

§ 422.66

42 CFR Ch. IV (10–1–99 Edition)

(iv) In the case of an M+C MSA plan, the amount of the annual MSA deposit and the differences in cost-sharing, enrollee premiums, and balance billing, as compared to M+C plans.

(v) In the case of a M+C private fee-for-service plan, differences in cost-sharing, enrollee premiums, and balance billing, as compared to M+C plans.

(vi) The extent to which an enrollee may obtain benefits through out-of-network health care providers.

(vii) The types of providers that participate in the plan's network and the extent to which an enrollee may select among those providers.

(viii) The coverage of emergency and urgently needed services.

(8) *Premiums.* (i) The M+C monthly basic beneficiary premiums.

(ii) The M+C monthly supplemental beneficiary premium.

(9) *The plan's service area.*

(10) *Quality and performance indicators* for benefits under a plan to the extent they are available as follows (and how they compare with indicators under original Medicare):

(i) Disenrollment rates for Medicare enrollees for the 2 previous years, excluding disenrollment due to death or moving outside the plan's service area, calculated according to HCFA guidelines.

(ii) Medicare enrollee satisfaction.

(iii) Health outcomes.

(iv) Plan-level appeal data.

(v) The recent record of plan compliance with the requirements of this part, as determined by the Secretary.

(vi) Other performance indicators.

(11) *Supplemental benefits.* Whether the plan offers mandatory supplemental benefits or offers optional supplemental benefits and the premiums and other terms and conditions for those benefits.

(d) *Format and updating.* The information is written and formatted using language that is easily understandable, and is updated at least annually.

(e) *Mailing.* The mailing is coordinated, to the extent practicable, with the mailing of the annual notice of Medicare benefits under section 1804 of the Act.

§ 422.66 **Coordination of enrollment and disenrollment through M+C organizations.**

(a) *Enrollment.* An individual who wishes to elect an M+C plan offered by an M+C organization may make or change his or her election during the election periods specified in § 422.62 by filing the appropriate election form with the organization or through other mechanisms as determined by HCFA.

(b) *Disenrollment—(1) Basic rule.* An individual who wishes to disenroll from an M+C plan may change his or her election during the election periods specified in § 422.62 in either of the following manners:

(i) Elect a different M+C plan by filing the appropriate election form with the M+C organization or through other mechanisms as determined by HCFA.

(ii) Submit a signed and dated request for disenrollment to the M+C organization in the form and manner prescribed by HCFA or file the appropriate disenrollment form through other mechanisms as determined by HCFA.

(2) *When a disenrollment request is considered to have been made.* A disenrollment request is considered to have been made on the date the disenrollment request is received by the M+C organization.

(3) *Responsibilities of the M+C organization.* The M+C organization must—

(i) Submit a disenrollment notice to HCFA within 15 days of receipt;

(ii) Provide the enrollee with a copy of the request for disenrollment; and

(iii) In the case of a plan where lock-in applies, also provide the enrollee with a statement explaining that he or she—

(A) Remains enrolled until the effective date of disenrollment; and

(B) Until that date, neither the M+C organization nor HCFA pays for services not provided or arranged for by the M+C plan in which the enrollee is enrolled; and

(iv) File and retain disenrollment requests for the period specified in HCFA instructions.

(4) *Effect of failure to submit disenrollment notice to HCFA promptly.* If the M+C organization fails to submit

the correct and complete notice required in paragraph (b)(3)(i) of this section, the M+C organization must reimburse HCFA for any capitation payments received after the month in which payment would have ceased if the requirement had been met timely.

(5) *Retroactive disenrollment.* HCFA may grant retroactive disenrollment in the following cases:

(i) There never was a legally valid enrollment.

(ii) A valid request for disenrollment was properly made but not processed or acted upon.

(c) *Election by default: Initial coverage election period.* An individual who fails to make an election during the initial coverage election period is deemed to have elected original Medicare.

(d) *Conversion of enrollment (seamless continuation of coverage)*—(1) *Basic rule.* An M+C plan offered by an M+C organization must accept any individual (residing in the service area or continuation area of the M+C plan) who is enrolled in a health plan offered by an M+C organization (regardless of whether the individual has end-stage renal disease) during the month immediately preceding the month in which he or she is entitled to both Part A and Part B as provided by §422.50(a)(2) and (a)(3).

(2) *Reserved vacancies.* Subject to HCFA's approval, an M+C organization may set aside a reasonable number of vacancies in order to accommodate enrollment of conversions. Any set aside vacancies that are not filled within a reasonable time must be made available to other M+C eligible individuals.

(3) *Effective date of conversion.* Unless the individual chooses to disenroll from the health plan offered by the M+C organization, the individual's conversion to an M+C enrollee is effective the month in which he or she is entitled to both Part A and Part B.

(4) *Prohibition against disenrollment.* The M+C organization may disenroll an individual who is converting under the provisions of paragraph (a) of this section only under the conditions specified in §422.74.

(5) *Election form.* The individual who is converting must complete and sign an election form as described in §422.60(c)(1).

(6) *Submittal of information to HCFA.* The M+C organization must transmit the information necessary for HCFA to add the individual to its records as specified in §422.60(e)(6).

(e) *Maintenance of enrollment.* An individual who has made or is deemed to have made an election under this section is considered to have continued to have made that election until either of the following, whichever occurs first:

(1) The individual changes the election under this section.

(2) The elected M+C plan is discontinued or no longer serves the service area in which the individual resides, and the organization does not offer or the individual does not elect the option of continuing enrollment, as provided in §422.54.

(f) *Exception for employer group health plans.* (1) In cases when an M+C organization has both a Medicare contract and a contract with an employer group health plan, and when the M+C organization arranges for the employer to process election forms for Medicare-entitled group members who wish to disenroll from the Medicare contract, the effective date of the election may be up to, but may not exceed, 90 days before the date the M+C organization received the election from the employer. Any adjustment in effective date must conform with adjustments in payment, as described under §422.250(b).

(2) The M+C organization must submit a disenrollment notice to NCFCA within 15 days of receipt of the notice from the employer.

[63 FR 35071, June 26, 1998; 63 FR 52612, Oct. 1, 1998]

422.68 Effective dates of coverage and change of coverage.

(a) *Initial coverage election period.* An election made during an initial coverage election period as described in §422.62(a)(1) is effective as of the first day of the month of entitlement to both Part A and Part B.

(b) *Annual election periods.* For an election or change of election made during an annual election period as described in §422.62(a)(2), coverage is effective as of the first day of the following calendar year.