



#	POPULATION	QUALIFICATION	REFERENCE	TIME FRAME	EFFECTIVE DATE	CODING
<b>BENEFICIARIES WHO MOVE</b>						
6	Change in Primary Residence	<p>Permanently moved inside plan's service area with new plan options available.</p> <p>Permanently moved outside plan's service area.</p>	Beneficiary's Attestation	<p><b>Before Move Begins</b> the month before month of permanent move. <b>Ends</b> two months after the move.</p> <p><b>After the Move Begins</b> month beneficiary notified plan of the move. <b>Ends</b> two months after notification of the move.</p>	First day of the month following the notification of the move, but not earlier than the move.	<p>MOV</p> <p>MSA Not Eligible</p>
7	Change in Residence	Returning to the U.S. after permanently living outside the U.S.	Beneficiary's Attestation	<p><b>Before Move Begins</b> the month before month of permanent move. <b>Ends</b> two months after the move.</p> <p><b>After Move Begins</b> month beneficiary notified plan of the move. <b>Ends</b> two months after notification of the move.</p>	First day of the month following the notification of the move, but not earlier than the move.	<p>RUS</p> <p>MSA Not Eligible</p>
<b>INSTITUTIONALIZED BENEFICIARIES</b>						
8	Institutionalized Beneficiaries	Resides in skilled nursing facility, intermediate care facility, psychiatric, rehab, long-term care, or swing-bed hospital.	<p>Beneficiary's Attestation</p> <p>Members address located in the facility</p>	<p><b>Begins</b> first day Institutionalized. <b>Ends</b> two months after discharge.</p> <p>This election is continuous for those that reside in these facilities.</p>	First of the month following receipt of the enrollment request.	<p>LTC</p> <p>MSA Not Eligible</p>
<b>LOW INCOME BENEFICIARIES</b>						
9	LIS (Non-Medicaid)	Have Part D subsidy.	Beneficiary's Attestation SSA	Continuous as long as beneficiary has a subsidy.	First of the month following receipt of the enrollment request.	<p>HLP</p> <p>MSA Not Eligible</p>

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<b>LOW INCOME BENEFICIARIES</b>						
<b>10</b>	LIS (Loss of Status)	Have lost the Part D subsidy.	Beneficiary's Attestation SSA	<b>Begins</b> month of lost eligibility. <b>Ends</b> two months after loss of eligibility.	First of the month following receipt of the enrollment request.	NLS  MSA Not Eligible
<b>11</b>	Dual Eligible	Have Medicaid.	Medicaid validated using the Forward Health Portal	Continuous as long as they have Medicaid.	First of the month following receipt of the enrollment request.	MDE  MSA Not Eligible
<b>12</b>	Dual Eligible (Loss of Status)  *Consider Member Most Likely Has LIS	Have lost Medicaid benefits.	Medicaid validated using the Forward Health Portal	<b>Begins</b> month of lost eligibility. <b>Ends</b> two months after loss of eligibility.	First of the month following receipt of the enrollment request.	SNP  MSA Not Eligible
<b>13</b>	Loss of Employer Group Coverage	Voluntary or involuntary termination of group coverage.	Beneficiaries' Attestation	<b>Begins</b> month group allows or disenrollment or date COBRA ends. <b>Ends</b> two months after group coverage ends.	Can choose an effective date up to three months in advance after receipt of election but not earlier than the first of the month following month in which the request is made.	LEC  MSA Not Eligible
<b>14</b>	Involuntary Loss of Creditable Prescription Drug Coverage	Involuntary loss of coverage. Coverage is no longer creditable.  This does not include loss of coverage due to nonpayment of premium.  *Enrollment into MAPD.	Beneficiaries' Attestation  Letter stating loss of creditable coverage	<b>Begins</b> either month of notice or month the loss or reduction of coverage occurs, whichever is later. <b>Ends</b> two months later.	First of the month following receipt of the enrollment request.	LCC  MSA Not Eligible
<b>TERMINATION OF PLAN CONTRACT</b>						
<b>15</b>	Termination of plan contract with Medicare with mutual consent	Contract with Medicare is ending with mutual consent.	Beneficiaries' Attestation  Termination Letter	<b>Begins</b> two months before termination. <b>Ends</b> one month after effective termination.	First day of the month after notice received or up to two months after the effective date of termination but not earlier than receipt of election.	EOC  MSA Not Eligible
<b>16</b>	Termination of plan contract with Medicare without mutual consent	Contract with Medicare is ending without mutual consent.	Member Attestation  Termination Letter	<b>Begins</b> one month before termination. <b>Ends</b> two month after effective termination.	First day of the month after notice received up to three months after month of termination but not earlier than receipt of election.	EOC  MSA Not Eligible

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<b>STATE PHARMACEUTICAL ASSISTANCE PROGRAMS</b>						
17	Some beneficiaries belonging to a State Pharmaceutical Assistance Program (SPAP) like Wisconsin Senior Care	Wisconsin Senior Care deductible is \$850 or greater. SPAP is ending. Loss of Senior Care due to failure to pay premium is not considered involuntary.	Wisconsin Senior Care award letter showing \$850 deductible or greater State of Wisconsin Forward Health Portal	<b>Begins</b> Immediately. <b>Ends</b> date of disenrollment. This election can only be used once per year.	First of the month following receipt of the enrollment request. This SEP is only to enroll into an MAPD or to switch from MA to MAPD.	PAP  MSA Not Eligible
<b>5-STAR PLAN</b>						
18	Enroll into 5- Star Plan	Beneficiary may enroll into a plan with a 5-Star Rating during the year the plan has an overall 5-Star.	Plan Performance Star Rating	Continuous when the plan hold the 5-Star Rating.	First of the month following receipt of the enrollment request.	5ST  MSA Not Eligible
<b>DISENROLLMENT ELECTIONS</b>						
19	Gain or maintain other creditable coverage	Gain or enroll in coverage such as Tri-Care, Wisconsin Senior Care or Veterans Affairs (VA).	Validation of Wisconsin Senior Care  Letter indicating gain of creditable coverage	<b>Begins</b> immediately. <b>Ends</b> date elect disenrollment.	First of the month following receipt of the <b>written disenrollment request.</b> This is election is for disenrollment from a MAPD plan It can also be used to change from MAPD to MA.	OCC  MSA Not Eligible
20	Trial Period	Individuals who are within their first 12 months of trying a Medicare Advantage Plan and wish to go back to go to a supplement with a guaranteed issue.	Plan must receive written request to disenroll to go back to Original Medicare or Supplement sighting they are in their first 12 months of an MA plan.  *With MSA members who were previously enrolled in a supplement and who are enrolling for the first time into a Medicare Advantage plan and have a valid SEP to disenroll during their first 12 months of being on the MSA. They may go back to original Medicare and have a guaranteed issue of a Medicare Supplement.  *With members of an MSA who have used their Initial Election Period (IEP) to enroll in the plan and do not have a valid disenrollment period. They may not use the SEP trial to disenroll from the plan.	<b>Begins</b> first time they are enrolled in MA. <b>Ends</b> 12 months after effective date.	First of the month following receipt of the <b>written disenrollment request.</b> This is election is for disenrollment from a MAPD plan It can also be used to change from MAPD to MA.	12G
21	Medicare Advantage Disenrollment Period	All Beneficiaries.	Beneficiaries have this annual opportunity to disenroll and return to original Medicare. This does not provide an opportunity to join or switch MA plans.	<b>Begins</b> January 1 <b>Ends</b> February 14	First of the month following receipt of the written disenrollment request.	MADP  MSA Not Eligible

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<b>DISENGAGEMENT ELECTIONS</b>						
<b>22</b>	Beneficiaries turning 65	Have Parts A and B due to disability and are turning 65.	Individual's 65th Birthday	<b>Begins</b> three month before month of birthday. Includes birthday month. <b>Ends</b> last day of the third month after the 65th birthday.	<b>Written disenrollment request</b> made prior to month of birthday, termination date is first day of the month of birthday.  <b>Written disenrollment request</b> made during or after birth month, termination date is first day of the month following the month of written notice.	12J
<b>CANCELLING APPLICATIONS</b>						
<b>23</b>	First time MSA enrollees (during AEP)	First time MSA application.	Return to original Medicare	After December 7 and up to December 15.	Verbal or written request.	
<b>24</b>	New applications to Network Health	Prior to plan effective date.	Return to prior plan or original Medicare	Prior to application date.	Verbal or written request.	