

Medicare Enrollment Periods and Special Election Periods for Dually Eligible Individuals: Reference Tables*

Table 1. Medicare General Election Periods¹

Election Period Type	Criteria/Eligible Members	Timeframe	Other Relevant Information
<p>1.1 Initial Coverage Election Period (ICEP)²</p>	<p>An individual newly eligible for Medicare Advantage (MA) may make an initial enrollment request to enroll in an MA plan.</p>	<p>Three months immediately before the individual’s first entitlement to both Part A and Part B and ends on the later of:</p> <ul style="list-style-type: none"> • The last day of the month preceding entitlement to both Part A and Part B, or; • The last day of the individual’s Part B initial enrollment period. <p>The initial enrollment period for Part B is the 7-month period that begins 3 months before the month an individual meets the eligibility requirements for Part B and ends 3 months after the month of eligibility.</p>	<p>Once an ICEP enrollment request is made and enrollment takes effect, the ICEP election has been used.</p> <p>See Section 30.2 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

* Applicable as of August 2020

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<p>1.2 Initial Enrollment Period for Part D (IEP for Part D)</p>	<p>An individual is eligible to enroll in a Part D plan when he or she is entitled to Part A <i>or</i> Part B, <i>and</i> permanently resides in the service area of a Part D plan.</p>	<p>Generally, individuals will have an IEP for Part D that is the same period as the Initial Enrollment Period for Medicare Part B. The initial enrollment period for Part B is the 7-month period that begins 3 months before the month an individual meets the eligibility requirements for Part B and ends 3 months after the month of eligibility. Individuals not eligible to enroll in a Part D plan at any time during their initial enrollment period for Medicare Part B have an IEP for Part D that is the 3 months before becoming eligible for Part D, the month of eligibility, and the three months following eligibility for Part D. Individuals eligible for Medicare prior to age 65 (such as for disability) will have another Initial Enrollment Period for Part D based upon attaining age 65.</p>	<p>During the IEP for Part D, individuals may make one Part D enrollment choice, including enrollment in a MA-PD plan.</p> <p>See Section 30.2.1 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>1.3 Annual Election Period (AEP) for Medicare Advantage and Part D</p>	<p>Medicare Advantage (MA) eligible individuals may enroll or disenroll from an MA plan. Part D eligible individuals may enroll or disenroll from a Part D plan.</p>	<p>From October 15 through December 7 every year (with coverage changes effective January 1 of the following year)</p>	<p>See Section 30.1 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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<p>1.4 Medicare Advantage Open Enrollment Period (MA OEP)</p>	<p>MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare.</p>	<p>For individuals enrolled in MA plans as of January 1, the MA OEP is from January 1 to March 31.</p> <p>For new Medicare beneficiaries who are enrolled in an MA plan during their ICEP, the MA OEP is the month of entitlement to Part A and Part B through the last day of the third month of entitlement.</p>	<p>Individuals may make only one election during the MA OEP.</p> <p>Individuals may add or drop Part D coverage during the MA OEP. Individuals enrolled in either MA-PD or MA-only plans can switch to:</p> <ul style="list-style-type: none"> • MA-PD • MA-only • Original Medicare <p>The MA OEP does not provide an opportunity for an individual enrolled in Original Medicare to join a MA plan. It also does not allow for Part D changes for individuals enrolled in Original Medicare.</p> <p>The MA OEP is not available for those enrolled in Medicare Savings Accounts or other Medicare health plan types (such as cost plans or PACE).</p> <p>See Section 30.5 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>1.5 Open Enrollment Period for Institutionalized Individuals (OEPI)</p>	<p>Institutionalized individuals who move into, reside in, or move out of an institution can make an unlimited number of MA enrollment requests.</p>	<p>Continuous for eligible individuals.</p> <p>Ends two months after the month the individual moves out of the institution.</p>	<p>Original Medicare is also open continuously.</p> <p>During OEPI, MA plans must accept requests for disenrollment but are not required to accept enrollments.</p> <p>See Section 30.3 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

Table 2. Medicare Special Election Periods (SEPs)³

Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>2.1 CMS and State-Initiated Enrollments⁴</p>	<p>Individuals who are enrolled into a plan by CMS or a State (through passive enrollment, auto-enrollment, facilitated enrollment, and reassignment) may disenroll from their new plan or enroll in a different plan.</p>	<p>Enrollment period permits a one-time election within three months of the effective date of the assignment, or notification of the assignment, whichever is later.</p> <p>The enrollment period must be used within three months of the start of coverage in the receiving plan.</p>	<p>SEP allows for mandatory “opt-out” right provided to the enrollee as part of the CMS or State-initiated enrollment.</p> <p>See Section 30.4.7 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p> <p>States may not passively enroll beneficiaries with a CARA lock-in indicator.</p>
<p>2.2 [Applies only to states with State Pharmaceutical Assistance Programs (SPAPs)] Individuals Who Belong to a Qualified SPAP or Who Lose Eligibility⁵</p>		<p>Individuals who belong to a State Pharmaceutical Assistance Program (SPAP) can make one enrollment request at any time through the end of each calendar year.</p> <p>Individuals who are no longer eligible for SPAP benefits will have an enrollment period beginning either the month they lose eligibility or are notified of the loss, whichever is earlier, and ending two months after either the month of the loss of eligibility or notification of the loss, whichever is later.</p>	<p>A beneficiary may use this enrollment period to switch from an MA-PD plan to another PDP or MA-PD plan, from a PDP to another PDP or MA-PD plan or from an MA-only plan to PDP or MA-PD plan.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.3 Beneficiaries Age 65 (SEP65) (permits disenrollment elections only)</p>	<p>MA eligible individuals who elect an MA plan during the IEP surrounding their 65th birthday.</p>	<p>This SEP allows the individual to disenroll from MA plan and elect Original Medicare plan any time during the 12-month period that begins on the effective date of coverage in the MA plan.</p>	<p>See Section 30.4.5 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>2.4 Individuals Who Terminated a Medigap Policy When they Enrolled for the First Time in an MA Plan, and Who Are Still in a “Trial Period”⁶</p>	<p>Individuals are guaranteed the right to purchase another Medigap policy if they disenroll from the MA plan while still in a “trial period.”</p>	<p>In most cases, a trial period lasts for 12 months after a person enrolls in an MA plan for the first time.</p> <p>Election period begins upon enrollment in the MA plan and ends after 12 months of enrollment or when the beneficiary disenrolls, whichever is earlier.</p>	<p>The effective date would be dependent upon the situation.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.5 SEPs for Changes in Residence <i>(permits enrollment elections only)</i></p>	<p>Individuals who are no longer eligible to be enrolled in an MA plan due to a change in permanent residence outside of the MA plan service area, individuals who were not eligible for MA because they were incarcerated and have now been released, and individuals who will have new Medicare health or Part D plans available to them as a result of a permanent move</p>	<p>SEP begins either the month before the individual’s permanent move, if the individual notifies the organization in advance, or the month of the individual provides the notice of the move.</p> <p>SEP continues for two months following the month it begins or the two months following the month of the move, whichever is later.</p>	<p>Enrollment effective date is determined by the date the MA organization receives the enrollment request. The individual may choose an effective date of up to three months after the month in which the MA organization receives the enrollment request. However, the effective date may not be earlier than the date the individual moves to the new service area and the MA organization receives the enrollment request.</p> <p>See Section 30.4.1 in Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.6 SEPs for Non-Renewals</p>	<p>Members of MA plans that will be affected by plan or contract non-renewals and plan service area reductions that are effective January 1 of the contract year</p>	<p>Enrollment period begins December 8 and ends on the last day in February of the following year.</p>	<p>Enrollment requests received December 8 through December 31 will have an effective date of January 1. Enrollment requests received in January will have an effective date of February. Enrollment requests received in February will have an effective date of March 1.</p> <p>See Section 30.4.3 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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<p>2.7 Individuals in the Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Individuals interested in enrolling into or disenrolling from PACE</p>	<p>Individuals may disenroll from an MA plan at any time in order to enroll in PACE. Individuals who disenroll from PACE have an SEP for up to 2 months after the effective date of PACE disenrollment to elect an MA plan.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.8 Individuals Who Gain, Lose, or Have a Change in their Dual or LIS-Eligible Status⁷</p>	<p>Individuals who become eligible for, or lose eligibility for, Medicaid or the Medicare Part D Low Income Subsidy (LIS)</p>	<p>Enrollment period allows the individual one opportunity to make an election within three months of any changes noted above, or notification of such a change, whichever is later.</p>	<p>Includes individuals who:</p> <ul style="list-style-type: none"> • Become eligible for any type of assistance from Medicaid and individuals who qualify for LIS; • Lose eligibility for any type of assistance; and • Have a change in the level of assistance they receive. <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.9 Individuals Who Lose Special Needs Status</p>	<p>Individuals enrolled in a SNP who are no longer eligible for the SNP because they no longer meet the specific special needs status</p>	<p>Enrollment period begins when the period of deemed continued eligibility starts and ends when the beneficiary makes an enrollment request or three months after the expiration of the period of deemed continued eligibility.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.10 Enrollment into a Chronic Condition SNP (C-SNP) and for Individuals Found Ineligible for a C-SNP</p>	<p>Individuals who are found after enrollment not to have a qualifying condition necessary to enroll in the C-SNP</p> <p>This SEP would normally occur when the required post-enrollment verification with a provider did not confirm the information provided on the pre-enrollment assessment tool.</p>	<p>Enrollment period begins when the plan notifies the individual of the lack of eligibility and extends through the end of the month as well as the following two months. It ends when the individual makes an enrollment election or on the last day of the second of the two months following notification.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>2.11 Enroll in an MA Plan, PDP or Cost Plan with a Plan Performance Rating of Five Stars</p>	<p>Any beneficiary with Medicare entitlement</p>	<p>An eligible individual may enroll in an MA plan, PDP or cost plan with a Plan Performance Rating of five stars during the year in which that plan as the 5-star overall rating, provided the enrollee meets the other requirements.</p> <p>An individual may only use this enrollment period one time from December 8 through November 30 of the following year in which the organization has been granted a 5-star overall rating.</p>	<p>Individuals may use the 5-star enrollment period to disenroll from a Medicare Advantage plan by enrolling in a 5-star cost plan that is open for enrollment.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.12 Disenrollment from Part D to Enroll in or Maintain Other Creditable Coverage</p>	<p>Individuals currently enrolled in Part D plans who have access to other creditable coverage</p>	<p>Individuals may disenroll from a Part D plan to enroll in or maintain other creditable drug coverage.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.13 Individuals Affected by Government Declared Disaster or Other Emergency</p>	<p>Individuals residing in a location that the Federal Emergency Management Agency (FEMA) or other federal, state, or local government entity has declared a disaster or emergency area</p>	<p>Enrollment period is available from the start of the incident period until two calendar months after the end date of the incident period or the date on which the end of the incident is announced, whichever is later.</p> <p>Includes both enrollments and disenrollments.</p>	<p>Individuals will be considered “affected” and eligible for this enrollment period if they:</p> <ul style="list-style-type: none"> • Reside, or resided, in an area for which the federal, state, or local government has declared an emergency or a major disaster • Had another valid election period at the time of the incident period; and • Did not make an election during that other valid election period. <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>2.14 Individuals Enrolled in a Plan Placed in Receivership (New SEP starting January 1, 2021)</p>	<p>Individuals enrolled in plans offered by MA organizations experiencing financial difficulties to such an extent that a state or territorial regulatory authority has placed the organization in receivership</p>	<p>The SEP begins the month the receivership is effective and continues until it is no longer in effect or until the enrollee makes an election, whichever occurs first. When instructed by CMS, the MA plan that has been placed under receivership must notify its enrollees, in the form and manner directed by CMS, of the enrollees' eligibility for this SEP and how to use the SEP.</p>	<p>Plans can accept the beneficiary's verbal or written attestation as proof of their eligibility for this SEP.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>2.15 Individuals Enrolled in a Plan that has been Identified by CMS as a Consistent Poor Performer (New SEP starting January 1, 2021)</p>	<p>Individuals who are enrolled in plans identified with the low performing icon (LPI) in accordance with § 422.166(h)(1)(ii): <i>"A contract receives a low performing icon as a result of its performance on the Part C or Part D summary ratings. The low performing icon is calculated by evaluating the Part C and Part D summary ratings for the current year and the past 2 years. If the contract had any combination of Part C or Part D summary ratings of 2.5 or lower in all 3 years of data, it is marked with a low performing icon. A contract must have a rating in either Part C or Part D for all 3 years to be considered for this icon."</i></p>	<p>An individual may use this SEP at any time during which they are enrolled in a plan with a low performing icon.</p>	<p>Plans can accept the beneficiary's verbal or written attestation as proof of their eligibility for this SEP.</p> <p>In addition, plans are able to verify another organization's LPI status via the Medicare Plan Finder or the released Star Rating summary report.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

Table 3. Medicare SEPs that Must be Processed in Coordination with the State’s Contract Management Team (CMT)

Election Period	Criteria/Eligible Members	Timeframe	Other Information
3.1 Individuals Who Disenroll in Connection with a CMS Sanction	Case-by-case basis	On case by case basis, CMS will establish an SEP if CMS sanctions an MA organization and an enrollee disenrolls in connection with the matter that gave rise to that sanction. Time frame for enrollment period, as well as effective date, is dependent on the situation.	See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.
3.2 Significant Change in Provider Network	Individuals whose current Medicare Advantage plan experiences a significant change in provider network, and CMS determines that the network change is impactful enough to warrant an SEP	Enrollment period will be in effect once CMS makes its determination and enrollees have been notified. Period begins the month the individual is notified of the network change and continues for an additional two months.	See Section 30.4.6 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.
3.3 Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions	Individuals experiencing a situation in which the MA organization or CMS was unable to provide required notices or information in an accessible format, as requested by an individual, within the same timeframe that it was able to provide the same information to individuals who did not request an accessible format.	Enrollment period begins at the end of the election period during which the beneficiary was seeking to make an election. Start and length of the SEP are dependent upon the situation.	See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.

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Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>3.4 SEPs for Contract Violations</p>	<p>An individual able to demonstrate that an MA plan has substantially violated a material provision of its contract or the plan materially misrepresented the plan when marketing may disenroll from the MA plan and elect Original Medicare or another MA plan.</p>	<p>An individual may elect another MA plan or Original Medicare during the last month of enrollment in the MA organization, for an effective date of the month after the month the new MA organization receives the enrollment request.</p> <p>If the individual in the above example, elected Original Medicare during the last month of enrollment in the MA organization, the individual will be given an additional 90 calendar days from the effective date of the disenrollment from the MA organization to elect another MA plan.</p>	<p>In some case-specific situations, CMS may process a retroactive disenrollment for these types of disenrollments.</p> <p>See Section 30.4.2 in Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>3.5 SEPs for Terminations</p>	<p>Immediate terminations</p> <p>Members of plans who will be affected by a termination of contract by the MA organization or a modification or termination of the contract by mutual consent</p>	<p>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.</p> <p>Enrollment period begins two months before the proposed termination effective date and ends one month after the month in which the termination occurs.</p>	<p>Approved plan consolidations are neither terminations nor non-renewals. Therefore, individuals affected by plan consolidations are not eligible for the SEP for non-renewals or terminations.</p> <p>See Section 30.4.3 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p> <p>If an individual does not elect an MA plan before the termination effective date, he or she will be defaulted to Original Medicare on the effective date of the termination. However, the SEP will still be</p>

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	<p>Members of plans that will be affected by MA organization contract terminations by CMS</p>	<p>Enrollment period begins one month before the termination effective date and ends two months after the effective date of the termination.</p>	<p>in effect for one month after the effective date of the termination.</p> <p>See Section 30.4.3 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>3.6 Other Exceptional Circumstances</p>	<p>Members who have experienced exception circumstances including:</p> <ul style="list-style-type: none"> • Circumstances beyond the beneficiary’s control that prevented them from submitting a timely request to enroll or disenroll from a plan during a valid election period (for example, a serious medical emergency, change in hospice status, or mailed enrollment or disenrollment requests returned as undeliverable on or after the last day of an enrollment period) • Situations in which a beneficiary provides a verbal or written allegation that their enrollment in a MA or Part D plan was based on misleading or incorrect information provided by a plan representative or SHIP counselor 	<p>Enrollment period begins once CMS makes its determination and the enrollee has been notified.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

Table 4. Medicare SEPs Not Applicable to MMP Enrollments and Disenrollments for Beneficiaries with a CARA Lock-In Indicator⁸

Election Period	Criteria/Eligible Members	Timeframe	Other Information
<p>4.1 Dually Eligible Individuals and Other LIS-Eligible Individuals</p>	<p>Individuals who have Medicare Part A and Part B and receive any type of assistance from Medicaid programs.</p>	<p>Enrollment period begins the month the individual becomes dually eligible and exists as long as he or she receives Medicaid benefits.</p> <p>This SEP allows an individual to enroll in, or disenroll from, an MA plan once per calendar quarter during the first nine months of the year.</p> <p>This SEP can be used once during each of the following time periods:</p> <ul style="list-style-type: none"> • January – March • April – June • July – September. <p>It may not be used in the 4th quarter of the year (October – December).</p>	<p>Includes both “full benefit” dual eligible individuals as well as individuals often referred to as “partial duals” who receive cost sharing assistance under Medicaid and individuals who qualify for LIS.</p> <p>The SEP is considered “used” based on the month in which the individual makes the election.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>4.2 Individuals Whose Medicare Entitlement Determination Is Made Retroactively</p>	<p>Individuals who receive a letter informing them that their Medicare entitlement will begin on a retroactive date, due to administrative delays</p>	<p>Enrollment period begins the month the individual receives the notice of the Medicare entitlement determination and continues for two additional months after the month the notice is received.</p>	<p>This election period will only be allowed in cases when there is an administrative delay and the entitlement determination is not made timely by the SSA and/or received by the individual in a timely manner.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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<p>4.3 Individuals with ESRD Whose Entitlement Determination Is Made Retroactively (Not available after December 31, 2020)</p>	<p>Individuals who have ESRD and receive a letter informing them that their Medicare entitlement will begin on a retroactive date</p>	<p>Enrollment period begins the month the individual receives the notice of the Medicare entitlement determination and continues for 2 additional months after the month the notice is received.</p> <p>The enrollment request may only be made prospectively, and the effective date is the first day of the month after the MA plan receives the enrollment request.</p>	<p>Individuals will be allowed to prospectively elect an MA plan provided:</p> <ul style="list-style-type: none"> • They were in a health plan offered by the same MA organization the month before their entitlement to Parts A and B; • Developed ESRD while a member of that health plan; and • Are still enrolled in that health plan. <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>
<p>4.4 Individuals Enrolled in Cost Plans that are not renewing their contracts</p>	<p>Enrollees of HMOs or CMPs that are not renewing their §1876 cost contracts for the area in which the enrollee lives</p>	<p>Enrollment period begins December 8 of the current contract year and ends on the last day of February of the following year.</p>	<p>Enrollment requests received from December 8 through December 31 will have an effective date of January 1. Enrollment requests received in January will have an effective date of February 1. Enrollment requests received in February will have an effective date of March 1.</p> <p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.</p>

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<p>4.5 MA SEPs to Coordinate with Part D Enrollment Periods</p>	<p>Individuals eligible for an enrollment period under the guidance for Part D enrollment and disenrollment may use that SEP to make an election into or out of an MA-PD</p>	<p>Involuntary loss of creditable coverage – enrollment period permits enrollment into a Part D plan and begins with the month in which the individual is advised of the loss of creditable coverage and ends two months after either the loss (or reduction) occurs or the individual receive notice, whichever is later.</p> <p>Individuals who are not adequately informed of a loss of creditable coverage – enrollment period permits one enrollment in, or disenrollment from, a Part D plan on a case-by-case basis and begins the month of CMS approval and continues for two additional months.</p> <p>Individuals whose enrollment or non-enrollment in a Part D plan is erroneous due to an action, inaction or error by a Federal Employee – enrollment period permits disenrollment/enrollment in a Part D plan on a case-by-case basis and begins the month of CMS approval and continues for two additional months.</p> <p>Individuals eligible for an additional Part D IEP – enrollment period may be used to disenroll from an MA-only or MA-PD plan to Original Medicare, or to enrollment in an MA-only plan and begins and ends concurrently with the additional Part D IEP.</p>	<p>See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information on PDPs.</p>

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4.6 Non-U.S. Citizens who become Lawfully Present <i>(permits enrollment elections only)</i>	Individuals who have recently gained lawful presence in the United States	Enrollment period begins the month the lawful presence starts and ends when the individual makes an enrollment request or two full calendar months after the month it begins, whichever occurs first.	See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.
4.7 Employer/Union Group Health Plan	Individuals making MA enrollment requests into or out of employer sponsored MA plans.	Available to individuals who have (or are enrolling in) an employer or union sponsored plan and ends 2 months after the month the employer or union coverage ends.	If necessary, the MA organization may process the enrollment request with a retroactive effective date. See Section 30.4.4 of the Medicare Advantage Enrollment and Disenrollment Guidance for more information.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by [Mathematica](#) and the [Center for Health Care Strategies](#). For more information, visit www.integratedcareresourcecenter.com.

¹ The text in this table was adapted from Chapter 2 (Medicare Advantage Enrollment and Disenrollment) of the 2021 Medicare Managed Care Manual, available at <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>.

² This SEP has only been incorporated into the Medicare-Medicaid Plan (MMP) enrollment and disenrollment scripts for state Enrollment Broker staff (for which this table is a supporting document), to screen for beneficiaries who were already enrolled in Medicare (due to a disability) and turn 65. These individuals may have a CARA lock-in indicator when they turn 65 and would be eligible to use this SEP to change their Medicare coverage. Beneficiaries newly eligible for Medicare will not have CARA lock-in indicators, as those indicators may not be placed on a beneficiary's record until after they are already enrolled in a Medicare plan.

³ The text in this table was adapted from Chapter 2 (Medicare Advantage Enrollment and Disenrollment) of the 2021 Medicare Managed Care Manual, available at <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>.

⁴ In addition to state-initiated passive enrollments into MMPs, dually eligible beneficiaries may sometimes be automatically enrolled into a Medicare plan by CMS, for example, to maintain enrollment in a benchmark premium plan for individuals with the Part D Low Income Subsidy or to enroll a beneficiary into an MMP as a result of plan termination or

non-renewal. However, **individuals who have CARA lock-in indicators are not allowed to be passively enrolled**, so we expect this SEP would be used very rarely, as the individual would have needed to be passively enrolled by the state or CMS prior to placement of the CARA lock-in indicator on their record.

⁵ The MMP enrollment and disenrollment scripts for state Enrollment Broker staff that correspond to this table do not include questions to screen for this SEP because most demonstration states do not operate an SPAP that serves the same population as its demonstration (indicated in a footnote in the accompanying enrollment script). If a state does operate an SPAP for same population as its demonstration, the state may want to adapt the Enrollment Broker scripts to reference this SEP, if applicable.

⁶ This SEP is for individuals who dropped a Medicare Supplement (Medigap) policy when they enrolled for the first time in an MA Plan, and who are still in a “trial period.” While this is an unlikely scenario for dually eligible beneficiaries, some beneficiaries may fall in this category.

⁷ This SEP has been included in the enrollment script for individuals who gain Medicaid coverage but it has not been included in the disenrollment script because if an individual loses or experiences a change in Medicaid coverage, they will no longer be eligible for an MMP and they will be automatically disenrolled by the state. Additionally, to be in an MMP you must be dual eligible, which implies LIS status; therefore, no beneficiaries enrolled in an MMP should lose their LIS status.

⁸ SEPs listed in this table are not applicable to beneficiaries with a CARA lock-in.