

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12046	Date: May 18, 2023
	Change Request 13189

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-01, IOM Chapter 2 Hospital Insurance and Supplementary Medical Insurance

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to update the **Internet Only Manual (IOM) Publication (Pub.) 100-01 Chapter 2** to include recent changes from the Consolidated Appropriation's Act, 2021 (CAA) to the Initial Enrollment Period (IEP), General Enrollment Period (GEP), Special Enrollment Period (SEP), add SEPs for Exceptional Conditions, and add information on how late enrollment penalties (LEP) are calculated. The current IOM gives a brief description of the IEP, GEP, and SEP, but needs to be updated to reflect CAA revisions to effective dates of the enrollment periods, and the durations of the previously established SEPs. With the exception of enrollment that occurs in the first four months of an individual's IEP, beginning January 1, 2023 all enrollment periods will be effective the month after the month of enrollment. Previously established SEPs, newly established SEPs for Exceptional Conditions effective January 1, 2023, and information on how late enrollment penalties are calculated for Premium Part A and Part B are not in the current IOM Pub.100-01 Chapter 2 and need to be added.

The CAA changed the effective dates of Medicare enrollment so that individuals who become eligible for Medicare on or after January 1, 2023, and enroll in Part B during the last 3 months of their **IEP**, entitlement would begin the first day of the month following the month in which they enroll. Changes to the IEP effective date are in revised section 40.3.1 of IOM Pub. 100-01, Chapter 2.

The CAA also revised the effective dates for revised sections 1838(a)(2)(D)(ii) and 1838(a)(3)(B)(ii) of the Act to provide that individuals who enroll during the **GEP** beginning on or after January 1, 2023. Their entitlement would begin with the first day of the month following the month in which they enroll, instead of July 1st. Changes to the GEP effective date are in revised section 40.3.2 of IOM Pub. 100-01, Chapter 2.

This CR will add the following previously established **SEPs** to IOM Pub. 100-01 Chapter 2: **SEP Related to Coverage Under Group Health Plans, SEP for International Volunteers, SEP for Certain TRICARE Beneficiaries**, and the **SEP for Beneficiaries for Whom Medicare is Now the Primary Payer (D-SEP)**. These SEPs correspond with new sections 40.3.3, 40.3.4, 40.3.5, and 40.3.6 in IOM Pub. 100-01, Chapter 2.

The CAA established the new authority for the Secretary of Health and Human Services to establish SEPs for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide, effective January 1, 2023. This CR will update IOM Pub. 100-01, Chapter 2 with changes corresponding to CAA sections 1836, 1837, 1838, and 1839.

This CR will add the following newly established SEPs (effective January 1, 2023) to IOM Pub. 100-01 Chapter 2: **SEP for Individuals Impacted by an Emergency or Disaster, SEP for Health Plan or Employer Representation, SEP for Formerly Incarcerated Individuals, SEP to Coordinate with Termination of Medicaid Coverage**, and **SEP for Other Exceptional Conditions**. These SEPs for Exceptional Conditions correspond with new sections 40.3.7, 40.3.7.1, 40.3.7.2, 40.3.7.3, 40.3.7.4, and 40.3.7.5 in IOM Pub. 100-01 Chapter 2.

The CR will also add sections for the **Late Enrollment Penalty (LEP) for Premium Part A** in accordance with Statute 1818(c)(6), Reg. 42 CFR § 406.33, and the **LEP for Premium Part B** in accordance with Statute: 1839(b), Reg. 42 CFR § 408.22 – 408.26. Both LEP sections describe how the LEP is calculated, and which enrollees are excluded from LEPs. These LEPs correspond with renamed section 40.7.7 and new section 40.7.8 in IOM Pub. 100-01, Chapter 2.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: June 21, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	2/ Table of Contents
R	2/40/40.3/ Enrollment Periods
R	2/40/40.3.1/ Enrollment During an Individual's Initial Enrollment Period
R	2/40/40.3.2/ Enrollment During the General Enrollment Period
R	2/40/40.3.3/ Enrollment During the Special Enrollment Period (SEP) Related to Coverage Under Group Health Plans
N	2/40/40.3.4/ SEP for International Volunteers
N	2/40/40.3.5/ SEP for Certain TRICARE Beneficiaries
N	2/40/40.3.6/ SEP for Beneficiaries for Whom Medicare is Now the Primary Payer (D-SEP)
N	2/40/40.3.7/ SEP for Exceptional Conditions
N	2/40/40.3.7.1/ SEP for Individuals Impacted by an Emergency or Disaster
N	2/40/40.3.7.2/ SEP for Individuals Affected by a Health Plan or Employer Misrepresentation
N	2/40/40.3.7.3/ SEP for Formally Incarcerated Individuals
N	2/40/40.3.7.4/ SEP for Termination of Medicaid
N	2/40/40.3.7.5/ SEP for Other Exceptional Conditions
N	2/40/40.7.6.5/ Premiums Under Buy-In
R	2/40/40.7.7/ Late Enrollment Penalty (LEP) for Premium Part A
N	2/40/40.7.8/ Late Enrollment Penalty (LEP) for Premium Part B
R	2/50/50.1/ Medicare Beneficiary Identifier (MBI)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-01	Transmittal: 12046	Date: May 18, 2023	Change Request: 13189
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SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-01, IOM Chapter 2 Hospital Insurance and Supplementary Medical Insurance

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: June 21, 2023

I. GENERAL INFORMATION

A. Background: The Consolidated Appropriations Act (CAA) established the new section 1837(m) of the Act, which provides authority for the Secretary of the Department of Health and Human Services (HHS) (the Secretary) to establish special enrollment periods (SEPs) for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide, effective January 1, 2023. The purpose of this CR is to update Chapter 2 of Pub. 100-01 with the corresponding changes to CAA sections 1836, 1837, 1838, and 1839.

The SEPs for exceptional conditions described in this CR can be summarized as the following: SEP for Individuals Impacted by an Emergency or Disaster- Individuals who do not enroll in Part B or premium Part A when first eligible due to having an emergency or disaster declared by a federal, state, or local government entity in their area may enroll using this SEP. **SEP for Health Plan or Employer Misrepresentation-** Individuals who do not enroll in Part B or premium Part A when first eligible due to misrepresentation or reliance on incorrect information provided by their employer or GHP, agents or brokers of health plans, or any person authorized to act on behalf of such entity may enroll using this SEP. **SEP for Formerly Incarcerated Individuals-** Individuals who do not enroll in Part B or premium Part A when first eligible because they were incarcerated may enroll using this SEP. **SEP to Coordinate with Termination of Medicaid Coverage-** Individuals whose Medicaid eligibility terminated may enroll using this SEP. **SEP for Other Exceptional Conditions-** Individuals who do not enroll in Part B or premium Part A when first eligible because conditions beyond their control caused them to miss an enrollment period may enroll using this SEP. These SEPs for exceptional conditions correspond with new sections 40.3.7, 40.3.7.1, 40.3.7.2, 40.3.7.3, 40.3.7.4, and 40.3.7.5.

In addition to adding SEPs for exceptional conditions, other SEPs in this CR can be summarized as the following: **SEP for the Working Aged and Working Disabled-** Individuals who do not enroll in Part B or premium Part A when first eligible because they were covered under a group health plan based on their own or a spouse's current employment (or the current employment of a family member, if disabled) may enroll during this SEP. **SEP for International Volunteers-** Individuals who do not enroll in Part B or Premium Part A when first eligible because they were performing volunteer service outside of the United States may enroll during this SEP. **SEP for Certain TRICARE Beneficiaries-** Individuals who enroll in Part A based on disability or ESRD, but do not enroll in Part B because they were eligible for TRICARE standard or TRICARE prime, may enroll during this SEP., and **SEP for Beneficiaries for Whom Medicare is Now the Primary Payer (D-Sep)-** Individuals entitled to Medicare Part A based on disability, but who did not enroll in Part B because Medicare was the secondary payer for covered services, may enroll using this to IOM Pub. 100-01, Chapter 2. These SEPs correspond with new sections 40.3.3, 40.3.4, 40.3.5, and 40.3.6.

Effective January 1, 2023, coverage will begin the month after the month of enrollment for the Initial Enrollment Period (IEP) 40.3.1, General Enrollment Period (GEP) 40.3.2, and all SEPs. The CR adds policy information for the **Late Enrollment Penalty (LEP) for Premium Part A**, and the **Late Enrollment Penalty for Premium Part B**. Both LEP sections describe how the LEP is calculated, and which enrollees are excluded from LEPs. These LEPs correspond with renamed section 40.7.7 and new section 40.7.8.

B. Policy: Consolidated Appropriations Act (CAA) established new section 1837(m) of the Act, which provides authority for the Secretary of the Department of Health and Human Services (HHS) (the Secretary) to establish special enrollment periods (SEPs) for individuals who are eligible to enroll in Medicare and meet such exceptional conditions as the Secretary may provide, effective January 1, 2023.

Consolidated Appropriations Act (CAA) amended 1836, 1837, 1838, and 1839 of the Act to include special enrollment period and waiver of the late enrollment period for individuals whose enrollment in Premium Part A or Premium Part B was impacted by an exceptional condition.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13189.1	Contractors shall be aware of changes made to the IOM Pub. 100-01, Chapter 2. The CR revises sections: 40.3, 40.3.1, 40.3.2, 40.3.3, 40.7.7, 50.1, and the Table of Contents. The CR adds sections: 40.3.4, 40.3.5, 40.3.6, 40.3.7, 40.3.7.1, 40.3.7.2, 40.3.7.3, 40.3.7.4, 40.3.7.5, 40.7.6.5, and 40.7.8.	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Candace Carter, 410-786-8466 or candace.carter@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare General Information, Eligibility, and Entitlement

Chapter 2 - Hospital Insurance and Supplementary Medical Insurance

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(Rev.12046; Issued: 05-18-2023)

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40.3.5 *SEP for Certain TRICARE Beneficiaries*

40.3.6 *SEP for Beneficiaries for Whom Medicare is Now the Primary Payer (D-SEP)*

40.3.7 – *Special Enrollment Period for Exceptional Conditions*

40.3.7.1 *SEP for Individuals Impacted by an Emergency or Disaster*

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50.1 - Medicare Beneficiary Identifier (MBI)

40.3 - Enrollment Periods

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Enrollment is possible only during specified enrollment periods:

- An individual's initial enrollment period (IEP) is of 7 months duration. It begins 3 full calendar months before and ends 3 full calendar months after the month in which the individual first meets all the requirements for enrollment.
- *A general enrollment period (GEP) occurs each year from January 1 through March 31. Coverage is effective the month following the month of enrollment.*
- *Special enrollment periods (SEP) are available to enable certain individuals to enroll in Medicare outside of the IEP and the GEP.*

40.3.1 - Enrollment During the Individual's Initial Enrollment Period

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Coverage begins on the first day of:

- The month in which the individual first becomes eligible for SMI if enrollment takes place during the first 3 months of the initial enrollment period,
- The month following the month of enrollment if enrollment occurs during the fourth *through seventh* month of the initial enrollment period.

40.3.2 - Enrollment During *the* General Enrollment Period

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Coverage begins the first day of the month following the month of enrollment.

40.3.3 – *Enrollment During the Special Enrollment Period (SEP) Related to Coverage Under Group Health Plans*

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

If an individual enrolls in SMI or premium HI while still covered under a GHP or LGHP or during the first full month when not enrolled in a GHP/LGHP based on current employment status, coverage begins either with:

- The first day of the month of SMI or premium HI enrollment, or
- At the individual's option, with the first day of any of the following 3 months.

If the individual enrolls during any of the 7 remaining months of the special enrollment period, coverage begins with the first day of the month following the month of enrollment.

40.3.4 - SEP for International Volunteers (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who do not enroll in Part B or Premium Part A when first eligible because they were performing volunteer service outside of the United States may enroll during this SEP.

Eligible Individuals may enroll if:

- They volunteered outside of the United States through a program that covers at least a 12-month period; and*
- Is sponsored by a tax exempt organization; and*
- The individual has (or had) health insurance that provided coverage to the individual while he or she was outside of the U.S. for the duration of the volunteer service.*

The SEP for volunteers is the 6-month period that begins the earlier of the first day of the month following the month for which the:

- Individual was no longer serving as a volunteer outside of the United States;*
- Organization no longer has tax-exempt status; or*
- Individual no longer has health insurance that provides coverage outside of the United States.*

Coverage begins the first day of the month following enrollment.

40.3.5 - SEP for Certain TRICARE Beneficiaries (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who enroll in Part A based on disability or ESRD, but do not enroll in Part B because they were eligible for TRICARE standard or TRICARE prime, may enroll during this SEP. Eligible individuals are those who are:

- Under age 65, and*
- Eligible for TRICARE Standard at the time of HI entitlement and:*
- A military retiree or military retiree family member, or*
- On active duty or a family member of an active duty service member with Medicare based on ESRD.*

Eligible individuals may enroll:

- If notified of Medicare entitlement during the IEP -The month after the end of the IEP, or*
- If notified of Medicare entitlement after the IEP -The month of notification of Medicare entitlement.*

Coverage begins:

If notified of Medicare entitlement during the IEP:

- The month of enrollment, or*
- The first month after the end of the IEP*

If notified of Medicare entitlement after the IEP:

- The month of enrollment, or*
- The month SMI terminated based on the refusal.*

If entitlement is based on ESRD, coverage begins:

- The month of HI entitlement, or*
- The month of enrollment, or*
- The month after the end of the IEP.*

40.3.6 - SEP for Beneficiaries for Whom Medicare is Now the Primary Payer (D-SEP) (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals entitled to Medicare Part A based on disability, but who did not enroll in Part B because Medicare was the secondary payer for covered services, may enroll using this 7-month SEP.

Eligible individuals may enroll with the later of:

- The month in which the employer notifies the beneficiary that Medicare is the primary payer, or
- The month Medicare becomes the primary payer.

Coverage begins either:

- The first day of the month of filing for Part B, or
- During any month of the 7-month D-SEP, or
- Retroactive to the month Medicare becomes the primary payer provided the beneficiary makes arrangements to pay the past due premiums; either by a lump sum payment or by monthly installments.

40.3.7 – SEP for Exceptional Conditions (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Effective January 1, 2023, the following SEPs for exceptional conditions are available for Premium Part A and Part B, respectively.

40.3.7.1 - SEP for Individuals Impacted by an Emergency or Disaster (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who do not enroll in Part B or Premium Part A when first eligible due to having an emergency or disaster as declared by a federal, state, or local government entity may enroll during this SEP.

Eligible Individuals may enroll as early as:

- The month of the emergency or disaster, or
- Up to six months after the emergency or disaster has ended.

NOTE: they may also be able to use this SEP if the disaster or emergency takes place where their authorized representative, legal guardian, or person who makes health care decisions on their behalf resides.

The SEP begins the date an emergency or disaster is declared, or the start date identified in the emergency declaration, whichever is earlier. The SEP ends six months after the end of the date which is the later of:

- The end date identified in the disaster or emergency declaration, or
- The end date of any extensions or the date when the declaration has been determined to have ended or has been revoked, or
- The date of the declaration, if such date is after the end of the disaster.

Coverage begins the first day of the month following enrollment.

40.3.7.2 – SEP for Individuals Affected by a Health Plan or Employer Misrepresentation (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who do not enroll in Part B or Premium Part A when first eligible due to misrepresentation or reliance on incorrect information provided by their employer or GHP, agents or brokers of health plans, or any person authorized to act on behalf of such entity may enroll during this SEP.

An eligible person must demonstrate (by documentation or written attestation) both of the following:

- *They did not enroll in Part B or Premium Part A during another enrollment period in which they were eligible based on information received from an employer or GHP, agents or brokers of health plans, or any person authorized to act on such organization's behalf.*
- *An employer, GHP, agent or broker of a health plan, or their representative materially misrepresented information or provided incorrect information relating to enrollment in Part B or Premium Part A.*

The SEP begins the day an individual notifies the Social Security Administration and ends six months later.

Coverage begins the first day of the month following enrollment.

40.3.7.3 - SEP for Formerly Incarcerated Individuals (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who do not enroll in Part B or Premium Part A when first eligible because they were incarcerated may enroll during the SEP.

An eligible person can sign up anytime within the 12 months after their release from incarceration.

The SEP begins the day an individual is released from the custody of penal authorities. However, individuals have the option to select a retroactive effective date (not to begin prior to their release date and not to exceed 6 months). If individuals choose this retroactive option, they will be responsible for paying Medicare premiums back to the date of coverage.

Coverage begins the first day of the month following enrollment or up to six months retroactive.

40.3.7.4 - SEP for Termination of Medicaid Coverage (Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals whose Medicaid eligibility terminated may enroll during this SEP.

A person may be eligible based on this condition if they have:

- *Lost Medicaid entirely,*
- *Missed a Medicare enrollment period, and*
- *Their Medicaid coverage was terminated on or after January 1, 2023.*

The SEP begins when an individual is notified of an upcoming termination of Medicaid eligibility and ends six months after the Medicaid termination. Medicare benefits start the month after Medicare enrollment unless the individual elects a start date back to the first day of the month the individual lost Medicaid and agrees to pay all prior premiums.

Note: Individuals who are still eligible for Medicaid, including a Medicare Savings

Program, and have not received notice of an upcoming Medicaid termination are not eligible for this SEP.

40.3.7.5 - SEP for Other Exceptional Conditions

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

Individuals who do not enroll in Part B or Premium Part A when first eligible because conditions beyond their control caused them to miss an enrollment period may enroll during the SEP. This SEP is available for individuals whose unique conditions do not qualify for other SEPs.

An eligible person must demonstrate (by documentation or written attestation) that conditions outside of their control that occurred on or after January 1, 2023, caused them to miss an enrollment period.

An individual's request for this SEP will only be granted in conditions that are truly exceptional in nature, and will not be used to grant individual's enrollment due to forgetfulness, lack of knowledge, or failure to make premium payments.

SSA will determine when this SEP begins on a case-by-case basis, but the SEP will end no less than 6 months after it begins.

Coverage begins the first day of the month following enrollment.

40.7.6.5 - Premiums Under Buy-In

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

States pay the Part B premiums for any eligible individual specified in the state's buy-in agreement. Under buy-in agreements, states can enroll individuals in Part B at any time without regard to Medicare enrollment periods or late enrollment penalties. Please see the Manual for State Payment of Medicare Premiums, chapter 1, section 1.4 for additional information about state payment of premiums under a buy-in agreement.

40.7.7 – Late Enrollment Penalty (LEP) for Premium Part A

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

If an individual did not enroll in premium Part A when first eligible, they may have to pay a higher monthly premium if they decide to enroll later. The monthly premium for Part A may increase up to 10%. The individual will have to pay the higher premium for twice the number of years the individual could have had Part A, but did not sign up.

For individuals enrolling using the SEP Related to Coverage Under Group Health Plans, the premium Part A LEP is calculated by adding the months that have elapsed between the close of the individual's IEP and the end of the month in which the individual enrolls. For enrollments after your IEP has ended, months where you had group health plan coverage are excluded from the LEP calculation.

For individuals enrolling using an Exceptional Conditions SEP, the International Volunteers SEP, or the SEP for Certain TRICARE Beneficiaries, no LEP will be applied.

40.7.8 – Late Enrollment Penalty (LEP) for Premium Part B

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

If an individual did not sign up for Part B when first eligible, the individual may have to pay a late enrollment penalty for as long as the individual has Medicare. The individual's monthly premium for Part B may go up 10% for each full 12-month period that the individual could have had Part B, but did not sign up for it.

For individuals enrolling using the SEP Related to Coverage Under Group Health Plans, the Part B LEP is calculated by adding the months that have elapsed between the close of the individual's IEP and the end of the month in which the individual enrolls. For enrollments after your IEP has ended, months where you had group health plan coverage are excluded from the LEP calculation.

For individuals enrolling using an Exceptional Conditions SEP, the International Volunteers SEP, or the SEP for Certain TRICARE Beneficiaries, no LEP will be applied.

For individuals enrolling using the D-SEP, the Part B LEP is calculated by adding all months during which the large group health plan (LGHP) was secondary payer beginning with the end of the IEP, or the date LGHP coverage began.

50.1 - Medicare Beneficiary Identifier (MBI)

(Rev.12046, Issued:05-18-23, Effective:01-01-23, Implementation:06-21-23)

The term Medicare beneficiary identifier (MBI) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.