

INTEGRITY MATTERS



Your Guide to Selling with Integrity

December 2024

Open Enrollment Period (OEP) Reminders

Marketing Guidance

We want to remind you of some important marketing guidelines related to the Medicare Advantage Open Enrollment Period (OEP). The OEP applies to Medicare Advantage enrollees in two (2) different scenarios:

- Continuous OEP: Annually from January 1 – March 31
- OEP NEW: Begins the month of entitlement (effective date) to Part A and Part B and lasts for two additional months.

CMS has specific marketing guidelines that must be followed during the continuous OEP (from January 1 – March 31). Agents are prohibited from targeting or sending unsolicited marketing materials to any MA enrollee or Part D enrollee during the continuous OEP (January 1 to March 31). During the OEP period, the receipt date determines whether the one (1) time election is considered “used”.

Reminders

During the OEP, agents **may not**:

- Send unsolicited materials advertising the ability/opportunity to make an additional enrollment change or referencing the OEP;
- Specifically target beneficiaries who are in the OEP because they made a choice during Annual Enrollment Period (AEP) by purchase of mailing lists or other means of identification;
- Engage in or promote agent/broker activities that intend to target the OEP as an opportunity to make further sales; or
- Call or otherwise contact former enrollees who have selected a new plan during the AEP.

During the OEP, agents **may** conduct marketing activities that focus on other enrollment opportunities, including but not limited to:

- Marketing to age-ins (who have not yet made an enrollment decision);
 - Marketing to dual-eligible and LIS beneficiaries who, in general, may make changes once per calendar quarter during the first nine months of the year;
 - Send marketing materials when a beneficiary makes a proactive request;
 - At the beneficiary's request, have one-on-one meetings with a sales agent; and
 - At the beneficiary's request, provide information on the OEP through the call center
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SEP for Contract Non-Renewal

Contract Non-Renewal: This SEP is for an individual whose plan or contract is non-renewed effective January 1 (to include service area reductions). The SEP begins December 8 and ends the last day of February. Enrollment requests received from December 8 through December 31 will have an effective date of January 1. Enrollment requests received in January will have an effective date of February 1. Enrollment requests received in February will have an effective date of March 1.

What Does This Mean for Agents?

Agents must use **SEP-EOC** to process enrollment applications related to contract non-renewal. Please note this SEP used to be SEP NON.

Mentor:

[DMS-024 Enrollment Options Grid](#)

HMU:

[DMS-024 Enrollment Options Job Aid](#)

Integrated Care SEP

The SEP will be available once per month throughout the year. This SEP applies to full benefit dual eligible beneficiaries. **SEP INT** is valid for:

- Enrollment into a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP), Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), or Applicable Integrated Plan (AIP) if the applicant is enrolled in or are in the process of enrolling in, the MAOs affiliated Medicaid Managed Care Program.

What Does This Mean for Agents?

To assist agents with these plans, additional agent training content, enhancements to enrollment tools, and more will be forthcoming.

Agents can find a list of Humana and CarePlus FIDE/HIDE/AIP plans for PY2025 in the Enrollment Options Grid below (see pages 12 and 17)

Mentor:

[DMS-024 Enrollment Options Grid](#)

HMU:

[DMS-024 Enrollment Options Job Aid](#)

SEP Updates

Effective 01/01/2025:

1. **SEP-MDE will be eliminated.** This is the quarterly Dual/LIS special election period which had been available between during the first three quarters annually.
2. **SEP-DEP is new.** CMS has created a new monthly special election period for beneficiaries receiving Extra Help to enroll into or change to a different PDP stand-alone.

Mentor:

[DMS-024 Enrollment Options Grid](#)

HMU:

[DMS-024 Enrollment Options Job Aid](#)

Agent Resources

The attached approved resources are designed to aid agents in conducting compliant interactions with members and prospective members. These documents are available in Mentor, TKC, and HMU.

CTM Prevention:

Mentor:

[CPL-ISO-154-Commonly Asked Agent Questions Job Aid](#)

[CPL-ISO-155a-Presentation of Benefits job aid](#)

[CPL-ISO-155b-Veteran Healthcare and Engagement Job Aid](#)

[CPL-ISO-155c Enrollment with a Decision Maker Job Aid](#)

HMU:

[Job Aid -CPL-ISO-154 Commonly Asked Questions Regarding 2025 Plans](#)

[Job Aid – CPL-ISO-155a Presentation of Benefits](#)

[Job Aid – CPL-ISO-155b Veteran Healthcare and Engagement](#)

[Job Aid – CPL-ISO-155c Enrollment with a Decision Maker](#)

Election Periods:

Mentor:

[DMS-024 Enrollment Options Grid](#)

[CPL-ISO-146-Job Aid SEP Changes for 2025](#)

HMU:

[DMS-024 Enrollment Options Job Aid](#)

[Job Aid- CPL-ISO-146 SEP Changes for PY2025](#)

Late Enrollment Penalty

Keep Them Informed

Informing beneficiaries about the possibility of paying a late enrollment penalty is an important message. Each year, we see a number of complaints where a consumer feels misled about the premium amount they are being asked to pay. It is imperative that you inform enrollees about the possibility of being assessed a late enrollment penalty so that if CMS does assess a penalty, thereby increasing their premium payment, the member will not be surprised.

Who Has to Pay a LEP?

Medicare beneficiaries who do not have creditable drug coverage for a continuous period of 63 days or more at any time after the end of the individual's Part D initial enrollment period during which the individual was eligible to enroll, but was not enrolled in a Medicare Part D plan, and was not covered under any creditable prescription drug coverage.

Creditable prescription drug coverage is defined as prescription drug coverage that is expected to pay at least as much as Medicare's standard prescription drug coverage. Examples of creditable coverage include, but are not limited to: some employer-based prescription drug coverage, including the Federal Employees Health Benefits Program; qualified State Pharmaceutical Assistance Programs (SPAPs); military-related coverage (e.g., VA, TRICARE); and certain Medicare supplemental (Medigap) policies.

What Does This Mean for Agents?

Agents should inform enrollees during the sales appointment about the possibility of a late enrollment penalty. In addition, members should be reminded while making your 30, 60, 90 day calls. Here are some important facts to know:

- A LEP may be assessed by CMS after the enrollment has been submitted.

- If a LEP is assessed, the beneficiary will be billed as part of their monthly premium payment.
 - Beneficiaries will be disenrolled for nonpayment of the LEP in the same manner as for nonpayment of premiums.
 - CMS determines the LEP amount.
 - The late enrollment penalty is subject to change each year as it is calculated with the total number of uncovered months and the national base premium for that year.
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Humana

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