

Medicare Managed Care Manual

Chapter 2 - Medicare Advantage Enrollment and Disenrollment

Updated: August 19, 2019

Revised: November 16, 2010; August 7, 2012; August 28, 2013; August 14, 2014; July 6, 2015;
September 1, 2015; September 14, 2015; December 29, 2015; May 27, 2016; August 29, 2016; June 14,
2017 [or 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 meet compliance with all Medicare Advantage requirements outlined 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 (45CFR402).

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 revisions. It is additionally noted that an equal opportunity in participation in enrollment, pending process, fully and comprehending with the plan or entity is a federal requirement for enrollment/enrollees.

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Medicare Managed Care Manual Chapter 5

Richard Kronick, Joy De Beyer



Medicare Managed Care Manual Chapter 5:

Medicare Demonstration PPOs A. Bruce Steinwald, James C. Cosgrove, 2004-12 Preferred provider org PPO are more prevalent than other types of health plans but in 2003 only 6 PPOs contracted to serve Medicare beneficiaries BE in Medicare Choice The Centers for Medicare Medicaid Services CMS initiated 2 demonstrations that include a total of 34 PPOs This study 1 describes how CMS used its statutory authority to conduct the 2 demo s 2 assessed the extent to which demo PPOs DP expanded access to Medicare health plans attracted enrollees 3 compared CMS s est of out of pocket costs that BE incurred in DP with those of other types of coverage incl fee for service Medicare M C plans Medigap policies 4 determined the effects of DP on Medicare spending Charts tables

Managed Care Manual ,1999 **The Promise of Assistive Technology to Enhance Activity and Work Participation** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments, 2017-09-01 The U S Census Bureau has reported that 56.7 million Americans had some type of disability in 2010 which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation The U S Social Security Administration SSA provides disability benefits through the Social Security Disability Insurance SSDI program and the Supplemental Security Income SSI program As of December 2015 approximately 11 million individuals were SSDI beneficiaries and about 8 million were SSI beneficiaries SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines During determinations of substantial gainful activity and income eligibility for SSI benefits the reasonable cost of items devices or services applicants need to enable them to work with their impairment is subtracted from eligible earnings even if those items or services are used for activities of daily living in addition to work In addition SSA considers assistive devices in its medical disability determination process and assessment of work capacity The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies including wheeled and seated mobility devices upper extremity prostheses and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults *Medicare and Medicaid Guide* ,1969

Unmanageable Care Jessica M. Mulligan, 2014 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. **DePaul Journal of Health Care Law**, 2005. Medication Therapy Management, Second Edition Karen Lynn Whalen, 2018-04-05. Publisher's Note: Products purchased from Third Party sellers are not guaranteed by the publisher for quality, authenticity, or access to any online entitlements included with the product. Discover the medication therapy management solution with this definitive up-to-date sourcebook. The need to improve the use of medications has major implications for the nation's healthcare system. Burdened by high costs and an ineffective process of providing medication therapy, the current prescription drug environment poses considerable risks to patient safety. Medication therapy management (MTM) is designed to address these deficiencies, and this essential text gives pharmacists all the right MTM tools to identify and eliminate drug-related problems that can cause potentially severe adverse events. Medication Therapy Management delivers the most relevant insights into MTM, a vital service that is gaining momentum due to the rapid growth of patient-centered care, healthcare information technology, new practice models (e.g., Patient-Centered Medical Home) and new payment methods. Cohesively organized, this expert-authored guide begins with an introduction to data sets for MTM covering essential topics such as establishing quality and performance improvement, the payer perspective, conducting the comprehensive medication review, and reimbursement. The second part of Medication Therapy Management reviews MTM data sets for a wide spectrum of disorders from asthma and atrial fibrillation to HIV and heart disease. Enhanced by the latest perspectives on therapeutics, including completely up-to-date tables throughout, Medication Therapy Management is a practical skill-building roadmap for optimizing drug therapy and enhancing patient outcomes. Features: Everything you need to provide successful MTM services and empower patients to take an active role in their medication and overall healthcare. Turnkey disease-based data sets help you apply proven MTM principles to common disorders. Helpful appendices cover therapy management characteristics and answers to key questions, the MTM practice model and training survey, and the Medicare Part D MTM program standardized format. *Medicare Managed Care Sourcebook*, 1997. Comparative Health Information Management Ann H. Peden, 2005. No other health information management book covers health care practice in such a wide variety of settings. From ambulatory care to long-term care, from dental practice to veterinary practice, from home health care to health care in correctional facilities, Comparative Health Information Management, Second Edition, provides a comprehensive survey of current health information practice. Each chapter includes didactic aids as well as opportunities for

more in depth analysis of subject matter to enhance learning **Managed Care Survival Manual** Brian Rasmussen,1996

The Mission-driven Organization and Managed Care Patricia Langley,1996 Physician's Managed Care Success Manual Scott Becker,1999 Broad changes in the methods of paying for health care services have led to vast changes in the practice of medicine This book provides the basic tools including checklists sample contracts and key terms a physician needs to take charge of his or her future in the evolving health care system It explains models and concepts that are available from market to market More important this book provides numerous tested strategies for responding to opportunities and the basic principles and means by which to judge situations and proposals It will guide today s physicians through the managed care maze as they develop business plans and negotiate contracts Helps you take and maintain control over patient care by maximizing your autonomy Outlines differences in practice type and summarizes the pros and cons of your various options within the managed care environment Uses real life examples throughout discussing both successes and failures of other entrepreneurial physicians *BNA Pension & Benefits Reporter* ,2007 *Managed Care Answer Book* Sheryl Tatar Dacso,Clifford C. Dacso,2000 This is an indispensable reference for all professionals involved in the design implementation financing or operation of a managed care program written in the classic answer book format You ll find extensive sections providing basic understanding of managed care cost containment strategies and advice on organization and implementation of programs The topic is covered from the ground up with crucial questions and authoritative up to date answers on every facet of managed care including such valuable features as Contract negotiation strategies and dispute resolution techniques Maximizing utilization review and outcomes assessment Techniques for managed care implementation and administration Plus payer and provider contracting advice on legal and regulatory considerations important issues covered from both purchaser s and provider s perspectives and discussion on information technology and telemedicine AMA HCPCS 2004 American Medical Association,2003 All HCPCS 2004 codes and modifiers including deleted codes for 2004 Easy to use color coded bars icons and tabs to help the user know which codes are governed by which Medicare coding rules Medicare Carriers Manual and Coverage Issues Manual excerpts that indicate drugs and services that are not reimbursed 2004 deleted codes conveniently integrated with current codes with strikeouts that help you finish claims from last year Modifier information identifies which modifiers are appropriate for each HCPCS code Detailed annotations and coding advice make code selection easier and more accurate QuickFlip color coded tabs helps the user find the right code quickly and easily Payers Appendix Know which payers accept HCPCS Level II codes to the file claims with confidence Expanded Front Index Allows you to easily locate the code needed and also references many of the brand name DME supplies like wheelchairs by which these items are known **Understanding Health Insurance** Michelle a Green,Rowell,2003-07 Understanding Health Insurance A Guide to Professional Billing 7th edition utilizes a step by step approach to provide instruction about the completion of health insurance claims The objectives of this edition are to 1 introduce information about major third party

payers 2 provide up to date information about federal health care regulations 3 clarify coding guidelines and provide application exercises for each coding system 4 introduce reimbursement issues 5 emphasize the importance of coding for medical necessity and 6 help users develop the skill to complete claims accurately Case studies and review exercises provide users with numerous opportunities to apply knowledge and develop skills in completing CMS 1500 claims accurately The textbook CD ROM and accompanying workbook provide additional exercises and practice in completing CMS 1500 claims electronically Current information is provided on CPT 5 and ICD 10 CM coding systems The appendices include information about processing the UB 92 CMS 1450 and dental claims Iml und Hlth Insurance Rowell,2001-10 *Insurance Handbook for the Medical Office* Marilyn Takahashi Fordney,2006 This manual has been prepared for instructors using Insurance Handbook for the Medical Office 9th ed in medical insurance classes or as a supplement in administrative medical assisting classes **Medicare HMOs** Richard Kronick,Joy De Beyer,1999 The lure of reduced costs improved health outcomes has spurred the Medicare managed care movement But will these desired outcomes be achieved This book explores the role of HMOs in Medicare the implications it has on the health of the chronically ill Includes suggested strategies for oversight regulation of Medicare HMOs *Healthcare Financial Management* ,2006

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