



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: October 3, 2012

TO: Medicare Advantage Organizations
Medicare Prescription Drug Plan Sponsors
1876 Cost Plans

FROM: Arrah Tabe-Bedward, Acting Director
Medicare Enrollment & Appeals Group

SUBJECT: Timeframe for Model Letters and Scripts in the Outbound Enrollment and Verification (OEV) Process

The purpose of this memorandum is to clarify the timeframe for beneficiary response in the Outbound Enrollment and Verification (OEV) process to ensure plans understand the requirement and are meeting compliance expectations. The language in the OEV scripts and letters has a variable field where the enrolling organization, at the time of conducting the OEV activity, must insert the deadline by which an enrollee must respond if he or she wants to cancel his or her enrollment.

To summarize the policy, the organization must insert the date that is seven days from the date of the letter or call, or the last day of the month in which the enrollment was submitted, whichever is later. If the enrollment was submitted during the Annual Enrollment Period (AEP), the organization must insert December 31, as all individuals enrolling during the AEP have until December 31 to cancel their enrollment as outlined in §60.2.1 of Chapter 2 of the Medicare Managed Care Manual.

Example #1: Using the AEP, an enrollee submits an application on November 5, 2012, for a January 1, 2013, effective date. The enrolling organization successfully contacts the enrollee via the OEV process on November 10, 2012. The beneficiary has until December 31, 2012, to cancel the enrollment as that is the last day prior to the effective date (Ch. 2, §60.2.1) and is later than November 17, 2012, which is seven days from the successful OEV contact.

Example #2: An enrollee submits an application on March 30, 2013, for an April 1, 2013, effective date. The enrolling organization successfully contacts the enrollee as part of the OEV process on April 12, 2013. The beneficiary has until April 19, 2013, to cancel the enrollment as that is seven days from the successful OEV contact and is later than March 31, 2013, which is the last day of the month in which the plan received the enrollment request.

As a reminder, additional requirements related to the OEV process are located in section 70.8 of the Medicare Marketing Guidelines.

Plan sponsors should ensure that their marketing documents are compliant with CMS' guidance prior to submitting them in HPMS. Plan sponsors with questions on these materials should direct them to their CMS Account Manager or Marketing Reviewer.