make an election during that other valid election period due to the disaster or other emergency.</li> </ul>	<p>The SEP starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier.</p> <p>The SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later.</p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Signed enrollment request indicating current address and address at time of disaster if different.</p> <p><b>AND</b></p> <p>SEP indicated on the application</p>

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**MAS 2021 MAPD Election Period Grid**  
**Business Owners: Jessica Purser and Kari Dutton**



Date Updated: 06/01/2021

SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Chronic SNP (Special Needs Plan)</p> <p>MAPD plans and MA ONLY plans permitted</p>	<p>An individual that has a severe or disabling chronic condition as specified by the plan (diabetes).</p> <p><i>Individuals only get 1 election per lifetime.</i></p>	<p>An individual has when he/she has been deemed to have a qualifying condition, and will end once he/she uses this SEP.</p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Chronic SNP Attestation indicated on application</p> <p><b>OR</b></p> <p>Verbal attestation of Chronic Condition by Individual</p>
SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>R</b></p> <p>5 Star Plan</p> <p>MAPD plans and MA ONLY plans permitted</p>	<p>An individual must be Medicare eligible and meet any requirements to enroll in that plan (e.g., live within the service area, as well as requirements regarding end stage renal disease.)</p>	<p>As overall ratings are assigned for the plan contract year (January through December), an individual may sign anytime within the 5 star rating year.</p> <p><i>Individuals may only use this election <b>one time</b> from Dec 8<sup>th</sup> through November 30<sup>th</sup> of the following year in which the organization has been granted a 5-star overall rating.</i></p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Signed enrollment request into applicable 5-Star plan.</p>

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Date Updated: 06/01/2021

SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	No Verification Needed
<p><b>S</b></p> <p>Non Renewals</p> <p><b>MAPD plans and MA ONLY plans permitted</b></p>	<p>An individual enrolled with a Medicare Advantage plan that will be affected by plan or contract non-renewals and plan service area reductions that are <b>effective Jan 1</b> of the contract year.</p>	<p>An individual has from Dec 8 before the non-renewal date and through Feb of the following year.</p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>SEP requested on app</p>
SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Voluntary Contract Terminations (TOP/Term Of Plan)</p> <p><b>MAPD and MA ONLY plans permitted</b></p>	<p>An individual enrolled with a Medicare Advantage plan that will be affected by a termination of contract by the Medicare Advantage organization or a modification or termination of the contract by mutual consent.</p> <p><i>Effective date of termination must be a date other than Jan 1, if Jan 1, refer to Non-Renewals.</i></p>	<p>An individual has two months before the proposed termination effective date and one full calendar month after the month of which the termination occurs.</p>	<p>An individual may select the effective date for the month after the receipt of the enrollment request or an effective date that is up to 2 months after the month in which the individual completed an enrollment request.</p>	<p>Date of termination</p>

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SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Involuntary Contract Terminations (TOP/Term of Plan)  <b>MA ONLY and MAPD plans permitted</b></p>	<p>An individual enrolled with a Medicare Advantage plan that will be affected by MA organization contract terminations by CMS.</p> <p><i>Effective date of termination must be a date other than Jan 1, if Jan 1, refer to Non-Renewals.</i></p>	<p>An individual has the month before the termination and through the 2 months after the effective date of the termination.</p>	<p>An individual can chose their effective date up to three months after the receipt of the requested enrollment.</p>	<p>Date of termination</p>

SEP for Enrollment				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Retroactive Medicare Entitlement Determination  <b>MAPD plans and MA ONLY plans permitted</b></p>	<p>If a Medicare entitlement determination is made retroactively, and the individual has not been provided the opportunity to elect a Medicare Advantage plan during his/her ICEP; these individuals will be allowed to elect a MA plan offered by the Medicare Advantage organization.</p>	<p>An individual has the month the individual receives the notice of the Medicare entitlement determination and continues for two additional months after the month in which the notice was received.</p>	<p>Effective date will depend on the situation but is not earlier than the first day of the month in which the notice of the Medicare entitlement determination is received by the individual.</p>	<p>Date of letter from Medicare stating retroactivity made</p>

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**SEP for Enrollment or Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>Disenrollment from Part D to Enroll in or Maintain Other Cred Coverage</p>	<p>(1) An individual may disenroll from a Part D plan to enroll in or maintain other creditable drug coverage (such as TriCare or VA).  <b>Disenrollment from a MAPD plan only</b></p> <p>(2) An individual may enroll into a MA Only plan from a MAPD plan to maintain other creditable coverage.  <b>Enrollment into a MA ONLY plan ONLY</b></p>	<p><b>For Election Reason 1 and 2</b> an individual has anytime during which the individual has Tricare or VA coverage.</p>	<p><b>For Election Reason 1 and 2</b>  Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Note on request that individual has Tricare or VA</p>

**SEP for Enrollment or Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>SEP for CMS and State-Initiated Enrollments</p>	<p>Individuals who are enrolled into a plan by CMS or a State (i.e., through passive enrollment, autoenrollment, facilitated enrollment, and reassignment) have an SEP to disenroll from their new plan or enroll into a different plan.</p>	<p>The SEP permits a one time 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..</p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Signed Enrollment Request identifying passive enrollment, auto enrollment, facilitated enrollment, etc</p> <p><i>The source of enrollment should be verified in the processing system.</i></p>

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**SEP for Enrollment or Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>P.A.C.E (Program of All-inclusive Care for the Elderly) <b>MAPD and MA ONLY plans permitted</b></p>	<p>(1) An individual may disenroll from a MA plan at any time in order to enroll in P.A.C.E.</p> <p><b>OR</b></p> <p>(2) An individual may disenroll from P.A.C.E to enroll in a MA plan.</p>	<p><b>For Election Reason 1</b> an individual can sign a disenrollment request any time he/she has the P.A.C.E coverage.</p> <p><b>OR</b></p> <p><b>For Election Reason 2</b> an individual has beginning the date of the disenrollment and until the individual elects a MA plan, or up to two full calendar months, whichever is earlier.</p>	<p><b>For Election Reason 1 and 2</b> Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>P.A.C.E indicated on the enrollment request</p>

**SEP for Disenrollment**

Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>S</b></p> <p>SEP65 <b>MAPD plans and MA ONLY plans permitted</b></p>	<p>An individual may disenroll if she/he elected a Medicare Advantage plan during the initial enrollment period (IEP) for Part B surrounding their 65<sup>th</sup> birthday.</p> <p><i>This is NOT an Age-In election for enrollment.</i></p> <p><i>Individuals entitled to Medicare before age 65 are not eligible for SEP65.</i></p>	<p>An individual has 12 months from the effective date of coverage into the original Medicare Advantage plan choice to disenroll at any time.</p> <p><b>This election is for disenrollments only. This is NOT a valid election for an enrollment into a Medicare Advantage plan.</b></p>	<p>Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p>	<p>Research will need to be completed to confirm individual is still within 12 month window of initial enrollment request</p>

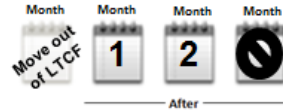
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Annual Election Period (AEP)				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>A</b></p> <p>MAPD plans and MA ONLY plans</p>	<p>Any Medicare eligible individual is eligible to enroll, make changes to existing enrollments, or disenroll.</p>	<p>An individual has October 15<sup>th</sup> to December 7<sup>th</sup>.</p>	<p>Effective date of all applications submitted during this time frame using this election will be Jan 1 of the following year.</p>	<p>Proof Medicare eligible</p> <p><i>This will be verified in MARx</i></p>
Open Enrollment Period for Institutionalized Individuals (OEPI)				
Election Description	Election Reason (How do you qualify?)	Time of Eligibility (When should you sign?)	Effective Date of Coverage (When will your coverage begin?)	1 Verification Below Required
<p><b>T</b></p> <p><i>Election is at the bottom of the hierarchy and to be only used after all other elections have been exhausted</i></p>	<p>(1) An individual is moving into a Long Term Care Facility. (LTCF)</p> <p>(2) An individual currently resides in a LTCF.</p> <p>(3) An individual has recently moved out of a LTCF.</p> <p><i>Institutionalized individuals can make an unlimited number of enrollment requests.</i></p>	<p><b>For Elections Reason 1 and 2</b> the individual has the month of the move and through the individuals stay in the LTCF.</p> <p><b>For Elections Reason 3</b> when the individual is moving out of a LTCF they have the month of the move and two full calendar months following to request a new enrollment.</p> 	<p><b>For Election Reasons 1, 2 and 3</b> Effective date will be the 1<sup>st</sup> of the month following the request received by Cigna HealthSpring.</p> <p><i>Traditions plans are plans with benefits specific to institutionalized individuals. These plans are only available to those living in a LTCF.</i></p>	<p><b>Non Traditions Plans:</b> Date of Move</p> <p><b>Traditions Plans:</b> Facility Verification Form/ISNP Tool <i>(Form includes name of facility, signature of facility worker, and have one questioned marked – been in facility 90 days or expects to be in facility 90 days)</i></p>

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**SEPs used by CMS Approval Only – Action Initiated by CMS – NOT TO BE DETERMINED BY SALES/ENROLLMENT**

S	And individual enrolled in a Low Performance Plan.	N/A	This will come through on online apps ONLY
S	An individual involved in a CMS sanction.	N/A	N/A
S	Non-U.S. Citizens who become Lawfully Present	N/A	N/A
S	An individual affected by a MA Organization's Contract Violation	N/A	N/A
S	Individuals not properly informed of Loss of Creditable Coverage	N/A	N/A
S	An individual affected by a significant Network Termination, CMS will determine on a case by case scenario	N/A	N/A
S	An individual that has a significant change in provider network, CMS will determine on a case by case basis	N/A	N/A
S	Individuals whose enrollment or non-Enrollment into a Part D Plan is erroneous	N/A	N/A
S	Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	N/A	N/A