



# Medicare Part D Enrollment & Disenrollment

An Informational Fact Sheet

1-800-963-5337

SHINE, The Florida Department of Elder Affairs

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## ENROLLMENT

Medicare consumers who are entitled to Part A (hospital insurance) and/or enrolled in Part B (medical insurance), are eligible for prescription drug coverage. Individuals eligible for both Medicare and Medicaid benefits (dual-eligible) may also enroll. Enrollment in a drug plan is on a voluntary basis and requires completion of an enrollment form. Although enrollment is voluntary, there are time limitations during which consumers must enroll to receive the benefits.

The following enrollment periods offer consumers the opportunity to participate in this new coverage:

- ◆ **Initial Enrollment Period**  
A seven-month period: three months prior to birth month, includes birth month, and three months following birth month
- ◆ **Annual Coordinated Election Period**  
November 15 – December 31 of each year
- ◆ **Special Enrollment Period** (must have a qualifying circumstance such as a change of residence)

**You will have a choice of what type of prescription drug plan you prefer:**

**Prescription Drug Plan (PDP)** that functions as a stand-alone plan and partners with your Original Medicare;

**Medicare Advantage Prescription Drug Plan (MAPD)** plan which is a managed care organization with prescription drug coverage included; or

**Creditable Coverage** if you already have a prescription drug plan that is considered creditable (equal to Medicare Part D), you may keep what you have.



## SPECIAL ELECTION PERIODS (SEP)

During an SEP, an individual may discontinue enrollment in a PDP plan or change to a different Part D plan. The following is a list of various reasons an individual may be eligible for an SEP:

1. **Change of Residence** (no longer in plan area)
2. **Loss of Medicaid Eligibility** (no longer eligible for both Medicaid and Medicare)
3. **Loss of Creditable Prescription Drug Coverage** (involuntarily lose creditable coverage, or coverage is reduced to a level that is no longer creditable)
4. **Not Adequately Informed of Creditable Coverage** (entity did not adequately inform you of Rx status or loss of coverage)
5. **Enrollment / Non-Enrollment in Part D due to an Error by a Federal Employee** (enrollment status is erroneous due to an action, inaction, or error by a Federal Employee)
6. **Contract Violation** (plan violated a provision of their contract)
7. **Non-Renewal / Termination of Plan** (plan ends its contract with Medicare)
8. **Exceptional Conditions** (contact Medicare)

***NOTE:** The SEP ends once you have enrolled in a new Part D plan or when your SEP time frame ends, whichever comes first.*



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## DISENROLLMENT

A Prescription Drug Plan (PDP) sponsor may not, either orally or in writing, request or encourage an enrollee to disenroll from a PDP.

A member may only disenroll themselves from a PDP plan during one of the enrollment periods mentioned earlier. There are “voluntary” and “involuntary” disenrollments.

### Voluntary Disenrollment

A member of a PDP may disenroll from a plan by completing the following:

1. **Written Notice** – give or fax a signed written notice to the PDP sponsor, or through their employer group/union, where applicable;
2. **Internet** – submit a request via Internet to the PDP sponsor (if the PDP sponsor offers such an option); or
3. **Call** - 1-800-MEDICARE (1-800- 633-4227)

If someone other than the beneficiary completes a disenrollment request, he/she must:

- \* Attest that he/she has the authority under State law to make this request on behalf of the individual;
- \* Provide a copy of proof of that authority when requested by the PDP sponsor or CMS (i.e., court-appointed legal guardianship or durable power of attorney);
- \* Provide contact information.

### Denial of Voluntary Disenrollment

If a PDP sponsor receives a disenrollment request that it must deny, the PDP sponsor must notify the enrollee within 7 business days of the receipt of the request, and must include the reason for the denial. A PDP sponsor may only deny a voluntary request for disenrollment when:

- The request was made outside of an allowable period (enrollment periods); or
- The request was made by someone other than the enrollee, and that individual is not the enrollee’s legal representative.

### Involuntary Disenrollment

A PDP organization must disenroll an individual from a PDP in the following cases:

- A change in residence making the individual ineligible to be an enrollee of the PDP,
- The individual loses entitlement to Medicare,
- The individual dies,
- The PDP contract is terminated, or the organization discontinues offering a PDP in any portion of the area where the PDP had previously been available, or
- The individual materially misrepresents information to the PDP organization regarding reimbursement for third-party coverage.

## MEDICARE ADVANTAGE PLANS

Medicare prescription drug coverage is also available through managed care organizations, otherwise known as a Medicare Advantage Plans. The following two enrollment periods offer consumers an opportunity to join a new plan or switch plans:

**Annual Coordinated Election Period** – November 15 through December 31 each year (effective January 1<sup>st</sup>), and an

**Open Enrollment Period** - starting in 2007, this enrollment period will be from January 1 – March 31 each year (effective the first of the month after the person enrolled).

**NOTE:** The “Open Enrollment Period” can be used to switch to a different type of plan, but **it cannot be used to start or stop Medicare drug coverage.**

## ASSISTANCE

Medicare consumers, caregivers and family members may contact the **SHINE Program** for assistance with questions regarding the information contained in this fact sheet. Please call the Elder Helpline at **1-800-963-5337** and ask for a **SHINE Counselor**.

**SHINE website:** <http://www.FloridaShine.org>

**The Centers for Medicare & Medicaid Services (CMS): 1-800 MEDICARE (1-800-633-4227)**