



2017 Open Enrollment Period: Part D & Medicare Advantage



Guide to Mailings and Key Events in 2016/2017

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Month	Notice Contents	Federal Agency that mails the notice	Color	Sample English Version*	Sample Spanish Version*
Sept	LIS/Extra Help Redetermination Packets	SSA	NA	1026B	1026B S
Sept	Loss of Deemed Status LIS/Extra Help Letter	CMS	Grey	11198	11198 S
Sept	Annual Notice of Change	Part C or D Plan	White	Model Notice	Model Notice
Sept	LIS/Extra Help Rider	Part C or D Plan	White	NA	NA
Sept	Medicare & You Handbook	CMS	White	Handbook	Handbook
Oct	LIS/Extra Help Copay Change Letter	CMS	Orange	11199	11199 S
Oct	Plan Nonrenewal Letter	Part C or D Plan	White	NA	NA
Oct	Employer/Union Creditable Coverage Letter	Employer/Union	White	Model Notice	S Model Notice
Oct	LIS/Extra Help Reassignment Letter	CMS	Blue	11208, 11209, 11443	11208 S, 11209 S, 11443 S
Oct & Feb	Consistent Poor Performing Plan Notice	CMS	White	Oct. 11627 and Feb. 11633	Back side in Spanish
Nov	LIS/Extra Help Choosers Letter	CMS	Tan	11267	11267 S
Nov	Part D IRMMA Letter	SSA	White	NA	NA
Nov	Nonrenewal Reminder Letter- MA Plan	CMS	White	11443	11443 S
Nov	Nonrenewal Reminder Letter- Part D Plan	CMS	White	11438	Spanish back side of notice
Dec	LIS/Extra Help Reassignment Letter- Second Notice	CMS	Blue	11475 or 11496	11475 S or 11496 S
Dec	LIS/Extra Help Losing Deemed Status Notice (can call too)	Plan	White	NA	NA
Jan	Nonrenewal Letter- Reminder to enroll in Part D	CMS		11452	Spanish back side of notice
Ongoing	LIS/Extra Help Deemed Notice	CMS	Purple	11166	11166 S
Ongoing	Deemed Auto-Enrollment Notice	CMS	Yellow	11154	11154 S
Ongoing	LIS/Extra Help Facilitated Enrollment Notice	CMS	Green	11186 or 11191	11186 S or 11191 S

*Samples may not be from most current year

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Guide to Mailings

Redetermination Packets

What: Low-Income Subsidy (LIS)/Extra Help Redetermination Packets

When: Late August/early September

From Whom: Social Security Administration (on SSA Letterhead)

Publication No.: [SSA Form No. 1026B](#)

Why did your client get this packet?

The Social Security Administration mails LIS/Extra Help redetermination of eligibility packets to a sample of those who were found eligible by SSA for LIS/Extra Help between May 2015 and April 2016. This sample includes a random selection of people along with those who reported a change in their income between January and August 2016.

What do your clients need to do if they receive a redetermination packet?

The packet contains a questionnaire entitled “Review of Your Eligibility for Extra Help” ([Form SSA-1026B](#)), which must be completed, signed, and returned in the pre-addressed, stamped envelope to SSA, within 30 days. Failure to return a completed form results in termination of LIS/Extra Help shortly after the beginning of 2017. LIS/Extra Help awards are good for a year, so any changes to LIS/Extra Help status or level are generally effective on January 1, 2017.

What you should know as a benefits counselor?

- The form must be completed and returned to SSA **even if your client experienced no changes to income or resources** that would affect her LIS/Extra Help eligibility or level of subsidies.

Read more about [Redeterminations](#).

Loss of Deemed Status Letters

What: Loss of Deemed Low-Income Subsidy (LIS)/Extra Help Status

When: September

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11198](#)

Notice Color: GREY PAPER

Why did your client get this packet?

CMS mails notices to all people who lost their Medicaid eligibility as of July 2016, and, therefore will now also lose their deemed eligibility for LIS/Extra Help as of January 1, 2017. This includes people

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who lost their entitlement to a [Medicare Savings Program \(MSP\)](#). People whose Supplemental Security Income (SSI) benefits were terminated during 2016 also receive this letter.

What do your clients who receive this letter have to do?

Your clients' action steps depend upon their current circumstances when they receive the **grey-colored** letter:

- If your clients regain their Medicaid eligibility at anytime from July through December 2016, they should automatically be redeemed for LIS/Extra Help as of the month they again become dually eligible for Medicare and Medicaid through calendar year 2016. Beginning in late September/early October, CMS will mail them a new deemed-eligible letter ([Pub No. 11166](#)) printed on **purple-colored paper**, to notify them that they will continue to receive LIS/Extra Help through calendar year 2017.
- If it appears your clients won't regain Medicaid entitlement, you can explore with them their potential eligibility for any kind of Medicaid, including but not limited to surplus income spend down or one of the [Medicare Savings Programs \(MSPs\)](#). If your clients appear to be eligible for one of these programs, help them apply as soon as possible.
- If your clients do not appear to be eligible for Medicaid, you can screen them for eligibility for LIS/Extra Help. If they appear to be eligible, encourage them and help them to apply. The **grey-colored letter** will include an LIS/Extra Help application. Their Part D plan should also be in touch with them by (outbound) call and letter to urge them to apply for LIS/Extra Help.

You can also help them to submit their applications electronically on [BenefitsCheckUp](#) or the Social Security [online application center](#).

Change in LIS/Extra Help Copayment Level Letters

What: Copayment Changes in Low-Income Subsidy (LIS)/Extra Help Level Letters

When: Late September/early October

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11199](#)

Notice Color: **ORANGE PAPER**

Why did your client get this packet?

CMS mails these letters to people who will continue to be deemed or automatically eligible for LIS/Extra Help in 2017, but whose copayment level of LIS/Extra Help will change because of a change in their income or resources.

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What should your clients do if they receive this letter?

- If your clients' income or resources changed and the new level of LIS/Extra Help is the correct one, your clients need to understand their new copayments for 2017. If they will only get partial LIS/Extra Help in 2017, they need to understand the deductible and premiums they will have to pay.
- If the new level of LIS/Extra Help is incorrect, you can help them contact their state Medicaid agency to make sure their income and resources have been correctly reported to CMS.
- Like all other people with Medicare, they should review their coverage, compare their options and enroll between October 15 and December 7 in the Part D plan they believe best meets their needs.

Plan Non-Renewal Notices

What: Notice from 2016 plan about a 2017 non-renewal

When: By October 2

From Whom: Part D or Medicare Advantage plan

What should your clients know about this non-renewal notice?

Part D or Medicare Advantage plans that are terminating service (also known as “non-renewal”) as of December 31, 2016 must notify all members in writing by no later than October 2, 2016.

What should your clients do if they receive this non-renewal notice?

Since their plan will be ending as of December 31, 2016, your clients must select and enroll in a new plan. In addition to make a choice during the Open Enrollment Period, **they have a Special Enrollment Period (SEP) to join a new plan.** Their SEP runs from December 8, 2016 and ends on February 28, 2017.* The earliest effective date is January 1, 2017.

People who get LIS/Extra Help beneficiaries will be reassigned to a new plan if they do not select one on their own. They also get another notice from CMS about the plan termination explaining the plan to which they have been assigned for 2016. You can read more about [Reassignments](#).

*CMS mails a Non-Renewal Action Notice, [Product No. 11452](#), to beneficiaries in January that do not enroll in (chose) a new plan to start January 1, 2017. The notice reminds them that they have Special Enrollment Period ending February 28, 2017 to join a plan.

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Annual Notice of Change

What: Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)

When: Received by September 30

From Whom: Part D or Medicare Advantage Plan

Publication No.: [CMS Model ANOC and EOC](#)

What should your clients know about this ANOC?

All Part D and Medicare Advantage plans must make sure that their members receive by mail the Annual Notice of Change (ANOC) and the Evidence of Coverage (EOC). These important documents, although lengthy, describe any changes to the plan in coverage and/or costs (e.g., formulary, premium, benefit design) for 2017.

What should your clients do with their ANOC?

The ANOC is the key starting point for your clients to review and compare their coverage in order to make informed decisions about their choices for 2017. Remember that almost every plan changes its cost and coverage structure (deductible, premium, or copayment) from year to year, so even if a plan has the same name for 2016, the plan structure could be very different. **Careful review is always the best practice.** Using the ANOC as a point of reference, your clients should compare what their current plan will cost and cover in 2017 to what it covers in 2016. Be available to discuss options from other plans in 2017 with them as well.

Low-Income Subsidy (LIS)/Extra Help Rider

What: LIS/Extra Help Rider notice

When: Received by September 30

From Whom: Part D or Medicare Advantage Plan

Publication No.: [CMS Model LIS Rider](#)

What should your clients know about this LIS/Extra Help Rider?

All LIS/Extra Help beneficiaries must receive an LIS/Extra Help Rider from their Part D plan. This document describes how much they will get in help from LIS/Extra Help with the plan's premium, deductible, and copayments or coinsurance in 2017.

What should your clients do with their Extra Help Rider?

Your clients should review this document and compare it to the LIS/Extra Help eligibility notice they received from either CMS or SSA to be sure they are charged the correct amounts.

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Medicare & You 2017 Handbook

What: Medicare & You 2017 Handbook

When: Late September

From Whom: Centers for Medicare & Medicaid Services (CMS)

Publication No.: [10050](#)

What should your clients know about the Medicare & You handbook?

The Medicare & You handbook is sent from CMS to every household in which someone with Medicare resides, unless they've signed up with Medicare to receive the electronic version.

What should your clients do with their Medicare & You handbook?

This handbook is the primary reference source for people with Medicare. Your clients should retain the handbook in a safe place for future reference.

Employer/Union Notices of Creditable Drug Coverage

What: Creditable Coverage Notice

When: Received by October 15

From Whom: Employer/Union Sponsored Plans

Publication No.: [CMS Creditable Coverage Guidance](#)

What do my clients need to know about this notice?

Every year, employers and unions that offer drug coverage to their Medicare-eligible employees and retirees must provide a notice that explains whether their drug coverage remains creditable for purposes of Part D in the upcoming plan year.

What should your clients do with their notice of creditable drug coverage?

Your clients should read this notice carefully to understand their rights and obligations. The notice might be in a letter sent to them by their employer or union. The information might also be found in a newsletter or other publication the union or employer gives to employees and retirees.

If their drug coverage from their employer or union is creditable, your clients do not have to join a Part D plan. If they decide to join a Part D plan at a later date they will not be subject to the [late-enrollment premium penalty](#) (so long as they have been continually enrolled in their employer or union sponsored health plan with creditable prescription drug coverage). They should hold onto this notice, and keep it in a safe place for any future reference.

Reassignment Letter

What: Low-Income Subsidy (LIS)/Extra Help Reassignment Notice

When: Late October/early November

From Whom: Centers for Medicare & Medicaid Services (on Medicare letterhead)

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Publication No.: [Product No 11208](#), [Product No 11209](#), [Product No 11443](#)

Notice Color: BLUE PAPER

Why did your client get this notice?

There are three groups of people with LIS/Extra Help who are being reassigned by CMS to different Part D plans for 2016 if they do not chose a new MA or Part D Plan by December 31, 2016. The notice is printed on **blue-colored paper**. The three groups include:

1. Beneficiaries with LIS/Extra Help enrolled in a **Prescription Drug Plan (PDP) terminating** (nonrenewal) as of December 31, 2016 receive a Reassignment letter (Version 1, [Product No 11208](#)).
2. Auto-enrolled beneficiaries with full LIS/Extra Help in plans that will **owe a premium** in 2017 receive a Reassignment letter (Version 2, [Product No 11209](#)).
3. Beneficiaries with LIS/Extra Help enrolled in a **Medicare Advantage (MA) plan terminating** (nonrenewal) as of December 31, 2016 receive a Reassignment letter (Version 3, [Product No 11443](#)).

What should your clients do if they receive a reassignment notice?

Beneficiaries who are in plans that are terminating (a.k.a. nonrenewal) must join a new plan. If they do not join a plan on their own by December 31, 2016, then CMS randomly reassigns them to a new prescription drug plan to begin January 1, 2017. Random reassignments do not check for coverage of the beneficiaries' medications, so some drugs may not be covered by the randomly assigned plan.

Beneficiaries enrolled in terminating Medicare Advantage Plans or a Medicare Advantage Plans with Prescription Drug coverage (MA-PD), will automatically switch to Original Medicare as of January 1, 2017 if they do not join another MA or MA-PD plan. CMS will randomly reassign them to a Part D plan to ensure they continue to have prescription drug coverage.

Beneficiaries that owe a portion of the premium in 2017 (either because the plan premium is rising above the [low-income benchmark in 2017](#) - see page 2 - or because the plan is becoming an enhanced plan), have these choices:

1. They can keep their current plan and pay the premium. If they want to stay in their current plan they must call 1-800-MEDICARE or the plan to request to stay in the plan.
2. They can select a different plan with \$0 premium (or lower premium). The best way to compare plans is to use the personalized plan search available at www.medicare.gov called the [Medicare Plan Finder](#).

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3. They can do nothing and be randomly reassigned by CMS to a new plan (except for “choosers”).

Consistent Poor Performing Plan Notice

What: Notice to those enrolled in a plan with fewer than 3 stars for three consecutive years

When: Late October (and early February*)

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11627](#) ([11633](#) for February)

Notice Color: WHITE PAPER



Low-performing plan icon

Why did your client get this notice?

CMS sends letters to Medicare beneficiaries currently enrolled in a plan that has received an overall quality rating of fewer than 3 stars for three or more consecutive years. These plans are also indicated on the [Medicare Plan Finder](#) on medicare.gov with a low-performing icon (see icon above) alerting them to the low rating (i.e., “poor” or “below average”).

The letter reminds beneficiaries that they are in a low-performing plan and can use the current Open Enrollment Period to change to another plan. The notice also lets them know that after Open Enrollment Period (OEP) ends, they may use the **one-time Special Enrollment Period (SEP)** to disenroll from a low-performing plan to enroll in a plan with a rating of 3 stars or more, or into a plan that has no rating (since there are some plans that are too new to rate). To use the SEP, they must call Medicare directly to enroll at 1-800-MEDICARE.

What should your clients do if they receive this notice?

Your clients should review their current plan and determine whether another higher-rated plan (or a plan with no rating) may better meet their needs. CMS will send another notice out in February 2017 to those people who enrolled in a low-performing plan during the OEP.

To learn more, you can look for the low-performing plan icon (see icon above) in the [Medicare Plan Finder](#) located next to the plan’s name.

What did your clients receive a second notice?

If your client stays in that poor performing plan, or joins a poor performer during the OEP, CMS mails Product No. [11633](#) to them in early February.

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Low-Income Subsidy (LIS)/Extra Help “Choosers” Letter

What: Notice to Low-Income Subsidy (LIS)/Extra Help “Choosers”

When: Early November

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Pub No. 11267](#)

Notice Color: TAN PAPER

Why did your client get this notice?

CMS sends a letter ([Pub No. 11267](#)) printed on **tan-colored paper** to the group they call “choosers.” Choosers are eligible for LIS/Extra Help and decided for themselves (or with your help) which Part D or Medicare Advantage plan to enroll in; they did not stay in the plan into which CMS auto-enrolled them when they first became eligible for LIS/Extra Help.

CMS sends this letter to inform them that the plan they were in during 2016 is either raising their premiums above the [low-income benchmark in 2017](#), or is going to be an enhanced plan in 2017. Keep in mind, CMS will not enroll these “choosers” into a different plan for 2017 unless their plan is terminating or reducing its service area.

What should your clients do if they receive one of these “choosers” notices?

Like all other LIS/Extra Help beneficiaries whose plan premium will rise above the low-income benchmark in 2017 or will become an enhanced plan, choosers must decide what plan to join for 2017. CMS does not reassign choosers to another plan with a premium at or below the regional low-income benchmark.

Choosers (like all people with LIS/Extra Help) can switch to a plan in which they will pay no premium in 2017, or they may decide to pay a small premium if they decide that a higher cost plan offers better access to their prescriptions. Regardless of the type of plan they join, they will continue to pay the applicable LIS/Extra Help copayment amounts for their Part D prescriptions covered by their plan.

Part D IRMAA Letter

What: Part B & Part D Income-Related Monthly Adjustment Amount (IRMAA) Notice

When: Early November (and ongoing throughout the year)

From Whom: Social Security Administration (on SSA Letterhead)

Why did your client get this notice?

Your clients with higher incomes may receive a notice from SSA informing them about an income related monthly adjustment amount (IRMAA) they will have to pay for both Part B and Part D. The adjustment amount is based on their income reported to the IRS two years’ prior (i.e., 2017 IRMAA amounts are based on 2015 reported income) and must be paid in addition to their Part B and Part D

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premium. Keep in mind, however, that SSA collects this adjustment premium amount, not the Part D plan. Read SSA's [policy rules on IRMAA](#).

Non-Renewal Reminder Letter

What: Plan Non-Renewal Letter to beneficiaries that do not get Extra Help

When: Mid-November

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Pub No. 11433](#) or [Pub No. 11438](#)

Notice Color: WHITE PAPER

What should your clients know about this non-renewal notice?

As explained on page 6 of this guide, Part D or Medicare Advantage plans that are terminating service (also known as “non-renewals”) as of December 31, 2016 must notify all their members of this along with their rights to a Medigap and to a Special Enrollment Period. In addition, CMS also notifies people in these non-renewing plans that their current plan will no longer be available come January 1. There are two types of notices that CMS’s sends out:

1. Medicare Advantage Plan Non-Renewal Reminder Notice ([Pub No. 11433](#)):

This notice reminds them that their current Medicare Advantage plan and coverage will end on December 31, 2016. They’re encouraged to join a plan by the end of the year so they have coverage come January 1. Otherwise, they will go to Original Medicare as of January 1. It also reminds people that they do get a Special Enrollment Period through February 28 to join a plan; however, they should enroll in a new plan by December 31 to avoid any lapse in coverage.

2. Part D Plan Non-Renewal Reminder Notice ([Pub No. 11438](#)):

This notice reminds them that their current Part D plan and coverage will end on December 31, 2016. They’re encouraged to join a plan by the end of the year, so they have coverage come January 1. Otherwise, they will go to Original Medicare as of January 1. It also reminds people that they do get a Special Enrollment Period through February 28 to join a plan; however, they should enroll in a new plan by December 31 to avoid any lapse in coverage.

IMPORTANT: Your clients with LIS/Extra Help who are in a non-renewing plan will be reassigned to a new plan if they do not select one on their own by December 31, 2016, both auto-enrollees and choosers. This is Medicare’s way of ensuring they have prescription drug coverage come January 1. They get another notice from CMS explaining this along with their options (see pages 10-11 for more information). You can also read more about [Reassignment](#).

What should your clients do if they receive this non-renewal notice?

Since their plan will be ending as of December 31, 2016, your clients must select and enroll in a new

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plan. If your clients do not enroll in another plan by December 31, they do get a Special Enrollment Period (SEP) to join a new plan. Their SEP runs from December 8, 2016 and ends on February 28, 2017. The earliest effective date is January 1, 2017, and to avoid any lapse in coverage your clients should make an election before January 1.

Second Reassignment Reminder Letter

What: Second Reassignment Reminder Letter

When: December

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11475](#) or [Product No. 11496](#)

Notice Color: BLUE PAPER

Why did your client get this notice?

In December, CMS will send all beneficiaries who are being reassigned a *second* reminder reassignment letter printed on **blue-colored paper** ([Product No. 11475](#) or [Product No. 11496](#)).

This follow-up letter reminds beneficiaries that their plan is either 1) increasing in premium or 2) terminating at the end of 2016 and if they do not choose a plan on their own by December 31, 2016, then they will be automatically and randomly assigned to a prescription drug benchmark plan for 2017.

More importantly this notice will identify for each recipient which of their current drugs are and are **NOT** on the plan to which they are being reassigned, as well as any coverage limitations on covered drugs. This way, beneficiaries can see how their coverage will change if they remain in the plan assigned to them. The letter also includes instructions on how to request an exception or appeal, and how to file a grievance.

What should your clients do if they receive a reassignment notice?

If your clients want to stay in their current plan they must call 1-800-MEDICARE or the plan to request to stay in the plan. If they want to switch to another plan they may use the [Medicare Plan Finder](#). If they do nothing they will be reassigned by CMS. In all cases, the new plan will become effective on January 1, 2017.

Plans Notify Enrollees Losing Deemed Status

What: Notice/Telephone Call to Notify Members Their LIS/Extra Help Ends December 31, 2016

When: Late December

From Whom: Part D plans

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What do your clients need to know about this notice/phone call?

Plans are expected to make outbound phone calls, as well as send a letter to plan members who are losing their deemed eligibility for LIS/Extra Help to urge them to re-apply and offer assistance with the application process. Note that CMS has waived the otherwise applicable marketing prohibition to allow plans to market to the LIS/Extra Help members they are losing. Careful benefits counseling will be important.

CMS Deemed Status Notice

What: Letter to people who automatically qualify for Extra Help

When: Daily throughout the year

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11166](#)

Notice Color: **PURPLE PAPER**

Why did your client get this notice?

Clients that receive the following programs automatically qualify for Extra Help:

1. Medicaid,
2. Medicare Savings Program, or
3. Supplemental Security Income (SSI).

What do your clients need to know about this notice?

Your client does not have to apply for Extra Help but should keep this notice in case they need to verify their level of Extra Help with their pharmacy. Additionally, you may need to help your client compare MA or Part D plans to see if they could save money by switching to another plan since they have a continuous Special Enrollment Period.

CMS Auto-Enrollment Notice

What: Letter to people with Original Medicare and Medicaid

When: Daily throughout the year

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11154](#)

Notice Color: **YELLOW PAPER**

Why did your client get this notice?

Clients that have **Medicare and Medicaid** will receive the notice telling them CMS will automatically enroll them in a Part D plan unless they enroll on their own or call to opt out.

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What do your clients need to know about this notice?

You may need to help your clients compare Part D plans to find a plan that pays for the medications they take. CMS randomly assigns a plan and does not consider whether the client's medications are on the formulary, which means they may pay more for medicine than they need to and should choose another plan.

CMS Facilitated Enrollment Notice

What: Letter to people with MSP, SSI, or Extra Help

When: Daily throughout the year

From Whom: Centers for Medicare & Medicaid Services (on Medicare Letterhead)

Publication No.: [Product No. 11186](#) and [Product No. 11191](#)

Notice Color: **GREEN PAPER**

Why did your client get this notice?

Clients that receive the following programs will receive the notice:

1. Medicare Savings Program,
2. Supplemental Security Income (SSI), or
3. Apply for and qualify for Extra Help.

What do your clients need to know about this notice?

You may need to help your client compare Part D plans to find a plan that pays for the medications they take. CMS randomly assigns a plan and does not consider whether the client's medications are on the formulary, which means they may pay more for medicine than they need to and should choose another plan.

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Key Events

Marketing for Open Enrollment Period

What: Part D and Medicare Advantage Marketing

When: Begins October 1

From Whom: Part D and Medicare Advantage plans

What should your clients who receive these marketing materials know?

Part D and Medicare Advantage plans can begin marketing their Medicare products on October 1. They must adhere to the strict CMS marketing rules and may not make unsolicited contact including in-person or by telephone or email, without your clients' permission except under limited circumstances.

Read more about [what plans can and cannot do](#) during marketing season, and see CMS's quick-reference [Marketing Dos and Don'ts](#).

Medicare Plan Finder Active with 2017 Plans

What: Medicare Plan Finder tool displays plan data

When: October 1

Where: Online at <https://www.medicare.gov/find-a-plan/questions/home.aspx>

What do you & your clients need to know about the online tool?

Until the *Medicare Plan Finder* is updated with the 2017 plan data, it will default to 2016 Part D plan data. On October 1, it will default to 2017 plan information. Until November 30, 2016, you can switch the view to see both the 2016 and 2017 plan information. However, starting December 1, 2016, the 2016 data will no longer be accessible because the earliest effective date of plan enrollment in December 2016 is January 1, 2017.

2017 Part D & Medicare Advantage Open Enrollment Period

What: Open Enrollment Period begins

When: October 15 to December 7

The annual Open Enrollment Period for Part D and MA starts on October 15 and runs through December 7. Let your clients know they have until December 7, 2016 to make changes in their current enrollment, with coverage taking effect at the earliest January 1, 2017.

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2017 Part D and/or Medicare Advantage Coverage Begins

What: Part D and/or Medicare Advantage plan coverage for 2017

When: Begins on January 1, 2017

Any Open Enrollment-related enrollment or disenrollment takes effect January 1, 2017.

Medicare Advantage Disenrollment Period (MADP)

What: Medicare Advantage members can disenroll from their MA plan and go to Original Medicare

When: From January 1 to February 14

Read our publication [A Closer Look: Medicare Advantage Disenrollment Period](#) to learn more about the MADP and the changes your clients can make during this period.

Special Enrollment Period (SEP) for Those Who Lost LIS/Extra Help

What: SEP for those who lost LIS/Extra Help as of December 31, 2016

When: This SEP lasts through March 31, 2017 or until your client enrolls in another plan.

Optional Grace Period and Updated Best Available Evidence (BAE) Policy

What: Optional Grace Period and BAE Policy for people losing LIS/Extra Help

When: This SEP lasts through March 31, 2017 or until your client enrolls in another plan — whichever comes first.

What do you & your clients need to know about the grace period and BAE?

Part D plans may, but are not required to, use this special grace period to allow their members who lost LIS/Extra Help as of December 31, 2016 to reapply for LIS/Extra Help. If they do not regain LIS/Extra Help by the end of the grace period (up to 3 months, or the end of March 2017) the plan must retroactively charge them its regular monthly premium, deductible amount, and cost-sharing.

Your clients who have been redeemed or have reapplied and regained LIS/Extra Help eligibility can use the Best Available Evidence (BAE) procedure to prove their LIS/Extra Help status, if the plan records do not reflect their LIS/Extra Help status when they go to the pharmacy to get their prescriptions. To learn more about the BAE policy, read our publication [A Closer Look: Best Available Evidence Policy](#).

Special Enrollment Period for Members of Non-Renewing Plans

What: SEP for members in plans that are non-renewing (terminating) as of December 31, 2016

When: This SEP lasts through February 28, 2017 or until your client enrolls in another plan — whichever comes first. The effective date is the first of the month following enrollment.

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Additional Special Enrollment Periods

What do you & your clients need to know?

Don't forget the many Part D and Medicare Advantage Special Enrollment Periods (SEPs) in addition to those mentioned in this guide. For example, all LIS/Extra Help beneficiaries have a continuous Part D and Medicare Advantage SEP and can switch plans at any time of the year, with their new plan enrollment effective the first day of the following month.

- Check out [common Part D SEPs](#) and [common Medicare Advantage SEPs](#).

In addition to these common SEPs, consider these recently added SEPs:

- *5-Star SEP*: Your clients can use the 5-star Special Enrollment Period (SEP) between December 8 and November 30 of each year to enroll in any 5-star plan available to them. Learn more about the 5-star SEP in our publication [Getting to Know: Medicare's Plan Quality Ratings and Related SEPs](#).
- *Low-Performing Plan SEP*: Your clients who are enrolled in a plan with fewer than 3 stars *for three consecutive years* can use the low-performing plan SEP to enroll in a plan rated 3 stars or higher, or into a plan that has no rating (since there are some plans that are too new to rate). This is a one-time selection SEP, so once it is used during the year it is exhausted for that plan year. Learn more about the low-performing plan SEP in our publication [Getting to Know: Medicare's Plan Quality Ratings and Related SEPs](#).

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References

See the Centers for Medicare & Medicaid Services (CMS) [Guide to Consumer Mailings from CMS, Social Security, and Plans in 2016/2017](#).

See the Centers for Medicare & Medicaid Services (CMS) [CMS LIS Notices and Mailings page](#) to obtain the most recent copies of materials mailed to beneficiaries.

See the Centers for Medicare & Medicaid Services (CMS) April 4, 2016 [2017 Call Letter](#) issued to all plans, which explains the 2017 Part D standard cost-sharing amounts (see page 68).

See a compilation of references on [Part D](#) and [Medicare Advantage](#) such as links to the law, regulations, CMS guidance and other authority sources.