

Election Period Coding – “Cheat Sheet”

Paper Application & iEnroll Coding

For all Enrollment Applications, an appropriate and applicable election period must be selected. If an election period is missing or incorrect, this can cause delays or denials of enrollment.

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Identifier	Election	Medicare Advantage	Prescription Drug Plan
I am new to Medicare (see first example on pg 3)	Newly Eligible (IEP/ICEP) - MA/MAPD Newly Eligible (IEP) - PDP	<ul style="list-style-type: none"> ▪ ICEP (MA Only).....pg 9 ▪ IEP (MA-PD).....pg 9 	<ul style="list-style-type: none"> ▪ IEP..... pg 21
I was eligible for Medicare previously but have recently turned 65 (see second example on pg 3)	Age-In (Eligible Prior to Age 65)	<ul style="list-style-type: none"> ▪ IEP2 (MAPD)pg 10 	<ul style="list-style-type: none"> ▪ IEP2..... pg 22
I was eligible for Medicare; however, I delayed my enrollment in Part B due to having other creditable coverage	Enrolling into Part B After Delaying Enrollment	<ul style="list-style-type: none"> ▪ ICEP (delayed Part B enrollment) (MA/MA-PD).....pg 10 	<ul style="list-style-type: none"> ▪ N/A for prescription drug plans pg 22
I am eligible to enroll in Part B during the General Enrollment Period	Enrolled into Part B during the Part B General Enrollment Period (GEP)	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 11 	<ul style="list-style-type: none"> ▪ SEP-GEP Part B pg 23
I would like to enroll during the Open/Annual Enrollment Period	MA/MA-PD/PDP Eligible (Annual Election Period, AEP, 10/15– 12/07)	<ul style="list-style-type: none"> ▪ AEP (MA/MA-PD).....pg 11 	<ul style="list-style-type: none"> ▪ AEP pg 23
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.	Dual-Eligible (Full Benefit & Partial)	<ul style="list-style-type: none"> ▪ SEP - Dual Eligible Full & Partial (MA/MA-PD).....pg 11 	<ul style="list-style-type: none"> ▪ SEP - Dual Eligible Full & Partial pg 23
I no longer qualify for both Medicare and Medicaid or my state no longer helps pay for my Medicare premiums	Dual-Eligible (Loss of Status)	<ul style="list-style-type: none"> ▪ SEP - Dual Eligible (Status Loss) (MA/MA-PD).....pg 11 	<ul style="list-style-type: none"> ▪ SEP - Dual Eligible (Status Loss) pg 24
I get extra help paying for Medicare prescription drug coverage.	LIS (Non-Medicaid & Maintaining LIS)	<ul style="list-style-type: none"> ▪ SEP - LIS (Non Medicaid/Mntning LIS) (MA-PD).....pg 12 	<ul style="list-style-type: none"> ▪ SEP - LIS (Non Medicaid/Mntning LIS)..... pg 24
I no longer qualify for extra help paying for my Medicare prescription drugs	LIS (Loss of Status)	<ul style="list-style-type: none"> ▪ SEP - LIS (Loss of Status) (MA-PD).....pg 12 	<ul style="list-style-type: none"> ▪ SEP - LIS (Loss of Status)..... pg 24
I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility)	Institutionalized	<ul style="list-style-type: none"> ▪ OEPI (MA/MA-PD).....pg 13 	<ul style="list-style-type: none"> ▪ SEP – Institutional..... pg 25

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I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.	Change in Residence	<ul style="list-style-type: none"> ▪ SEP - Change in Residence (MA/MA-PD).....pg 13 	<ul style="list-style-type: none"> ▪ SEP - Change in Residence pg 25
I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's)	Involuntary Loss of Creditable Coverage	<ul style="list-style-type: none"> ▪ SEP - Invol. Loss of Creditable Cvg (MA-PD)pg 14 	<ul style="list-style-type: none"> ▪ SEP - Invol. Loss of Creditable Cvg pg 26
I am leaving employer or union coverage	Loss of Employer Group Coverage (Group Retiree, COBRA, & Commercial Coverage)	<ul style="list-style-type: none"> ▪ SEP - Loss of EGHP Coverage (MA-PD)pg 14 	<ul style="list-style-type: none"> ▪ SEP - Loss of EGHP Coverage ... pg 26
I am gaining employer or union coverage	Gain Employer Group Coverage	<ul style="list-style-type: none"> ▪ SEP - 800 Series Employer (MA/MA-PD).....pg 14 	<ul style="list-style-type: none"> ▪ SEP - 800 Series Employer pg 26
My plan is no longer offered for my area	Non-Renewing	<ul style="list-style-type: none"> ▪ SEP - Contract Non-Renewal (MA/MA-PD).....pg 15 	<ul style="list-style-type: none"> ▪ SEP - Contract Non-Renewal pg 27
My plan is not renewing the cost plan for my area	Non-Renewing Cost Plan	<ul style="list-style-type: none"> ▪ SEP – Cost (MA/MA-PD)pg 15 	<ul style="list-style-type: none"> ▪ SEP – Cost..... pg 27
My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan	Termination of Plan Contract	<ul style="list-style-type: none"> ▪ SEP - Contract Termination (MA/MA-PD).....pg 16 	<ul style="list-style-type: none"> ▪ SEP - Contract Termination pg 27
I am making this enrollment request between January 1 and February 14, and I recently ended my enrollment in a Medicare Advantage plan.	Enroll in a PDP during the MADP disenrollment period	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 16 	<ul style="list-style-type: none"> ▪ SEP – ADP pg 28
My Medicare eligibility was approved with a retroactive start date	Retro Medicare Determination	<ul style="list-style-type: none"> ▪ SEP- Retro Medicare Determination (MA -only)pg 16 ▪ IEP (MA-PD)pg 16 	<ul style="list-style-type: none"> ▪ IEP pg 28
I have ESRD and my Medicare eligibility was approved with a retroactive start date.	Retro ESRD Determination	<ul style="list-style-type: none"> ▪ SEP - Retro ESRD Determination (MA/MA-PD).....pg 17 	<ul style="list-style-type: none"> ▪ N/A for prescription drug plans... pg 28
I belong to a pharmacy assistance program provided by my state	SPAP Members	<ul style="list-style-type: none"> ▪ SEP - SPAP Enrollee (MA-PD).....pg 17 	<ul style="list-style-type: none"> ▪ SEP - SPAP Enrollee pg 28
I recently lost my pharmacy assistance program provided by my state	SPAP Loss of Eligibility	<ul style="list-style-type: none"> ▪ SEP - SPAP Enrollee (MA-PD).....pg 18 	<ul style="list-style-type: none"> ▪ SEP - SPAP Enrollee pg 29
I have a Chronic Condition and I'm not enrolled in a Chronic SNP for that condition.	Chronic Condition	<ul style="list-style-type: none"> ▪ SEP - Special Need/Chronic (MA-PD)pg 18 	<ul style="list-style-type: none"> ▪ N/A for prescription drug plans... pg 29

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I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan	Special Needs Status Change for Members of SNP	<ul style="list-style-type: none"> ▪ SEP - Loss of SNP status (MA/MA-PD).....pg 18 	<ul style="list-style-type: none"> ▪ SEP - Loss of SNP status..... pg 29
I was enrolled in a Chronic Plan but I no longer qualify to be in that plan	Chronic SNP Non-Eligibility	<ul style="list-style-type: none"> ▪ SEP- Loss of SNP status (PFFS MA only/MA-PD)pg 18 	<ul style="list-style-type: none"> ▪ SEP- Loss of SNP status..... pg 29
I recently left a PACE program	PACE	<ul style="list-style-type: none"> ▪ SEP - PACE Switcher (MA/MA-PD).....pg 19 	<ul style="list-style-type: none"> ▪ SEP - PACE Switcher pg 29
I disenrolled from a cost plan and the optional supplemental Part D benefit	Consumers disenrolling from a cost plan and the cost plan's optional supplemental Part D benefit	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 19 	<ul style="list-style-type: none"> ▪ SEP - Leaving Optional Part D Cost pg 30
I have lost my Part B coverage	Loss of Part B	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 19 	<ul style="list-style-type: none"> ▪ SEP - Lost MA-PD and Part B pg 30
I enrolled in an MA/MA-PD plan upon turning 65. I want to leave that plan and go back to Original Medicare.	First Time MA Member (Age-In)	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 19 	<ul style="list-style-type: none"> ▪ SEP - SEP 65 pg 30
I dropped my Medigap coverage to enroll in an MA/MA-PD plan for the first time. I am in my "trial period" and I want to go back to Original Medicare.	Consumers in an MA-PD who drop Medigap and are in Trial period	<ul style="list-style-type: none"> ▪ N/A for Medicare Advantage Planspg 19 	<ul style="list-style-type: none"> ▪ SEP-Indiv drop Medigap-Trial period pg 31
I am currently eligible for other Creditable Coverage	Eligible for Other Creditable Coverage	<ul style="list-style-type: none"> ▪ SEP - Elgbl for Other Creditable Cvg (MA only)pg 20 	<ul style="list-style-type: none"> ▪ N/A - disenrollment election only pg 31
I am enrolled in another carrier's 5-Star PFFS or Cost Plan and I would like to enroll in a PDP plan.	Enroll in any PDP with the 5-Star SEP	<ul style="list-style-type: none"> ▪ N/A for Unitedhealthcare Medicare Advantage planspg 20 	<ul style="list-style-type: none"> ▪ SEP - Corresponding PDP 5 Star pg 31

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Enrollment Elections Timeline

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Annual Election Period (AEP)	During the AEP, consumer can make a new plan choice. Any type of plan can be selected.										AEP 10/15– 12/07	
Medicare Advantage Disenrollment Period (MADP)	MADP 1/1–2/14		<p>During this time period, consumers can disenroll from their MA/MA-PD plan and return to Original Medicare. A consumer can also elect to enroll in a PDP plan during this period if they elect to disenroll from their MA/MA-PD* plan.</p> <p><i>*Note:</i></p> <ul style="list-style-type: none"> ▪ MA-Only PFFS members who want to enroll in a PDP plan during the MADP need to first submit a disenrollment request to their plan. After that, they can submit an application for a PDP plan using the SEP-ADP. ▪ MA/MA-PD members would be automatically disenrolled from their current plan when the PDP application is processed and do not need to submit a disenrollment request to their plan. 									
Remain with last plan choice	2/15 – 12/31											
	Consumer must remain with their last plan choice. Changes generally allowed only for Special Election Periods.											
Make changes any time	SPECIAL ELECTION PERIODS (SEP) & INSTITUTIONALIZED 1/1 – 12/31											
	Qualifying members can make changes outside of the AEP timeframe in accordance with applicable requirements.											
Newly Eligible (ICEP/IEP)	1/1 – 12/31											
	Qualifying members will have 3 months prior, the month of, and 3 months after their Parts A & B eligibility dates or the month they turn 65 (or date of disability, if prior to turning 65). If a qualifying member delays enrollment into Part B they will have only the 3 months prior to their Part B effective date.											

NOTE: Members of MA Only coordinated care plans (HMO, POS, PPO) cannot also enroll in a stand-alone PDP. If they enroll in a stand alone PDP, they will be disenrolled from their MA only coordinated care plan.