

## CALENDAR FOR ENROLLMENT ELECTIONS

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>AEP</b> <b>11/15 – 12/31</b>		During the Annual Enrollment Period Beneficiaries may disenroll and enroll in the <u>plan type of their choosing</u> . The election with the latest application date is the election that is effective.											
		<b>OEP</b> <b>1/1 – 3/31</b>		During the Open Enrollment Period Beneficiaries may only make ONE plan change to enroll in the SAME TYPE of plan. The type of plan change is limited by the Part D component of the beneficiaries existing plan. Part D coverage (Drug coverage) cannot be dropped or added.									
<b>Special Election Periods (SEP) and Age-Ins (ICEP/IEP/OEPI/OEPNEW)</b>													

**OPEN ENROLLMENT PERIOD  
01/01 through 03/31**

During the OEP Beneficiaries may only make ONE plan change to enroll in the SAME TYPE of plan.

The type of plan change is limited by the Part D component of the beneficiaries existing plan. Part D coverage cannot be dropped or added.

<i>If current coverage is</i>	<u>Can</u> use OEP to get	<u>Cannot</u> use OEP to get
Medicare Advantage with prescription drug coverage (MA-PD)	A <i>different</i> MA-PD or Original Medicare + PDP or MA-only PFFS + PDP	MA-only or Original Medicare only <b>(cannot drop drug coverage)</b>
Medicare Advantage with no prescription drug coverage (MA-only)	A <i>different</i> MA-only or Original Medicare only	MA-PD or Original Medicare + PDP <b>(cannot add drug coverage)</b>
<i>MA-only PFFS + PDP</i>	MA-PD or <i>different</i> MA- only PFFS and <i>same</i> PDP or Original Medicare and <i>same</i> PDP	MA-only or Original Medicare only <b>(cannot drop drug coverage)</b>
Original Medicare and a prescription drug plan (PDP)	MA-PD or MA-PFFS and <i>remain with the same</i> PDP	MA-only or A <i>different</i> PDP to use with Original Medicare <b>(cannot drop drug coverage)</b>
Original Medicare only (with or without other)	MA-only  (cannot add drug coverage)	MAPD or Original Medicare + PDP  <b>(cannot add drug coverage)</b>
PFFS Plan without Drug Coverage	MA-only or Original Medicare  <b>(cannot add drug coverage)</b>	MAPD or Original Medicare + PDP  <b>(cannot add drug coverage)</b>

## SPECIAL ELECTION PERIODS Updated 10/01/2008

**Generally, a SEP only allows for ONE election. The SEP for the individual ends when the individual elects a new MA plan or when the SEP time frame ends, whichever comes first, unless specified otherwise within an SEP.**

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<b>1. Beneficiary Changes Permanent Residence Outside of the Current Plan's Service Area.</b>	<ul style="list-style-type: none"> <li>Individual permanently moves outside of the plan's service area of their current plan.</li> <li>Individual permanently moves into WellCare's plan service area and has new Part C and or Part D plans available to them as a result of the move.</li> </ul> <p>The SEP may begin with either the date of the permanent move out of the current plans service area <b>or</b> the date the individual provided notice to their current plan.</p>	<p><b><u>INDIVIDUAL NOTIFIES CURRENT PLAN:</u></b></p> <p><b><u>BEFORE MOVE</u></b></p> <ul style="list-style-type: none"> <li>SEP Starts: Month prior to the month of the permanent move.</li> <li>SEP Ends: Two months after the month of the permanent move.</li> </ul> <p><b><u>AFTER MOVE</u></b></p> <ul style="list-style-type: none"> <li>SEP Starts: Month individual notified current plan of the move.</li> <li>SEP Ends: Two months after the month that notification was provided to the current plan.</li> </ul>	<ul style="list-style-type: none"> <li>Current (New) permanent address listed on the Enrollment Mechanism.</li> </ul> <p>(When necessary, proof of permanent residence that WellCare may request to accurately establish current residence includes registration card, driver's license, tax records, utility bills showing current permanent residence.</p>	<ul style="list-style-type: none"> <li>The individual may choose an effective date of up to three months after the month the MAO receives the election form.</li> <li>The effective date may <u>not</u> be earlier than the date the individual moves to the new service area.</li> </ul>
	<ul style="list-style-type: none"> <li>Individual has left the service area of their current plan (of their permanent residence) for over six months.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The first day of the 6<sup>th</sup> month the individual was outside of the plan service area.</li> <li>SEP Ends: At the end of the 8<sup>th</sup> month outside of the plan service area.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of being outside the plan service area for more than 6 months.</li> </ul> <p>(The individual will usually have a disenrollment notice from the prior plan due to being out of their service area for six months.)</p>	<ul style="list-style-type: none"> <li>The individual may choose the effective date of up to three months after the month the MAO receives the election form.</li> <li>The effective date may <u>not</u> be earlier than the end of the 6<sup>th</sup> months period of residing outside the service area.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<p><b>2. MAO Violated a Material Provision of Contract or Materially Misrepresented the Plan when Marketing.</b></p> <p><i>(CMS MUST AWARD THIS SEP)</i></p>	<ul style="list-style-type: none"> <li>Medicare Beneficiary recipient must be able to demonstrate <b>to CMS</b> that MAO substantially violated a material provision of the plan or that the MAO (or agent) materially misrepresented the plan when marketing the plan.</li> </ul> <p>Length of SEP will depend on whether the individual immediately elects a new MA plan upon disenrollment from the original MA plan or whether the individual initially elects Original Medicare before choosing a new MA plan.</p>	<ul style="list-style-type: none"> <li>SEP Starts: CMS determines. Refer to Individual's CMS notification letter.</li> </ul> <p><b><u>If individual is immediately electing another MA plan:</u></b></p> <ul style="list-style-type: none"> <li>SEP Ends: End of the month when CMS determined the SEP would begin. Refer to Individual's CMS notification letter.</li> </ul> <p><b><u>If individual elected Original Medicare:</u></b></p> <ul style="list-style-type: none"> <li>SEP Ends: 90 days following the disenrollment from the prior MA plan.</li> </ul>	<ul style="list-style-type: none"> <li>CMS notification letter to individual.</li> <li><u>CMS tracking number is NOT acceptable</u> proof eligibility for this SEP, they individual will receive a written letter from CMS as a result of their contact with CMS if they are granted a SEP of this type.</li> </ul>	<ul style="list-style-type: none"> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul> <p><b><u>If individual is immediately electing another MA plan:</u></b></p> <ul style="list-style-type: none"> <li>The month following the month when the enrollment request is received.</li> </ul> <p><b><u>If individual elected Original Medicare:</u></b></p> <ul style="list-style-type: none"> <li>The individual may choose an effective date beginning any of the three months after the month of the application.</li> </ul>
<p><b>3. Individual is enrolling into or out of an Employer Group Health Plan (EGHP)</b></p>	<ul style="list-style-type: none"> <li>An SEP exists for individuals gaining employee group coverage.</li> <li>A SEP exists for individuals voluntarily or involuntarily losing employer group coverage.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: When the EGHP allows the individual to make changes in health care choices, such as during "open enrollment season" or "life changes" (married, newly employed, etc.)</li> </ul> <p><b><u>If individual is gaining coverage:</u></b></p> <ul style="list-style-type: none"> <li>SEP Ends: Two months after the effective date of EGHP coverage into which the individual newly enrolled.</li> </ul> <p><b><u>If individual is losing coverage:</u></b></p> <ul style="list-style-type: none"> <li>SEP Ends: Two months after the termination date of the EGHP coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Letter from EGHP showing the effective date of coverage.</li> <li>Letter from EGHP showing the termination date of coverage.</li> </ul>	<ul style="list-style-type: none"> <li>The individual may select an effective date of up to three months after the month the EGHP enrolled into or disenrolled from the EGHP.</li> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<p><b>4. Individuals Who Disenroll in Connection with a CMS Sanction</b></p> <p><i>(CMS MUST AWARD THIS SEP)</i></p>	<ul style="list-style-type: none"> <li>• CMS will establish a SEP on a case by case basis if CMS sanctions an MA Organization and the enrollee disenrolls in connection with the sanction.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies. CMS Determines.</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from CMS or Plan announcing the award of an SEP.</li> </ul>	<ul style="list-style-type: none"> <li>• Varies. CMS Determines.</li> <li>• The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<p><b>5. Individuals Enrolled in a Cost Plan that is Non-Renewing its Contract with CMS.</b></p>	<ul style="list-style-type: none"> <li>• An SEP will be available to enrollees of HMO's or CMP's that are not renewing their Section 1876 (Cost) contracts.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: 90 Calendar days prior to the end of the contract year. (i.e. October 1)</li> <li>• SEP Ends: January 31<sup>st</sup> of the following year.</li> </ul>	<ul style="list-style-type: none"> <li>• Termination notice from the non-renewing plan.</li> </ul>	<ul style="list-style-type: none"> <li>• The individual may choose an effective date of November 1, December 1, or January 1 or February 1.</li> <li>• The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<p><b>6. Individuals Enrolled in a PACE Program</b></p>	<ul style="list-style-type: none"> <li>• Individuals may disenroll at any time to enroll into a PACE plan. (Program of All-inclusive Care for the Elderly).</li> <li>• Individuals who disenroll from a PACE plan have an SEP.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: The day after the disenrollment date from the PACE plan.</li> <li>• SEP Ends: 2 months after the effective date of disenrollment from the PACE plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Termination notice from the PACE plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent upon the situation.</li> <li>• The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<p><b>7. Dual Eligible Individuals</b></p>	<ul style="list-style-type: none"> <li>• MA-eligible individuals who become or who are eligible for Medicaid or Medicare Savings Program.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: The month individual becomes dully-eligible.</li> <li>• SEP Ends: Continues as long as s/he receives Medicaid or Medicaid Savings Program benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• Acceptable proof of Medicaid eligibility: <ul style="list-style-type: none"> <li>✓ Current Medicaid card;</li> <li>✓ Letter from the state agency that confirms entitlement to Medical Assistance;</li> <li>✓ Verification through a systems query to a State eligibility data system;</li> <li>✓ Social Security Award Letter for Medicare Savings Program.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Dependent upon the situation.</li> <li>• The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<p><b>8. Individuals Who Lose Their Dual Eligibility</b></p>	<ul style="list-style-type: none"> <li>• MA-eligible individuals who are no longer eligible for Medicaid or lose their Medicaid benefits or lose eligibility for the Medicare Savings Program.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: The month individual is no longer eligible for Medicaid benefits.</li> <li>• SEP Ends: 3 months after the date Medicaid eligibility ended. (i.e. 1<sup>st</sup> month of loss of Medicaid plus two additional months.</li> </ul>	<ul style="list-style-type: none"> <li>• Termination of Medicaid notice from State Medicaid agency.</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent upon the situation.</li> <li>• The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<b>9. Individuals Enrolled in a Special Needs Plan (SNP) Who Lose Special Needs Status</b>	<ul style="list-style-type: none"> <li>Individuals enrolled in a SNP who are no longer eligible because they no longer meet the specific special needs status of the current plan.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month individual special needs status changes.</li> <li>SEP Ends: The earlier of when the beneficiary makes an enrollment request or three months after the expiration of the period of deemed continued eligibility with the SNP.</li> </ul>	<ul style="list-style-type: none"> <li>Notification of Loss of Special Needs status from prior MA</li> <li>Termination of Medicaid notice from State Medicaid agency.</li> </ul>	<ul style="list-style-type: none"> <li>Dependent upon the situation.</li> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<b>10. <u>Non Dual Eligible Individuals</u> with LIS</b>	<ul style="list-style-type: none"> <li>Individuals who qualify for and are awarded LIS (but who do not receive Medicaid benefits).</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month the individual is awarded and becomes eligible for the LIS.</li> <li>SEP Ends: Does not end as long as the individual is receiving LIS.</li> </ul>	Evidence of LIS status.	<ul style="list-style-type: none"> <li>The first of the month after enrolment</li> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>
<b>11. <u>Non Dual Eligible Individuals</u> who lose LIS</b>	<ul style="list-style-type: none"> <li>Individuals who qualify for LIS (but who do not receive Medicaid benefits) who lose their LIS eligibility because they are no longer deemed eligible. This may occur during the annual redeeming process or outside of the annual redeeming process.</li> </ul>	<p><b><u>If the individual loses LIS during the annual redeeming process on December 31<sup>st</sup>.</u></b></p> <ul style="list-style-type: none"> <li>SEP Starts: January</li> <li>SEP Ends: March 31<sup>st</sup></li> </ul> <p><b><u>If the individual loses LIS outside of the annual redeeming process:</u></b></p> <ul style="list-style-type: none"> <li>SEP Starts: The month the individual is notified.</li> <li>SEP Ends: Two months after the individual is notified.</li> </ul>	Evidence of loss of LIS status.	<ul style="list-style-type: none"> <li>The first of the month after enrollment</li> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<p><b>12. Individuals Who Dropped a Medigap Policy When They Enrolled for the First Time in an MA Plan and They are Still in their MA “Trial Period”</b></p> <p>(SEP for Disenrollment Only)</p>	<ul style="list-style-type: none"> <li>It applies to MA-eligible individuals who dropped a Medigap policy when they enrolled into an MA plan <u>for the first time</u> and who are still in their “Trial Period”. These individuals may <u>disenroll</u> from the MA plan and join Original Medicare. Disenrollment is to Original Medicare only. If they disenroll from a MAPD, the individual can enrollment in a PDP.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month the individual enrolls in an MA plan for the first time.</li> <li>SEP Ends: Upon the ending of Trial Period 12 months after the effective date of the first MA plan choice.</li> </ul>	<p>Documentation of guarantee issue due to disenrollment from a Medigap plan and enrollment into a MA plan for the first time.</p>	<ul style="list-style-type: none"> <li>Dependent upon the situation.</li> </ul>
<p><b>13. Individuals with ESRD Whose Entitlement Determination is Made Retroactively</b></p>	<ul style="list-style-type: none"> <li>Individuals with ESRD whose Medicare entitlement determination is made retroactively may select another plan within the same MA organization provided the individual is: <ol style="list-style-type: none"> <li>In a health plan offered by the same MAO the month before Medicare entitlement.</li> <li>Developed ESRD while a member of that same MAO.</li> <li>Are still enrolled in the MAO.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month the individual receives the notice of Medicare entitlement.</li> <li>SEP Ends: 2 additional months after month the notice.</li> </ul>	<p>Notice of retroactive entitlement to Medicare.</p>	<ul style="list-style-type: none"> <li>The first day of the month after the MA plan receives the completed election.</li> <li>The Effective Date may not be earlier than the first of the month following the date the new MAO receives the completed election form.</li> <li>The election may only be made prospectively.</li> </ul>
<p><b>14. Individuals Whose Medicare Entitlement Determination is Made Retroactively</b></p>	<ul style="list-style-type: none"> <li>Individuals whose Medicare entitlement determination date was made retroactively.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month the individual receives notice of Medicare determination.</li> <li>SEP Ends: Two additional months after the month notice received.</li> </ul>	<p>Notice of retroactive Medicare entitlement from CMS.</p>	<ul style="list-style-type: none"> <li>Varies, but no earlier than the month the Medicare entitlement notice is received by the member.</li> </ul>
<p><b>15. MA SEP to Coordinate with Part D SEP’s</b></p> <ul style="list-style-type: none"> <li><b>Involuntary loss of creditable coverage</b></li> </ul>	<ul style="list-style-type: none"> <li>Involuntary loss of creditable coverage, including a reduction in the level of coverage so that it is no longer creditable, <u>not including any such loss or reduction due to a failure to pay premiums.</u></li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month the individual advised of loss of creditable coverage.</li> <li>SEP Ends: 2 months after either loss (or reduction) of creditable coverage or, the individual received notice, whichever is later.</li> </ul>	<p>Evidence of involuntary loss of creditable coverage.</p>	<ul style="list-style-type: none"> <li>First of the month following enrollment.</li> <li>At the beneficiary’s request, may be prospective; however, it may be no more than 3 months prospective.</li> </ul>
<p><b>16. MA SEP to Coordinate with Part D SEP’s</b></p>	<ul style="list-style-type: none"> <li>Individuals who are not adequately informed of a loss</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: The month of CMS approval.</li> </ul>	<p>Letter from CMS approving SEP.</p>	<ul style="list-style-type: none"> <li>First of the month following enrollment.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<ul style="list-style-type: none"> <li>• <b>Not adequately informed of loss of creditable coverage.</b></li> </ul>	<p>of creditable coverage, or that they never had creditable coverage.</p> <p>(This SEP permits one enrollment in, or disenrollment from, a Part D plan on a case-by-case basis.)</p>	<ul style="list-style-type: none"> <li>• SEP Ends: 2 months after approval.</li> </ul>		
<p><b>17. MA SEP to Coordinate with Part D SEP's</b></p> <ul style="list-style-type: none"> <li>• <b>Enrollment/non-enrollment into a Part D plan is erroneous due to the action, inaction or error of a Federal employee.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Individuals whose enrollment or non-enrollment in a Part D plan is erroneous due to an action, inaction or error by a Federal Employee.</li> </ul> <p>(This SEP permits one enrollment in, or disenrollment from, a Part D plan on a case-by-case basis. Requests for this SEP must be developed and presented to the CMS Regional Office serving the MA-PD plan for which the SEP will apply.)</p>	<ul style="list-style-type: none"> <li>• SEP Starts: The month of CMS approval.</li> <li>• SEP Ends: 2 months after approval.</li> </ul>	Letter from CMS approving SEP.	<ul style="list-style-type: none"> <li>• First of the month following enrollment.</li> </ul>
<p><b>18. MA SEP to Coordinate with Part D SEP's</b></p> <ul style="list-style-type: none"> <li>• <b>Disenrollment from a cost plan and the plan's optional Part D benefit.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who disenroll from a cost plan and the cost plan's optional supplemental Part D benefit have an SEP to enroll in a Part D plan.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: The month the individual requests disenrollment from the cost plan.</li> <li>• SEP Ends: When the individual makes an enrollment request or on the last day of the second month following the month cost plan membership ended, whichever is earlier.</li> </ul>	Confirmation of disenrollment from the cost plan.	<ul style="list-style-type: none"> <li>• First of the month following enrollment.</li> </ul>
<p><b>19. MA SEP to Coordinate with Part D SEP's</b></p> <ul style="list-style-type: none"> <li>• <b>Individual eligible for an additional Part D IEP</b></li> </ul>	<ul style="list-style-type: none"> <li>• 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 an MA SEP to coordinate with the additional Part D IEP.</li> <li>• The SEP may be used to disenroll from an MA-only or</li> </ul>	<ul style="list-style-type: none"> <li>• The SEP begins and ends concurrently with the additional Part D IEP.</li> </ul>	Proof of eligibility for additional Part D IEP.	<ul style="list-style-type: none"> <li>• First of the month following enrollment.</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
	<p>MA-PD plan to Original Medicare, or to enroll in an MA-only plan (regardless of whether the individual uses the Part D IEP to enroll in a PDP).</p>			
<p><b>20. SEP for Individuals who belong to a Qualified SPAP</b></p>	<ul style="list-style-type: none"> <li>Individuals who belong to a qualified SPAP are eligible for a SEP to make one enrollment request at any time through the end of each calendar year (i.e. once per year).</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: Upon enrollment into the SPAP.</li> <li>SEP Ends: End of calendar year.</li> </ul>	<p>Evidence of SPAP eligibility/enrollment.</p>	<ul style="list-style-type: none"> <li>First of month following enrollment.</li> <li>Enrollment must be prospective.</li> </ul>
<p><b>21. SEP for Individuals who lose SPAP Eligibility</b></p>	<p>Individuals who are no longer eligible for SPAP benefits</p>	<ul style="list-style-type: none"> <li>SEP Starts: Upon disenrollment from the SPAP.</li> <li>SEP Ends: 2 additional months after month of disenrollment from the SPAP.</li> </ul>	<p>Evidence of SPAP disenrollment.</p>	<ul style="list-style-type: none"> <li>First of month following enrollment.</li> <li>Enrollment must be prospective.</li> </ul>
<p><b>22. Termination/Modification of MAO Contract by MAO Organization (with mutual consent between MAO and CMS)</b></p>	<ul style="list-style-type: none"> <li>This SEP exists for members of plans who will be affected by a termination of the contract by the MA organization or a modification or termination of the contract by mutual consent.</li> </ul>	<ul style="list-style-type: none"> <li>SEP Starts: Two months prior to the proposed MAO termination date.</li> <li>SEP Ends: One month after the month of termination of the MAO's contract.</li> </ul>	<p>Letter from MAO announcing contract termination.</p> <p>(For this type of termination, MAOs are required to give notice to affected members at least 60 calendar days prior to the proposed date of termination.)</p>	<ul style="list-style-type: none"> <li>Individual may request an effective date of the month after notice is given, or up to two months after the effective date of the termination.</li> <li>The effective date must be prospective.</li> <li>If an individual does not elect an MA plan before the termination effective date, s/he will be defaulted to Original Medicare on the effective date of the termination. However, the SEP will still be in effect for one month after the effective date of the termination should the individual wish to subsequently elect an MA plan (for a current, not retroactive, effective date).</li> </ul>

SEP TYPE	SEP DESCRIPTION and ELIGIBILITY	SEP TIME FRAME (Application Date)	EVIDENCE of SEP	ALLOWABLE MEMBER EFFECTIVE DATE
<b>23. Termination of MAO Contract by CMS</b>	Individuals whose MA plan contract will be terminated by CMS.	<ul style="list-style-type: none"> <li>• SEP Starts: One month prior to the MAO termination date.</li> <li>• SEP Ends: Two months after the month of termination of the MAO's contract.</li> </ul>	Letter from MAO announcing contract termination and SEP.  (For this type of termination, MA organizations are required to give notice to affected members at least 30 calendar days prior to the effective date of the termination.)  (For immediate termination by CMS – CMS will establish the SEP during the termination process for immediate terminations by CMS where CMS provides notice of termination to an MA plan's members and the termination may be mid-month.)	<ul style="list-style-type: none"> <li>• Individual may request an effective date of the month after notice is given, or up to three months after the effective date of the termination.</li> <li>• The effective date must be prospective.</li> </ul>
<b>24. Non-renewal of MAO plans or contracts that are effective January of the contract year.</b>	<ul style="list-style-type: none"> <li>• A SEP exists for members of MA plans that will be affected by plan or contract non-renewals that are effective January 1 of the contract year.</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: October 1.</li> <li>• SEP Ends: January 31 of the following year.</li> </ul>	Letter from MAO announcing non-renewal.  (For this type of non-renewal, MA organizations are required to give notice to affected members at least 90 calendar days prior to the date of nonrenewal.)	<ul style="list-style-type: none"> <li>• During this SEP, a beneficiary may choose an effective date of November 1, December 1, January 1, or February 1; however, the effective date may not be earlier than the date the new MA organization receives the enrollment request.</li> </ul>
<b>25. OEPI – Long Term Care or Institutionalized Individuals</b>	<ul style="list-style-type: none"> <li>• An individual who moves into, resides in, or moves out of an institution such as Long Term Care Facility (example, a nursing home or rehabilitation hospital) has an election period called Open Enrollment Period for Institutionalized Individuals</li> </ul>	<ul style="list-style-type: none"> <li>• SEP Starts: OEPI is continuous for institutionalized individuals.</li> <li>• SEP Ends: two months after the month the individual moves out of the institution.</li> </ul>	Member Attestation	<ul style="list-style-type: none"> <li>• First of month following enrollment.</li> <li>• Enrollment must be prospective.</li> </ul>