§ 422.50 Eligibility to elect an MA plan.

For this subpart, all references to an MA plan include MA-PD and both MA local and MA regional plans, as defined in § 422.2 unless specifically noted otherwise.

(a) An individual is eligible to elect an MA plan if he or she—

(i) Is entitled to Medicare under Part A and enrolled in Part B (except that an individual entitled only to Part B and who was enrolled in an HMO or CMP with a risk contract under part 417 of this chapter on December 31, 1998 may continue to be enrolled in the MA organization as an MA plan enrollee);

(ii) Has not been medically determined to have end-stage renal disease, except that an individual who develops end-stage renal disease while enrolled in an MA plan or in a health plan offered by the MA organization is eligible to elect an MA plan offered by that organization;

(iii) An individual with end-stage renal disease whose enrollment in an MA plan was terminated or discontinued after December 31, 1998, because CMS or the MA organization terminated the MA organization’s contract for the plan or discontinued the plan in the area in which the individual resides, is eligible to elect another MA plan. If the plan so elected is later terminated or discontinued in the area in which the individual resides, he or she may elect another MA plan; and

(iv) An individual with end-stage renal disease may elect an MA special needs plan as defined in § 422.2, as long as that plan has opted to enroll ESRD individuals.

(b) An MA eligible individual may not be enrolled in more than one MA plan at any given time.


§ 422.52 Eligibility to elect an MA plan for special needs individuals.

(a) General rule. In order to elect a specialized MA plan for a special needs individual (Special Needs MA plan, or SNP), the individual must meet the eligibility requirements specified in this section.

(b) Basic eligibility requirements. Except as provided in paragraph (c) of
this section, to be eligible to elect an
SNP, an individual must:
(1) Meet the definition of a special
needs individual, as defined at § 422.2;
(2) Meet the eligibility requirements
for that specific SNP; and
(3) Be eligible to elect an MA plan
under § 422.50.
(c) Exception to § 422.50. CMS may
waive § 422.50(a)(2) concerning the ex-
clusion of persons with ESRD.
(d) Deeming continued eligibility. If an
SNP determines that the enrollee no
longer meets the eligibility criteria,
but can reasonably be expected to
again meet that criteria within a 6-
month period, the enrollee is deemed
to continue to be eligible for the MA
plan for a period of not less than 30
days but not to exceed 6 months.
(e) Restricting enrollment. An SNP
must restrict future enrollment to only
special needs individuals as established
under § 422.2.
(f) Establishing eligibility for enroll-
ment. A SNP must approve a process
approved by CMS to verify the eligibility
of each individual enrolling in the
SNP.

§ 422.53 Eligibility to elect an MA plan
for senior housing facility resi-
dents.
(a) Basic eligibility requirements. To be
eligible to elect an MA senior housing
facility plan, the individual must meet
both of the following:
(1) Be a resident of an MA senior
housing facility defined in § 422.2.
(2) Be eligible to elect an MA plan
under § 422.50.
(b) Restricting enrollment. An MA sen-
ior housing facility plan must restrict
enrollment to only those individuals
who reside in a continuing care retire-
ment community as defined at
§ 422.133(b)(2).
(c) Establishing eligibility for enroll-
ment. An MA senior housing facility
plan must verify the eligibility of each
individual enrolling in its plan using a
CMS approved process.

§ 422.54 Continuation of enrollment
for MA local plans.
(a) Definition. Continuation area
means an additional area (outside the
service area) within which the MA or-
ganization offering a local plan fur-
nishes or arranges to furnish services
to its continuation-of-enrollment en-
rollees. Enrollees must reside in a con-
tinuation area on a permanent basis. A
continuation area does not expand the
service area of any MA local plan.
(b) Basic rule. An MA organization
may offer a continuation of enrollment
option to MA local plan enrollees when
they no longer reside in the service
area of a plan and permanently move
into the geographic area designated by
the MA organization as a continuation
area. The intent to no longer reside in
an area and permanently live in an-
other area is verified through docu-
mentation that establishes residency,
such as a driver’s license or voter reg-
istration card.
(c) General requirements. (1) An MA or-
ganization that wishes to offer a con-
tinuation of enrollment option must
meet the following requirements:
(i) Obtain CMS’s approval of the con-
tinuation area, the marketing mate-
rials that describe the option, and the
MA organization’s assurances of access
to services.
(ii) Describe the option(s) in the
member materials it offers and make
the option available to all MA local
plan enrollees residing in the contin-
uation area.
(2) An enrollee who moves out of the
service area and into the geographic
area designated as the continuation
area has the choice of continuing en-
rollment or disenrolling from the MA
local plan. The enrollee must make the
choice of continuing enrollment in a
manner specified by CMS. If no choice
is made, the enrollee must be
disenrolled from the plan.
(d) Specific requirements—(1) Continu-
ation of enrollment benefits. The MA or-
ganization must, at a minimum, pro-
vide or arrange for the Medicare-cov-
ered benefits as described in § 422.101(a).
(2) Reasonable access. The MA organi-
zation must ensure reasonable access
in the continuation area—
(i) Through contracts with providers,
or through direct payment of claims