

Medicare Managed Care Manual

Chapter 2 - Medicare Advantage Enrollment and Disenrollment

Updated: August 19, 2011

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This guidance update is effective for contract year 2011. All enrollments with an effective date on or after January 1, 2011, must be processed in accordance with the revised requirements, including new enrollment forms and notices, as applicable. If disenrollment dates of these updates implement any new requirements consistent with this guidance prior to the required implementation date.

It is expected that organizations will remain compliant with all Medicare Advantage requirements described in this chapter regarding communications, specifically with Beneficiary Communications, including the use of the model notices, and the requirements outlined in the Medicare Communications and Marketing Guidelines (4012002).

Organizations are required to provide information to individuals in a comprehensible format (for example, large print, Braille or other means) upon request and permission as outlined in Section 504 of the Rehabilitation Act of 1973 and subsequent amendments. It is specifically noted that an agent representing or participating in enrollment, pending, pending fully, and disenrollment with the plan or entity is a federal agent or representative.

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Managed Care Manual

David B. Nash, Patricia Carroll



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