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Important Numbers

Member Services	205-918-2067 or 1-800-633-1542
<i>Monday – Friday 8am-8pm</i>	TTY: 205-930-0264 or 1-800-548-2546
<i>Oct. 15 - Feb. 14, Mon - Sun 8am-8pm</i>	
Social Security	1-800-772-1213
Medicare Fraud Hotline	1-800-447-8477
Alabama Senior Medicare Patrol	1-800-AGE-LINE
Medicaid Recipient Line	1-800-362-1504

Election Period Priority

IEP/ICEP

SEP

AEP

OEPI

The ranking only applies if the member did not state which election they would like to use. CMS Chapter 2 section 30.6 states that

MEDICARE ELECTION PERIOD QUICK REFERENCE GUIDE

<i>Question</i>	<i>Election Code</i>	<i>Time Frame for Election Period</i>	<i>Proof Needed</i>
Have you recently become eligible for Medicare? Within the past 7 months?	ICEP	7 months (3 months prior to Medicare eff date, month of, 3 months after)	Provide Medicare Claim # and eff dates for A&B
Have you recently enrolled in Medicare Part B?	Part B ICEP	3 Months prior to eff date of Part B	Provide Medicare Claim # and eff dates for Part A&B
Did you enroll in Medicare Part A during the General Election Period (GEP) Jan.1 - March 30?	Part A ICEP	April 1 to June 30	Provide Medicare Claim # and eff dates for Part A&B
Will you be eligible for Medicare Part D within the next 90 days?	IEP	7 months (3 months prior to Pt D eff date, month of, 3 months after) IEP and ICEP become 1 election when joining an MA-PD	Provide Medicare Claim number on the application.
Are you turning 65 but have been enrolled in Medicare due to disability prior to age 65?	2nd IEP	7 months (3 months prior to Medicare eff date, month of, 3 months after) 2nd IEP and 2nd ICEP become 1 election when joining an MA-PD	Provide Medicare Claim #
Would you like to enroll or make changes to your current healthcare?	AEP	October 15 - December 7th	Check AEP on the application
Are you currently enrolled in a MA or MA-PD and it Jan 1st to March 31st?	MA OEP	Jan 1st to March 31st— beneficiaries enrolled in a MA only or MA-PD can make one election to change to a MA only or MA-PD during this time period	Provide Medicare Claim #
Are you currently enrolled in a MA or MA-PD and you were entitled to Medicare A & B within last 60 days	MA OEP	First 3 months they have Medicare A & B and they are enrolled in MA only or MA-PD	Provide Medicare Claim #
Are you a Medicare beneficiary who is institutionalized?	OEPI	Begins when moving into facility, continues thru residing in, ends 2 months after moving out of facility	Write in OEPI on application on the OEP line

SPECIAL ELECTION PERIODS

<i>Question</i>	<i>Election Code</i>	<i>Time Frame for Election Period</i>	<i>Proof Needed</i>
Are you enrolled in any of the State of Alabama Medicaid Programs?	Quarterly Dual	Quarterly— can only be used once per quarter until 9/30	Medicaid number and SS# on application
Do you receive extra help from Social Security for your Part D prescription drug cost?	Quarterly LIS	Quarterly— can only be used once per quarter until 9/30	Copy of LIS approval level or attestation of benefit
Have you moved within the last 2 months from a county where VIVA MEDICARE is not offered?	MOVED	Month of move and 2 months after the move	Date of move and previous address including county
Have you been covered by a group insurance plan within the last 2 months	EGHP	Month coverage ends and 2 months after coverage end date	Name of company and date coverage ended

Election periods highlighted below require letter to verify election period

Have you involuntarily lost or had a reduction in your creditable prescription drug coverage?	CC	Begins month of notification and 2 months after loss or reduction or 2 months after the individual receives notice if the notice is received after the loss occurs.	Dated letter from previous plan
Has your Medicare A or B recently been awarded retroactively?	RETRO	Month of notification and 2 months after	Dated letter from Medicare or Social Security showing Medicare Entitlement Determination
Has your ESRD entitlement been granted retroactively by Medicare? Are you currently a member of a VIVA HEALTH plan?	ESRD	Month of notification and 2 months after	Dated letter from Medicare or Social Security showing Medicare Entitlement Determination
Have you recently been awarded, lost or had a changed in your level of Medicaid within the	Change in Status—Dual	Month of notification and 2 months after	Dated Medicaid termination letter
Have you recently been awarded, lost or had a changed in your level of extra help for Part D in the last 3 months?	Loss of LIS	Jan-March when lost during annual redeeming process; month notified and 2 months after when lost during the year	Dated letter from SSA or dated notice from current plan
Have you been disenrolled from a special needs plan in the last 3 months because you no longer qualified for the plan?	Loss of SNP	3 months after the termination date of deemed eligibility	Dated notice of SNP termination
Have you been disenrolled from a special needs plan in the last 2 months because you no longer qualified for the plan?	Loss of CSNP	2 months after the termination date of deemed eligibility	Dated notice of SNP termination
Is your Medicare health plan no longer offered in your service area eff Jan 1?	Non-renewal	Dec- 8 - last day of February the following year	Termination notice or written explanation

The following special elections must be approved first by CMS before an application can be taken and before and effective date can be proposed:

Did your health plan fail to notify you that you were losing creditable coverage?	Not Informed	Month of CMS approval and 2 months after CMS approval	Contact Enrollment prior to writing application
Was your enrollment or non-enrollment in a Part D plan erroneous due to an action, inaction, or an error by a Federal Employee?	Errors	Month of CMS approval and 2 months after CMS approval	Contact Enrollment prior to writing application
Has CMS determined that your healthcare plan is in violation of its contract?	CV	Month prior to termination effective date and 2 months after	Contact Enrollment prior to writing application
Has your plan been sanctioned by CMS?	CMS Sanction	Determined by CMS on a case by case basis	Contact Enrollment prior to writing application
Has your Medicare health plan been terminated by CMS?	CMS Term	Month prior to termination effective date and 2 months after	Contact Enrollment prior to writing application
Did your health plan term or modify their contract with CMS by mutual consent?	Mutual Consent	2 months prior to termination or modification date and 1 month after	Contact Enrollment prior to writing application

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