



Broker

Eligibility and Enrollment Periods

Updated November 2024

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Determining Eligibility

Not all beneficiaries are eligible to join an MAPD plan. Beneficiaries must meet these following conditions to join a Medicare Advantage (Part C) plan:

- The beneficiary must have Part A **and** Part B
- The beneficiary must live in the plan’s service area
- The beneficiary must be a US citizen, US National or lawfully present in the U.S.

Qualify beneficiaries using the information below:

Questions	Action
<p>Ask to see their Medicare Card</p> 	<p>Review dates of their Medicare Part A and B. If the card is not available, the agent can assist the beneficiary by calling into Agent Support (1-877-764-9446)</p> <p>Are their dates in both Part A and B fields on the Medicare card?</p> <ul style="list-style-type: none"> • If yes, the beneficiary is eligible to enroll in MA, MAPD, PDP or Medicare Supplement Insurance (Medigap) plans if all other conditions (such as residency and a valid election period) are met. • If only a date for Part A or Part B the beneficiary is ONLY eligible to enroll in a PDP plan if all other conditions (such as residency and valid Election Period) are met.
<p>Determine Permanent Address</p>	<p>The beneficiary must live in the plan’s service area, and the address provided on the application must match the address provided to Social Security.</p> <p>Is the address permanent and is this the address they provided to Social Security?</p> <ul style="list-style-type: none"> • If yes, the beneficiary can enroll in an MAPD or MA plan if all other conditions (such as having both Parts A and B, and a valid election period) are met. • If no, the beneficiary must update their address with Social Security and then they can enroll in a plan available at that address if all other conditions (such as having both Part and B, and valid election period) are met.



Enrollment Periods Defined

If the beneficiary is determined eligible, the agent must find an appropriate enrollment period to use to place the member in an MAPD plan. Beneficiaries are limited in when and how often they can join, change, or leave a Medicare Advantage Plan (also known as a Medicare private health plan) or prescription drug plan (Part D).

- Beneficiaries can enroll in a Medicare Advantage or Part D plan during the initial period when beneficiaries first qualify for Medicare.
- Beneficiaries can switch from their Medicare Advantage Plan to another MA Plan, or to Original Medicare with or without a Part D plan during the Medicare Advantage Open Enrollment Period (MA OEP). The MA OEP occurs each year from January 1 through March 31. beneficiaries can only use this period if beneficiaries are currently enrolled in a Medicare Advantage Plan.
- Beneficiaries can change their health coverage and add, drop, or change drug coverage during the Annual Enrollment Period. Annual Enrollment Period occurs each year from October 15 through December 7.

Enrollment Periods

Annual Marketing

There are 4 periods of time each year when marketing, enrollment, and/or plan changes are available to applicable Medicare beneficiaries:

- Pre-AEP Marketing (Pre-AEP)
- Annual Enrollment period (AEP)
- Medicare Advantage Open Enrollment period (MA OEP)
- General Election period (GEP)

Some allow:

- Marketing only
- Marketing and enrollment
- Plan changes for MAPD enrollees only



Pre-AEP marketing (Pre-AEP) Oct. 1 - Oct. 14

Available to all Medicare beneficiaries annually as a marketing period, but beneficiaries can only look at plans at this time and not enroll in a plan.

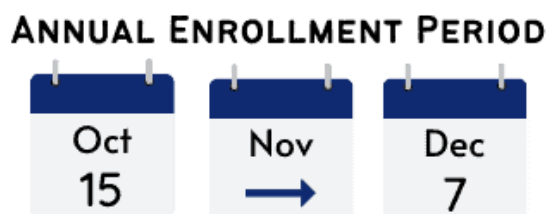
NOTE: Agents may market and present plans for the next plan year but must not accept or turn in applications until October 15.

Annual Enrollment Period (AEP) Oct. 15 - Dec. 7

Available to all Medicare beneficiaries to review MA, MAPD, and PDP plans available for the upcoming calendar year. Beneficiaries can stay on their current plan if it will remain available, or they can use AEP to explore and move to a different plan that may better meet their needs.

Beneficiaries may sign up for different plans throughout AEP. The plan with the last enrollment date is the plan the beneficiary will be on in the upcoming year.

Plan enrollments done during AEP will take effect January 1st of the following year.



*NOTE: Agents are allowed to market and present plans for the next plan year starting October 1 – no sooner. Agents can only accept and turn in applications during AEP (October 15- December 7). Applications can only be accepted starting October 15 – no sooner. Agents **CANNOT** hold applications until the end of AEP. Applications must be turned in within 24 hours of receipt.*

Open Enrollment Period (OEP) Jan. 1 - March 31

MA OEP is available to all Medicare beneficiaries on MA or MAPD plans. It allows them to select a different plan than they chose in AEP, or return to Original Medicare.

They can make a one-time enrollment during the first three (3) months of the calendar year to switch MA/MAPD plans, or to disenroll from an MA plan and obtain coverage through Original Medicare.



Plan enrollments done during MA OEP will be effective the first day of the month following the month of the enrollment.

The following changes are not permitted:

- Switching from Original Medicare to an MA Plan.
- Joining a Medicare Prescription Drug Plan if they are in Original Medicare.
- Switching from one Medicare Prescription Drug Plan to another.

NOTE: This is NOT an opportunity for agents to market or proactively seek to make these changes for beneficiaries. OEP can be used with customer service, if the beneficiary is for some reason unhappy with the plan they are on for the calendar year.

OPEN ENROLLMENT PERIOD



General Election Period (GEP) Jan. 1 - March 31

- GEP applies to beneficiaries who've missed their 7-month IEP and don't qualify for an SEP.
- The coverage for an individual's Part B starts the first day of the month after they sign up. (Example an individual selects to pick up their Part B in January it will be effective February 1st.)
- Those with Part A and have selected Part B during their GEP can choose to pick up an MA, MAPD or PDP prior to the effective date of their Part B and for two months following the month of eligibility.
 - **Example:** If I pick up my part B 3/16 for an effective date of 4/1, I would have all of March, April, and May to pick up an MAPD/PDP and it would be effective the first of the month following when I made the election. If I decided to pick up an MAPD on 5/17 it would be effective 6/1.

NOTE: Agents are allowed to market and present plans, and also accept and turn in applications during GEP.



New to Medicare

Initial election period (IEP) and initial coverage election period (ICEP)

This election period is for those individuals who are new to Medicare because they just turned 65 or they are disabled and are now eligible for Medicare.

Just turned 65 or disabled election period facts:

- 7 month window that is around the individual’s 65th birthday or 25th month of getting Social Security or RRB disability benefits, permitting them to enroll in a Medicare Advantage or Prescription drug plan.
- Starts 3 months before the month of the 65th birthday or 25th month of receiving disability includes the 65th birthday month or 25th month of receiving disability and 3 months after. (Unless their birthday falls on the first of the month in which case it will begin and end one month earlier.)
- 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.
 - Example: Jim is turning 65 on June 15th, his enrollment period would be from March - September. Any enrollments he makes from March - May will be effective June 1st. Any enrollment decisions made from June - September will be effective the first of the following month.

When to use IEP vs ICEP

IEP	ICEP
Gaining Medicare A & B at the same time and enrolling in an MAPD or PDP	Gaining Medicare A & B at the same time and enrolling in an MA-only
Turning 65 but already has Medicare due to disability; this is their 2nd initial election and enrolling in an MAPD or PDP	Turning 65 but already has Medicare due to disability; this is their 2nd Initial Election and enrolling in an MA-only plan
	Delayed Part B while already has Part A



When a client can switch, drop, or make changes to their Medicare Advantage Plan

Enrollment Period	When	What
Initial Enrollment Period	When beneficiary first become eligible for Medicare	<p>When a beneficiary first becomes eligible for Medicare, the beneficiary can join a Medicare Advantage Plan. If a beneficiary joined a Medicare Advantage Plan during the Initial Enrollment Period, the beneficiary can switch to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without a separate Medicare drug plan) within the first 3 months the beneficiary has Medicare.</p> <p>Go to page 8</p>
General Enrollment Period	January 1 to March 31	<p>If a beneficiary has Part A coverage and gets Part B for the first time during this period, the beneficiary can also join a Medicare Advantage Plan.</p> <p>The beneficiary's coverage starts the first day of the month after the beneficiary signed up.</p> <p>Remember, beneficiaries must have both Part A and Part B to join a Medicare Advantage Plan.</p> <p>Go to page 7</p>
Annual Enrollment Period	October 15 to December 7	<p>Beneficiaries can join, switch, or drop a Medicare Advantage Plan during the Open Enrollment Period each year.</p> <p>Beneficiary coverage starts on January 1 (as long as the plan gets their enrollment request by December 7).</p> <p>If a beneficiary joins a Medicare Advantage Plan during this period but changes their mind, the beneficiary can switch back to Original Medicare or change to a different Medicare Advantage Plan (depending on which coverage works better for the beneficiary) during the Medicare Advantage Open Enrollment Period (January 1 – March 31).</p> <p>Go to page 6</p>



<p>Medicare Advantage Open Enrollment Period</p>	<p>January 1 to March 31</p> <p>Note: beneficiaries can only switch plans once during this period.</p> <p>Coverage starts the first of the month after the plan gets beneficiary requests.</p>	<p>If a beneficiary is in a Medicare Advantage Plan (with or without drug coverage), during this period, the beneficiary can:</p> <ul style="list-style-type: none"> • Switch to another Medicare Advantage Plan (with or without drug coverage). • Drop their Medicare Advantage Plan and return to Original Medicare. The beneficiary will also be able to join a separate Medicare drug plan. <p>During this period, the beneficiary can't:</p> <ul style="list-style-type: none"> • Switch from Original Medicare to a Medicare Advantage Plan. • Join a separate Medicare drug plan if the beneficiary has Original Medicare. • Switch from one Medicare drug plan to another if the beneficiary has Original Medicare. <p>Beneficiaries can only make one change during this period, and any changes the beneficiary makes will be effective the first of the month after the plan gets their request.</p> <p>If beneficiaries return to Original Medicare and join a separate Medicare drug plan, beneficiaries don't need to contact their Medicare Advantage Plan to disenroll. The disenrollment will happen automatically when the beneficiary joins the drug plan.</p> <p>Go to page 6</p>
<p>Special Enrollment Period</p>	<p>Qualifying Life Event</p>	<p>In most cases, if a beneficiary joins a Medicare Advantage Plan, the beneficiary must keep it for the calendar year starting the date beneficiary coverage begins. However, in certain situations, like if the beneficiary moves or the beneficiary loses other insurance coverage, the beneficiary may be able to join, switch, or drop a Medicare Advantage Plan during a Special Enrollment Period.</p> <p>Go to page 11</p>

In general, when a beneficiary joins a Medicare Advantage Plan, the beneficiary must keep that plan for the rest of the year, unless the beneficiary drops it to return to Original Medicare within 12 months of joining the Medicare Advantage Plan. Beneficiaries can drop or change Medicare Advantage Plans during the Open Enrollment Period, or Medicare Advantage Open Enrollment Period, or if beneficiary qualify for a Special Enrollment Period



Special Enrollment Periods (SEPs)

There are different SEPs available throughout each calendar year to certain beneficiaries who meet conditions that allow them to change plans they would otherwise be locked into for the calendar year.

SEP for special situations or special needs plans

Institutionalized

- SEP available to a beneficiary who is moving into or moving out of an institutional facility.
- While in the facility, this SEP can be used once a month and once moved out up to two (2) months after they have left the facility to make an MA/MAPD/PDP election, change or drop.

Chronic Special Needs Plan (CSNPs)

- Available to beneficiaries with CMS determined specific severe or disabling chronic conditions as listed here. This SEP will apply as long as the individual has the qualifying condition. It will end once they enroll in a C-SNP. Once the SEP ends, that individual may make enrollment changes only during applicable MA enrollment periods.
- The Chronic Condition Special enrollment period can only be used if there are chronic condition plans available within the market and the agent is contracted with the carrier that offers the plan.
- Often an enrollment in a Chronic Condition plan requires the beneficiary's provider to attest that the beneficiary has been diagnosed with the chronic condition. This extra attestation must be completed prior to the end of the 2nd month of enrollment. If the individual's provider does not attest and it cannot be confirmed that the individual has the election, they will have an SEP to join another plan the month beneficiary are notified of disenrollment by the plan and two (2) months following.

Updated D-SNP Special Election period (SEP)

- No more quarterly dual/LIS SEP
- Individuals will have a new monthly SEP for Full Dual-Eligible individuals to enroll in an integrated D-SNP plan
- Individuals will have a monthly disenrollment election to return to Original Medicare with a prescription drug plan (PDP)
- All other dual/individuals with LIS will lose the quarterly dual/LIS SEP

To learn more about the changes for the 2025 D-SNP LIS SEP change watch our [video](#).



SEP for those who gain/lose state or federal subsidy programs

- This SEP is available for individuals who gain, lose or have a change in their Dual or LIS-eligible status. Including those who:
 - 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).
 - Lose eligibility for any type of assistance.
 - 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).
- The SEP allows the individual one (1) 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 by the plan.
- This SEP does not need to be used to enroll in a DSNP.

Top SEP Qualifying Events

When completing an enrollment application with Devoted Health beneficiary will see the option to choose an enrollment reason which is more granular with the details of the reason for the election during this time frame. If there is more than one (1) enrollment reason, individuals can choose to “Add Enrollment Reasons” and can add as many as needed. Towards the end of the application there is the Proposed enrollment period which is more high level. Below we will outline more “common” SEPs and enrollment reasons, and periods that associate with those on the application.

Event (Type of Event and timeframe)	Enrollment Reason to select on the application and Enrollment Period
1. Moved SEP - For those who move and their plan is no longer a plan option in that service area or they have new plan options available. The SEP lasts for the month they moved or notify their plan, and for two (2) full months following.	Reason - “Moved outside current plan’s service area, or moved and this plan is a new option” SEP - Permanent Change in Residence
2. Employer Coverage SEP - The SEP to join or disenroll from a Medicare Advantage Plan or Part D plan, or to switch Medicare Advantage Plans or Part D plans is available to individuals who	Reason - “Leaving Employer or Union Coverage” SEP - Leaving Employer Coverage (EGHP)



have, or are enrolling in an employer plan, and ends two (2) months after the month in which their employer or union coverage ends.

3. **Change in Medicaid or Extra Help** - The SEP allows the individual one (1) opportunity to make an election within three (3) months of any of the changes noted above, or notification of such a change, whichever is later. Does not count towards quarter limitation.
4. **Incarceration** - The month released and the last two (2) months after they are released from jail.
5. **Returned to the United States** - The month the individual returned.
6. **Eligible to enroll in a CSNP** - If the individual has a chronic condition and wants to join a chronic care SNP for which they are eligible, they can do so at any time. SEP ends when they join that plan and if they have another chronic condition they get another SEP to join a different SNP that covers this condition.
7. **Moving into, live in or recently moved out of a Long Term Facility** - Once they move to or reside in a qualified institution, they can enroll in or disenroll from a Medicare Advantage Plan or Part D plan, or change their plan once a month. In addition, after they move out of the facility, they have two (2) months to enroll in or disenroll from a Medicare Advantage Plan or Part D plan, or to switch to another plan.

Reason - “Change in Medicaid Coverage” or if LIS change - “Extra Help, Changed”
SEP - LIS Status Changed

Reason - “No longer incarcerated”
SEP - Permanent change in Residence

Reason “Returned to US after living permanently outside the country”
SEP - Permanent Change to Residence

Reason: “Qualified to join a special needs plan that tailors to a chronic condition”
SEP Applicant enrolling into C-SNP, or found ineligible for a C-SNP

Reason: “Applicant lives in a long-term care facility” or “Applicant moved out of a long-term care facility”
SEP - OEPI



8. **Recently left a PACE program** - SEP begins the last two (2) months after the effective date of their disenrollment from PACE.

Reason “Left a PACE program”
SEP - Applicant disenrolling from PACE to enroll in MA/MAPD

9. **Involuntarily lost creditable prescription coverage** - Begins the month they are told their coverage will end and lasts for two (2) months after they lose their coverage or two (2) months after they receive notice, whichever is later.

Reason: “Lost Creditable Drug Coverage”
SEP - “Applicant lost creditable prescription drug coverage”

10. **Applicant changing enrollment to Maintain Creditable Drug Coverage** - use to enroll in a MA-only plan only - or to disenroll from a MA-PD to enroll in a MA only. Individuals may disenroll from an MA-PD plan) to enroll in or maintain other creditable drug coverage (such as TriCare or VA coverage). The effective date of disenrollment is the first day of the month following the month a disenrollment request is received by the MA organization. Additionally, individuals enrolled in an MA-PD plan who have or are enrolling in other creditable coverage may use this SEP to disenroll from the MA-PD plan by enrolling in an MA-only plan.

Reason: “Applicant changing enrollment to maintain creditable drug coverage”
SEP - “Applicant changing enrollment to maintain creditable drug coverage”

11. **Belong to a pharmacy assistance program (SPAP)** - They have an SEP to choose once per year, at any time during the year to join a Medicare Advantage Plan or Part D plan for the first time, or to change to another Medicare Advantage Plan or Part D plan, including joining one that works with their SPAP. (If they are automatically enrolled in a Part D plan by their SPAP, they will not have this SEP).

Reason: “Belongs to a qualified state pharmacy assistance program”
SEP - Applicant belongs to a qualified SPAP or lost SPAP Eligibility



12. **My Medicare advantage plan, Medicare drug plan or Medicare Cost plan's contract isn't renewed, what can I do? -**

Join another Medicare Advantage Plan or Medicare drug plan. Switch from your Medicare Advantage Plan, Medicare drug plan, or Medicare Cost Plan to another plan. You'll be enrolled in Original Medicare if you don't join another Medicare Advantage Plan before your current plan ends.

When?

Between December 8 and the last day in February of the following year.

Reason: "Applicant's current plan is not renewing contract"

SEP - Applicant's current plan is not renewing contract

13. **Medicare ends (terminated) my plan's contract, or my plan ends its contract with Medicare -**

Individuals can switch to another MA plan or drug plan. They will be enrolled in Original Medicare if they don't join another MA plan before their current plan ends. SEP starts 2 months before the plan's contract with Medicare ends and ends 1 full month after the contract ends.

Reason: "Applicant's current plan is not renewing contract"

SEP - Applicant's current plan is not renewing contract

14. **Low Performing MA or PDP plan -** They have been in a consistently low performing plan, meaning that the plan has received an overall Medicare star rating of less than three (3) stars for three (3) consecutive years.

Reason: "Leaving a plan with a star rating of less than 3 stars for the last 3 years"

SEP - Applicant enrolled in a low performing MA or PDP plan

15. **You want to enroll in a five-star Medicare Advantage plan or Part D plan -** Individuals want to enroll in a Medicare Advantage or Part D plan that has an overall Plan Performance Rating of five stars and you're otherwise eligible to enroll in the plan. (For example, you live in the plan's service area.)

Applicant can only switch to a 5-star Medicare drug plan if one is available in their area



Disaster or Emergency Declarations

Beneficiaries may qualify for a Government Entity-Declared Disaster or Other Emergency if all of the following are true:

- The member lives in a specific county and state where a Federal, state or local government entity has declared a disaster or other emergency, or they lived in that specific county and state at the start of the declaration.
- **Another election (enrollment) period was available during the declared disaster or emergency.**
- They weren't able to enroll in a Medicare plan, or switch Medicare plans using the available election period, due to the disaster or other emergency.

When completing the application:

Choose as the enrollment reason two (2) reasons:

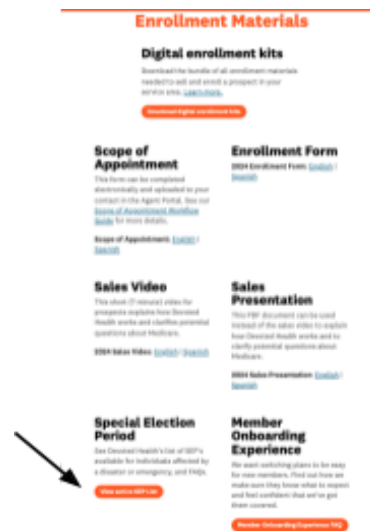
1. The election that they missed
2. "Affected by an emergency or major disaster (as declared by FEMA or a government entity)
For the proposed enrollment period, choose: "Government entity declared disaster"

FEMA election periods on our website

SEPs are now listed! SEP updates will be made to this list on the Agent Portal and can be accessed when needed. To access the SEP list, click

on [Get Enrollment Materials](#) on the landing page, and the link is labeled "**Special Election Period**".

Click on the [FEMA SEP Tracker](#) Devoted Health's FEMA SEP Tracker:



**Current Devoted Health Special Election Periods
For Individuals Affected by a Government Entity-Declared Emergency or Major Disaster**



State	Counties	Title & Link to Latest Declaration	Declaration Made By	Incident Period	SEP End Date
	Volusia, Wakulla				
FLORIDA	All Florida counties	Hurricane Nicole Executive Order	Governor Ron DeSantis	11/7/2022 - 6/17/2024	8/31/2024
FLORIDA	Alachua, Baker, Bay, Bradford, Brevard, Calhoun, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hernando, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Orange, Osceola, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Seminole, Sumter, St. Johns, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington	North Florida Tornadoes	Governor Ron DeSantis	1/9/2024 - 7/5/2024	9/30/2024
FLORIDA	Broward, Collier, Lee, Miami-Dade, Sarasota	Flash Flooding	Governor Ron DeSantis	6/12/2024 - 8/12/2024	10/31/2024
FLORIDA	Escambia, Santa Rosa	May North Florida Tornadoes	Governor Ron DeSantis	5/10/2024 - 9/8/2024	11/30/2024
FLORIDA	Clay, Duval, Escambia, Flagler, Hernando, Hillsborough, Lake, Manatee, Marion, Nassau, Orange, Osceola, Pasco, Pinellas, Polk, Santa Rosa, Seminole, Sumter, Volusia	Tropical Storm	Governor Ron DeSantis	8/1/2024 - 9/1/2024	11/30/2024
HAWAII	All Hawai'i counties	Proclamation Relating to Wildfires	Governor Josh Green, M.D.	8/8/2023 - 7/2/2024	9/30/2024
HAWAII	All Hawai'i counties	State Wildfires	U.S. Department of Health & Human Services	8/8/2023 - 7/31/2024	9/30/2024
HAWAII	Kaua'i	Heavy Rains and Flooding	Governor Josh Green, MD	4/12/2024 - 8/20/2024	10/31/2024

Hierarchy of Enrollment Periods

A beneficiary may have more than one (1) enrollment period available at the same time. In this situation, the agent must select the enrollment period that allows the beneficiary the best future plan enrollment options. CMS regulations dictate enrollment period choice when enrollment periods overlap. Use the following hierarchy order to determine which enrollment period to use for each beneficiary scenario.

Enrollment Period Hierarchy	
<p><u>MA</u></p> <ol style="list-style-type: none"> 1. ICEP/IEP -D 2. MA OEP 3. SEP 4. AEP 5. OEP 	<p><u>Part D</u></p> <ol style="list-style-type: none"> 1. IEP for Part D 2. MA OEP 3. SEP 4. AEP

Summary

There are election periods available for the general population. Some of the most known election periods are AEP and OEP, but as the agent, it's important that you are able to help the individual



know their other enrollment period opportunities. This is particularly true when someone is new to Medicare. It's important that we help beneficiaries learn their enrollment period options and become familiar with some of the common dates that they can make a change.

Resources

- [Enrollment Period Job Aid](#)
- [Medicare.gov/Special Enrollment Periods](#)
- [Devoted Health FEMA SEP's](#)
- [Devoted Health Disaster SEP FAQ](#)

