

Medicare Managed Care Manual

Chapter 2 - Medicare Advantage Enrollment and Disenrollment

Updated: August 19, 2019

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September 1, 2015; September 14, 2015; December 29, 2015; May 27, 2016; August 29, 2016; June 14,
2017 [in page 14, 2019](#)

This guidance update is effective for contract year 2019. All enrollments with an effective date on or after January 1, 2019, 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 beneficiaries/enrollees, including the use of the model notices, and the requirements outlined in the Medicare Communications and Marketing Guidelines (45 CFR 155.301).

Organizations are required to provide information to individuals in a comprehensible format (for example, large print, Braille, audio, sign language and pictures) as outlined in Section 504 of the Rehabilitation Act of 1973 and subsequent amendments. It is additionally noted that an equal opportunity in participation in enrollment, policy, practice, rules, and administration with the plan is required to be followed regarding enrollment/enrollment forms.

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Managed Care Manual

David B. Nash



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Master Medicare Guide Wolters Kluwer Law & Business, 2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government The 2015 Edition includes Over 500 explanation summaries for all aspects of the Medicare program coverage eligibility reimbursement fraud and abuse and administration Highlights of the Protecting Access to Medicare Act of 2014 P L 113 93 and the Improving Medicare Post Acute Care Transformation Act of 2014 P L 113 185 the most recent physician fee schedule reimbursement fix A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare

including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement. All discussions include cross references to relevant laws, regulations, CMS manual sections, administrative and judicial decisions, and more. *Health, United States*, 2009. **Unmanageable Care** Jessica M. Mulligan, 2014-08-08. In *Unmanageable Care*, anthropologist Jessica M. Mulligan goes to work at an HMO and records what it's really like to manage care. Set at a health insurance company dubbed Acme, this book chronicles how the privatization of the health care system in Puerto Rico transformed the experience of accessing and providing care on the island. Through interviews and participant observation, the book explores the everyday contexts in which market reforms were enacted. It follows privatization into the compliance department of a managed care organization, through the visits of federal auditors to a health plan, and into the homes of health plan members who recount their experiences navigating the new managed care system. In the 1990s and early 2000s, policymakers in Puerto Rico sold off most of the island's public health facilities and enrolled the poor, elderly, and disabled into for-profit managed care plans. These reforms were supposed to promote efficiency, cost effectiveness, and high quality care. Despite the optimistic promises of market-based reforms, the system became more expensive, not more efficient; patients rarely behaved as the expected health-maximizing information-processing consumers; and care became more chaotic and difficult to access. Citizens continued to look to the state to provide health services for the poor, disabled, and elderly. This book argues that pro-market reforms failed to deliver on many of their promises. The health care system in Puerto Rico was dramatically transformed, just not according to plan.

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