

## **Appendix B: Special Enrollment Period (SEP) Codes**

<b>OEC Question</b>	<b>OEC SEP Code</b>	<b>MARx SEP Reason Code</b>
I'm new to Medicare.	NEW	ETC-E (IEP)
I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.	ICE	ETC-I (ICEP)
I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.	RET	32
I had Medicare prior to now, but I'm now turning 65.	MRD	ETC-F (IEP2)
Between 1/1-3/31:  I'm in a Medicare Advantage Plan and want to make a change.  Between 4/1-12/31:  I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.	OEP	ETC-M (MA OEP)
I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me.	MOV	ETC-V Perm Residence
I moved back to the U.S. after living outside the country.	RUS	ETC-V Perm Residence
I was released from jail.	INC	ETC-V Perm Residence

OEC Question	OEC SEP Code	MARx SEP Reason Code
I recently got lawful presence status in the U.S.	LAW	37
I live in a long-term care facility, like a nursing home or a rehabilitation hospital.	LT2	ETC-T (OEPI)
I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital.	LTC	ETC-T (OEPI)
I left coverage from my employer or union (including COBRA coverage)	LEC	ETC-W (EGHP SEP)
I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable.	LCC	22
I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.	EOC	12
I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.	MYT	11
I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan.	PAC	27
I lost my Special Needs Plan because I no longer have a condition required for that plan.	SNP	35
I want to join a Special Needs Plan that tailors its benefits to my chronic condition.	CSN	30
I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get Extra Help paying my Medicare drug coverage.	MDE	ETC-L (Dual/LIS Quarterly)
I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid).	MCD	ETC-U (LIS)
I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in my level of Extra Help, or lost Extra Help)	NLS	ETC-U (LIS)

OEC Question	OEC SEP Code	MARx SEP Reason Code
I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	DIF	ETC-U (LIS)
I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	PAP	38
I dropped a Medicare Supplement Insurance (Medigap) policy when I first joined a Medicare Advantage Plan. It's been less than 12 months since I left my Medigap policy. I want to switch to Original Medicare so I can go back to my Medigap policy, and I'm joining a Drug Plan (Part D).	12G	29
I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.	DST	01
I joined a Medicare Advantage Plan with drug coverage when I turned 65. It's been less than 12 months since I joined this plan. I want to switch to Original Medicare, and I'm joining a Drug Plan.	12J	33
I am enrolling in a 5-star Medicare plan.	5ST	ETC-R (5star)
I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.	LPI	40
I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.	REC	39
I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.	ACC	21
I lost my Medicare Advantage Plan with drug coverage because I lost Medical (Part B) coverage. I want to join a Medicare drug plan.	INV	25
I live in a long-term care facility, like a nursing home or a rehabilitation hospital. I dropped my Medicare Advantage Plan with drug coverage and I want to join a Medicare drug plan.	IIP	26
Plans are reminded to use election type code "T" for OEPI transactions.		

OEC Question	OEC SEP Code	MARx SEP Reason Code
I dropped my Cost Plan with drug coverage and switched to Original Medicare. I want to join a Medicare drug plan.	OSD	36
I live in or (within the past 2 months) moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I want to join a Medicare drug plan.	IND	31
I had Medicare before, but I'm now turning 65.	IEP	41
I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1 - March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.	PRE	34
I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).	CSP	42
I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare drug plan (Part D).	DSP	43
<b>OEC Options Available to 1-800-Medicare Customer Service Representatives Only</b>		
I wasn't properly notified that my private drug coverage wasn't creditable, or was no longer creditable	CRE	90
I was notified by my plan that it had or will have a significant provider network change.	PRO	91
I'm in a plan that violated its contract with me.	VIO	92
Marketing Misrepresentation SEP: I was enrolled in a plan based on misleading or incorrect information, or I was enrolled into a plan without my knowledge or consent.	EXC	96
I was affected by an item directly related to my plan's sanction.	SAN	23
Other	OTH	N/A

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Other explanation	N/A	N/A