UnitedHealthcare® is pleased to introduce a comprehensive enrollment handbook for all UnitedHealthcare Medicare Advantage and Part D plans, including UnitedHealthcare, AARP®, Care Improvement Plus, Preferred Care Partners, and Medica HealthCare branded plans. This also includes the Community and State Special Needs Plans. This tool will help improve application processing time, prevent errors, and enroll consumers more quickly, and allow you to:

- Understand election periods including voluntary and involuntary member disenrollments
- Provide you with the exact election period Reason Code to insert on the application
- Walk you through how to complete an enrollment application from start to finish

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Throughout this handbook, look for the caution symbol. It highlights potential problem areas (where complaints are most common).
Enrollment Election Periods

Defining Election Period Time Frames

The following are examples that help define election period time frames. In most cases, consumers cannot pick future effective dates, however there are a few exceptions. Reference the Enrollment Election Period Coding — Cheat Sheet section within this handbook. It is rare that a retroactive enrollment would be an option. Ensuring that the correct election period code and effective date are selected will prevent future complaints.

In several cases, election period time frames will begin the month of notification (when the member receives a letter stating they are losing their status) and ends two months after the notification. If a consumer receives a notice on January 25, the consumer has a February 1, March 1, or April 1 effective date.

The effective date is the first of the month after they enroll. In some cases a consumer can elect a future effective date based on the time and type of notice. See below for a few examples.

Initial Election Period Examples

Following are examples of election periods related to the IEP (Initial Enrollment Period) and ICEP (Initial Coverage Election Period) to help you better understand the time frames for these scenarios.

IEP/ICEP Example (refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)

Antonio is turning 65 in April and decides to enroll in both Medicare Parts A and B at this time.

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>From January through March, Antonio can enroll with an effective date of April 1</td>
<td>In April, Antonio turns 65. He is eligible for Part A and Part B</td>
<td>From April through July, Antonio can enroll with an effective date that is the first of the month following the month of election</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Antonio can enroll in an MA-Only (Medicare Advantage) plan any time in this 7-month time frame using the ICEP or he can enroll in an MA-PD or PDP (Part D Prescription) plan any time during this time frame and use the IEP:

- If he enrolls between January 1 and March 31, his effective date will be April 1.
- If he enrolls between April 1 and July 31, his effective date will be the first day of the month following the month the election was made.

IEP2 Example (refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)

Sally was eligible for Medicare Parts A and B due to a disability at age 50. Sally is turning 65 in April.
<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>From January through March, Sally can enroll in or change MA-PD or PDP plans with an effective date of April 1</td>
<td>At age 50, Sally was eligible for Part A and Part B due to a disability. In April, Sally turns 65</td>
<td>From April through July, Sally can enroll with an effective date that is the first of the month following the month of election</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sally can enroll in or change an MA-PD or PDP plan any time in this 7-month time frame using the IEP2:
- If she enrolls between January 1 and March 31, her effective date will be April 1.
- If she enrolls between April 1 and July 31, her effective date will be the first day of the month following the month the election was made.

**ICEP – Part B Delayed Example** (refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)
Alice’s 65th birthday is April 20, 2018. She is eligible for Medicare Parts A and B beginning April 1, 2018. Because she is still working and has health insurance provided by her employer, she has decided not to enroll in Part B during her initial enrollment period for Part B. Upon retiring, she will have the opportunity to enroll in Part B. Alice has enrolled in Part B effective May 1, 2018. Her ICEP would be February 1 through April 30, 2018.

<table>
<thead>
<tr>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice can enroll between February 1 through April 30 and her effective date would be May 1</td>
<td>Alice enrolls in Part B effective May 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alice can enroll in an MA/MA-PD product anytime during this 3-month time frame using ICEP Part B delayed.
## Special Election Period (SEP) Examples

### SEP – Retro ESRD Determination Example
Steve is enrolled in a UnitedHealthcare Commercial plan effective April 1, 2013. Steve develops ESRD while enrolled in his current plan. On June 1, 2017 CMS determines that Steve was entitled to Medicare Parts A & B effective November 1, 2016.

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS approves Steve’s entitlements to Parts A &amp; B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Election Period begins the month CMS approved the eligibility and ends two months later. Steven can enroll with an effective date that is the first of the month following the month of election</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Steve can enroll in an MA/MA-PD product any time during this 3 month time frame using the SEP-Retro ESRD Determination

### SEP – Loss of EGHP (Employer Group Health Plan) and ICEP (Initial Coverage Election Period) - Part B Delayed
(refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)

In June, Steven, who is 72 years old, notifies his employer that he will retire in January. Steven will sign up for Part B three months prior to his retirement and his employer informs him that they allow enrollment changes.

<table>
<thead>
<tr>
<th>June</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>In June, Steven informs his Employer that he is retiring in January</td>
<td>Steven elects Part B coverage to begin January 1. From October through December, Steven can enroll in a MA/MA-PD/PDP plan with an effective date of January 1 using the ICEP - Part B delayed election period.</td>
<td></td>
<td></td>
<td>In January, Steven is dissatisfied with his plan choice. Steven decided to submit a new application using SEP-Loss of EGHP</td>
<td>In January, Steven is dissatisfied with his plan choice. Steven decided to submit a new application using SEP-Loss of EGHP</td>
<td>If Steven enrolls in January, his effective date can be February 1, March 1, or April 1</td>
</tr>
</tbody>
</table>
**SEP – Loss of EGHP** (refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)

Henry receives notification from his employer in June that he will be losing his employer group coverage in July and the Group allows enrollment changes.

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to receiving notification from his employer in June, Henry can enroll in a MA/MA-PD plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Henry enrolls in June, his effective date can be July 1, August 1 or September 1</td>
<td>If Henry enrolls in July, his effective date can be August 1 or September 1</td>
<td>If Henry enrolls in August, his effective date will be September 1</td>
<td></td>
</tr>
</tbody>
</table>

**SEP – Move** (refer to the Enrollment Election Period Coding — Cheat Sheet sections in this handbook for full details)

Charles notifies UnitedHealthcare in May that he is moving to a new address August 1. His election period will begin July 1.

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles notifies UnitedHealthcare that he is moving August 1 therefore his election period will begin July 1</td>
<td>If Charles enrolls in July, his effective date is August 1</td>
<td>If Charles enrolls in August, his effective date is September 1</td>
<td>If Charles enrolls in September, his effective date is October 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Charles notifies UnitedHealthcare in May that he recently moved in March to a new address. Charles can enroll in a MA/MA-PD plan with an effective date of the first of the following month.

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles notifies UnitedHealthcare that he recently moved in March to a new address</td>
<td>Charles can enroll in a MA/MA-PD plan with an effective date of the first of the following month If Charles enrolls in May, his effective date is June 1</td>
<td>If Charles enrolls in June, his effective date is July 1</td>
<td>If Charles enrolls in July, his effective date is August 1</td>
</tr>
</tbody>
</table>
**SEP – 5 Star SEP and Corresponding PDP 5-Star SEP**

CMS has established a SEP that enables consumers to enroll in one 5-Star plan for an effective date within the plan contract year. For more information on UnitedHealthcare 5-Star plans in 2018, please refer to UnitedHealthcare sales communications regarding eligible plans.

A second SEP occurs when a member enrolls in another carrier’s MA-Only 5-Star PFFS or 5-Star cost plan. In this case, there is a coordinating Part D SEP that allows enrollment into a PDP, even if the PDP is not a 5-Star plan (includes all UnitedHealthcare PDP plans).

**5-Star SEP Example**
Barbara resides in a county where a 5-Star Medicare Advantage plan from UnitedHealthcare is available for the current plan year. If Barbara wants to enroll in this 5-Star plan, she can submit an application for the plan anytime between December 8 and November 30 for the next available effective date in the current plan year.

**Corresponding PDP 5-Star SEP Example**
In April, John enrolls in another carrier’s MA-Only PFFS plan with a CMS 5 Star rating. John has April, May and June to pick a corresponding PDP plan (doesn’t have to be a 5-star PDP) using this SEP. The last possible effective date John can have is July 1.

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In April, John enrolls in another carrier’s MA-Only 5-Star PFFS plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• John can submit an application for a UnitedHealthcare PDP plan in April, May, or June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• John can enroll with an effective date that is the first of the month following the month of election</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  o In this example, John can have an effective date of May 1, June 1, or July 1

**CMS-Granted SEPs (including the SEP for a plan with less than 3 Stars)**

Medicare sometimes allows consumers in special situations a one-time opportunity to change plans. If a consumer receives a notice from CMS detailing this opportunity, the consumer has a one-time special election to change plans. For example, if a consumer’s current plan has less than 3-Stars for three consecutive years, CMS is offering a one-time SEP to make a new plan selection into a 3-Star or greater plan. These elections cannot be made by the plan or submitted directly through an agent. Please direct consumers to 1-800-MEDICARE to discuss their options.
### Enrollment Election Period Coding — Cheat Sheet

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Election</th>
<th>Medicare Advantage – Election Period Reason Code/Effective Date</th>
<th>Prescription Drug Plan – Election Period Reason Code/Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer is new to Medicare</strong></td>
<td>Newly Eligible (IEP/ ICEP) - MA/MA-PD</td>
<td>- Newly Eligible (IEP) - PDP (One Election)</td>
<td>- IEP (MA Only) - IEP (MA-PD) Still 3 months prior to Parts A and B eligibility date, the month of eligibility, and ends 3 months after Parts A and B eligibility date Effective date: If submitting during the 3 months prior to Parts A and B effective date, effective date will be 1st of the month of Parts A and B eligibility If submitting the month of or 3 months after, effective date will be 1st of the following month</td>
</tr>
<tr>
<td><strong>Consumer was eligible for Medicare previously but has recently turned 65</strong></td>
<td>Age-In (Eligible Prior to Age 65)</td>
<td>(One Election)</td>
<td>- IEP (MAPD) Still 3 months prior to Parts A and B eligibility date, the month of eligibility, and ends 3 months after Parts A and B eligibility date Effective date: If submitting during the 3 months prior to Parts A and B effective date, effective date will be 1st of the month of Parts A and B eligibility If submitting the month of or 3 months after, effective date will be 1st of the following month</td>
</tr>
<tr>
<td><strong>Consumer was eligible for Medicare; however, consumer delayed enrollment in Part B due to having other creditable coverage</strong></td>
<td>Enrolling into Part B After Delaying Enrollment</td>
<td>(One Election)</td>
<td>- IEP2 (delayed part B enrollment) Starts 3 months prior to Parts A and B eligibility date, the month of eligibility, and ends 3 months after Parts A and B eligibility date Effective date: If submitting during the 3 months prior to Parts A and B effective date, effective date will be 1st of the month of Parts A and B eligibility If submitting the month of or 3 months after, effective date will be 1st of the following month</td>
</tr>
<tr>
<td><strong>Consumer is eligible to enroll in Part B during the General Enrollment Period</strong></td>
<td>Enrolled into Part B during the Part B General Enrollment</td>
<td>(One Election)</td>
<td>- N/A</td>
</tr>
<tr>
<td><strong>Consumer would like to enroll during the Open/Annual Enrollment Period</strong></td>
<td>MA/MA-PD/PDP Eligible (Annual Election Period, AEP, 10/15–12/07)</td>
<td>(One Election)</td>
<td>- SEP - GEP Part B Starts 4/1 and ends 6/30 of each year Effective date will be July 1</td>
</tr>
<tr>
<td><strong>Consumer who wants to enroll in Part B during the Open/Annual Enrollment Period</strong></td>
<td>MA/MA-PD/PDP Eligible (AEP, 10/15–12/07)</td>
<td>(One Election)</td>
<td>- AEP Starts 10/15 and ends 12/7 of each year Effective date will be 1/1</td>
</tr>
<tr>
<td><strong>Consumer who wants to enroll in Part B during the Open/Annual Enrollment Period</strong></td>
<td>MA/MA-PD/PDP Eligible (Annual Election Period, AEP, 10/15–12/07)</td>
<td>(One Election)</td>
<td>- AEP Starts 10/15 and ends 12/7 of each year Effective date will be 1/1</td>
</tr>
<tr>
<td>Identifier</td>
<td>Election</td>
<td>Medicare Advantage – Election Period Reason Code/Effective Date</td>
<td>Prescription Drug Plan – Election Period Reason Code/Effective Date</td>
</tr>
<tr>
<td>------------</td>
<td>----------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Consumer has both Medicare and Medicaid or their state helps pay for their Medicare premiums. | Dual-Eligible (Full Benefit & Partial) (One Election) | • SEP - Dual Eligible Full & Partial  
Election is continuous as long as consumer is Medicaid eligible  
Effective date will be the 1st day of the month following receipt of election | • SEP - Dual Eligible Full & Partial  
Election is continuous as long as consumer is Medicaid eligible  
Effective date will be first day of the month following receipt of election |
| Consumer no longer qualifies for both Medicare and Medicaid or their state no longer helps pay for their Medicare premiums | Dual-Eligible (Loss of Status) (One Election) | • SEP - Dual Eligible (Status Loss)  
Starts month loss of dual eligibility notification is received and continues two additional months  
Effective date will be first of the month following receipt of election | • SEP - Dual Eligible (Status Loss)  
Starts month loss of dual eligibility notification is received and continues two additional months  
Effective date will be first of the month following receipt of election |
| Consumer gets extra help paying for Medicare | LIS (Non-Medicaid & Maintaining LIS) (Continuous Election) | • SEP - LIS (Non Medicaid/Maintaining LIS)  
Election is continuous as long as consumer is eligible for Part D subsidy  
Effective date will be first of the month following receipt of election | • SEP - LIS (Non Medicaid/Maintaining LIS)  
Election is continuous as long as consumer is eligible for Part D subsidy  
Effective date will be first of the month following receipt of election |
| Consumer no longer qualifies for extra help paying for their Medicare prescription drugs | LIS (Loss of Status) (One Election) | • SEP - LIS (Loss of Status)  
If loss of subsidy occurs at end of calendar year*:  
Begin: January 1  
End: March 31  
If loss of subsidy occurs mid-year:  
Begin: when notified of the loss  
End: two months after notification  
*January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.  
Effective date will be the first of the month following receipt of election | • SEP - LIS (Loss of Status)  
If loss of subsidy occurs at end of calendar year*:  
Begin: January 1  
End: March 31  
If loss of subsidy occurs mid-year:  
Begin: when notified of the loss  
End: two months after notification  
*January 1 effective date is available if loss of subsidy occurs at the end of the calendar year.  
Effective date will be the first of the month following receipt of election |
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</table>
| Consumer is moving into, resides in, or recently moved out of a Skilled Nursing Facility (SNF), Nursing Facility (NF), Intermediate Care Facility for the mentally disabled, psychiatric hospital, rehabilitation hospital, Long-Term Care hospital, swing-bed hospital or assisted living facility (ALF) with an expected stay of at least 90 days | Institutionalized (Continuous)                                          | • OEP (MA/MA-PD)   
  Moves in or Resides in:  
  Begins First day institutionalized  
  Ends 2 months after discharge  
  Moves out:  
  Begins First day discharged  
  Ends 2 months later  
  Effective Date: First day of the month following receipt of election | • SEP - Institutionalized  
  Moves in or Resides in:  
  Begins First day institutionalized  
  Ends 2 months after discharge  
  Moves out:  
  Begins First day discharged  
  Ends 2 months later  
  Effective Date: First day of the month following receipt of election |
| Consumer recently moved outside of the service area for their current plan or consumer recently moved and this plan is a new option for them. | Change in Residence (One Election)                                       | • SEP - Move  
  Before Move  
  Begins month before permanent move  
  Ends 2 months after the move  
  After Move  
  Begins month consumer notifies plan of move or consumer is termed for residing outside of the service area  
  Ends 2 months after the move or termination  
  Effective date will be first day of the month up to three months after receipt of election **but cannot** be a retroactive effective date | • SEP - Move  
  Before Move  
  Begins month before permanent move  
  Ends 2 months after the move  
  After Move  
  Begins month consumer notifies plan of move or consumer is termed for residing outside of the service area  
  Ends 2 months after the move or termination  
  Effective date will be first day of the month up to three months after receipt of election **but cannot** be a retroactive effective date |
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<th>Prescription Drug Plan – Election Period Reason Code/Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer recently involuntarily lost creditable prescription drug coverage (coverage as good as Medicare’s)</td>
<td>Involuntary Loss of Creditable Coverage (One Election)</td>
<td><strong>SEP - Invol. Loss of Creditable Cvg</strong>&lt;br&gt;Starts month of notice or month the loss or reduction of coverage occurs, whichever is later and ends two months later&lt;br&gt;Effective date will be first day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP</td>
<td><strong>SEP - Invol. Loss of Creditable Cvg</strong>&lt;br&gt;Starts month of notice or month the loss or reduction of coverage occurs, whichever is later and ends two months later&lt;br&gt;Effective date will be first day of the month following receipt of election or if consumer requests, up to 2 months from the end of the SEP</td>
</tr>
<tr>
<td>Consumer is leaving employer or union coverage</td>
<td>Loss of Employer Group Coverage (Group Retiree, COBRA, &amp; Commercial) (One Election)</td>
<td><strong>SEP - Loss of EGHP Coverage</strong>&lt;br&gt;Starts the month the Group allows disenrollment or date COBRA ends and ends two months after group coverage ends&lt;br&gt;*Must be enrolled in Part B to elect MA/MA-PD plan&lt;br&gt;Employer Groups can choose an effective date up to 3 months in advance after receipt of election but cannot be a retroactive effective date</td>
<td><strong>SEP - Loss of EGHP Coverage</strong>&lt;br&gt;Starts the month the Group allows disenrollment or date COBRA ends and ends two months after group coverage ends&lt;br&gt;*Must be enrolled in Part B to elect MA/MA-PD plan&lt;br&gt;Employer Groups can choose an effective date up to 3 months in advance after receipt of election but cannot be a retroactive effective date</td>
</tr>
<tr>
<td>Consumer is gaining employer or union coverage</td>
<td>Gain Employer Group Coverage (One Election)</td>
<td><strong>SEP - EGHP</strong>&lt;br&gt;Starts month plan is open to enrollment(or as group allows) and ends two months after&lt;br&gt;Employer Groups can choose an effective date up to 3 months in advance after receipt of election but cannot be a retroactive effective date</td>
<td><strong>SEP - EGHP</strong>&lt;br&gt;Starts month plan is open to enrollment(or as group allows) and ends two months after&lt;br&gt;Employer Groups can choose an effective date up to 3 months in advance after receipt of election but cannot be a retroactive effective date</td>
</tr>
</tbody>
</table>
# Enrollment Election Period Coding — Cheat Sheet

<table>
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<tr>
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<th>Prescription Drug Plan — Election Period Reason Code/Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer’s plan is ending its contract with Medicare, or Medicare is ending its contract with their plan</td>
<td>Termination of Plan Contract (One Election)</td>
<td>▪ SEP - Contract Non-Renewal With mutual consent Begins 2 months before proposed termination date Ends 1 month after effective date of termination&lt;br&gt;Without mutual consent Begins 1 month before termination is effective Ends 2 months after effective date of termination&lt;br&gt;Effective Date will be:&lt;br&gt;With Mutual Consent First day of the month after notice received or up to 2 months after the effective date of termination but cannot be a retroactive effective date Without Mutual Consent First day of the month after notice received up to 3 months after month of termination but not earlier than receipt of election</td>
<td>▪ SEP - Contract Non-Renewal With mutual consent Begins 2 months before proposed termination date Ends 1 month after effective date of termination Without mutual consent Begins 1 month before termination is effective Ends 2 months after effective date of termination Effective Date will be:&lt;br&gt;With Mutual Consent First day of the month after notice received or up to 2 months after the effective date of termination but cannot be a retroactive effective date Without Mutual Consent First day of the month after notice received up to 3 months after month of termination but not earlier than receipt of election</td>
</tr>
<tr>
<td>Consumer’s plan is not renewing the cost plan for their area</td>
<td>Non-Renewing Cost Plan (One Election)</td>
<td>▪ SEP – Cost Starts 12/8 of current year and ends last day of February the following year Enrollment request in December will have a January 1 effective date Enrollment request in January will have a February 1 effective date Enrollment request in February will have a March 1 effective date</td>
<td>▪ SEP – Cost Starts 12/8 of current year and ends last day of February the following year Enrollment request in December will have a January 1 effective date Enrollment request in January will have a February 1 effective date Enrollment request in February will have a March 1 effective date</td>
</tr>
<tr>
<td>Consumer’s plan is no longer offered for their area</td>
<td>Non-Renewing (One Election)</td>
<td>▪ SEP – Termination/non-renewal Starts 12/8 of current year and ends last day of February the following year Enrollment request in December will have a January 1 effective date Enrollment request in January will have a February 1 effective date Enrollment request in February will have a March 1 effective date</td>
<td>▪ SEP - Termination/non-renewal Starts 12/8 of current year and ends last day of February the following year Enrollment request in December will have a January 1 effective date Enrollment request in January will have a February 1 effective date Enrollment request in February will have a March 1 effective date</td>
</tr>
<tr>
<td>Consumer is making this enrollment request between January 1 and February 14, and recently ended their enrollment in a Medicare Advantage Plan</td>
<td>Enroll in a PDP during the MADP disenrollment period (One Election)</td>
<td>▪ N/A</td>
<td>▪ SEP - ADP Starts 1/1 and ends 2/14 of each year Effective date will be first of the month following receipt of election</td>
</tr>
</tbody>
</table>
## Enrollment Election Period Coding — Cheat Sheet

<table>
<thead>
<tr>
<th>Identifier</th>
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</thead>
</table>
| Consumer’s Medicare eligibility was approved with a retroactive start date | Retro Medicare Determination (One Election) | - SEP - Retro Medicare Determination (MA-only)  
- IEP (MA-PD)  
Starts month notice of entitlement is received and ends two months after month notice is received  
Effective date is going to depend on the situation, but will not be earlier than the month the notice of entitlement is received | IEP  
Starts month notice of entitlement is received and ends two months after month notice is received |
| Consumer has ESRD and their Medicare eligibility was approved with a retroactive start date | Retro ESRD Determination (One Election) | - SEP - Retro ESRD Determination  
Starts month notice of Medicare entitlement is received and ends two months after month notice is received  
Effective date will be first of the month following receipt of election | N/A |
| Consumer belongs to a pharmacy assistance program provided by their state | SPAP Members (MA-PD enrollment only) (One Election) | - SEP - SPAP Enrollee  
One election per calendar year for SPAP consumers  
Effective date will be first of the month following receipt of election | SEP - SPAP Enrollee  
One election per calendar year for SPAP consumers  
Effective date will be first of the month following receipt of election |
| Consumer recently lost their pharmacy assistance program provided by their state | SPAP Loss of Eligibility (MA-PD enrollment only) (One Election) | - SEP - SPAP Enrollee  
Starts the month the loss of eligibility notification is received and ends the second month after notification  
Effective date will be first of the month following receipt of election | SEP - SPAP Enrollee  
Starts the month the loss of eligibility notification is received and ends the second month after notification  
Effective date will be first of the month following receipt of election |
| Consumer has a Chronic Condition and is not enrolled in a Chronic SNP for that condition | Chronic Condition (Chronic SNP enrollment only) (One Election) | - SEP - Special Need/Chronic  
Starts upon pre-qualification of disabling condition and ends when enrolled in a SNP  
Effective date will be first of the month following receipt of election | N/A |
| Consumer was enrolled in a Special Needs Plan (SNP) but lost the special needs qualification required to be in that plan | Special Needs Status Change for Consumers of SNP (One Election) | - SEP - Loss of SNP status  
Starts the month of effective date of disenrollment and ends three months after the date of involuntary disenrollment  
Effective date will be first of the month following receipt of election | SEP - Loss of SNP status  
Starts the month of effective date of disenrollment and ends three months after the date of involuntary disenrollment  
Effective date will be first of the month following receipt of election |
<table>
<thead>
<tr>
<th>Identifier</th>
<th>Election</th>
<th>Medicare Advantage – Election Period Reason Code/Effective Date</th>
<th>Prescription Drug Plan – Election Period Reason Code/Effective Date</th>
</tr>
</thead>
</table>
| Consumer was enrolled in a Chronic Plan but no longer qualifies to be in that plan | Chronic SNP Non-Eligibility (PFFS MA only/ MA-PD enrollment only – cannot drop Part D) (One Election) | ▪ SEP - Loss of SNP status  
Starts upon notification of non-eligibility and ends two months after month notice is received  
Effective date will be first of the month following receipt of election | ▪ SEP - Loss of SNP status  
Starts upon notification of non-eligibility and ends two months after month notice is received  
Effective date will be first of the month following receipt of election |
| Consumer recently left a PACE program | PACE (One Election) | ▪ SEP - PACE Switcher  
Starts on the effective date of PACE disenrollment and ends two months after effective date of PACE disenrollment to elect a MA only or MA-PD plan  
Effective date will be first of the month following receipt of election | ▪ SEP - PACE Switcher  
Starts on the effective date of PACE disenrollment and ends two months after effective date of PACE disenrollment to elect a MA only or MA-PD plan  
Effective date will be first of the month following receipt of election |
| Consumer disenrolled from a cost plan and the optional supplemental Part D benefit | Consumers disenrolling from a cost plan and the cost plan’s optional supplemental Part D benefit (One Election) | ▪ N/A | ▪ SEP - Leaving Optional Part D Cost  
Starts the month of disenrollment and ends two months after disenrollment date  
Effective date will be first of the month following receipt of election |
| Consumer has lost their Part B coverage | Loss of Part B (One Election) | ▪ N/A | ▪ SEP - Lost MA-PD and Part B  
Starts upon notification of loss of Part B and ends two months after notice is received  
Effective date will be first of the month following receipt of election |
<table>
<thead>
<tr>
<th>Identifier</th>
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</thead>
</table>
| Consumer enrolled in an MA/MA-PD plan upon turning 65. Consumer wants to leave that plan and go back to Original Medicare. | First Time MA Consumer (Age-In) (One Election) | ▪ N/A | ▪ SEP - SEP 65  
Starts month enrolled in MA for the first time and ends twelve months after effective date  
Effective date will be first of the month following receipt of election |
| Consumer dropped their Medigap coverage to enroll in an MA/MA-PD plan for the first time. Consumer is in their “trial period” and they want to go back to Original Medicare. | Consumers in an MA-PD who drop Medigap and are in Trial period (One Election) | ▪ N/A | ▪ SEP - Indiv drop Medigap-Trial period  
Starts the month enrolled into the MA-PD plan for the first time and extends for twelve months and ends two months after the MA-PD disenrollment takes effect  
Effective date will be first of the month following receipt of election |
| Consumer is currently eligible for other creditable coverage | Eligible for Other Creditable Coverage (MA only enrollment) (One Election) | ▪ SEP - Eligbl for Other Creditable Cov  
Starts immediately and ends on the date elected for disenrollment  
Effective date will be first day of the month following receipt of disenrollment request | ▪ N/A |
| **CMS enrollment, cannot be agent initiated**  
Consumer is enrolled in another plan that is less than 3 stars for 3 consecutive years in a row and they would like to enroll in a 3 star or greater PDP plan | Enroll in any PDP with the 5-Star SEP (One Election) | ▪ N/A | ▪ SEP - Corresponding PDP 5 Star  
Starts the month the consumer uses the 5 star SEP and ends two months later  
Effective date will be first of the month following receipt of election |
## Enrollment Election Period Coding — Cheat Sheet

<table>
<thead>
<tr>
<th>Identifier</th>
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<th>Medicare Advantage – Election Period Reason Code/Effective Date</th>
<th>Prescription Drug Plan – Election Period Reason Code/Effective Date</th>
</tr>
</thead>
</table>
| Consumer would like to enroll in a qualifying UnitedHealthcare 5-Star MA plan | Enroll in a qualifying UnitedHealthcare 5-Star MA plan (One Election for an effective date within the plan contract year) | ▪ **SEP – 5 Star**  
1 election between 12/8 – 11/30 of the following year in which the plan received the 5-star overall rating*  
Effective date will be the first day of the month following receipt of election** | ▪ NA |

*Enroll into MA-Only or MA-PD*

**Overall Star ratings are assigned for the plan contract year (January through December). Therefore, possible effective dates are the first of the month from January 1 to December 1 during the year for which the plan has been assigned a 5-start overall rating.
### Enrollment Denials/Cancellations/Withdrawals/Disenrollments

Below is defined distinction between what constitutes an enrollment denial, cancellation, withdrawal, or disenrollment. Be sure all requests for cancellation or disenrollment are forwarded to the plan for processing in a timely manner to avoid complaints.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial</td>
<td>Consumer is deemed ineligible based on the Centers for Medicare &amp; Medicaid Services (CMS) guidelines (e.g., does not have Parts A and B eligibility or does not live in the service area) or consumer does not respond to the additional information letter within the required time frame; therefore, the enrollment is denied.</td>
</tr>
<tr>
<td>Cancellation</td>
<td>Consumer is eligible for coverage and enrollment application is approved by CMS; however, prior to the effective date of enrollment the consumer requests a cancellation of coverage. The request can be verbal as long as it is received prior to the effective date of coverage.</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>A consumer may request for their application be withdrawn while UnitedHealthcare is still processing the application. A withdrawn application can only occur if the application has not been submitted to CMS and it is prior to the effective date of the coverage. This can be a verbal request. If the agent accepted a paper enrollment application from the consumer, but has not submitted it to UnitedHealthcare, the agent must return the application to the consumer. If the application has already been submitted or the application has not been uploaded in the LEAN tool, the agent must upload the application and direct the consumer to call Customer Service and request a cancellation.</td>
</tr>
<tr>
<td>Involuntary Disenrollment</td>
<td>A member may be involuntarily disenrolled after their enrollment application has been approved. CMS defines these disenrollments as involuntary because the member does not elect the disenrollment rather CMS determines the member to be ineligible for the coverage they have elected. Involuntary disenrollment codes are specified based on plan type.</td>
</tr>
<tr>
<td>Voluntary Disenrollment</td>
<td>A member may have the option to voluntarily disenroll from their MA/MAPD or PDP plan under certain circumstances. The member can disenroll by submitting a <strong>written request</strong> through the mail or facsimile, submitting a request via internet, enrolling in another MA or PDP plan, or by calling 1-800-MEDICARE. If a disenrollment form or written request is received from the member, the member must provide a valid disenrollment reason (see Page 22) and a valid election period to disenroll. If a valid disenrollment reason is not provided, the disenrollment request may be delayed as UnitedHealthcare takes the time to reach out to the member to obtain a valid reason or the request could be denied if a disenrollment reason cannot be verified.</td>
</tr>
</tbody>
</table>
### Denial of Enrollment

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>Denial Description</th>
<th>What Action is Needed</th>
<th>Notification Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer resides outside of plan service area</td>
<td>If an application is received by UnitedHealthcare and the consumer’s address is not deemed to be in the service area, the application can be up front denied for coverage</td>
<td>If the application is denied, the agent will need to work with the consumer to submit a new application for a plan choice available where the consumer resides</td>
<td>The consumer will be notified by letter that their enrollment application with UnitedHealthcare was denied due to the consumer’s residence being outside the plan’s service area. Agents may check the status and reason of the denial by going to the portal and viewing the consumer’s application status and notes.</td>
</tr>
<tr>
<td>Did not respond to the additional information letter timely</td>
<td>If an application contains missing or invalid information, an additional information letter may be sent to the consumer with the appropriate time frame to respond. If the consumer fails to respond in the required time frame, the application could be denied</td>
<td>If the application is denied, the agent will need to work with the consumer to submit a new application for a new effective date with all required application fields completed to help ensure application will be approved</td>
<td>The consumer will be notified by letter that their enrollment application with UnitedHealthcare was denied due to not responding to the additional information letter timely. Agents may check the status and reason of the denial by going to the portal and viewing the consumer’s application status and notes.</td>
</tr>
<tr>
<td>Enrolling outside the time frame for the Election Period</td>
<td>Usually seen with the ICEP/IEP/AEP elections a consumer/agent may submit an application too soon for the election period and an application could be denied</td>
<td>If the application is denied, the agent will need to work with the consumer to submit a new application during the appropriate time frame for the election period for which the consumer qualifies</td>
<td>The consumer will be notified by letter that their enrollment application with UnitedHealthcare was denied due to being outside the time frame for the election period. Agents may check the status and reason of the denial by going to the portal and viewing the consumer’s application status and notes.</td>
</tr>
<tr>
<td>Did not respond to the Employer Subsidy letter timely</td>
<td>When a consumer moves from an Employer Group plan to an Individual plan, UnitedHealthcare is required to confirm with the consumer that they understand they will lose their employer group coverage by enrolling in an individual plan. The consumer will be denied coverage if they fail to respond to the letter within the required time frame</td>
<td>The consumer needs to call UnitedHealthcare and confirm they do intend to enroll in the individual plan and that they understand it means they will lose their employer group coverage</td>
<td>During the application process, the enrollment application will reject and come back to UnitedHealthcare for processing. UnitedHealthcare will notify the consumer via letter with instructions to call UnitedHealthcare and confirm intent to enroll in the plan they have selected. The consumer will only have 30 days to respond to the letter they received.</td>
</tr>
<tr>
<td>Not able to verify Chronic illness (Community and State and Preferred Care Partners not included)</td>
<td>When a consumer submits an application due to a Chronic illness, UnitedHealthcare will enroll the consumer and has two months to verify the Chronic illness with the provider. If the chronic condition cannot be verified, the consumer will receive a letter in the second month notifying the consumer of the termination due to the Chronic illness not being able to be verified.</td>
<td>With any chronic enrollment application, ensure the physician’s information is printed clearly to ensure contact with the physician can occur</td>
<td>The consumer will be notified via letter in the second month of enrollment, that verification of the Chronic illness could not be obtained and they will be termed in the end of the second month. If the Chronic illness is verified after the letter has been sent, the consumer will be contacted via phone.</td>
</tr>
</tbody>
</table>
## Involuntary Disenrollment — SNP Plans

<table>
<thead>
<tr>
<th>Disenrollment Reason</th>
<th>Disenrollment Description</th>
<th>What Action is Needed</th>
<th>Notification Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-par Move from Facility (Community and State and Preferred Care Partners not included)</td>
<td>If a member moves from a participating Skilled Nursing Facility to a non-participating Skilled Nursing Facility, a grace period of 30 days will be given to the member to enroll in a new participating plan otherwise an involuntary disenrollment will occur at the end of the 30 days</td>
<td>Once the member or authorized representative/Power of Attorney knows they are leaving a participating Skilled Nursing Facility, a new application will need to be submitted for the participating plan thereby avoiding the involuntary disenrollment</td>
<td>In some cases the Skilled Nursing Facility will notify UnitedHealthcare of a member who is being moved to a non-participating Skilled Nursing Facility. UnitedHealthcare will send a notice to the member/authorized representative informing them of the pending disenrollment and letting them know of the 30-day grace period after the member is discharged to enroll in a new plan</td>
</tr>
<tr>
<td>Loss of Medicaid Eligibility</td>
<td>If a member loses their Medicaid eligibility status they are no longer eligible for the coverage they elected and will be involuntary disenrolled from the plan</td>
<td>The member will have a new election period to enroll in a new plan that is not dependent upon having Medicare and Medicaid. If the member feels the disenrollment was made in error, the member will first need to call their state Medicaid office in order to satisfy eligibility before a reinstatement or new enrollment into a SNP could occur</td>
<td>The member will be notified through a letter of the disenrollment due to the loss of Medicaid eligibility as well as be provided information as to the election period they have to enroll in a new plan. The election period to enroll in a new plan starts the month the loss of dual eligibility notification is received and continues two additional months</td>
</tr>
<tr>
<td>Loss of Qualifying Chronic condition</td>
<td>If a member loses their special need status or their chronic condition cannot be verified an involuntary disenrollment from the plan can occur</td>
<td>The member will have a new election period to enroll in a new plan that is not dependent upon having a qualifying chronic condition</td>
<td>The member will be notified through a letter of the disenrollment due to the loss of special needs status as well as be provided information regarding their right to elect a new plan. The election period starts the month the loss of special needs status notification is received and ends two months after the notice. A member can elect a MA-PD plan or a Private Fee for Service (PFFS - MA only) MA only if it is followed by an enrollment into a Part D plan. The member may not drop their Part D coverage with this election</td>
</tr>
</tbody>
</table>
## Involuntary Disenrollment — General Plans

<table>
<thead>
<tr>
<th>Disenrollment Reason</th>
<th>Disenrollment Description</th>
<th>What Action is Needed?</th>
<th>Notification Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Payment of Premium (Stand-alone PDP)</td>
<td>See Non-Payment of Premium Section for details.</td>
<td>If the disenrollment is invalid, the member should contact UnitedHealthcare/Medicare and inform them of the discrepancy</td>
<td>The member or authorized representative will be notified through a letter of the disenrollment due to death notification</td>
</tr>
<tr>
<td>Death</td>
<td>CMS will notify UnitedHealthcare if a member has died or is deceased in which case UnitedHealthcare will terminate coverage</td>
<td>If the member disagrees with the CMS disenrollment decision, a call to Social Security to verify eligibility should occur first. At which point the member can contact Medicare with the information from Social Security so that Medicare can send a reinstatement transaction to UnitedHealthcare for processing</td>
<td>The member will be notified through a letter of the involuntary disenrollment due to a CMS termination</td>
</tr>
<tr>
<td>CMS Termination</td>
<td>CMS will send UnitedHealthcare a transaction reply code indicating the member is ineligible for coverage. This can be for a variety of reasons including a retro termination of Parts A and/or B eligibility resulting in a disenrollment</td>
<td>If the member disagrees with the CMS disenrollment decision, a call to Social Security to verify eligibility should occur first. At which point the member can contact Medicare with the information from Social Security so that Medicare can send a reinstatement transaction to UnitedHealthcare for processing</td>
<td>The member will be notified through a letter of the involuntary disenrollment due to a CMS termination</td>
</tr>
<tr>
<td>Incarcerated/Out of Service Area</td>
<td>If CMS notifies UnitedHealthcare of a member who has been incarcerated or is no longer in the service area, an involuntary disenrollment will occur if no response is received from the member</td>
<td>CMS will send a transaction reply report code to UnitedHealthcare to indicate the member has been incarcerated or does not reside in the service area. If member disagrees with the UnitedHealthcare decision, the member must call UnitedHealthcare.</td>
<td>Out of Area notices are sent out 6-13 months prior to the disenrollment date. An incarcerated notice is an automatic disenrollment.</td>
</tr>
<tr>
<td>Fraud or Abuse</td>
<td>A member may be disenrolled if they knowingly gave false information on an application which materially affects eligibility for enrollment or the member allows someone else to use their Medicare card to obtain benefits</td>
<td>In this case, UnitedHealthcare will send notification to the member and provide an explanation of the member’s rights to a hearing. The Office of the Inspector General may also initiate an investigation</td>
<td>Written notice is sent to the member informing the member of the termination due to fraud and providing an explanation of the member’s rights to a hearing</td>
</tr>
<tr>
<td>Disruptive Behavior</td>
<td>If a member’s behavior is deemed disruptive, unruly, abusive or uncooperative to the point that it seriously impairs the ability to provide services to the member an involuntary disenrollment review request can be sent to CMS by UnitedHealthcare</td>
<td>UnitedHealthcare will ascertain that the member’s behavior is not related to the use of medical services or mental illness and will make all efforts to resolve any conflict with the member prior to submitting the request to CMS. All interactions between UnitedHealthcare and the member will be documented as instructed by CMS</td>
<td>Three written notices will be sent to the member and include: Advance notice to inform the member that the consequences of continued disruptive behavior will be disenrollment Notice of intent to request CMS’ permission to disenroll the member; and A planned action notice advising that CMS has approved the disenrollment request</td>
</tr>
</tbody>
</table>
## Voluntary Disenrollment — MA/MAPD

<table>
<thead>
<tr>
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<th>What Action is Needed?</th>
<th>Effective Date of Disenrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>OEP/AEP – Annual</td>
<td>Between 10/15-12/07 of each year a member can elect a new plan, which will automatically disenroll them from their previous coverage. The effective date of the disenrollment will always be 12/31 as the new plan will take effect 1/1 of the following year</td>
<td>The agent works with the member to submit a new application for the desired plan with an effective date of 1/1 of the following year</td>
<td>12/31</td>
</tr>
<tr>
<td>MADP - Medicare Advantage Disenrollment Period</td>
<td>Between 01/01-02/14 of each year a member has the opportunity to disenroll from their Medicare Advantage plan and return to Original Medicare</td>
<td>A valid written request is needed for members who are in a MA only and are going to Original Medicare. If the member is in a MA-PD plan they can simply elect a new PDP plan which will disenroll them from their MA-PD plan</td>
<td>The last day of the month in which the valid disenrollment request was received</td>
</tr>
<tr>
<td>OEPI – Institutional</td>
<td>If a member enrolled in a non-institutional plan is institutionalized, the consumer can submit a written request to disenroll so they can move to a plan that is specific to institutional needs</td>
<td>A valid written request with a member attestation stating they are now in an institution or the member can simply submit a new application for a plan designed for institutional consumers</td>
<td>The last day of the month in which the valid disenrollment request was received</td>
</tr>
<tr>
<td>SEP – DE (Dual eligible Full and Partial)</td>
<td>As long as the member has both Medicaid and Medicare they can enroll and disenroll from the coverage of their choice at all times</td>
<td>A valid written request from the member is needed if they simply wish to return to Original Medicare. Otherwise the member can simply submit a new enrollment application to move to a new plan</td>
<td>The last day of the month in which the valid disenrollment request was received</td>
</tr>
<tr>
<td>SEP – Loss of DE (Loss of status)</td>
<td>Once a member learns that they will lose Medicaid benefits, the member may request a disenrollment from their special needs plan using this reason</td>
<td>A valid written request from the member or Dual Eligible status is verified in MARx if they simply wish to return to Original Medicare. Otherwise the member can simply submit a new enrollment application to move to a new plan</td>
<td>The last day of the month in which the valid disenrollment request was received</td>
</tr>
<tr>
<td>SEP – LIS (Non-Medicaid &amp; Maintaining LIS)</td>
<td>As long as the member maintains LIS they can enroll and disenroll from the coverage of their choice at all times</td>
<td>A valid written request from the member or LIS status is verified in MARx is needed if they simply wish to return to Original Medicare. Otherwise the member can simply submit a new enrollment application to move to a new plan</td>
<td>The last day of the month in which the valid disenrollment request was received</td>
</tr>
</tbody>
</table>
# Voluntary Disenrollment — MA/MAPD

<table>
<thead>
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<th>Effective Date of Disenrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP - Loss of LIS Status</td>
<td>Once a member learns of the loss of LIS the member may request a disenrollment from their plan using this reason. If the loss of subsidy occurs at end of calendar year the election begins 1/1 and ends 3/31. If the loss of subsidy occurs mid-year the election begins when the member is notified of the loss and ends two months after the notification.</td>
<td>A valid written request from the member or LIS status is verified in MARx is needed to simply return to Original Medicare. Otherwise the member can simply submit a new enrollment application for a new plan.</td>
<td>The last day of the month in which the valid disenrollment request was received.</td>
</tr>
<tr>
<td>SEP – EGHP</td>
<td>An SEP exists for members making MA enrollment requests into or out of employer sponsored MA plans, for members to disenroll from an MA plan to take employer sponsored coverage of any kind, and for members disenrolling from employer-sponsored coverage (including COBRA coverage) to elect an MA plan.</td>
<td>A valid written request with a member attestation of the desire to disenroll in order to elect employer sponsored coverage.</td>
<td><strong>Voluntary:</strong> The last day of the month in which the valid disenrollment request was received, a future date of up to three months in advance if requested, or (EGHP Group 800 series only) a retroactive date of up to three months if delayed by the employer. <strong>Involuntary:</strong> (EGHP Group only) The disenrollment date must be at least 21 days in the future. The disenrollment date would then be the end of the current month or the month after based on the 21-day rule.</td>
</tr>
<tr>
<td>SEP – PACE</td>
<td>A member may disenroll from a plan at any time to enroll in PACE</td>
<td>A valid written request with a member attestation, PACE Enrollment letter, or a PACE ID card.</td>
<td>The last day of the month in which a valid disenrollment request was received.</td>
</tr>
<tr>
<td>Disenrollment Reason</td>
<td>Disenrollment Description</td>
<td>What Action is Needed?</td>
<td>Effective Date of Disenrollment</td>
</tr>
<tr>
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</tr>
<tr>
<td>SEP – Disenrollment from Part D to enroll in or Maintain Other Creditable Coverage (such as Tricare or VA coverage) (MAPD/ PDP only/Not valid for Disenrollment from MA plan)</td>
<td>This disenrollment reason is continuous as long as member is enrolled in a UnitedHealthcare plan</td>
<td>A valid written request with a member attestation where member attests to enrolling in or maintaining other creditable coverage such as Tricare or VA coverage. <strong>Wording to look for:</strong> “I have other drug coverage” “I am enrolling into other drug coverage” Any use of the word “creditable” “I have VA” “I have Tricare” “I have other Medicare coverage”</td>
<td>The last day of the month in which a valid disenrollment request was received</td>
</tr>
<tr>
<td>SEP – 65</td>
<td>If the member elected an MA plan during their IEP upon turning 65, this election allows the member to disenroll from that MA plan and elect the Original Medicare plan any time during the 12-month period that begins on the effective date of coverage in the MA plan</td>
<td>A valid written request with a member signature and the member must have enrolled during their IEP surrounding their 65 birthday and must be disenrolling from a MA or MA-PD plan within one year of enrolling to return to Original Medicare and can also enroll into a PDP</td>
<td>The last day of the month in which a valid disenrollment request was received</td>
</tr>
</tbody>
</table>
Voluntary Disenrollment — MA/MAPD

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<thead>
<tr>
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<tbody>
<tr>
<td>SEP – Trial for MA Who Dropped Medigap</td>
<td>For Medicare members who dropped a Medigap policy when they enrolled for the first time in an MA plan. This SEP allows a qualified member (member must be in their trial period) to make a one-time election to disenroll from their first MA/MAPD plan to join the Original Medicare Plan (Medigap) at any time of the year.</td>
<td>A valid written request with member attestation stating the member has dropped a Medigap plan to enroll in an MA/ MAPD/PDP plan and is within the 12 month trial period.</td>
<td>The last day of the month in which a valid disenrollment request was received.</td>
</tr>
<tr>
<td>SEP – Part D IEP2</td>
<td>SEP begins and ends concurrently with the additional Part D IEP, such as a member currently entitled to Medicare due to a disability and who is attaining age 65.</td>
<td>A valid written request with a member signature and the member must be in their IEP2 election period time frame and be disenrolling from an MA-only or MA-PD plan to Original Medicare, or to enroll in an MA-only plan (regardless of whether the consumer uses the Part D IEP to enroll in a PDP).</td>
<td>If the request is received prior to the month the member turns 65, the effective date of disenrollment will equal the effective date of the original coverage. If the request is received the same month the member turns 65 or the last three months of the IEP2 time frame the effective date of disenrollment will be the last day of the month in which the request is received.</td>
</tr>
<tr>
<td>Moved from Service Area</td>
<td>If a member moves from the service area of their current plan, they can choose to disenroll prior to the move or wait and inform UnitedHealthcare of the move after. The time frame of this election is dependent on when notification is received. <strong>Before Move</strong> Begins month before permanent move Ends 2 months after the move <strong>After Move</strong> Begins month member notifies plan of move or member is termed for residing outside of the service area Ends 2 months after the move or termination.</td>
<td>A valid written request with a member signature and the member stating they have moved or a member can simply submit a new application for the new service area and a plan change will occur.</td>
<td>The last day of the month after the request is received up to three months but cannot be a retroactive disenrollment effective date.</td>
</tr>
</tbody>
</table>
Enrollment Application Instructions

In this section we walk through the application process including instructions, what to review prior to submitting an application, best practices for a compliant sale, application examples, and what can be changed after submission of an application.

Enrollment Instructions – Paper Application

Most paper applications are plan specific; confirm that the application you are filling out is for the plan in which you intend to enroll the consumer. The plan name and Contract ID are located at the top of the Enrollment Request Form.

At the bottom of each page of the paper application there is a field for enrollee name. It is not required that you populate this field, however it is highly encouraged, in the event that pages would get separated.

**If the plan you are enrolling the prospect in has optional riders, you will need to fill in that section with the applicable rider selection. For those with a dental rider, you will see a reference to enter a dental facility number. This is not applicable for the Platinum dental rider. For all other dental riders, you can locate this number in the online provider directory.

Information About You – Paper Application

Although not every entry in this section is required for an application to flow through the application process, it is strongly recommended that you take the time to fill it in completely, legibly, and accurately.

- Having the wrong name (must match the Medicare card or SSA award letter) or DOB (be sure to enter birth year vs. current year) will delay the processing of the application.
- Having the wrong address (P.O. boxes cannot be used for a permanent address) can result in a consumer/member missing important communications sent from UnitedHealthcare after enrollment. This can lead to member confusion, member dissatisfaction, and can lead to potential disenrollment.
- Valid phone numbers, as well as email addresses (if available) are critical as a means to contact the consumer/member. Email addresses are strongly encouraged as an alternative route of communication.

Information About Your Medicare – Paper Application

- Information in this section must match the Medicare card or SSA awards letter. Discrepancies in this section will cause the application to pend and possibly deny, which can lead to enrollment delays and customer dissatisfaction.
How Do You Want to Pay – Paper Application

- If no selection is made in this section, the payment will default to a monthly statement
- Payment options are detailed in the Payment of Premium/Billing Options

A Few Questions to Help us Manage Your Plan – Paper Application

- Understanding the consumer’s preferred language will ensure they start their enrollment out right and receive materials in their preferred language, as well as any outreach that may be done
- Critically important that the ESRD section is filled out. If incorrect or not filled in, delay in processing will occur and potential denied enrollment.
- Medicaid information is required for dual SNP applications
- It is important to answer each question in this section for Coordination of Benefits (COB) purposes.
  - COB applies to consumers who are covered by more than one health care plan
  - COB helps avoid overpayment by either plan
  - If this information isn’t correctly captured, claims information can be impacted and lead to customer dissatisfaction
- Primary Care Physician (PCP) information is required if requested on the enrollment application. Not filling it in, filling it in incorrectly or providing invalid information can lead to customer dissatisfaction. (Please see additional information in the Primary Care Physician Section regarding PCP auto assignment)
- **New** information about the dentist for plans offering dental coverage, important to populate if an option on the application, similar to PCP, however auto assignment will not occur
- For Chronic SNP plans, the Chronic Condition Verification form is required, must be filled out, signed, and submitted with the application.

Please Read and Sign – Paper Application

- It is important to go over the Statement of Understanding with the consumer to ensure understanding of the plan in which they are enrolling and any important information related to their enrollment and what they are signing, this can be used to check understanding along with the Plan Recap.
- It is critical the consumer or authorized representative sign the application or it cannot be processed
- Authorized representatives must fill out the authorized representative section of the application

Licensed sales representatives – Paper Application

- Must sign and date/fill in the initial receipt date of the application immediately upon receipt
- Select a valid election period, you must write in the SEP reason if the election being used is not available for selection
- SEP eligibility date is required for those special election periods where a reason must be written in by the agent. If not entered, the enrollment can/will be denied
What to Review Prior to Submitting an Application

- What should match the Medicare card?
  - Name
  - Medicare Number
  - Part A/B/D Eligibility Date

- Ensure you have marked correctly:
  - Plan Selection
  - Election Period
  - Effective Date
  - Signature dates for agent and consumer

- Other Information
  - Date of Birth
  - Physical Address and Mailing Address (if applicable)
  - Agent Name and Writing Number
  - Primary Care Physician
  - Method of Payment for the Premium

Point-of-Sale Best Practices

At the point of sale, there are practices you must follow to avoid complaints and allegations. Follow these best practices to boost Star Ratings and avoid possible complaints:

- Always ask whether the consumer has a power of attorney before proceeding.
- Double check applications to make sure they are completed correctly and legibly, with no written comments which could delay processing. The Plan Recap should not be submitted with the enrollment application. The Plan Recap is considered written comments and will delay processing.
- Do not accept the application if a consumer is not prepared to have it submitted immediately. Instead, schedule a follow-up appointment or provide instructions on how to submit it to you.
- Provide consumers with complete information about how to cancel or withdraw their enrollment application or disenroll from a plan.
- Always provide the consumer with your current contact information.
- Follow through on requests to disenroll promptly.
- Always provide appropriate required enrollment materials. Before each meeting, make sure you have enough of the correct materials.
- Understand each consumer’s situation and help them find the most appropriate plan by performing a thorough needs assessment. It’s critical to ask the right questions to find the most suitable plan for each consumer.
- Inform consumers that enrollment is not guaranteed until CMS approves the enrollment application. If the consumer needs to seek services prior to receiving their welcome guide and ID card, the consumer can contact customer care to confirm eligibility prior to using any services.
- Use the Plan Recap as an interactive tool to ensure consumer understanding.
Medicare Advantage (MA) Enrollment Application

This section contains a sample Medicare Advantage (MA) paper enrollment application that includes tips for specific sections of the paper application and call outs for other types of applications (PDP, SNP, etc.).

MA Enrollment Application Example: Page 1 of 8

2018 Enrollment Request Form
Please contact the plan if you need this information in another language or format (Braille).

☐ AARP MedicareComplete Plan 1 (HMO) H0432-601 - A1
This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals and other providers you must use.

Do you want to buy any optional supplemental benefits (riders)?
Please select the optional benefits you want to add to your plan. See the Summary of Benefits to learn about the extra costs for these benefits.
Choose one:
☐ Dental Platinum Rider

Information about you.
Please type or print in black or blue ink.

Mr. | Last Name  | First Name  | Middle Initial
--- | --------- | ------------ | --------------
Mrs. | Last Name | First Name  | Middle Initial
Ms.  | Last Name | First Name  | Middle Initial

Birth Date MM/DD/YYYY  Gender ☐ Male ☐ Female
Main Phone Number ( ) - Other Phone Number ( ) -
Permanent Residence Street Address (P.O. BOX IS NOT ALLOWED)
City  County  State  ZIP Code

Mailing Address
(Only if it's different from above.
You can give a P.O. Box.)
City  County  State  ZIP Code

Email Address

Enrollee Name
Agent Name / ID No.
Y0066, 170518, 150157 Approved
AAAL.18H4M087810_000

Select paper enrollments have more than one plan choice available. Be sure to select the correct plan.

Information in this section must match the Medicare card or SSA awards letter. Discrepancies in this section will cause the application to pend and possibly deny, which can lead to enrollment delays and customer dissatisfaction.

The consumer may print their name in this section in case the pages of the paper enrollment were to become separated. Note: The Enrollee Name line does not qualify as a signature.
Go paperless. Get plan materials online.

- Check here to get some of your plan documents delivered online. And don’t worry—if you change your mind later, you can update your preferences at any time. When you sign up for paperless delivery, you’ll get an email letting you know when your plan documents are ready to access on our secure website. After you get your first email, use your member ID card to register your account at www.AARPMedicarePlans.com. Once registered, you can view your plan documents online. Not all plan materials are online. You may get some materials in the mail while we work to make them available online.

### Information about your Medicare

- Fill out this information as it appears on your Medicare card:
  - Name (as it appears on your Medicare card):
  - Medicare Number:
  - Is Entitled to [ ]
  - Effective Date
  - Hospital (Part A)
  - Medical (Part B)

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

### How do you want to pay?

- If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay by mail, online or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we’ll add it to your premium. If you don’t choose an option, we’ll send a bill each month to your mailing address.

- **I want to pay directly from my bank account.**
  - Please attach a blank check from the account you’d like to use. Write “VOID” across the front. DO NOT send a deposit slip or money order.
  - Please read the statement below:
    - My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents (UHIC)). My bank

This section must match the consumer’s Medicare ID card. Make sure the name appears on the application exactly the same as it appears on the card.

This section outlines the payment methods available for the consumer. Note: Electronic Funds Transfer (EFT) is the preferred payment method. The consumer/member must sign within this section to select EFT. Refer to the “Payment of Premium/Billing Options” section for details.)
MA Enrollment Application Example: Page 3 of 8

The online option is the same as EFT except no banking information is needed on the application.

Refer to the “Payment of Premium/Billing Options” section within this handbook for SSA processing considerations.
MA-PD Enrollment Application Example: Page 4 of 8

A few notes about your costs.

If you must pay a Part D Income Related Monthly Adjustment Amount (Part D IRMAA) Social Security (SS) will send you a letter and ask you how you want to pay it:
- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you

Please DO NOT pay the plan the Part D IRMAA at this time.

Need help with your prescription drug costs?
If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won’t have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don’t even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn’t cover.

For more information about Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

A few questions to help us manage your plan.

1. Would you prefer plan information in another language or format? □ Yes □ No
   Please check what you’d like: □ Spanish □ Other____________________
   If you don’t see the language or format you want, please call us Toll-Free at 1-800-555-5757, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit www.AARPMedicarePlans.com for online help.

2. Do you have end stage renal disease? □ Yes □ No
   If you have had a successful kidney transplant and/or you don’t need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis; otherwise, we may need to contact you to obtain additional information.
   If “yes,” are you currently a member of a health care company? □ Yes □ No
   Name of Company __________________________
   Member ID __________________________
   Number __________________________

Enrollee Name __________________________
Y0066_170518_150157 Approved
AAAL18HM4087810_000

The End Stage Renal Disease (ESRD) section must be completed. Incorrect information or failure to complete may lead to delays in processing and potentially a denied enrollment.
### MA Enrollment Application Example: Page 5 of 8

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you enrolled in your State Medicaid program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please give us your Medicaid number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you live in a nursing home or a long-term care facility?</td>
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</tr>
<tr>
<td>If yes, please give us information on the long-term care facility:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date You Moved There</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have health insurance with an employer or union right now?</td>
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<td></td>
</tr>
<tr>
<td>If yes, you could lose that plan if you join this plan. Ask how joining this plan could affect your current plan. You may also want to check your employer or union’s website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or your spouse work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or your spouse have other health insurance that will cover medical services? (Examples: Other employer group coverage, LTD coverage, Workman’s Compensation, Auto Liability, or Veterans benefits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please complete the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Health Insurance Company</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber Name</td>
<td></td>
<td></td>
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<tr>
<td>Group ID Number</td>
<td></td>
<td></td>
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<tr>
<td>Member ID Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Dates (If applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have other insurance that will cover your prescription drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, what is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Other Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member ID Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ID Number</td>
<td></td>
<td></td>
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<tr>
<td>Date Plan Started</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Information in the Coordination of Benefits (COB) section must be completed accurately. Inaccurate information may impact consumer’s claim information and lead to customer dissatisfaction. For additional details on completing this section, refer to the “Coordination of Benefits (COB)” section in this handbook.
MA Enrollment Application Example: Page 6 of 8

8. Please give us the name of your primary care provider (PCP), clinic or health center. You can find a list on the plan website or in the current Provider Directory.

<table>
<thead>
<tr>
<th>Provider or PCP Full Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider/PCP ID Number: (Please enter the number exactly as it appears on the website or in the current Provider Directory. It will be 10 to 12 digits. Don’t include dashes.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Are you now seeing or have you recently seen this doctor? □ Yes □ No

Please read and sign.
By completing this form, I agree to the following:

• This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
• I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
• I can only be in one Medicare health plan or Prescription Drug plan at a time. If I’m a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
• If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
• I may have to pay a late enrollment penalty (LEP). This would only happen if I didn’t sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. “Creditable” means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
• I understand that I am joining the plan for the entire calendar year. If I want to change plans, I’ll need to do so during the Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
• This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I’m out of the country. However, I have some limited coverage near the U.S. border.
• I will get an Evidence of Coverage (EOC). (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan’s terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn’t listed in the EOC or approved by the plan, Medicare and the plan won’t pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
• I understand that I must get my health care coverage from doctors or providers that are in my plan’s network. I can go to any doctor or hospital in an emergency or for urgently needed services or out-of-area dialysis services.

Enrollee Name: Y0066_170518_150157 Approved

UnitedHealthcare

For instructions on completing the Primary Care Provider (PCP) section, refer to the “Primary Care Physician” section in this handbook.
The paper enrollment cannot be processed without the consumer’s or authorized representative’s signature.
**MA Enrollment Application Example: Page 8 of 8**

<table>
<thead>
<tr>
<th>For licensed sales representative/agency use only.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ New Member</td>
</tr>
<tr>
<td>□ Plan Change</td>
</tr>
<tr>
<td>Employer Group ID</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Licensed Sales Representative/Writing ID</td>
</tr>
<tr>
<td>Licensed Sales Representative/Agent Name</td>
</tr>
<tr>
<td>Licensed Sales Representative Phone Number</td>
</tr>
</tbody>
</table>

Where did this application originate?

- □ National Retail/Mall Program
- □ Local Event Outreach
- □ Local B2B Outreach
- □ Other
- □ Member Meeting
- □ Community Meeting
- □ Walmart Program

How was this application submitted?

- □ Appointment
- □ Other
- □ Mail-in

Agent must complete:

- □ AEP
- □ SEP (Chronic)
- □ IEP (MA-PD enrollees eligible for 2nd IEP)
- □ OEP
- □ IEP (MA-PD enrollees)
- □ SEP (Partial Dual Eligible)
- □ IEP (SEP)
- □ SEP Reason
- □ SEP Eligibility Date
- □ –/–/YYYY

Licensed Sales Representative Signature (required)

---

The paper enrollment cannot be processed without the consumer’s or authorized representative’s signature.
Plan Recap Instructions

The Plan Recap can be used three ways:
1) To confirm that the consumer understands the plan;
2) As a reminder that you’ve discussed the consumer’s needs;
3) As a checklist during the Warm Welcome Call to confirm the plan choice.

You’ll find it in the Enrollment Guide’s Ready to Enroll section.

To avoid common complaint drivers, be sure to review the Plan Recap in its entirety with the consumer.

The Plan recap should not be submitted with the Enrollment Application.
Application Submission Guidelines

2018 Plan Year Enrollment Application Submission Guidelines

Check with your manager or up line for preferred enrollment application submission method based on specific plan. If you need to send paper applications directly to UnitedHealthcare, refer to the information below and send application to the appropriate enrollment center based on plan type. Use the "Preferred Submission Method" column wherever possible.

Ensure each enrollment application is complete, accurate, and legible. Submit applications within 24 hours of receipt.

Plan Name | Preferred Enrollment Application Submission Method | Non-preferred Enrollment Application Submission Method (Use if fax is not available) | Scope of Appointment Instructions
---|---|---|---

**UnitedHealthcare Medicine Advantage (MA and Prescription Drug Plans (POP))** includes:
- AARP-branded MA and POP (all)
- UnitedHealthcare branded MA and POP (all)
- Care Improvement Plus-branded MA (all)
- Chronic SNP (all)
- Dual SNP (Excludes OHS Expansion and New Markets)

Use this information for 2018 Effective Dates Only.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare Medicine Advantage (MA and Prescription Drug Plans (POP))</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
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<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
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**UnitedHealthcare Senior Care Options MA (U-2289-001)**

Use this information for 2017 Effective Dates Only.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare Senior Care Options MA (U-2289-001)</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
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<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
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**UnitedHealthcare Medicare (MM/CM) 3151 Central Avenue Hot Springs, AR 71913**

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<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare Medicare (MM/CM) 3151 Central Avenue Hot Springs, AR 71913</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
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**Sierra Spectrum Plan**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Spectrum Plan</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
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**Medica HealthCare**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medica HealthCare</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
<td></td>
<td></td>
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</tbody>
</table>

**Symphonix PDP**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symphonix PDP</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
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</tbody>
</table>

**AARP Medicare Supplement Plan**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP Medicare Supplement Plan</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**U.S. Bank**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Preferred Enrollment Application Submission Method</th>
<th>Non-preferred Enrollment Application Submission Method (Use if fax is not available)</th>
<th>Scope of Appointment Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Bank</td>
<td>Secure Email to: <a href="mailto:mmrrolmnn@uh.com">mmrrolmnn@uh.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>or Fax to: 1-501-262-7670 or 1-885-256-3633</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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Correcting Application Errors

What can the consumer correct on an application?

- Typographical/Data entry errors:
  - Items that can be verified on the original paper application, but were keyed incorrectly via data entry
  - Items that can be easily determined were typographical errors. (e.g. transposed numbers/letters – i.e. Terrace vs. Terrcae)

- Items that can be verified by Medicare System:
  - HICN/Medicare Claim Number
  - Name
  - DOB (Date of Birth)
  - DOD (Date of Death)
  - Gender
  - Part A Eligibility Date or Part B Eligibility Date or Part D Eligibility Date
  - LIS (Low Income Subsidy) Status

- Items not answered on the application:
  - Plan not selected, consumer must attest to plan selection
  - Multiple plan selection, consumer must attest to plan selection
  - Address – physical or mailing
  - Signature of consumer
  - Phone number
  - Email address
  - Emergency contact
  - Election Period not provided/invalid election period
  - Secondary Medical Coverage Values
  - Medicaid Number
  - Language Preference
  - Materials Format
  - SPAP Eligibility (State Pharmaceutical Assistance Plan)
  - Proposed effective date (must meet requirements of election period)
  - PCP (Primary Care Physician/Provider)
  - ESRD- status not answered or answer differs from CMS/SMS

How does the consumer make the correction?

Monday through Friday 7am – 8pm CT: Contact Pre-enrollment at 866-479-0059
Saturday, Sunday, and Holidays: Contact Member Services for the appropriate plan:
MA/PD: East Coast 800-643-4845 or West Coast 800-950-9355
PDP: 888-867-5575
What can the agent correct on an application?

- Typographical/Data entry errors:
  - Items that can be verified on the original paper application, but were keyed incorrectly via data entry
  - Items that can be easily determined were typographical errors. (e.g. transposed numbers/letters – i.e. Terrace vs. Terrcae)
- Items that can be verified by Medicare System: (NOTE: UnitedHealthcare can verify the information from the agent however cannot provide the information to the agent)
  - HICN/Medicare Claim Number
  - Name
  - DOB (Date of Birth)
  - DOD (Date of Death)
  - Gender
  - Part A Eligibility Date  o Part B Eligibility Date  o Part D Eligibility Date
  - LIS (Low Income Subsidy) Status
- Items not answered on the application:
  - Election Period not provided/invalid election period
  - Medicaid Number
  - SPAP Eligibility (State Pharmaceutical Assistance Plan)

How does the agent make the correction?

- Complete the Missing/Incomplete Application Update Request form found on Jarvis
  - Submit the form via email to icssupport@uhc.com or print and fax to 866-802-6062
- Contact Producer Help Desk (PHD) Pre-Enrollment Monday through Friday 7am – 8pm CT at 888-381-8581
  - Option 1 [Pre-Enrollment]

When is a new application required?

A new application is required in the following scenarios:

- Incorrect Plan Selection
- Plan selection not available in region
- Incorrect selection of county/region
- Missing information not provided within required time frame
**Time frames to supply Missing Information**

The Additional Information Letter (AIL) is sent to the consumer for missing information or verification that is needed to complete processing of their application. The Additional Information Letter (AIL) will be sent to the consumer with date by which the missing information is needed.

Agents receive a daily email communication that contains the missing information needed to process the consumer’s application. Agents can contact the Producer Help Desk and provide the missing information to UnitedHealthcare.

“Email Communication”

If the agent is able to impact the pending application by providing the missing information/verification needed, please fill out the Missing/Incomplete Application Update Request form.

<table>
<thead>
<tr>
<th>Pending Reason</th>
<th>Time frame to Supply Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td>No action required</td>
</tr>
<tr>
<td>Missing Election Period</td>
<td>7 days from received date [agent’s received date or submittal received date]</td>
</tr>
<tr>
<td>Pending Parts A/B Effective date</td>
<td>End of election period</td>
</tr>
<tr>
<td>Medicaid</td>
<td>21 days from the date of the letter or the end of the month [whichever is longer]</td>
</tr>
<tr>
<td>ESRD</td>
<td>30 days from the date of the letter</td>
</tr>
<tr>
<td>Intent to Enroll</td>
<td>30 days from the date of the letter</td>
</tr>
<tr>
<td>Other pending reasons</td>
<td>21 days from the date of the letter or the end of the month [whichever is longer]</td>
</tr>
</tbody>
</table>
Agents can track applications on *Jarvis* in the Enrollment tab and Application Status section. In addition, agents may receive application status emails. The Pend codes below may be visible and are error codes that an agent can impact. All other codes not listed are for internal use only and do not require any agent action.

<table>
<thead>
<tr>
<th>Pend Code Description</th>
<th>What does this mean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE OVERRIDE SET, EFFECTIVE DATE &gt; 3 MONTHS</td>
<td>Effective date does not match Election Period</td>
</tr>
<tr>
<td>INVALID EFFECTIVE DATE REQUEST</td>
<td></td>
</tr>
<tr>
<td>PCP AUTO ASSIGN UNSUCCESSFUL FOR NICE PLAN</td>
<td></td>
</tr>
<tr>
<td>SEP EFFECTIVE DATE NOT IN RANGE</td>
<td></td>
</tr>
<tr>
<td>ELECTION TYPE NOT CORRECT</td>
<td></td>
</tr>
<tr>
<td>ESRD QUESTION ON THE APPLICATION IS BLANK</td>
<td>ESRD question is not checked on app</td>
</tr>
<tr>
<td>INDIVIDUAL DISCREPANCY WITH APPLICATION</td>
<td></td>
</tr>
<tr>
<td>INSTITUTIONAL PLAN SELECTED, INST FLAG NOT CHECKED</td>
<td>Institutional plan selected on app but Institutional flag is blank or checked as No</td>
</tr>
<tr>
<td>MEDICARE INELIGIBLE</td>
<td>Member does not have part A, B or D active in CMS system therefore not eligible for coverage</td>
</tr>
<tr>
<td>MULTIPLE ELECTION PERIODS</td>
<td></td>
</tr>
<tr>
<td>NOT AN ESRD PLAN, ESRD FLAG ON APPLICATION IS SET</td>
<td></td>
</tr>
<tr>
<td>PCP AUTO ASSIGN FAILED, REPROCESS APPLICATION</td>
<td></td>
</tr>
<tr>
<td>PCP VALIDATION-PCP NOT VALID FOR SELECTED PLAN</td>
<td></td>
</tr>
<tr>
<td>PCP VALIDATION FAILED, REPROCESS APPLICATION</td>
<td></td>
</tr>
<tr>
<td>SEP RECEIVED NOT IN RANGE</td>
<td></td>
</tr>
<tr>
<td>UNABLE TO ASSIGN ELECTION PERIOD</td>
<td>Election Period is blank, SEP reason is blank or Election Period is incorrect</td>
</tr>
<tr>
<td>UNABLE TO ASSIGN PROPOSED EFFECTIVE DATE</td>
<td>Election Period is incorrect causing effective date to be incorrect</td>
</tr>
<tr>
<td>UNABLE TO DETERMINE PROVIDER STATUS</td>
<td></td>
</tr>
<tr>
<td>WORK QUEUE SEP REASON</td>
<td></td>
</tr>
<tr>
<td>EA INFORMATION INVALID</td>
<td></td>
</tr>
<tr>
<td>INCONSISTENT EMPLOYER INFORMATION</td>
<td></td>
</tr>
<tr>
<td>INDIV APP SUBMITTED FOR E SERIES EMP</td>
<td></td>
</tr>
<tr>
<td>INVALID SIGNATURE DATE</td>
<td></td>
</tr>
<tr>
<td>INVALID SIGNATURE PRESENCE</td>
<td>Signature is not present on app</td>
</tr>
<tr>
<td>Pend Code Description</td>
<td>What does this mean?</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DOB DIFFERENCE</td>
<td></td>
</tr>
<tr>
<td>GENDER DIFFERENCE</td>
<td></td>
</tr>
<tr>
<td>DENY DUE TO MEDICARE NOT ACTIVE</td>
<td>Medicare number is incorrect</td>
</tr>
<tr>
<td>INVALID CLAIM NUMBER</td>
<td>Medicare number is missing</td>
</tr>
<tr>
<td>MISSING CLAIM NUMBER</td>
<td></td>
</tr>
<tr>
<td>MISSING MEDICARE A AND B ACTIVE</td>
<td>Effective dates for A and B are not present on application or are not showing active in CMS systems</td>
</tr>
<tr>
<td>MISSING MEDICARE PART D ELIGIBILITY ACTIVE</td>
<td>Effective date for D is not present on app or not active in CMS system</td>
</tr>
<tr>
<td>DUPLICATE APP WITH APP IN WORK QUEUE</td>
<td></td>
</tr>
<tr>
<td>ELECTION TYPE NOT CORRECT</td>
<td></td>
</tr>
<tr>
<td>INVALID ADDRESS INDICATED</td>
<td>Address is not valid per USPS guidelines</td>
</tr>
<tr>
<td>INVALID EFFECTIVE DATE REQUEST</td>
<td></td>
</tr>
<tr>
<td>MISSING DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>MISSING LAST NAME</td>
<td>Last Name is missing</td>
</tr>
<tr>
<td>MISSING PRIMARY ADDRESS</td>
<td>Address is not present on app</td>
</tr>
<tr>
<td>PLAN NOT SELECTED OR NOT AVAILABLE IN REGION</td>
<td>Plan is not checked or is invalid based on address</td>
</tr>
<tr>
<td>INVALID CLAIM NUMBER</td>
<td></td>
</tr>
<tr>
<td>MEDICARE A AND/OR B END DATES EXIST</td>
<td></td>
</tr>
<tr>
<td>MEDICARE NUMBER NOT FOUND</td>
<td>Medicare number is incorrect</td>
</tr>
<tr>
<td>LAST NAME NOT FOUND</td>
<td>Name does not match CMS systems</td>
</tr>
<tr>
<td>SPECIAL HANDLING EXISTS</td>
<td></td>
</tr>
<tr>
<td>WRITTEN COMMENTS ON APPLICATION</td>
<td></td>
</tr>
</tbody>
</table>
**Producer Help Desk Contact Information**

Prompts may change slightly for non-UnitedHealthcare branded plans. The Missing/Incomplete Application Update Request form may still be used. See below for Producer Help Desk prompts to assist with non-UnitedHealthcare branded applications.

<table>
<thead>
<tr>
<th>Product</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Improvement Plus</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 4 [Care Improvement Plus applications]</td>
</tr>
<tr>
<td>Community and State Plans*</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 3 [MA, SNP, PDP applications]</td>
</tr>
<tr>
<td>Preferred Care Partners*</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 3 [MA, SNP, PDP applications]</td>
</tr>
<tr>
<td>Sierra Health Plans*</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 3 [MA, SNP, PDP applications]</td>
</tr>
<tr>
<td>Medica*</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 3 [MA, SNP, PDP applications]</td>
</tr>
<tr>
<td>Senior Care Options*</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 3 [MA, SNP, PDP applications]</td>
</tr>
<tr>
<td>AARP Medicare Supplement</td>
<td>Producer Help Desk at 888-381-8581 Option 1 [Pre-Enrollment], Option 1 [AARP Medicare Supplement applications]</td>
</tr>
</tbody>
</table>

*PHD’s real-time visibility to these enrollment applications is limited. The PHD rep may have to create a service request for application status or an update to missing information which can take up to 72 business hours to resolve.
SNP Processing Differences

Below is defined distinction for SNP Processing based on Business Entity.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>UnitedHealthcare branded (includes Care Improvement Plus)</th>
<th>Business Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community and State</td>
<td>Preferred Care Partners</td>
</tr>
<tr>
<td>Chronic SNP</td>
<td>Post-Verification</td>
<td>Post Verification</td>
</tr>
<tr>
<td>Dual SNP</td>
<td>Pre-Verification</td>
<td>Pre-Verification</td>
</tr>
</tbody>
</table>

Pre-Enrollment Verification Process for Dual Eligibility for UnitedHealthcare Branded Plans

**Dual SNP Verification At the Point-of-Sale**
- **Paper**: Agents must submit to the applicable enrollment center. Refer to the paper application submission guide for the applicable enrollment center (see the 2018 paper application submission methods section).
- **Electronic**: All dual eligible plans will be available through LEAN for 2018 online.

**Pre-Verification Process for Dual SNP**
- UnitedHealthcare verifies dual eligibility through the applicable state website.
- UnitedHealthcare must verify eligibility within 21 days of receipt of the application or until the end of the month (whichever is later).
- If verification cannot be done via the state website, a letter is sent to the member requesting proof of eligibility.
- If UnitedHealthcare cannot verify dual eligibility within 21 days of receipt of the application or the end of the month (whichever is later), a denial of enrollment letter will be sent.

**Dual SNP Verification Agent Involvement**
- Agents can assist the consumer/member in submitting proof of eligibility, such as a copy of their Medicaid card or awards letter. For an ID card to be valid proof of Medicaid it has to have an issue date on it and that date has to be within the last 12 months.
- If a copy of the card or awards letter is not available, agents can assist the consumer/member in contacting the state for a copy.
Post-Enrollment Chronic Condition Verification Process for UnitedHealthcare Branded Plans

Application submitted with Pre-Assessment and Release.

Confirm all elements of the application are received.

Agent can check Enrollment Status on the UDP.

The Verification Process occurs for 2 months post enrollment.

Once enrolled, the Chronic Verification Team will attempt telephonic outreach efforts to the provider listed on the Release.

All required elements are present. The consumer is enrolled.

Outbound attempts to the member are made if the provider listed on the Release will not confirm eligibility.

Initial notice and final notice letters are sent to members and emails to agents if attempts to confirm eligibility are unsuccessful.

If verification is obtained, member stays enrolled. If eligibility is not confirmed, member is termed after second month of enrollment.
Chronic Condition Verification At the Point-of-Sale

- Agents must fill out the Chronic Condition Verification Form (consisting of a Pre-Assessment Form and a Chronic Condition Release of Information Form). These must accompany the submitted enrollment application. The form is in all 2018 Chronic Condition enrollment guides or within the LEAN application. There are different forms for each plan.

Chronic Condition Verification Agent Involvement

- Agent involvement is voluntary. UnitedHealthcare will make every attempt possible to verify the chronic condition listed on the Chronic Condition Verification Form within the allotted time for verification. Agents receive courtesy emails that correlate with the Initial and Final Notice letters sent to the member if attempts to verify eligibility are unsuccessful.

- Agents can assist in obtaining the chronic illness verification by providing the physician listed on the Chronic Condition Verification Form a copy of the form and requesting he/she fill it out and return it using the instructions located on the bottom of the form. This can be done any time after the sale. This step is optional for the agent to complete as UnitedHealthcare will make every attempt possible to verify the chronic condition.

- The Chronic Condition Verification Form is located on the Sales Materials Portal. There are 2 UnitedHealthcare and 1 Preferred Care Partner versions of the Chronic Condition Verification Form available; agents should download the applicable form.

- UnitedHealthcare will not notify the agent if we have been successful with the verification, only the member will be notified.
Primary Care Physician

The importance of a Primary Care Provider

Discussions regarding a PCP should occur at the point of sale to set expectations and ensure the consumer has a provider to coordinate their care. If the consumer does not have a PCP or does not have a PCP in the plan’s network, they must select one from the plan’s provider network. Agents may assist the consumer in selecting a PCP, but must not refer a consumer to a particular provider or medical group.

- **PCPs play an important role in helping members:**
  - Make smart, healthy lifestyle choices
  - Manage prescription drugs and make sure they work well together
  - Manage specialist care and help avoid extra costs and unnecessary tests
  - Understand the health care system

- **PCP ID numbers can be found in the provider search tool and should be recorded on the enrollment application (paper or LEAN):**
  - Provider search tool located under the “Enrollment” tab “Provider and Rx Search” section of *Jarvis*
  - Valid PCP IDs must be copied onto the application exactly as displayed
  - PHD support is available if online tool is not accessible

- **Four different ways that PCP ID numbers are processed:**
  - **Valid** – In network PCP with a correct PCP ID
  - **Missing** – No PCP information is listed on the application
  - **Invalid** – Out-of-network PCP name or ID
  - **Incorrect** – Either the PCP name or ID for an in-network PCP was entered incorrectly on the application
PCP Auto-Assignment Process

Valid PCP Selection

PCP assigned and noted on ID card

Missing, Incorrect or Invalid PCP Selection

Select contracts in the West: H0543, H0609, H3749, H3805, H4590

A different PCP is assigned than what was on application

Auto assigned PCP is noted on ID card

Outbound call made to validate assigned PCP and re-assign as necessary

Missing, Incorrect or Invalid PCP Selection

All other contracts

A dummy PCP is assigned

ID card received with no PCP information

Outbound call made to assign a PCP

Missing, Incorrect or Invalid PCP Selection

Delegated plans in FL, IL and TX: H1045, H2802, H4527

A dummy PCP is assigned

ID card received with no PCP information

Manually assigned PCP is noted on ID card

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Best Practices to Avoid PCP Auto-Assignment:

- Use the **online provider search tool** because it is the most up-to-date. The online provider search tool is on **Jarvis**. Do not use any other online directory.

- If you cannot access the tool when meeting with a consumer, **contact the PHD**.

- **Do not contact a provider’s office** because they may not be able to confirm network status for the specific Medicare Advantage plan.

- Printed provider directories are a **higher risk** for outdated/inaccurate information.

- Confirm the provider is in-network and accepting UnitedHealthcare membership for the plan in which the consumer is enrolling. A provider can be in-network for one plan, multiple plans, or all plans in a market.

- Copy the provider ID and name **exactly** as it appears in the online directory. Please **do not add or omit digits**.
Understanding Physician Status in the Provider Directory

Look up every consumer’s Primary Care Physician in the online Provider Directory to determine network status and the PCP’s Physician Status. There are three statuses, and it is important that you understand what each status means to the consumer you are enrolling.

<table>
<thead>
<tr>
<th>Provider Status Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accepting New Patients</strong></td>
</tr>
<tr>
<td>Physician is accepting any UnitedHealthcare members. Auto-assignment only occurs if there was an error when filling the application out and the PCP information was inaccurate or excluded.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Accepting Existing Patients Only</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician is only accepting members who are current patients. It is important to check the “existing patient” box on the application. Auto-assignment of a new physician will occur if the existing patient box is not checked or there is incorrect PCP information on the application. (Note: “Existing Patients Only” status will appear for a physician once you click on their details page. See below.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Not Accepting New Patients</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is an alert status. You must click on the physician name to confirm the physician status.</td>
</tr>
</tbody>
</table>

- **Closed to New Patients**: Physician is not accepting any new patients but is accepting existing patients.
- **Closed to All Patients**: Physician is not accepting any new or existing patients. Consumers must pick a new physician when filling out the application. Auto-assignment will occur with the selection of a closed PCP on the application.

Note: Provider status is not noted in a “no preference” search until you click on the Accepted Plans tab.
Accepting New Patients — Physician is accepting any UnitedHealthcare members. PCP Auto-assignment only occurs if there was an error when filling the application out and the PCP information was inaccurate or excluded.
Existing Patients Only — Physician is only accepting members who are current patients. It is important to check the “existing patient” box on the application. PCP Auto-assignment will occur if the existing patient box is not checked or there is incorrect PCP information on the application.
Not Accepting New Patients—Physician is not accepting any UnitedHealthcare member, regardless if the member is a new or existing patient. Consumers must pick a new physician when filling out the application. PCP Auto-assignment will occur with the selection of a PCP who is not accepting new patients on the application.

In the case of a current UnitedHealthcare member who is moving from one UnitedHealthcare plan to another (i.e. Plan 1 to Plan 3) our systems cannot differentiate new membership with existing membership. At the point-of-sale, an open PCP must be selected to avoid PCP auto assignment and prepare the consumer for what will occur. Once the member receives the ID card that indicates their selected (but not-preferred) PCP, they can still call member services and request an assignment to their current (a preferred) PCP who had a “Not Accepting New Patients” status. Member services will do an override and assign the member with a new ID card to follow.
Understanding Physician Status in the Provider Directory

UnitedHealthcare strongly recommends using the online provider search tool or the PHD when looking up providers. The printed directories (image below) do notate the physician panel status with numbers next to the provider’s name and the meaning in a legend at the bottom of each page.

1 Closed to new enrollment. 2 Accepting existing patients only. 3 Board Certified. Please call the provider’s office to confirm the provider’s enrollment availability. For more information about mental health benefits, see, “Accessing your mental health benefits” in the Introduction section of this directory.
Coordination of Benefits (COB)

Below is information surrounding the medical Coordination of Benefits (COB) process that a consumer might enter when they have coverage through another carrier. The Rules and Guidelines for COB are set by the Centers for Medicare and Medicaid Services.

**How does a member enter into the COB process?**
Consumers are placed in the COB process when they indicate on their enrollment application that they have other coverage such as a commercial plan through their spouse’s employer or Veterans Benefits/Tricare. UnitedHealthcare will also implement processes to identify consumers who may have other coverage and complete an outbound call to the carriers to confirm coverage status on behalf of the consumer.

**Why does UnitedHealthcare need to know about other coverage a consumer may have?**
UnitedHealthcare is responsible for determining, at the time of enrollment, whether a consumer is also enrolled in a second medical coverage plan either through their spouse or their employer. Active enrollment into a second medical plan for the consumer is crucial in determining which coverage plan will pay primary for medical services and which will pay secondary. Obtaining this information is beneficial to the consumer as it will result in less financial responsibility on the part of the consumer. Example: If a consumer has a spouse that is still working and therefore has coverage through their employer and the consumer is a dependent on that policy, the commercial policy may pay primary for any medical services. This would allow UnitedHealthcare to pay as secondary, and in many cases lead the consumer to only have to pay any applicable copays based on their plan details. If the consumer only has one plan listed on their account they may be responsible for copays and high deductible amounts.

**Once COB has been identified, what are the next steps?**
UnitedHealthcare will enter the other coverage information with the confirmed effective dates into the claims processing systems. Consumers will provide both their ID cards to the receptionist at the time of medical treatment. When UnitedHealthcare receives the claim for processing, coordination of benefits rules will apply and determining if the other carrier needs to pay the claim first. If so, the provider is contacted to submit the claim to the primary carrier first and then resubmit the claim with the appropriate documentation indicating the claim has been processed by the primary carrier. UnitedHealthcare will then process the claim as a secondary carrier and send any remaining balance back to the provider indicating consumer responsibility.
What if the consumer feels that COB has been entered in error or has now terminated?
If a consumer feels there is an error on their account related to COB, either the consumer or the consumer along with the agent may place a call to the customer service number located on the back of their insurance card. When speaking to a Customer Service representative, simply indicate that you have an error on a medical COB edit and that your other coverage has terminated (provide date) or was added in error and you do not have any other coverage. The Customer Service representative will submit the request over to the internal Coordination of Benefits team to research and update if necessary. Standard COB requests take 30 days to process; however, if there is an urgent need to get a quick response such as claims are being delayed or consumer is being repeatedly called by their provider, an escalated request can be submitted that has a 48-72 hour turnaround time for a response and can be tracked. Please note: If the request is the first time such a request has been submitted, please make sure to wait the full 30 days for processing prior to initiating an escalated request.

What information should be entered on the enrollment application in order to indicate secondary medical coverage for the consumer?
The enrollment application form has a field specific to secondary medical coverage. Here agents can enter in the Name of the insurer, the policy and group number as well as a phone number if available. There is also a section to indicate the effective date of the coverage. Please ensure that all fields are filled in if the consumer indicates they have other coverage and is able to provide you with their insurance card. If the consumer does not have their insurance card, attempt to record as much information as you can to assist UnitedHealthcare in determining COB.

There is also some standard formatting that agents can follow when entering this information. For insurance carrier names, refer to the common list below. If the carrier is not listed below, please ensure you write the full name of the carrier within the field on the application.

- BCBS of “State”
- Humana
- Cigna
- Coventry
- Tricare
- Veterans Benefits or VA Benefits
- Medicaid
- Aetna
- Blue Shield of “State”
- Blue Cross of “State”
- Empire
Payment of Premium/Billing Options

Below is information surrounding the payment of premium process consumers have available to them when enrolling in a UnitedHealthcare plan. The Rules and Guidelines for billing are set by CMS. Agents are not to collect any premiums when completing the enrollment application with the consumer. This is the responsibility of UnitedHealthcare Operations only.

What are the methods of payment a consumer can select?

**Electronic Funds Transfer (EFT)** – consumer elects to have their payment automatically drafted from the bank (UnitedHealthcare preferred method). The consumer/member must sign within the “How Do You Want to Pay” section when selecting EFT as the payment method.

- No cost to them
- Eliminates the need for members to write and mail a check on a monthly basis
- As soon as the member receives their member ID card, they should go online and set up their EFT payments
- Monthly payment withdrawal occurs the same time every month which eliminates the risk of the member receiving notices regarding late payments
- The first EFT occurs the first of the month following the request; if requested within the last five business days of the month, it gets pushed out another month (for example, an enrollment submitted on September 26 would be pulled on November 1)

**Online** – consumer elects to make their premium payments online via EFT either monthly or set it up as recurring (no credit cards allowed online). Selecting this option routes the member to either aarpmedicareplans.com or uhcmedicaresolutions.com.

*Note: Online payments are not available for Sierra, Medica, Preferred Care, Erickson, and all SNP Plans. Online payments are only available on paper applications, not LEAN.*

**Social Security Administration (SSA) or Railroad Retirement Board (RRB)** – consumer elects to have their payment automatically deducted from their SSA or RRB benefit

- There are cutoff dates for SSA and RRB withdrawal; enrollments beyond the cutoff date result in withdrawal starting the month after the effective month
- A direct bill is sent for payment until SSA or RRB is approved via CMS
- It can take longer than one month for CMS to approve SSA or RRB as a withdrawal
- CMS can deny/reject the request for this method of payment
- CMS may approve SSA or RRB as a method of payment, but have a lag getting the member set up in their system; they could take out more than one month premium in the event of a lag on their end (the limit is $300)
Direct Pay (by mail) – consumer is responsible for submitting their own payment
If a consumer selects direct pay, when will the consumer receive their bill?
- Each consumer is assigned a bill cycle (1 through 5)
- A consumer can change their billing cycle
- however, no changes can be made while the bill cycle is running (between the 4th and the 8th)
- In exception cases, billing operations may perform a bill adjustment that creates a new bill outside of the bill cycle. The consumer will need to contact customer care.

<table>
<thead>
<tr>
<th>Bill Cycle</th>
<th>Bill Date</th>
<th>Est. Mail Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4th</td>
<td>7th</td>
</tr>
<tr>
<td>2</td>
<td>5th</td>
<td>8th</td>
</tr>
<tr>
<td>3</td>
<td>6th</td>
<td>9th</td>
</tr>
<tr>
<td>4</td>
<td>7th</td>
<td>10th</td>
</tr>
<tr>
<td>5</td>
<td>8th</td>
<td>11th</td>
</tr>
</tbody>
</table>

Recurring Credit Card – consumer elects to have their payment automatically paid via their debit/credit card monthly
- No cost to them
- Eliminates the need for members to write and mail a check on a monthly basis
- Monthly payment withdrawal occurs the same time every month which eliminates the risk of the member receiving notices regarding late payments

Note: This option is not listed on the paper application for data security reasons. If a member wants to pay by recurring credit card, they need to call member services.
Payment Options on Enrollment Application

Go paperless. Get plan materials online.

☐ Check here to get some of your plan documents delivered online. And don't worry—if you change your mind later, you can update your preferences at any time.

When you sign up for paperless delivery, you'll get an email letting you know when your plan documents are ready to access on our secure website.

After you get your first email, use your member ID card to register your account at www.AARPMedicarePlans.com. Once registered, you can view your plan documents online. Not all plan materials are online. You may get some materials in the mail while we work to make them available online.

Information about your Medicare.

Please take out your red, white and blue Medicare card to complete this section.

• Fill out this information as it appears on your Medicare card:

  Name (as it appears on your Medicare card):

  Medicare Number:__________________

  Is Entitled to Effective Date

  Hospital (Part A)__________________

  Medical (Part B)__________________

  You must have Medicare Part A and Part B to join a Medicare Advantage plan.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe), you can pay by mail, online or from your bank account through Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

This plan has a premium (monthly payment). Please choose how you want to pay it. Note: If you have a late enrollment penalty (LEP), we’ll add it to your premium.

☐ I want to pay directly from my bank account.

  • Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.

  • Please read the statement below.

My bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). My bank

Enrollee Name

Y0066_170518_150157 Approved

AAAL18H4087810_000

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will pay the funds from my checking or savings account on or about the fifteenth of each month. The charges may include up to $200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from my account, I will tell both UHIC and my bank. I will give them a reasonable amount of time to change my method of payment.

Account Type: ☐ Checking  ☐ Savings

Account Holder Name

Bank Routing Number

Bank Account Number

Signature ______________________ Date ______________________

☐ I want to pay online.

Visit www.AARPMedicarePlans.com to make a payment directly from your bank account.

☐ I want to pay from my Social Security or Railroad Retirement Board (RRB) check.

I get monthly benefits from: ☐ Social Security  ☐ RRB

We’ll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ I want to pay by mail.

We’ll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

Enrollee Name

Y0066_170518_150157 Approved

AAAL18H4087810_000

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What does the monthly statement look like for consumers?

**How to read your new statement**

Use this guide to help you read and use your monthly statement.

1. If you write to us, please use this address. Send payments to the address on the payment form.
2. Visit us online for more information about your plan.
3. Previous balance: The total due on your last statement.
4. Payments received: The amount you paid since your last statement.
5. Current charges: Details about current charges are on the back of this page.
6. Expected Auto Deduction: If you have automatic payments, you’ll find the amount here. It’s “expected” because it will be paid after the due date.
7. Total due: This is the amount you need to pay and the due date. If we don’t receive your payment by the due date, your account will be past due.
8. Learn how to set up automatic payments and the benefits here.
9. You can find important messages about your account here.
10. Here, you can find costs for items like premiums, deductibles, and coinsurance. If you get Extra Help, it will show as a credit. You may see other credits or charges here:
   - You join a plan after the billing date
   - Your plan has changed
   - Medicare changes your Extra Help or the LEP
   - For more details, see your Evidence of Coverage.
11. Have questions? Here’s how to reach us.
12. This tells how Electronic Funds Transfers work and how to stop the payments.

**Additional Information**

There is more than one way to pay. Choose the one that works best for you.

1. Please mail payments to this address. If you need to write us, use the return address on the first page of the statement.
2. Please write the amount you’re paying here. Be sure to write your member ID on the check. This will help us make sure the payment is made to your account.
3. If you want to sign up for EFT, sign on the line. When you return this form with your payment, we will use the account information from your check to set up your EFT.
4. Use this form to tell us you’ve moved or changed your name.
5. Please check what type of address has changed. Moving can affect your coverage, so let us know if you do. Please see your Evidence of Coverage for rules about the plan service area and where you live.
The following are customized messages that could display on a member’s bill
Up to four customized messages can be displayed on a monthly bill. MOP stands for Method of Payment.

<table>
<thead>
<tr>
<th>Message Name (members will not see this)</th>
<th>What members will see</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium change</td>
<td>The amount that you owe has changed. See back for details</td>
</tr>
<tr>
<td>Paid in advance/credit balance exists</td>
<td>You have a credit balance. No payment is due at this time</td>
</tr>
<tr>
<td>Members on Payment Plans</td>
<td>You set up a payment plan with us to make up missed payments. Thank you. If you miss a payment, the payment plan is canceled</td>
</tr>
<tr>
<td>Bankruptcy</td>
<td>The amount due is not included in your bankruptcy filing. It is for charges you own after your bankruptcy filing date. You will need to pay this amount</td>
</tr>
<tr>
<td>Payment method change SSA/RRB</td>
<td>Starting &lt;MOP_EFFECTIVE_DATE&gt;, your Social Security or Railroad Retirement Board will make your payments</td>
</tr>
<tr>
<td>Payment method change EFT</td>
<td>Starting &lt;MOP_EFFECTIVE_DATE&gt; your charges will be paid directly from your bank as an electronic funds transfer (EFT). Payment will take place on or about the 5th of each month. If the 5th falls on a holiday or weekend, payment will take place on the next business day</td>
</tr>
<tr>
<td>Payment method change Direct Bill</td>
<td>We are confirming that you want to begin paying by check &lt;MOP_EFFECTIVE_DATE&gt;. Thank you</td>
</tr>
<tr>
<td>Past due balance</td>
<td>You have a past due balance. Please pay your total amount owed by the due date</td>
</tr>
<tr>
<td>Escalated past due balance</td>
<td>Your payment is late. Please pay the amount due so you don’t face further action</td>
</tr>
<tr>
<td>Termed Members</td>
<td>You are no longer covered by the plan. Please pay amount shown. If we do not receive payment in 60 days, your balance may be forwarded to a collection agency.</td>
</tr>
<tr>
<td>Estimated plan year Premium</td>
<td>If you wish, you can make one payment for the rest of the year: &lt;EST_PLAN_YR_PREM&gt; (This is an estimate. It could change if your plan or your costs change)</td>
</tr>
<tr>
<td>Paid in advance Paid through plan year</td>
<td>Your plan is paid for the rest of the year. If your plan changes, you may owe more or have a credit. If that happens, we’ll send you a bill</td>
</tr>
</tbody>
</table>
Non Payment of Premium

Terminations for nonpayment of premium currently only occur for members in a stand-alone prescription drug plan (PDP); however, Medicare Advantage (MA) member can be impacted. If UnitedHealthcare has terminated a member for nonpayment of premium, they cannot enroll in any UnitedHealthcare plan until they pay in full or pay at least half of their outstanding balance and set up a payment plan. If a member is being denied enrollment and doesn’t understand why, this could be the reason. You can set up a 3-way call between you, the member, and member services to learn more about the enrollment denial reason.

Below is information surrounding the Non Payment of Premium (NPOP) process that a member might enter if they fail to pay their monthly plan premium. The Rules and Guidelines for NPOP are set by CMS.

How does a member enter into the NPOP process?
- Members are placed in the NPOP process when they fail to pay their monthly plan premium or Late Enrollment Penalty that is assessed due to a gap in Part D coverage.

How does a member determine their premium owed?
- UnitedHealthcare is responsible for determining, at the time of enrollment, whether a member has enrolled in a plan that requires a monthly premium and the payment method the member has selected in order to pay their monthly premiums timely. If the member did not choose a method of payment at time of enrollment, UnitedHealthcare will default the member to a monthly invoice statement. The invoice statement will have listed at the top the amount of premium that the member needs to pay as well as a tear off at the bottom of the first page for the member to resubmit with payment back to UnitedHealthcare.

Once a member has entered the NPOP process, what are the next steps?
- UnitedHealthcare will inform the member via letter about the risk of termination due to non-payment of premium as well as what the next steps are including the risk of termination. The member can contact UnitedHealthcare’s Customer Service department and either pay the balance in full or set up a repayment plan to avoid termination during the two month grace period. The invoice statement will have a tear off section that a member can fill out and resubmit with their payment in full to avoid termination.
- If UnitedHealthcare receives a returned payment from the financial institution, the member will be at risk for termination from their coverage if an acceptable payment is not remitted to UnitedHealthcare prior to the end of the grace period.
- If the member fails to follow through with their agreed payment plan, the member will have one additional chance to set up a new repayment plan within a contract year (Jan – Dec) to avoid termination.
What if the member has a Good Cause on why they are unable to pay their premium?
- If a member feels they have a good reason on why they are unable to pay their premiums, the member needs to contact UnitedHealthcare to initiate a Good Cause case.

How does a member enter the downgrade process?
- Members are placed in the downgrade process when they fail to pay their monthly optional rider premium.

Once a member has entered the NPOP or downgrade process, what are the next steps?
- UnitedHealthcare will inform the member via letter about the risk of termination due to non-payment of premium or loss of their optional rider coverage as well as what the next steps are including the risk of termination or loss of optional benefit.
- The member can contact UnitedHealthcare’s Customer Service department and either pay the balance in full or setup a repayment plan to avoid termination during the two month grace period.
- The invoice statement will have a tear off section that a member can fill out and resubmit with their payment in full to avoid termination.
Late Enrollment Penalty

Below is information surrounding the Late Enrollment Penalty (LEP) that a consumer might incur if they delay their enrollment into a Part D plan. The rules and guidelines for LEP are set by CMS.

Who incurs a Late Enrollment Penalty?
- A consumer may incur an LEP if, at any time after they become eligible for Part D coverage, there is a period of 63 or more continuous days without creditable prescription drug coverage. Creditable prescription drug coverage is defined as coverage that meets Medicare’s minimum standards or pays on average at least as much as Medicare’s standard prescription drug coverage.

Who determines the Late Enrollment Penalty?
- UnitedHealthcare is responsible for determining, at the time of enrollment, whether a consumer was previously enrolled in a Medicare prescription drug plan or had other creditable coverage and whether there are any lapses in coverage of 63 days or more. UnitedHealthcare will then notify CMS of the lapses and CMS will determine the LEP amount to be applied to the consumer’s account. Any consumer eligible for low income subsidy (LIS) is not subject to a LEP.

Once a Late Enrollment Penalty has been determined what are the next steps for the consumer?
- UnitedHealthcare will inform the consumer via letter about the LEP as well as what the next steps are. The consumer will receive an attestation form with instructions to fill out the form and resubmit to UnitedHealthcare or the consumer can contact UnitedHealthcare’s Customer Service department and attest to the creditable coverage. The consumer will need to attest to the exact dates they had creditable coverage as well as with whom they had creditable coverage (e.g., VA benefits). The consumer will have 30 days to respond to UnitedHealthcare with this information. UnitedHealthcare may send the consumer a reminder notice as the end of the 30 days is approaching.
  - Example: I had coverage through my employer Boeing from August 1, 1995 – January 31, 2014
  - Example: I had VA coverage from November 1, 1997 – December 31, 2013
- If UnitedHealthcare receives an incomplete attestation (the start and end dates are missing or the type of coverage is missing) or an attestation is not received, UnitedHealthcare will follow up with the consumer via letter to obtain the missing information. The consumer will have up to 60 days after the 30 day deadline stated in the initial notice to provide UnitedHealthcare with an attestation.
- If UnitedHealthcare receives a response after 60 days from the initial deadline, UnitedHealthcare will be unable to accept the attestation and will inform the consumer of this via letter. UnitedHealthcare will inform the consumer of the LEP that will be placed on their household as well as the steps to take for reconsideration through Maximus. Maximus is CMS’ independent review entity: they will notify UnitedHealthcare of the final decision upholding, reducing or eliminating the LEP amount. UnitedHealthcare will make the adjustments and send the notification to the consumer of the final outcome.

What causes an Attestation to be deemed incomplete?
- Consumer does not state the full time period (start and end date of coverage)
- Consumer does not sign a submitted attestation form
- Consumer does not state what type of coverage they had (VA, Employer etc.)
Out of Area

Below is information surrounding the Out of Area (OOA) process that a member might enter if they fail to notify UnitedHealthcare of a change of address or UnitedHealthcare receives returned mail from the United States Postal Service (USPS). The Rules and Guidelines for OOA are set by CMS.

How does a member enter into the OOA process?

- Members are placed in the OOA process when they fail to notify UnitedHealthcare of a change of address and UnitedHealthcare receives returned mail from USPS.
- CMS will notify us via a transaction reply code if the member no longer resides in the service area for the plan in which they are enrolled.
- State and County Code (SCC) Discrepancy Report

Once a member enters the OOA process, what are the next steps?

- UnitedHealthcare informs the member via letters about the risk of termination due to the member residing outside the service area. The member is notified via letter for six months if enrolled in a MA/MAPD product and twelve months for a PDP product. The member can contact UnitedHealthcare’s Customer Service department and update their address with UnitedHealthcare if they still reside in the service area. If the member has moved to a new plan service area, the member can work with their agent or can be transferred to Telesales to submit a new application for that service area.
- The Agent of Record is notified by secure email when a member they enrolled is in the final phase (i.e. termination) of the out-of-area process. Members at this point have until the end of the current month to update their address with UnitedHealthcare before their coverage is terminated.

It is possible that a member is placed in the OOA process and they have not moved. UnitedHealthcare likely received returned mail that placed the member in OOA. The member needs to contact UnitedHealthcare to confirm their address and prevent termination of their enrollment.
Appendix — Enrollment Letters

Below is a list of enrollment letters that consumers might receive for the various denial and disenrollment reasons that are listed in this guide. Please keep in mind that letters can change throughout the year, so this is to provide you with a sample of keywords or phrases to look for if a consumer contacts you concerning a letter they received.

<table>
<thead>
<tr>
<th>Letter Type</th>
<th>Keywords or Phrases</th>
<th>Consumer Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellation of Enrollment</td>
<td>“we changed our records to show that you no longer want to sign up for this plan”</td>
<td>No action needed by consumer</td>
</tr>
<tr>
<td>Denial of Enrollment</td>
<td>“we can’t accept your application”</td>
<td>A new application will need to be submitted to UnitedHealthcare</td>
</tr>
<tr>
<td>Disenrollment due to Death</td>
<td>“We’re sorry to hear about the recent loss of”</td>
<td>If this is an error, consumer will need to call the number indicated in the letter to notify UnitedHealthcare of the error and request reinstatement</td>
</tr>
<tr>
<td>Disenrollment due to no Chronic Condition</td>
<td>“we will disenroll you” “to be a member of [plan] you must have one of the following chronic conditions:”</td>
<td>If the consumer still has a chronic condition, they will need to submit a new application and ensure that they verify their chronic condition when UnitedHealthcare places the outreach call or if they feel they should be reinstated, the consumer will need to call the number indicated in the letter to notify UnitedHealthcare of the error and request reinstatement.</td>
</tr>
<tr>
<td>Disenrollment due to Loss of Special Needs Status</td>
<td>“Our records indicate that you no longer qualify for Medicaid” “We learned you no longer live in a contracted nursing home”</td>
<td>Consumer will need to work with their state to confirm eligibility benefits and then either submit a reinstatement request if their benefits are corrected retroactively or submit a new application for a new effective date.</td>
</tr>
<tr>
<td>Disenrollment due to no Part A or B</td>
<td>“you no longer have Medicare Part A or Part B”</td>
<td>Consumer will need to contact Social Security to verify benefits. Social Security will then need to update Medicare and a new application can be submitted to UnitedHealthcare once eligibility is active again. If this is an error, consumer can call UnitedHealthcare for a potential reinstatement once Social Security sends the information to Medicare.</td>
</tr>
<tr>
<td>Denial of enrollment due to ESRD</td>
<td>“We can’t approve your request right now” “You have End Stage Renal Disease (ESRD).”</td>
<td>If this is an error, consumer will need to contact Medicare to update their records stating they do not have ESRD. If not an error, consumer can re-enroll once they have a physician’s note stating dialysis is no longer needed.</td>
</tr>
<tr>
<td>Employer Subsidy</td>
<td>“We would like you to confirm that you want to be enrolled in” “Medicare let us know that you already have coverage through a former employer, union group or trust health plan.”</td>
<td>Consumer will need to call the number by the due date provided in the letter and confirm intent to enroll. If confirmation is not received by the due date, the application will be denied and the consumer may go without coverage.</td>
</tr>
<tr>
<td>Letter Type</td>
<td>Keywords or Phrases</td>
<td>Consumer Action Needed</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Missing Information</td>
<td>“Thank you for applying for” “Some information is missing from your application”</td>
<td>Consumer needs to contact UnitedHealthcare and provide the missing information that is outlined in the letter sent to them</td>
</tr>
<tr>
<td>Non Payment of Premium</td>
<td>“you will need to pay the [amount owed] past due on your old plan”</td>
<td>Consumer will need to call the number provided in the letter and either pay the balance in full or pay half the balance and set up a payment plan in order to enroll with UnitedHealthcare</td>
</tr>
<tr>
<td>Non Payment of Premium</td>
<td>“Returned to us unpaid” “Because we didn’t get payment, we need to ask you to pay another way.”</td>
<td>Consumer will need to ensure that they pay their monthly premium with the new LEP amount added in each month. If they feel this is in error, the consumer can fill out the reconsideration form and submit it to Maximus per the instructions on the form</td>
</tr>
<tr>
<td>Notice of Applied LEP</td>
<td>“You will need to pay a Late Enrollment Penalty (LEP). It will be added to your monthly payment”</td>
<td>Consumer will need to ensure that they pay their monthly premium with the new LEP amount added in each month. If they feel this is in error, the consumer can fill out the reconsideration form and submit it to Maximus per the instructions on the form</td>
</tr>
<tr>
<td>Notice of Incomplete LEP Attestation</td>
<td>“sent you a letter asking about other Prescription Drug coverage you have had” “We received your answer, but some information was missing”</td>
<td>Consumer will need to call UnitedHealthcare and attest to creditable coverage by providing the source and start and end date of the coverage. They may also submit the attestation form to UnitedHealthcare within 30 days of the date of the letter</td>
</tr>
<tr>
<td>Notice of Potential LEP</td>
<td>“Thank you for enrolling” “Medicare has let us know that you may have to pay a Late Enrollment Penalty (LEP) as part of your monthly premium payment.”</td>
<td>Consumer will need to call UnitedHealthcare and attest to creditable coverage by providing the source and start and end date of the coverage. They may also submit the attestation form to UnitedHealthcare within 30 days of the date of the letter</td>
</tr>
<tr>
<td>Out of Area Permanent Move Termination</td>
<td>“We received information that your permanent address may have changed and that you may not live in the service area”</td>
<td>Consumer can submit a new application for a new effective date with a plan that is in their service area</td>
</tr>
<tr>
<td>Out of Area Termination</td>
<td>“Previously we sent you a letter asking you to contact us with your correct address” “We haven’t heard back from you, so your last day as a plan member is”</td>
<td>Consumer can submit a new application for a new effective date as they were notified for 6 months or more of the potential disenrollment due to an out of area address</td>
</tr>
<tr>
<td>Voluntary Disenrollment</td>
<td>“We received your request to leave your plan” “the plan no longer covers your costs”</td>
<td>No action needed</td>
</tr>
</tbody>
</table>
Cancellation Request Letter (Page 1)

Member ID: Membership ID

Dear [Member First Name],

Thank you for contacting us about [Plan Name]. We changed our records to show that you no longer want to sign up for this plan.

Do you have other Medicare plan coverage?

If you had another Medicare Advantage plan or Medicare Prescription Drug plan before signing up for [Plan Name]:

- You should automatically be enrolled and placed back into that plan.
- The company you have that plan with should send you a letter within two weeks telling you that you’ve been re-enrolled.
- If you don’t get a letter, contact your plan’s company. They should also keep this letter from us for your records. They may ask you to show them a copy.

[Insert for MAPD/FDP plans: What if I don’t have other prescription drug coverage?]

If you don’t have prescription drug coverage you may have to pay a Late Enrollment Penalty (LEP) if you try to enroll in a Medicare Prescription Drug plan in the future.

To avoid an LEP you must follow two rules from Medicare:

- Don’t go without coverage for more than 63 days.
- Sign up for a prescription drug plan that meets Medicare’s minimum standards. (This is called “credible coverage.”)

[Insert for MAPD plans: Is there anything else that I need to know?]

Please be patient. It may take up to 45 days for Medicare to update their record to correctly reflect what plan you have. If you’re going back to Original Medicare, you may want to tell your doctors that if they need to send Medicare claims, there may be a short delay in payment while Medicare is updating your record.

For more information see the next page.

Thank you for your interest in our plan. If you have any questions, please call us toll-free at [number], TTY [TTY], hours and days.

Y0066_PDP2014R_0008M Approved <MRAMR911EN>

Cancellation Request Letter (Page 2)

[Sincerely,
The [UnitedHealthcare] Teams]

Print at the top of a new page: More Information

When can I make plan changes?

You can make Medicare plan changes from October 15 to December 7. This is the Open Enrollment Period.

You can only make changes at other times in certain cases. For example, you may be able to make changes if you:

- Move out of your plan’s service area
- Want to join a plan in your area with a 5-star rating
- Qualify for Extra Help from Medicare

Can I get help paying my prescription drug costs?

If you have a limited income, you may be able to get help with your prescription drug costs from Medicare’s Extra Help program. If you qualify, Medicare could pay for up to 75% or more of your:

- Monthly prescription drug premiums
- Annual deductibles
- Co-pays or co-insurance

Many people qualify and don’t know it. There’s no penalty for applying. For more information and to apply visit www.socialsecurity.gov/prescriptionhelp or call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778. You can also call your local Social Security office.

With Extra Help you won’t have a coverage gap or a Late Enrollment Penalty (LEP). Also, as long as you’re in the program you can change plans at any time. If you no longer qualify then you have two months after you lose it to change plans.

[Insert for all MA/MAPD plans:

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

[Insert for all FDP plans:

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

UnitedHealthcare
Denial of Enrollment Letter (Page 1)

Dear [Member First Name],

Thank you for applying with [plan name]. Unfortunately, we can’t accept your application at this time because:

[For MA/MAPD plans one or more options will be used]
[You don’t have Medicare Part A] (SGL and Custom)
[You don’t have Medicare Part B] (SGL and Custom)

[You are unlawfully present in the United States. If you are present, Medicare does not pay your medical bills if you are not lawfully present in the United States.] (SGL and Custom)

[You have End Stage Renal Disease (ESRD)] (SGL and Custom)

[You are incarcerated (in prison or in jail), and live outside our service area. Medicare does not pay your medical bills if you are incarcerated.] (SGL and Custom)

[You don’t live in the plan’s service area.] (SGL and Custom)

[You tried to sign up for a plan outside enrollment period. You can change plans only during certain times of the year.]
[For Individual plans only:
- From October 15 and December 7: You can make any change. This includes adding or dropping Medicare Prescription Drug coverage.
- From January 1 through February 14: If you have a Medicare Advantage plan, you can drop that plan and return to Original Medicare. And, you can also add a separate Medicare Prescription Drug plan. (Note: This is not true for a Medicare Savings Account plan.)

You may be able to change plans at other times in special situations, such as:
- You move out of the plan’s service area.
- You want to join a plan in your area with a 5-star rating.
- You qualify for Extra Help with your prescription drug costs.)] (SGL and Custom)

Y0066_PDP666E_0013M Approved <MRAMR2274EN>

Denial of Enrollment Letter (Page 2)

[Your application wasn’t complete. Or, we didn’t get the information we asked for before the deadline.] (SGL and Custom)

[It looks like someone filled out and sent the application for you. By law, we must have paperwork showing this person can act for you. An example of this paperwork is a Power of Attorney letter. We can’t accept your application without it.] (Custom Only)

[You don’t qualify for a Medicare Prescription Drug plan at this time. You can make changes only during certain times of the year.]
[For Individual plans only:
- From October 15 and December 7: each year you can make any change. This includes adding or dropping Medicare Prescription Drug coverage.
- From January 1 through February 14: If you have a Medicare Advantage plan, you can drop that plan and return to Original Medicare. And, you can also add a separate Medicare Prescription Drug plan. (Note: This is not true for a Medicare Savings Account plan.)

You may be able to change plans at other times in special situations, such as:
- You move out of the plan’s service area.
- You want to join a plan in your area with a 5-star rating.
- You qualify for Extra Help with your prescription drug costs.)] (SGL and Custom)

[You have drug coverage from your employer or union, and you told us you don’t want to join this plan.] (Custom Only)

[You don’t qualify for this plan, or we don’t have proof that you qualify. The plan is designed for people with a specific illness.] (SGL and Custom)

[You don’t qualify for this plan, or we don’t have proof that you qualify. The plan is designed for people who have Medicare Or people who qualify for full Medicaid benefits, according to their state Medicaid program.] (SGL and Custom)

[You have Medicare Part A, so you don’t qualify for this plan.] (Custom Only (800 Series Only- enrolling in Part B only plans))

[You’ve already signed up for [plan name] starting [effective date].] (Custom Only (pending future system enhancement for SGL))

[You sent us a more recent application for a different plan.] (Custom Only)

[For Individual plans only: The application you sent us is expired and no longer in use. Please call your sales agent or Telesales at [phone number] or send us a new application.] (SGL and Custom)

Y0066_PDP666E_0013M Approved <MRAMR2274EN>
Denial of Enrollment Letter (Page 3)

[2274_PDD668E_0011M Notice for Denial of Enrollment]

[For Employer Group plans only: We received an application from you on an enrollment form that has expired and is no longer in use. Please call Pre-enrollment at 1-877-714-0178 to complete your 2017 enrollment telephonically. (SGL and Custom)]

[Other Reason, free text explaining why the application cannot be accepted: (Free Text)]
(Custom Only) Ends the MA/MAPD Optional Section.

[For PDP plans one or more options will be used:
You must have Medicare Part A or Part B (or both) to sign up for a Medicare Prescription Drug Plan. (SGL and Custom)]

You are unlawfully present in the United States. In general, Medicare doesn’t pay your medical bills if you’re not lawfully present in the United States. (SGL and Custom)

You are incarcerated (in prison or in jail), and live outside our service area. In general, Medicare doesn’t pay your medical bills if you are incarcerated. (SGL and Custom)

You don’t live in the plan’s service area. (SGL and Custom)

You don’t qualify for a Medicare Prescription Drug Plan at this time. You can change plans only during certain times of the year.

[For Individual plans only:
From October 15 and December 7, you can make any type of change. This includes adding or dropping Medicare Prescription Drug coverage.

You may be able to change plans at other times in special situations, such as:

• You move out of the plan’s service area.
• You want to join a plan in your area with a 5-star rating.
• You qualify for Extra Help with your prescription drug costs.]] (SGL and Custom)

[Your application wasn’t complete. Or, we didn’t get the information we asked for before the deadline. (SGL and Custom)]

It looks like someone filled out and sent the application for you. By law, we must have paperwork showing this person can act for you. An example of this paperwork is a Power of Attorney letter. We can’t accept your application without it. (Custom Only)

[You have drug coverage from your employer or union and you told us you don’t want to join this plan. (Custom Only)]

[You’ve already signed up for <plan name> starting <effective date>.] (Custom Only: pending future system enhancement for SGL)

[You sent us a more recent application for a different plan.] (Custom Only)

Y0066_PDD668E_0011M Approved <MRAMR2274EN>

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Denial of Enrollment Letter (Page 4)

[2274_PDD668E_0011M Notice for Denial of Enrollment]

[For Individual plans only: The application you sent us is expired and is no longer in use. Please call Pre-enrollment at 1-877-714-0178 to complete your 2017 enrollment telephonically. (SGL and Custom)]

[For Employer Group plans only: We received an application from you on an enrollment form that has expired and is no longer in use. Please call Pre-enrollment at 1-877-714-0178 to complete your 2017 enrollment telephonically. (SGL and Custom)]

[Other Reason, free text explaining why the application cannot be accepted: (Free Text)]
(Custom Only) Ends the PDP Optional Section.

What if the plan paid for some of my MA/MAPD: care? [PDP: prescriptions]? We’ll send you a bill for it.

[Dual eligible Special Needs Plans may omit this Extra Help paragraph]

Need help paying for your prescription drug costs?
If you have a limited income, you may qualify for Extra Help with your prescription drug costs. If you qualify:

• Medicare could pay up to 75% or more of your drug costs.
• You could get help with your monthly prescription drug premiums, annual deductibles, and co-insurance.
• You won’t have a coverage gap or a Part D Late Enrollment Penalty.

Many people qualify for these savings and don’t even know it.

For more information, call your local Social Security office. Or, call Social Security toll-free at 1-800-772-1213. TTY 1-800-325-0778. You can also visit socialsecurity.gov/prescriptionhelp for online help.

If you qualify for Extra Help you may change plans at any time. If you lose Extra Help, you can change plans, but there’s a deadline. You’ll have two months from the date Medicare tells you that you no longer qualify.

Have questions about changing the way you get Medicare?
Please call Medicare at 1-877-486-2048, <24 hours a day, 7 days a week.>

Do you have a plan through a former employer, union group or trust administrator (plan sponsor)?
You may be able to make other changes to your plan, or re-apply. Please talk to your plan sponsor.

Questions?
If you have any questions or need more information, please call us. You can reach Customer Service toll-free at (number), TTY (TTY number), <hours and days>.

Y0066_PDD668E_0011M Approved <MRAMR2274EN>
Denial of Enrollment Letter (Page 5)

[2236_PDP666E_0013M Notice for Denial of Enrollment]

[Sincerely,

The UnitedHealthcare Team]

[Insert for all MAPD]
Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

[Insert for all PDP]
Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

Y0066_PDP666E_0013M Approved <MRAMR2274EN>
Disenrollment Due to Death Letter (Page 1)

To the Estate of <Member First Name> <Member Last Name>:

We’re sorry to hear about the recent loss of <Member First Name> <Member Last Name>. We want to share some information with you without placing any extra burden on you at this time.

Medicare has asked us to end <Member First Name>’s membership in <Plan Name> as of <disenrollment effective date>. If any coverage was paid for after that date, a refund will be sent to you or the plan’s sponsor within 30 days.

[MA/MA/PDP plans, exclude group plan members:]

If <Member First Name>’s Social Security Administration (SSA) or Railroad Retirement Board (RRB) check paid for coverage after <disenrollment effective date>, SSA or the RRB will send a refund to the address above. You can expect the refund within three months of this letter. If you don’t get the refund by then, please call Medicare at 1-800-633-8227, TTY 1-877-486-1048, 24 hours a day, 7 days a week.]

[MA plans insert the following: Please note: When <Member First Name> first signed up for the plan, <MA organization> paid a deposit. You may owe the Medicare Savings Account (MSA) plan part of that deposit. The amount owed is based on the number of months left in the year. We’ll send out a separate letter with the amount.]

If this information is wrong, please ask your local Social Security office to correct its records. You can call Social Security at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. to 7 p.m., Monday through Friday.

Once again, we’re very sorry for your loss. If you have any questions, please call us toll-free at <number>, TTY <TTY number>, <days and hours of operation>.

[Sincerely,

The <UnitedHealthcare> Team]

[EDITING NOTE: Insert for all MAPD/MA]

Y0066_PDP643E_0005M Approved

Disenrollment Due to Death Letter (Page 2)

<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

[DRAFTING NOTE: Insert for all PDP]

<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]
Disenrollment for No Chronic Condition Letter (Page 1)

Dear [Member First Name],

We wrote to you on [date] about your application to enroll in [Plan Name]. This plan is designed specifically for people with [insert appropriate disease name for the plan: diabetes, chronic heart failure or cardiovascular disease (heart disease)].

We couldn’t confirm you have one of these conditions. As a result, Medicare will end your plan [insert date] and you will return to Original Medicare effective date.

You can file a grievance, and ask us to reconsider this decision. To learn how, please see your Evidence of Coverage.

You can choose another plan.

Medicare will give you time to switch to a different Medicare Advantage Plan or Medicare Prescription Drug Plan. You can switch now, but no later than [insert date two months after the disenrollment date].

What if I choose another plan, but want to change it later?

In general, once you join a plan, Medicare limits when and how often you can change plans. You can switch, drop, or join a Medicare plan from [October 15 to December 7]. This includes adding or dropping Medicare Prescription Drug coverage.

You may drop a Medicare Advantage plan and return to Original Medicare from [January 1 to February 14]. The rules are different for Medical Savings plans. If you drop a Medicare Advantage plan during this time, you can join a stand-alone Medicare Prescription Drug plan.

You can only change plans once from [January 1 to February 14]. If you want to change plans again, you can do so [October 15 to December 7].

You can make changes at other times in certain cases. For example, you may be able to make changes if you:
- Move out of your plan’s service area
- Want to join a plan in your area with a 5-star rating

Y0066_MAPD/0563E_0002 Approved

Disenrollment for No Chronic Condition Letter (Page 2)

- Qualify for Extra Help with your prescription drug costs from Medicare

Need help paying for your prescription drug costs?

If you have a limited income you may qualify for Extra Help from Medicare. This program helps pay your prescription drug costs.

If you qualify:
- Medicare could pay 75% or more of your monthly premiums, annual deductibles and prescription co-pays or co-insurance.
- You won’t have a coverage gap or a Late Enrollment Penalty (LEP).
- You can change plans at any time. If you lose Extra Help during the year, you can change plans, but there’s a deadline. You have two months from the date that Medicare tells you that you no longer qualify.

Many people qualify for Extra Help and don’t know it. You can visit socialsecurity.gov/medicareprescriptionhelp for more information or to sign up. Or, call 1-800-772-1213, TTY 1-800-325-0778. You can also call or visit your local Social Security office.

Avoid a late fee in the future

If you leave a plan with prescription drug coverage and then sign up for a prescription drug plan later on, you may pay more. Medicare may charge you a Late Enrollment Penalty (LEP). You won’t have to pay an LEP if you:
- Sign up for a prescription drug plan within 63 days (so you don’t have a break in coverage).
- Choose a prescription drug plan that meets Medicare’s minimum standards. This is called “creditable coverage.”

If you have any questions, please call Customer Service toll-free at [number], TTY [TTY number], [hours and days of operation].

[<Sincerely,]

The [UnitedHealthcare] Team]

[Insert for all MAPD plans:

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

[Insert for all PDP plans:

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]
Disenrollment for Loss of SNP Status Letter (Page 1)

Dear [First Name],

We have some information to share with you about [Plan Name].

For Institutional Special Needs Plans only:

Your plan is designed to cover your care, as long as you live in a nursing home that has a contract with the plan.

Recently, we learned that you no longer live in a contracted nursing home. If this is correct, the plan will be unable to cover your care after [insert end date for period of deemed continued eligibility]. However, you can join another Medicare plan that may fit your needs.

What if I think this information is wrong, or I want to keep the plan?

Please call us as soon as you can, but no later than [insert end date for period of deemed continued eligibility]. You can reach Customer Service toll-free at [number], TTY [TTY_Number], [hours and days].

You can choose another Medicare plan

Medicare will give you a special once-time opportunity to change plans. This opportunity begins now and ends when you join a different plan or on [insert date three months after the expiration of the period of deemed continued eligibility]. You can choose a Medicare Advantage plan with or without prescription drug coverage.

What if I do nothing?

If we don’t hear from you by [insert end date for period of deemed continued eligibility] or you don’t join another plan, you’ll go back to Original Medicare starting [insert date one day after the end date for period of deemed continued eligibility].

If you go back to Original Medicare, you may still need to take some action:

- When your plan ends, you’ll lose your drug coverage. You may want to think about joining a Medicare Prescription Drug plan, so your drugs are covered.
- You may also want to buy a Medigap (Medicare Supplement Insurance) policy.

Medigap can help with some of the costs Original Medicare doesn’t cover.

Avoid a late fee in the future


Disenrollment for Loss of SNP Status Letter (Page 2)

What you can do now can save you money later on. You may want to make sure you have or get “creditable” prescription drug coverage. This is coverage that’s as good as a Medicare Prescription Drug plan. If you don’t, you may have to pay a late fee if you join a Medicare Prescription Drug plan later on. The fee is called a Late Enrollment Penalty.

What if I join a new plan, but want to change plans later?

Once you use the special one-time opportunity to change plans, Medicare limits when you can make other changes. You can:

- Switch, drop or join a Medicare plan from [October 15 to December 7]. This includes adding or dropping Medicare Prescription Drug coverage.
- Drop a Medicare Advantage plan (but not an HSA plan) and return to Original Medicare from January 1 through February 14. If you drop a Medicare Advantage plan during this time, you can add a Medicare Prescription Drug plan.
- Change plans at other times, but only in certain cases. For example, you can:
  - Move out of your plan’s service area
  - Want to join a plan in your area with a 5-star rating
  - Qualify for Medicare’s Extra Help with your prescription drug costs

Need help paying for your drug costs?

If you have a limited income, you may be able to get help with your prescription drug costs from Medicare’s Extra Help program. If you qualify, Medicare could pay for 75% of your monthly prescription drug premiums, annual deductibles, prescription co-pays or co-insurance.

Many people qualify and don’t know it. There’s no penalty for applying. If you qualify, you may change plans at any time. If you lose Extra Help you can change plans, but there’s a time limit. You have up to two months after you lose it.

For more information and to apply, visit www.socialsecurity.gov/prescriptionhelp. Or, call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778. You can also call your local Social Security office.

End of Institutional Special Needs Plans only section

For Chronic Needs Plans only:

Your plan is designed specifically for people who have a chronic illness with long-term medical problems.

Recently, we learned that you no longer have a chronic illness (or we couldn’t reach your doctor to confirm it). If this is correct, the plan won’t be able to cover your care, and your coverage will end [insert end date for period of deemed continued eligibility]. You can reach Customer Service toll-free at [number], TTY [TTY_Number], [hours and days].

You can choose another Medicare plan

Medicare will give you a special one-time opportunity to change plans. This opportunity begins now and ends when you join a different plan or on [insert date three months after...

Approved

<Y0066_150306_141044 Approved>
Disenrollment for Loss of SNP Status Letter (Page 3)

the expiration of the period of deemed continued eligibility. You can choose a Medicare Advantage plan with or without prescription drug coverage.

What if I do nothing?
If we don’t hear from you by <insert end date for period of deemed continued eligibility> or you don’t join another plan, you’ll go back to Original Medicare on <insert one day after the end date for period of deemed continued eligibility>.

If you go back to Original Medicare, you may still need to take some action:
- Your plan ends, you lose your drug coverage. You may want to think about joining a Medicare Prescription Drug plan, so your drugs are covered.
- You may also need to buy a Medigap (Medicare Supplement Insurance) policy. Medigap can help with some of the costs Original Medicare doesn’t cover.

Avoid a late fee in the future
What you do now can saves you money later on. You may want to make sure you have or get “creditable” prescription drug coverage. This is coverage that is as good as a Medicare Prescription Drug plan, if you don’t, you may have to pay a late fee if you join a Medicare Prescription Drug plan later on. The fee is called a Late Enrollment Penalty.

Malevolent Kindness
What if I join a new plan, but want to change plans later?
Once you use the special one-time opportunity to change plans, Medicare limits when you can make other changes. You can:
- Switch, drop or join a Medicare plan from <October 15 to December 7>. This includes adding or dropping Medicare Prescription Drug coverage.
- Drop a Medicare Advantage plan (except an MSA plan) and return to Original Medicare from <January 1 through February 14>. If you drop a Medicare Advantage plan during this time, you can add a Medicare Prescription Drug plan.
- Change plans at other times, but only in certain cases. For example, you:
  - Move out of your plan’s service area
  - Want to join a plan in your area with a 5-star rating
  - Qualify for Medicare’s Extra Help with your prescription drug costs

Need help paying for your drug costs?
If you have a limited income, you may be able to get Extra Help from Medicare to pay for your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your monthly prescription drug premiums, annual deductibles, prescription co-pays or co-insurance.

Many people qualify and don’t know it. There’s no penalty for applying. If you qualify, you may change plans any time. If you lose Extra Help you can change plans, but there’s a time limit. You have up to two months after you lose it.

For more information and to apply, visit www.socialsecurity.gov/prevention. You can call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778. You can also call your local Social Security office.
End of Chronic Needs Plans section]

[For Dual Special Needs Plans only]
Your plan is designed for people who get help from Medicaid. Our records indicate that you no longer qualify for Medicaid. If this is correct, the plan won’t be able to cover your care, and your coverage will end <insert end date for period of deemed continued eligibility>. However, you can join another Medicare plan that may fit your current needs.

What if I think this information is wrong, or I want to keep the plan?
Please call us before <insert end date for period of deemed continued eligibility>. You can reach Customer Service toll-free at <number>, TTY <TTY number> hours days.

To keep the plan, you will need to show that you qualify for Medicaid. You have six months from the date of this letter to do so. Note: If you get medical care during this time, you will need to pay costs the plan would have paid until you regain Medicaid coverage.

These costs could include deductibles, premiums, co-pays or co-insurance.

You can choose another Medicare plan
Medicare will give you a special one-time opportunity to change plans. This opportunity begins now and ends when you join a different plan or <insert date three months after the expiration of the period of deemed continued eligibility>. You can choose a Medicare Advantage plan with or without prescription drug coverage.

What if I do nothing?
If you don’t re-qualify for Medicaid or join another plan by <six months from the date on this letter>, you’ll go back to Original Medicare starting <insert one day after the end date for period of deemed continued eligibility>.

If you go back to Original Medicare, you may still need to take some action:
- When your plan ends and you return to Original Medicare, you lose your drug coverage. You may want to think about joining a Medicare Prescription Drug plan, so your drugs are covered.
- You may also want to buy a Medigap (Medicare Supplement Insurance) policy. Medigap can help with some of the costs Original Medicare doesn’t cover.

Avoid a late fee in the future
What you do now can save you money later on. You may want to make sure you have or get “creditable” prescription drug coverage. This means your coverage is as good as Medicare Prescription Drug coverage. If you don’t, you may have to pay a late fee when you join a Medicare Prescription Drug plan later on. The fee is called a Late Enrollment Penalty.

What if I join a new plan, but want to change plans later?
Once you use the special one-time opportunity to change plans, Medicare limits when you can make other changes. You can:
- Switch, drop or join a Medicare plan from <October 15 to December 7>. This includes adding or dropping Medicare Prescription Drug coverage.
- Drop a Medicare Advantage plan (except an MSA plan) and return to Original Medicare from <January 1 through February 14>. If you drop a Medicare Advantage plan during this time, you can add a Medicare Prescription Drug plan.
- Change plans at other times, but only in certain cases. For example, you:
  - Move out of your plan’s service area
  - Want to join a plan in your area with a 5-star rating
  - Qualify for Medicare’s Extra Help with your prescription drug costs

Disenrollment for Loss of SNP Status Letter (Page 4)
Disenrollment for Loss of SNP Status Letter (Page 5)

[End of Dual Special Needs Plans only section]

If you have any questions, please call us. You can reach Customer Service toll-free at (number), TTY (TTY_Number), (hours and days).

[Sincerely,]
The <UnitedHealthcare> Team

[Do we have the right address for you?]
If not, please let us know so we can keep you informed about your plan.

[DRAFTING NOTE: Insert for all MAPD]
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

[DRAFTING NOTE: Insert for all PDP]
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

<Y0666_150306_141044 Approved> <MRAMR1397EN>
Loss of Medicaid Status Letter (Front) 1 of 3

UnitedHealthcare
Community Plan
PO Box 2900
Hot Springs, AR 71903-9100

Member ID: [MEMBERSHIP_NUMBER]

[ADDRESS_LINE_1]
[ADDRESS_LINE_2]
[ADDRESS_LINE_3]
[ADDRESS_LINE_4]

[CURRENT_DATE]

Dear [RECIPIENT1_NAME_FIRST] [RECIPIENT1_NAME_LAST],

[PLAN_TYPE_DESCRIPTION] must disenroll a member from
[PLAN_TYPE_DESCRIPTION] if a member doesn't receive benefits from the Medicaid Program and doesn't reinstate eligibility for the Medicaid Program prior to the expiration period of six months from the date of this letter.

Why am I receiving this notice?

Our records indicate that you no longer receive benefits from the Medicaid Program. To be a member of [PLAN_TYPE_DESCRIPTION], you must also receive benefits from your state Medicaid Program.

How long will I continue to receive coverage?

[PLAN_TYPE_DESCRIPTION] will continue to cover your Medicare benefits until [DISENROLL_EFFECT_DATE]. You have six months from the date of this letter to re-enroll for our plan.

When will coverage end?

If, at the end of six months, you haven't regained or corrected your state Medicaid eligibility and you haven't enrolled in a different plan, we will disenroll you and you will be covered by Original Medicare beginning [DAY_AFTERTERM_DATE].

What do I do if my coverage ends?

When coverage ends [PLAN_TYPE_DESCRIPTION] ends too. To have new health care coverage and prescription drug coverage after [DISENROLL_EFFECT_DATE] or to buy a Medigap policy while you still have a guaranteed right to buy one, you need to take action. For example, if you are returning to Original Medicare coverage, to get Medicare prescription drug coverage you must join a Medicare prescription drug plan. Please remember, if you disenroll from [PLAN_TYPE_DESCRIPTION] and don't have or get other creditable prescription drug coverage (as good as Medicare prescription drug coverage), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

When can I join another plan?

Because you are no longer eligible for our plan, Medicare will give you a special enrollment opportunity to change to a different Medicare Advantage Plan or Medicare Prescription Drug Plan. This opportunity begins now and ends when you enroll in a different plan or on [3 MONTHS AFTER TERM DATE], whichever is earlier. If you don't take any action, [PLAN_TYPE_DESCRIPTION] will continue to cover your Medicare benefits until [DISENROLL_EFFECT_DATE].

Once you use the special one-time opportunity to change plans, there are limits to when and how often you can change the way you get Medicare:

- From October 15 through December 7, anyone with Medicare can switch from one way of getting Medicare to another for the following year, including adding or dropping Medicare prescription drug coverage.
- From January 1 through February 14, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage Plan during this time can join a standalone Medicare Prescription Drug Plan during the same period. If you join a Medicare Prescription drug plan, you will be automatically disenrolled from our plan and returned to Original Medicare.

Generally, you will be able to make changes only during these two times, unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help with prescription drug costs. If you qualify for extra help, you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

What is extra help?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, if you qualify, you will have a prescription drug extra help benefit, which is a limited benefit to help pay for your prescription drugs. People qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.ssa.gov/mymedicare. If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

What if I don't agree with this decision or if I have questions?

If this information is wrong and you continue to be eligible for [PLAN_TYPE_DESCRIPTION] or if you believe you have already re-qualified for our plan.
Loss of Medicaid Status Letter (Front) 3 of 3

To make an appeal, call your plan's [TOLLFREE_NUMBER]. TTY users should call [TTY_NUMBER]. We are open [OPERATING_HOURS].

Thank you.

Sincerely,

The UnitedHealthcare Team

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.
Loss of Medicare Status Letter (Page 1)

Dear <Member First Name>,

<Plan Name> has ended or will end <date>.

Medicare has told us that you no longer have Medicare <Part A / Part B / Part A and Part B>. [MAPD and MA only plans insert: You need to have both Part A and Part B to keep your Medicare Advantage plan.] [PDP plans: You need to have Part A or Part B to keep your Medicare Prescription Drug plan.] Therefore, your plan has ended or will end soon.

Did you get your plan through a former employer, union group or trust administrator (plan sponsor)?

We suggest you call your plan sponsor to find out what you can do if you need coverage.

If you haven’t already done so, please talk to your local Social Security office. Medicare gets your information from Social Security. If the information is wrong, Social Security’s records will need to be corrected. Call your local Social Security office, or call Social Security at 1-800-772-1213 from 7 a.m. to 7 p.m., Monday - Friday. TTY users should call 1-800-325-0778.

[MAPD and PDP plans insert: What if I need prescription drug coverage?]

[PDP only: You must have either Medicare Part A or Part B to enroll in a Medicare Prescription Drug plan.] [MAPD only insert: If you still have either Medicare Part A or Part B, you qualify for Medicare Prescription Drug coverage.]

To get Medicare Prescription Drug coverage, you need to sign up for one of these:
- A Medicare Advantage plan that offers prescription drug coverage (you must have Medicare Part A and Part B)
- A Medicare Prescription Drug plan (you must have Medicare Part A or Part B), or
- A prescription drug plan that meets Medicare’s minimum standards. This is also called “creditable coverage.”

Y0666_PDP664F_E_0008M Approved <MRAMR1125EN>

Loss of Medicare Status Letter (Page 2)

In addition, you need to avoid a gap in coverage lasting 63 or more days. If you don’t, you may have to pay a Late Enrollment Penalty when you sign up for a Medicare Prescription Drug plan later on. You would pay that penalty for as long as you have Medicare Prescription Drug coverage.

What if my plan ended before today?

If we paid any claims after the plan ended, we’ll review them and let you know if there are any changes. In some cases you may owe more. If you paid any premiums (monthly payments) after the plan ended, we’ll send you a refund. You can expect the refund within 30 days of this letter.

What if my plan ends soon?

Please note that the plan ends <effective date> and won’t cover you after that date.

Remember, Medicare limits how and when you can change plans. If you have any questions, please call Customer Service toll-free at <number>, TTY 1-877-486-2048, anytime, 24 hours a day, 7 days a week.

[Direct care organization’s name and address]

The <UnitedHealthcare> Team]
Disenrollment Due to No Part A or B Letter (Page 1)

Dear <Member First Name>,

<Plan Name> has ended or will end <date>. Medicare has told us that you no longer have Medicare Part A/Part B/Part A and Part B. [MAPD and MA only plans insert: You need to have both Part A and Part B to keep your Medicare Advantage plan.] [PDP plans: You need to have Part A or Part B to keep your Medicare Prescription Drug plan.] Therefore, your plan has ended or will end soon.

Call us if you want to keep your plan.
If you think this information is wrong and you want to keep your plan, please call Customer Service toll-free at number, TTY. For hours and days of operation:

Did you get your plan through a former employer, union group or trust administrator (plan sponsor)?
We suggest you call your plan sponsor to find out what you can do if you need coverage.

If you haven’t already done so, please talk to your local Social Security office. Medicare gets your information from Social Security. If the information is wrong, Social Security’s records will need to be corrected. Call your local Social Security office, or call Social Security at 1-800-772-1213 from 7:00 a.m. to 7:00 p.m., Monday - Friday. TTY users should call 1-800-325-0778.

[MAPD and PDP plans insert:
What if I need prescription drug coverage?
[PDP only: You must have either Medicare Part A or Part B to enroll in a Medicare Prescription Drug plan.] [MAPD only insert: If you still have either Medicare Part A or Part B, you qualify for Medicare Prescription Drug coverage.]

To get Medicare Prescription Drug coverage, you need to sign up for one of these:
- A Medicare Advantage plan that offers prescription drug coverage (you must have Medicare Part A and Part B)
- A Medicare Prescription Drug plan (you must have Medicare Part A or Part B), or
- A prescription drug plan that meets Medicare’s minimum standards. This is also called “creditable coverage”

Y0066_PDF664E_0008M Approved

<Questions? We're here to help.>
<TTT <number> <hours and days>

Disenrollment Due to No Part A or B Letter (Page 2)

In addition, you need to avoid a gap in coverage lasting 63 or more days. If you don’t, you may have to pay a Late Enrollment Penalty when you sign up for a Medicare Prescription Drug plan later on. You would pay that penalty for as long as you have Medicare Prescription Drug coverage.

What if my plan ended before today?
If we paid any claims after the plan ended, we’ll review them and let you know if there are any changes. In some cases you may owe more. If you paid any premiums (monthly payments) after the plan ended, we’ll send you a refund. You can expect the refund within 30 days of this letter.

What if my plan ends soon?
Please note that the plan ends effective date, and won’t cover you after that date.

Remember, Medicare limits how and when you can change plans. If you have any questions, please call Customer Service toll-free at number, TTY. For hours and days of operation:

If you have any other questions, you can also contact Medicare at 1-800-633-4227, TTY 1-877-889-2048, anytime, 24 hours a day, 7 days a week.

[Sincerely,

The <UnitedHealthcare> Team>]

[DRAFTING NOTE: Insert for all MAP/MA
<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

[DRAFTING NOTE: Insert for all PDP
<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

10.13.17

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Dear [Member First Name],

Thank you for applying to be a member of [Plan Name]. We look forward to having you as a member. However, we need more information before we can process your application. Please provide the missing information by [missing information due date].

[Medicare card, permanent address/other:
Here is what we need from you.]
We need to make sure you have Medicare Part A and Part B. Please send us a copy of your red, white and blue Medicare card as proof. Once we see your Medicare card, we can process your application.

[We need to make sure you live in the plan’s service area. Please call or send us your permanent address. Medicare requires a physical street address for enrollment, not a P.O. Box. Once we have confirmed that your address is within the plan’s service area, we can process your application.]

Permanent Address
City
State
ZIP
County

[If member is missing an election period:
During certain times of the year, Medicare will not let you enroll unless you meet certain special exceptions, such as if you qualify for extra help with your prescription drug costs. Please call us at the number below to help us determine if you’re able to enroll at this time.]

[From other explanation]

[ESRD:
End Stage Renal Disease (ESRD) Disclosure]

Y0066_151204_125111 Approved MRAMR1781EN
ESRD Disenrollment Letter (Page 3)

[MWP Letter 2 ESRD Missing Information]

By fax to: ~(704) 719-2703~

If you have any questions, please call Customer Service toll-free at ~<number>~, TTY ~<TTY Number>~, ~hours and days~: [800 Series only] Or, you can talk with your plan sponsor.]

[-Sincerely,

The <UnitedHealthcare Team>]

<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.>
Dear [Member First Name],

Thank you for enrolling in [Plan Name]. Before we complete your enrollment, we’d like to confirm that you want to be enrolled in this plan.

**Your other coverage**

Medicare let us know that you already have prescription drug coverage through a former employer, union group or trust (plan sponsor) health plan. It’s important that you consider your decision to enroll in our plan carefully. By enrolling, you and anyone else covered on your other plan may lose that coverage. Please contact your plan sponsor if you haven’t already done so to discuss your decision to enroll in our plan.

**Insert for PFFS plans:**

- **Plan Name** is a Medicare Advantage Private Fee-for-Service plan. It’s different from other Medicare Advantage plans or Medigap (Medicare supplement insurance).
  - Your doctor or hospital doesn’t have to agree to the plan’s terms and conditions.
  - They may choose not to treat you, except in an emergency.
  - You can find the plan’s terms and conditions at [insert link to PFFS terms and conditions].

**Call us in the next 30 days if you want to enroll in this plan.**

If you have already talked with your plan sponsor and have decided that you would still like to be a member of [Plan Name], please call the phone number provided below. We won’t process your enrollment unless we hear from you within 30 days of the date of this notice.

If you join the plan, the plan’s start date will be [effective date].

To confirm your enrollment or if you have any questions, please call Customer Service toll-free at [number], TTY [TTY_Number], hours and days of operation.

[-Sincerely,

Y0066_PD66053E_0000M Approved

Y0066_PD66053E_0000M Approved
Dear <Member First Name>,

Thank you for applying for <Plan Name>. We discovered that some information is missing from your application:

[Select for MAPD]:
- Proof that you have Medicare Part A and Part B. Please send us a copy of your Medicare card.
- Medicare has set times during the year when you can join a plan. You may not be able to join the plan at this time, unless you meet certain special exceptions. For example, you may be able to join now if you qualify for Extra Help with your prescription drug costs. Please call us at the number below to help determine if you're able to join the plan at this time.

[Select for PDP]:
- Proof that you have Medicare Part A and Part B. Please send us a copy of your Medicare card.
- Your permanent address. According to Medicare, it should be within the plan’s service area. Please do not give a P.O. Box.
- [Select for other explanations]

Deadline: We must have this information by <date>. If we don’t receive it by then, you won’t be able to join the plan.

[If we need hard copies of the information:
- How to give us the information:
  - By fax: <fax number>
  - By mail: <address>]

Y0066_PDP500E_0008 Approved MRAMR1094EN

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Missing Information Letter (Page 3)

approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

[DRAFTING NOTE: Insert for all PDP

>“Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.”]
Non-Payment of Premium Returned Payment Letter (Page 1)

Non-Payment of Premium Returned Payment Letter (Page 2)

The amount due does not include your current month’s premium.

If we don’t get payment by the due date, your plan will be canceled on <plan termination date>. We gave you this date in an earlier letter. Please note: this date is in the past, and you may lose the coverage you have now.

Where to send your payment
Be sure to put your member ID number on your money order or certified check. You can find the number at the top of this letter. Mail your payment to:
<lockbox>

Please send your payment with enough time to reach us by <payment due date>. We don’t want you to lose your plan because your payment was late.

Questions? Please call us.
You can reach Customer Service toll-free at <number>, TTY <711>, <days and hours of operation>.

[Sincerely,]

UnitedHealthcare

<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>
Notice of Applied LEP Letter (Page 1)

[1729_PDP2245E_0011M Beneficiary Notice of Late Enrollment Penalty]

Member ID: [Membership ID]

Dear [Member First Name],

We are writing to let you know that starting [effective date], you will need to pay a Late Enrollment Penalty (LEP). An LEP is an extra cost added to your monthly payment for as long as you have Medicare Prescription Drug coverage.

LEP: [LEP amount]
New premium, including LEP: [monthly premium]
Starting date: [effective date]

Why do I have an LEP?
Medicare has rules about prescription drug coverage. You need to pay an LEP if you:
- Didn’t join a Medicare Prescription Drug plan when you were first eligible for Medicare Part A or B, AND
- Didn’t have other prescription drug coverage that met Medicare’s minimum standards; OR
- Had a break in coverage for 63 days or more

According to Medicare’s records, you had a break in coverage for [number of uncovered months] of [months].

[For member who owns past LEPs:] You have past due LEPs
You will need to pay your LEP dating back to [effective date]. We estimate the total amount you owe is [amount]. This amount due will be added to your monthly payment until it is paid in full. After it is paid, your monthly premium will be [monthly premium].

How to pay your past due LEP
If you pay your monthly premium by:
- Check. We’ll add it to your next bill.

Notice of Applied LEP Letter (Page 2)

[1729_PDP2245E_0011M Beneficiary Notice of Late Enrollment Penalty]

- Electronic Funds Transfer.* We’ll ask your bank to pay it within the next month. If you find that your bank didn’t do it, please call Customer Service at the number below. We’ll work out another way for you to pay.
- Social Security or the Railroad Retirement Board checks. We’ll ask them to pay it from your check within the next month. If you find that they didn’t do it, please call Customer Service at the number below. We’ll work out another way for you to pay.

If you need more time to pay, please give us a call at the number below. We can set up a payment plan with you.

[^ Members enrolled in the EFT program agree to the following terms: Your bank may make UnitedHealthcare Insurance Company (UHIC) the new charges from your bank account which may include up to $200.00 of current retroactive charges plus monthly premium amount. Payment will take place on or about the fifth of each month. If I choose to stop paying by EFT, I will tell both UHIC and my bank. I understand it could take 1-2 months to process the change.]

[Insert the following, if appropriate, if the employer, union or SPAP is paying the LEP on behalf of the member:]
What if my employer or State Pharmaceutical Assistance Program (SPAP) pays my LEP?
You get help with the LEP from your:
- Employer, union group, trust administrator (plan sponsor) OR
- State Pharmaceutical Assistance Program (SPAP)

If your employer or SPAP stops paying your LEP, you will be responsible for paying that amount.

I don’t think I should pay an LEP. What can I do?
You can ask Medicare to reconsider your LEP. You’ll need to show that certain circumstances apply to you. For example, you get Extra Help from Medicare for your prescription drug costs. Or, another plan failed to give you a letter showing it met Medicare’s minimum standards.

We’ve included a copy of:
- Medicare’s notice explaining your right to a reconsideration
- The form you can use to ask for a reconsideration: The Part D Late Enrollment Penalty Reconsideration Request

Be sure to fill out the form completely and mail it within 60 days of the date on this letter. If it’s late, Medicare may not consider your request.

Questions?
Please call us if you have any questions, or need more information about the LEP. You can reach Customer Service toll-free at [number], TTY [TTY number], [hours and days].
Notice of Applied LEP Letter (Page 3)

[1729_PDP2245E_0011M Beneficiary Notice of Late Enrollment Penalty]

If you still have questions, Medicare also has information about the LEP. Call 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week. Or visit medicare.gov for online help.

We appreciate being your insurance company.

(Sincerely,

The UnitedHealthcare Team)

[Enclosures]

[Do we have the right address for you?]

If not, please let us know so we can keep you informed about your plan.

[Insert for all MAPD:]

*Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.*

[Insert for all PDP:]

*Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.*
Reconsideration Form 1 Letter (Page 1)

YOUR RIGHT TO ASK MEDICARE TO REVIEW YOUR MEDICARE PART D LATE ENROLLMENT PENALTY

What If I Don’t Agree with Medicare’s Late Enrollment Penalty (LEP) Decision?
You can ask Medicare to review your LEP if you think that their decision was incorrect. This is called a “reconsideration.” There are examples of reasons for reconsideration on the form sent with this notice. Some of the most common are:

- You think Medicare didn’t count all of your creditable coverage.
- You didn’t get a notice that clearly told you why your coverage wasn’t creditable.

“Creditable prescription drug coverage” is coverage (for example from an employer or union) that meets Medicare’s minimum standards. If you don’t join a Medicare Drug plan when you’re first eligible, and you don’t have other “creditable prescription drug coverage,” you may have to pay an LEP.

Who Can Ask for a Reconsideration?
- You
- Someone you choose to act for you (your representative). This person must prove they have the right to represent you. Proof can be a power of attorney form, a court order, or an “Appointment of Representative” form. The form is available on www.medicare.gov or by calling Medicare (see below) to ask for Form CMS-1696.

How Do I Ask for a Reconsideration?
1. Complete and sign the form sent with this notice (keep a copy).
2. If you’ve named someone to act for you, include a copy of the proof the individual can represent you.
3. Include copies of any proof that supports your case, like information about previous creditable prescription drug coverage.
4. Mail it to the address or fax it to the number listed on the form within 60 days from the date on the letter you get stating you had to pay an LEP.

* If you wait more than 60 days, you must explain why your request is late. Medicare will decide if you had good cause to send a late request.

Please Note: Do not send original documents.

Where Can I Get More Information?
If you have any questions, call us toll-free at 1-800-633-4227, TTY users can call 1-877-486-2048. You can call Medicare at 1-888-359-4278, TTY 1-877-486-2048, 24 hours a day, 7 days a week. Or visit www.medicare.gov for online help.

[END OF FORM]

Y0006_PDP2294E_0004 CMS Approved  <MRAM15556EN>

Reconsideration Form 1 Letter (Page 2)

approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

[END OF FORM]

<footnote>Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.

Y0006_PDP2294E_0004 CMS Approved  <MRAM15556EN>
Reconsideration Form (Page 1)

Part D Late Enrollment Penalty (LEP) Reconsideration Request Form
(Rev. 9.2/22/13)

Please use one (1) Reconsideration Request Form for each Enrollee.

Date: ___________________ Medicare Appeal #: ___________________

Enrollee Name: _______________________________________________

City, State, ZIP Code: ___________________________________________

Phone: (____) ________

Medicare Health Insurance Claim #: ____________________________

(From red, white, and blue Medicare card)

Date of Birth (MM/DD/YYYY): _________________________________

Name of Current Part D Drug Plan:

IMPORTANT: A signature by the enrollee is required on this form in order to process an appeal.

Complete, sign and mail this request to the address at the end of this form, or fax it at the number listed on the form within 60 days from the date on the letter you received stating you have to pay a Late Enrollment Penalty.

If it has been more than 60 days, explain your reason for delay on a separate sheet and send it with this form.

Check all boxes that apply to you (your case will only be reviewed for one or more of the following reasons):

☐ I had other prescription drug coverage as good as Medicare’s (credible coverage). Please provide evidence of prior credible prescription drug coverage. For example:
  - If you had drug coverage from an employer or union plan, provide a copy of the Notice of Credible Prescription Drug Coverage or Certificate of Prior Credible Prescription Drug Coverage from the employer or union plan.
  - If you had drug coverage with the Department of Veterans Affairs (VA), please provide any of the following: Notice of Credible Prescription Drug Coverage, a copy of your VA Health Benefit Card, a letter from the VA certifying eligibility, or an Explanation of Benefits (EOB).
  - If you have drug coverage through the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian Organization (T/ITU), please provide a copy of any of the following: IHS registration card or letter verifying eligibility and/or enrollment.

☐ I had prescription drug coverage but I didn’t get a notice that clearly explained if my drug coverage was credible coverage.

Reminder: Most non-Medicare plans that offer prescription drug coverage, like employer or union coverage, must send enrollees a notice explaining how their prescription drug coverage compares to Medicare Prescription Drug Coverage. Plans may provide this information in their benefits handbook, or as a separate written notice.

Y0066_PIDP2280F_0005M CMS Accepted

Reconsideration Form (Page 2)

If you don’t know if your prescription drug coverage was credible:

To help your case, you may want to send a letter to your previous plan and ask if your coverage was credible. Attach your letter and any response to this form. You shouldn’t wait to receive a response before you send this request form, and there is no need to send a letter if your prior coverage was with a Medicare Part D plan.

☐ I believe the LEP is wrong because I was not eligible to enroll in a Medicare Part D plan during the period stated by my current Medicare Part D plan. Example: You lived outside of the United States during the initial enrollment period stated by your Medicare Part D plan. You must submit proof why you believe the LEP is wrong, such as proof of overseas residency.

☐ I believe the LEP is wrong because I was unable to enroll in a Medicare Part D plan due to a serious medical emergency. You must submit proof that you experienced a serious medical emergency (e.g., unexpected hospitalization) that affected your ability to timely enroll in a Medicare Part D plan.

☐ I have had Extra Help from Medicare to pay for my prescription drug coverage.
  - Dates of Extra Help from: / / / to / / /
  - Use a separate sheet if necessary.

☐ I lived in an area affected by Hurricane Katrina at the time of the hurricane (August 2005) and joined a Medicare Drug plan before December 2006.
  - I am attaching evidence of my residency in 2005.
  - Name of Parish:

By signing this form, I give permission to any entity to release information needed by Medicare or its independent contractor (MAXIMUS Federal Services) to review my Medicare Part D Late Enrollment Penalty appeal.

I certify that the information on this form is true, accurate and complete. I understand that if I have submitted any false documents, made any false claims or statements, or concealed any material facts, I may be subject to civil or criminal liability.

Signature of Enrollee: ______________________ Date: ________

☐ Be sure to include your Medicare health insurance claim number on any materials you send.
☐ Do not send original documents.
☐ Please make sure the enrollee and representative, if applicable, have signed this form.

Send this form and any extra pages to:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 704
Pittsford, NY 14534-1302
Fax Number: (585) 869-3320
Toll Free Fax Number: (866) 589-5241

Note about Representatives:
If you want another individual, such as a family member, friend, or your doctor to request reconsideration for you, that individual must be your representative.

[ATTACHITIONAL INFORMATION]

Y0066_PIDP2280F_0005M CMS Accepted
Reconsideration Form (Page 3)

[Reconsideration Form]

[Insert for all PDP]

[Reconsideration Form]

Y0086_PDP2280E_0005M CMS Accepted
LEP Incomplete Attestation Letter (Page 1)

Dear Member First Name,

[Insert one or more of the following options:]
Recently, we sent you a letter asking about other prescription drug coverage you’ve had. We received the information you sent, but the following was missing:

- [The dates you had prescription drug coverage.]
- [The name of your prescription drug plan.]
- [Your signature.]
- [Other: freeform text.]

[Authorized Representative. The information sent to us was provided by someone other than yourself, so we need to have that person on file as your Authorized Representative. An Authorized Representative is someone who has the legal right to make healthcare choices for you.]
- If this person is a family member, you can call Customer Service to give us information about your Authorized Representative.
- If this person is not a family member, please send a completed Authorized Representative form. You can call Customer Service to get a copy of the form.]

Please contact us with this information by <due date>.
- By phone: Call Customer Service toll-free at <number>, TTY <TTY number>, <hours and days>.
- By fax: <fax number>
- By mail: <address>

If we don’t receive this information by <due date>, you may have to pay a Late Enrolment Penalty (LEP) in addition to your monthly premium payment.

Thank you in advance for your attention to this matter.

[<Sincerely>,

AH_PDP2387E_0007M

MRAMR1953BG

LEP Incomplete Attestation Letter (Page 2)

The <UnitedHealthcare> Team]

[Do we have the right address for you?]
If not, please let us know so we can keep you informed about your plan.

[Insert for MAPD:]
<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

[Insert for PDP:]
<Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.>]

AH_PDP2387E_0007M

MRAMR1953BG
Notice of Potential LEP Letter (Page 1)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare and Medicaid Services

Member ID: [Membership ID]

Dear [Member First Name],

Thank you for enrolling in [Plan Name]. Medicare has let us know that you may have to pay a Late Enrollment Penalty (LEP) as a part of your monthly premium payment.

Why do I have to pay an LEP? Medicare has rules about prescription drug coverage. You need to pay an LEP if you did not have prescription drug coverage that met Medicare’s minimum standards. This is called creditable coverage.

Medicare’s records show that you did not have creditable coverage from [insert first day without creditable prescription drug coverage in month/day/year format].

What if I did have creditable coverage? If you had creditable coverage during this time, you may not need to pay an LEP. Please contact us with more information about your old coverage:

- [By mail]: Fill out the form we sent with this letter and return it to [Plan Name], [Plan Address].
- [By phone]: Call us to provide your plan information over the phone.

When is this information due? Please return the form or call us by [insert the date that is X days from the date of this letter in month/day/year format]. If we don’t hear from you by this date, you may have to pay an LEP.

If you have any questions, please call Customer Service toll-free at [number], TTY [TTY_number], [hours and days of operation].

If you have coverage through your former employer, union group or trust administrator (plan sponsor) they may pay the LEP for you. For questions about the LEP, please talk to your plan sponsor.

Y0066_PDP2804E_0002M Approved

Notice of Potential LEP Letter (Page 2)

[=Sincerely,]

The [UnitedHealthcare] Team[*]

Enclosure

[Do we have the right address for you?
If not, please let us know so we can keep you informed about your plan.]

[Insert for all MAPD plans:
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

[Insert for all PDP plans:
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.]

[=approval signature]
Out of Area Permanent Move Letter (Page 1)

Out of Area Permanent Move Letter (Page 2)
Out of Area Termination Letter (Page 1)

Dear <Member First Name>,

Previously we sent you a letter asking you to contact us with your correct address. To stay a member of <Plan Name>, your permanent address has to be in the plan’s service area. However, you may live somewhere else for up to 12 months (MAPD) / six months (PPD). For MAPD members: If you may live somewhere else for up to nine months in a row if your plan has a Passport benefit.

We haven’t heard back from you, so your last day as a plan member is <disenrollment effective date>.

MAPD members only: What happens to my Medicare Prescription Drug coverage? When your coverage from <plan name> ends after <disenrollment effective date>, your Medicare Prescription Drug coverage ends too. To have new prescription drug coverage after <disenrollment effective date>, you need to join a new Medicare Advantage plan with Medicare Prescription Drug coverage or join a Medicare Prescription Drug plan.

PPD members only: This doesn’t affect your other Medicare benefits; only your drug benefits. If you have any questions, call <number>, TTY <number>, <days and hours of operation>.

Sincerely,

The <UnitedHealthcare> Team

Out of Area Termination Letter (Page 2)

Enclosure
More Information

Do I need to change plans?
You need to choose a Medicare plan that serves the area where you now live. You must have up to two months to enroll in a new plan that serves where you live. Call us toll-free at <number> to find out if we have other plans available in your area. TTY users can dial <number>. You can also call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week. Or visit www.medicare.gov for online help.

Be sure to sign up in this special two-month period. If you don’t, you may have to wait until <October 15 through December 7> to sign up for a plan for the next year. In a few cases, you don’t have to wait. For example, you enroll in a plan with a 5-star rating, or you qualify for Extra Help in paying for your prescription drug costs.

(PDPMAPD members only) [What if my Social Security or Railroad Retirement Board check pays my premium?]
They’ll send you a refund for any payments taken after effective date. If you don’t get the refund within three months of this letter please call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

For Group plans only: [What if this was a former employer, plan sponsor or union retiree plan?]
You may not be able to re-enroll. We suggest you call your former employer, plan sponsor or union and talk about your options after this disenrollment.

How can I avoid a Late Enrollment Penalty (LEP)?
If your prescription drug coverage ends you may have to pay an LEP if you don’t:
- Sign up for a prescription drug plan within 63 days to avoid a break in coverage.
- Sign up for a prescription drug plan that meets Medicare’s minimum standards.
This is called “creditable coverage.”

[Insert for all MAPD/MA:
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.]

[Insert for all PDP:
- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.]

[Do you have limited income, you may be able to get Extra Help from Medicare to pay for your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your:
- Monthly prescription drug premiums
- Annual deductibles
- Co-insurance

Many people qualify and don’t know it. There’s no penalty for applying. And, with Extra Help you won’t have a coverage gap or an LEP.

For more information, call your local Social Security office, or call Social Security toll-free at 1-800-772-1213. TTY 1-800-325-0778. Or visit www.socialsecurity.gov/prescriptionhelp for online help.

Y0066_PDP2499E_0011M Approved MRAMR1763EN

If you qualify, you may change plans at any time. If you lose Extra Help you can change plans, but there’s a time limit. You have up to two months after you lose it.

What should I do if I’ve moved?
Be sure to give Social Security your new address. You can call them at 1-800-772-1213, TTY 1-800-325-0778, Monday - Friday, 7 a.m. to 7 p.m.

I think there has been a mistake. What can I do?
- Call us toll-free at <number>. TTY users can dial <number>. OR
- You can also ask us to reconsider. Look in your EOC document name to learn how to file a grievance (complaint).]
Voluntary Disenrollment Letter (Page 1)

[Logo]

Member ID: [Membership ID]

Questions? We're here to help.

[Questions? We're here to help.]

Dear [Member First Name],

We received a request to disenroll you from your plan. Here are the details:

Plan name: [Plan Name]
Plan end date: [effective date]

After [effective date], the plan no longer covers your [MA/MAPD: health care] [MAPD: and] [MAPD/PDP: prescription drug costs]. [MA/MAPD: You’ll be covered by Original Medicare unless you signed up for another plan. If your doctors need to send claims to Medicare, you may want to tell them there may be a short delay because you left the plan.]

For more information see the next page.

If you have any questions, please call us toll-free at [number], TTY [TTY_number], [days and hours of operation].

[Signature]

The <UnitedHealthcare> Team

Voluntary Disenrollment Letter (Page 2)

More Information

What should I do now?

If you’ve already signed up for another Medicare plan, you’ll get a letter from the new plan confirming that you’re a member.

If you haven’t signed up for another Medicare plan, please think about it. Medicare has rules about prescription drug coverage. In general, you need to have the right kind of coverage and avoid a gap in coverage. If you don’t, you could pay an Late Enrollment Penalty (LEP) later on when you sign up for drug coverage.

Include for MAPD and PDP plans:

How do I avoid an LEP?

If you can’t get a prescription drug coverage ends you may have to pay an LEP if you don’t:

- Sign up for a prescription drug plan within 63 days (to avoid a break in coverage)
- Sign up for a prescription drug plan that meets Medicare’s minimum standards. This is called “creditable coverage.”

What if my Social Security or Railroad Retirement Board check pays my premium?

They’ll send you a refund for any payments taken after [effective date]. If you don’t get the refund within three months of this letter please call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Include for MA/MAPD plans:

What if my plan ended before today?

If we paid any claims for a date in which you are no longer a member of the plan, we’ll review them and let you know if there are any changes. In some cases you may owe more for those services.

MAPD plans insert the following:

Please note: If you end your coverage before the end of the year, you (or your estate) may owe a refund to [Plan Name]. When you first signed up for the plan, the Medicare Medical Savings Account (MISA) plan paid a deposit. How much you owe is based on the number of months left in the year after you end your coverage.

MAPD: Can I buy Medigap?

If you plan to switch to Original Medicare, you might have a special right to buy a Medigap plan. Medigap is also known as Medicare Supplement Insurance. You may be able to buy a Medigap plan if:

- You’re age 65 or older and you signed up for Medicare Part B in the past six months OR
- You moved out of your plan’s service area.

Federal law protects this right. Your state laws may give you more protections.

You’ll need to act soon if you want to buy a Medigap plan. Medicare limits how long you can wait after switching to Original Medicare. [Include, for SGL’s and CGL’s (members with]
Voluntary Disenrollment Letter (Page 3)

addresses inside of the 50 states: To learn more about Medigap, you can call your state program, [insert name of SHIP], at [SHIP phone number]. You can also call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week for more information.] [Include for CGLs (members with addresses outside of the 50 states): To learn more about Medicare, you can call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week for more information.]

When can I change my plan?
You can switch, drop or join a Medicare plan from <October 15 to December 7>. This is the Open Enrollment Period.

You can change plans at other times of the year if you meet certain special exceptions. For example, if you move out of your plan’s service area or want to join a plan in your area with a 5-star rating, or if you qualify for Extra Help.

What if this was a former employer, plan sponsor or union retiree plan?
You may not be able to re-enroll. We suggest you call your former employer, plan sponsor or union and talk about your options after this disenrollment.

[Drafting Note: Special needs Plans may omit this paragraph.]

Can I get help paying my drug costs?
If you have a limited income, you may be able to get Extra Help from Medicare to pay for your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your:
- Monthly prescription drug premiums
- Annual deductibles
- Co-insurance

Many people qualify and don’t know it. There’s no penalty for applying. And, with Extra Help you won’t have a coverage gap or an LEP.

For more information, call your local Social Security office, or call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778, or visit www.socialsecurity.gov/prescriptionscosthelp for online help.

If you qualify, you may change plans at any time. If you lose Extra Help you can change plans, but there’s a time limit. You have up to two months after you lose it.

How do I find other Medicare plans in my area?
Call us toll-free at <number>, TTY <TTY number> to find out if we have other plans available in your area. You can also visit www.medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

[Drafting Note: Insert for all MAP/MA]

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.}