

# Programs

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## **KPSA Process/ MMAR Overview**



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# KPSA

## Overview

### What is KPSA?

KPSA is an acronym for Kaiser Senior Advantage Plan. This is a Medicare Advantage plan that generally replaces your Medicare coverage. By completing a KPSA enrollment form, the retiree agrees to assign their Medicare plan to Kaiser for management.

Medicare Retirees: must have Medicare Parts A and B to be enrolled in the PRISMHealth Medicare Medical plans. Prescription drug coverage is also mandatory under Kaiser Permanente Senior Advantage (KPSA).

In addition to Part A and B, Retirees who declined coverage may not enroll in any coverage or in any future subsequent enrollment date.

Lastly, if a retiree does not assign their Medicare to Kaiser, Kaiser will apply Kaiser Penalty Rates which will be much higher than the Medicare Kaiser rates provided to the employer. It is important that Medicare retirees assign their Medicare to Kaiser to avoid these added fees.

- Medicare plans under PRISM follow the Medicare guidelines provided by CMS &
- Medicare. Specifically you can find the “Medicare & You” annual guide on the [www.medicare.gov](http://www.medicare.gov) page under the Tab called “Forms, Help & Resources”. There is also a guide CMS created called “Your Guide to who pays first” which can be found in the link provided or under the Medicare.gov page / Free Medicare Publications. <https://www.medicare.gov/Pubs/pdf/02179-Medicare-Coordination-Benefits-Payer.pdf>. These resources are created and managed by these entities and are not materials we can alter.



# KPSA Overview



## Group Kaiser Permanente Senior Advantage Enrollment Process



Members eligible for the Kaiser Permanente Group Senior Advantage (HMO) Retiree Plan include employees approaching age 65, post 65 employees, retired employees, and employees approaching retirement.



Three (3) months prior to turning age 65 or three months prior to retirement, recommend members to visit their local Social Security office to enroll in Medicare Part A & B



Employer Group will explain the Kaiser Permanente Group Senior Advantage (HMO) Retiree Plan

### Plan Requirements:

1. Retiree must live in the CMS approved Service Area
2. Retiree must have Medicare Parts A & B

If retiree meets all plan requirements, member will then be provided with a KPSA enrollment packet



Employer group to determine if retiree is an existing member or new member

### Existing Kaiser Permanente Member?

Employer Group/TPA sends:  
1.) Completed Group KPSA form  
2.) Update electronic file feed to “transfer” member from Active/Early Retiree enrollment unit (EU) to KPSA Retiree EU

**Note:** Ensure most current version is used for that plan year. New versions are available annually in November. Reference bottom left corner of front page for version.



### New to Kaiser Permanente?

Employer Group/TPA sends:  
1.) Enrollment via electronic file feed  
2.) Completed Group KPSA form

# KPSA

## Overview

### **REGULATORY MANDATE Message from Kaiser:**

Advance notice requirements when terminating Medicare members

The Centers for Medicare & Medicaid Services (CMS) requires that group members in Medicare Advantage Plans receive written notice from their employers' plan at least 21 days prior to the termination.

- With this advance notice requirement, Kaiser Permanente Senior Advantage (KPSA) members can not be terminated retroactively.
- To comply with the requirements set by CMS, employer groups must notify Kaiser Permanente at least 30 days before the effective termination date for members in KPSA plans.
- Termination effective date will be first of the month following 21 days notification period. For example: Termination request received by KP on 5/25. KP will terminate member effective 7/1, which includes 21 days advance notice.

### **EMPLOYER GROUP RESPONSIBILITIES**

1. Responsible for monthly premiums an affected member remains on the group plan.
2. Notifying KP at least 30 days prior to the requested KPSA member termination date allows us adequate time to provide the member with 21 days' advance notice as required by CMS, and to disenroll the member from the group health plan by the desired termination date.
  - a) If notification is not received within the 30-day time frame, the employer will be charged the member premium for an additional month.

### **KPSA DISENROLLMENT FORM**

To avoid additional monthly premium charges with terminations beyond the requested effective date:

- KPSA member provides a signed KPSA disenrollment form or written request the month prior to the desired termination date.
- Should the KPSA member send their KPSA disenrollment form or written request to the employer group, the employer group will date-stamp it and forward it to Kaiser Permanente for processing.
- As required by CMS, once we receive the KPSA disenrollment form or written request, KP notify the KPSA member about their termination by the group and describe their Medicare coverage options.

Please remember even with the KPSA disenrollment form, terminations are not retroactive and are effective first of the following month.

# KPSA

## Enrollment form Instructions

KPSA Enrollment form is required for all subscribers and eligible spouses. The form is returned to employer so that the hard copy form can be remitted to Kaiser Permanente for processing. Medicare drives the effective dates for KPSA so it will be important to sign and return prior to Medicare eligibility to ensure an effective date close to subscriber reaching age 65.

Enrollment file is a file that is sent to Kaiser Permanente through the Benefit Administration system. The file is sent weekly to ensure group membership is captured by Kaiser Permanente.

**KPSA form and Enrollment file requirement:** All PRISM Health groups use a benefits administration system to remit an enrollment file to Kaiser. Medicare requires a KPSA enrollment form. This means there needs to be careful coordination between the enrollment file and the hard copy KPSA enrollment form.

**KPSA form and Enrollment file timing:** Issues occur when the KPSA form and enrollment file are not coordinated.

### **KPSA form and Enrollment file timing coordination/instructions:**

The enrollment file record go to Kaiser Permanente first, followed by the actual hard-copy KPSA enrollment form. If the form is received before the file, it places the enrollment on hold and potentially in the wrong group number/rates.

■ **Employer** – You will want to start communicating with your KPSA retiree at least 60 days in advance to ensure you have enough time to coordinate the application effective date.

■ **Employer** – Once you have received the KPSA application from subscriber, you will enter the election in the BenAdmin system. The record will then be sent to Kaiser Permanente via the next enrollment file.

■ **Employer** –(\*hold the form a couple of days) and either fax or mail the KPSA enrollment form to Kaiser Permanente at: Fax: 1-858-614-3344

Mail: Kaiser Permanente – Medicare Unit

P.O. Box 232400

San Diego, CA 92193-2400

\*Reason for the hold is to ensure the file comes first and the KPSA enrollment form second.

■ **Employer** – Prior to sending the KPSA enrollment form to Kaiser Permanente, please put an effective date stamp on when the form was received by the employer. The date stamp will be used by Kaiser Permanente to ensure the correct effective dates are issued.

■ **Employer** – Send an email to the BenAdmin provider letting them know the KPSA form was faxed or mailed to Kaiser Permanente.

■ **Employer** – The MMAR report provides tracking of KPSA approvals, pends or denials. On the report, it will be important that you notate date/time when forms were sent to Kaiser. This will reduce enrollment errors surrounding KPSA.

# KPSA

## Enrollment form Instructions

The MMAR reports are generated on a monthly basis and sent out on the 5th day of the month at 9am PST

You can follow up with Kaiser to confirm they received the forms.

To: Kaiser Team

Subject: KPSA Enrollment form confirmation, group name, Reply Requested

Body: To Kaiser team,.....

### **Alyssa D. Malinis**

California Service Center

Alyssa.D1.Malinis@kp.org

### **Sunny Chhoeuy**

Client Service Manager (619) 542-7207

sunny.chhoeuy@kp.org

### **Laarni Grueso**

Executive Account Manager

(619) 542-7244

Laarni.F.Grueso@kp.org

# KPSA

## Enrollment form Instructions

### **Next Steps after Kaiser Permanente receives the KPSA form:**

- Once KP receives the KPSA form, the retiree may receive the following correspondence:
  - Welcome Letter/Kit with ID cards – This is confirmation the retiree was enrolled with KP Senior Advantage and includes the coverage start date.
  - Request for Information Letter – Further clarification on KPSA form is needed to complete the KPSA enrollment. This is time sensitive and could impact the KPSA enrollment approval.
- The timeframe, which includes Medicare entitlement approval and the processing of the enrollment file & KPSA form is within 10 calendar days.

### **How does employer handle if a current Kaiser Subscriber is aging into the KPSA plan?**

- Post 65 but still working – no KPSA while actively working
- Post 65 not working (retired) – Kaiser will only send letters to subscribers offering group KPSA if the employer has requested this service. Otherwise, TPA or Employer will send to retirees.
- Those groups that do not offer group KPSA (Offer Medicare) under the group policy will receive in individual conversion packet.
- For CSRMA and small group (use north and south) will use subscriber home address for plan assignment.

# Sample **KPSA** Enrollment Form



Kaiser Permanente Senior Advantage (HMO) or  
 Kaiser Permanente Senior Advantage Medicare Medi-Cal (HMO SNP) Plan  
**DISENROLLMENT FORM**  
 Northern California or Southern California Region

Each individual disenrolling will need to complete his/her own form. If you have any questions, please call Kaiser Permanente at 1-800-443-0815 (TTY 711), seven days a week, 8 a.m. to 8 p.m.

**If you request disenrollment, you must continue to get all medical care from Kaiser Permanente, until the effective date of disenrollment. Please refer to your Evidence of Coverage for more details. Contact us to verify your disenrollment before you seek medical services outside of Kaiser Permanente's network. We will notify you of your effective date of disenrollment after we get this form from you.**

PLEASE TYPE OR PRINT USING BLACK OR BLUE INK			
KAISER PERMANENTE MEDICAL/ HEALTH RECORD #	LAST NAME	FIRST NAME	MI
	MAILING ADDRESS		
MEDICARE #	CITY	STATE	ZIP
BIRTH DATE	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME PHONE NUMBER	

Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside this period. If you have questions about the times you may disenroll from our Plan, please call us at the number listed above.

**PLEASE SELECT A DISENROLLMENT REASON BELOW**

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- I am joining a PACE program on (insert date) \_\_\_\_\_.
- I am joining employer or union coverage on (insert date) \_\_\_\_\_. I am requesting a disenrollment date of (insert date) \_\_\_\_\_ with the understanding that this must be approved by CMS.
- I was enrolled in a plan by Kaiser Permanente and I wish to enroll in a different plan. My enrollment in this plan started on (insert date) \_\_\_\_\_.
- I disenrolled from the Kaiser Permanente plan on (insert date) \_\_\_\_\_. I am requesting a disenrollment date of \_\_\_\_\_ with the understanding that this must be approved by CMS.
- I have joined another plan with a different prescription drug coverage or good as Medicare or other plan.
- My employer or union coverage will terminate a day later than the plan or plans date from be approved by CMS. I am requesting a disenrollment date of \_\_\_\_\_ with the understanding that this must be approved by CMS.
- Other - Please explain \_\_\_\_\_.



# KPSA

## Enrollment form Instructions

- CMS issued new KPSA enrollment form each year in October.
- Groups/Retirees can tell if the enrollment app is outdated by the date on the bottom left hand corner of the application.
- All forms submitted using an outdated KPSA enrollment will be returned, causing delay in effective date. Groups must never use any older versions of forms and discard any old version immediately.
- There is no carry over from prior year to comply with strict CMS requirements.
- New versions of the KPSA form can be requested from [Sunny.Chhoeuy@kp.org](mailto:Sunny.Chhoeuy@kp.org) and [Laarni.F.Grueso@kp.org](mailto:Laarni.F.Grueso@kp.org)
- Groups who use KPSA packets (Hard Copies) will need to request new ones each year by requesting from [Sunny.Chhoeuy@kp.org](mailto:Sunny.Chhoeuy@kp.org) and [Laarni.F.Grueso@kp.org](mailto:Laarni.F.Grueso@kp.org)
  - Turnaround time for hard copy packets print/ship normally takes between 7-10 business days.
  - Signed/completed forms can be returned to Kaiser in PDF.
  - Employer must retain copies of all forms for their records
- ESRD eligibility change was part of the 21 Century Cures Act (Cures Act), which was signed into law December 2016. In accordance with the CMS model document, revisions have been made to the 2021 enrollment forms (paper, online, telephonic) which will no longer include the question about ESRD.
  - Individuals diagnosed with End-Stage Renal Disease (ESRD) may join the Medicare Advantage (MA) plan of their choice or switch to another MA plan if they have a valid election period.
  - For an enrollment effective date earlier than January 1, individuals diagnosed with ESRD enrolled in a MA plan must stay enrolled in their current Health Plan unless they meet an exception.
- KPSA applicants can check on the status but advise they use Chrome for best results: [kp.org/medicare/applicationstatus](http://kp.org/medicare/applicationstatus)

# Monthly Medicare Activity Report

## MMAR Report

The Kaiser Permanente Monthly Medicare Activity Report (MMAR) is sent to an employer group when a change occurs in the status of one or more of its employees or retirees that may have an impact on monthly premiums.

The report is broken into different sections to assist in understanding the various changes that may have occurred during the month.

### **Section 1: Summary of Status Changes**

This section identifies summary counts of the members appearing in each successive section of this report.

- If there are no status changes to report for the month, only the guide and this section of the report, with the message, “There are no status changes to report this month,” will be sent.

### **Section 2: Members Currently in the Senior Advantage Solicitation Process**

This section identifies members who are approaching age 65, living within the Kaiser Permanente Senior Advantage service area, and being solicited by Kaiser Permanente to enroll in Senior Advantage.

- Kaiser Permanente has established an automated system that identifies and solicits members who live within the Kaiser Permanente California service area and are approaching age 65 for Senior Advantage membership. Special instructions are noted for members who continue to work after age 65.
- The age-in process just described begins at 64 years of age for all Kaiser Permanente Health Plan members, regardless of whether or not they are actively working or are retired.

### **Section 3A: Newly Enrolled Senior Advantage Members**

This section identifies members who are newly enrolled in KPSA. The KPSA effective date shown is based on information Kaiser Permanente has submitted to Centers for Medicare & Medicaid Services (CMS) and is subject to its approval.

- **ACTION REQUIRED:** These members are a newly enrolled into KPSA. Please verify working status.

# Monthly Medicare Activity Report

## MMAR Report

### **Section 3B: Newly Enrolled Senior Advantage Members with a Part D Late Enrollment Penalty**

This section identifies members who are newly enrolled in Senior Advantage with a Part D Late Enrollment Penalty. The KPSA effective date shown is based on information Kaiser Permanente has submitted to CMS and is subject to its approval.

- **ACTION REQUIRED:** These members are newly enrolled into KPSA with a Part D Enrollment Penalty. Please verify working status.

### **Section 3C: Senior Advantage Members Newly Entitled to Low Income Subsidy This section identifies Senior Advantage members who are newly entitled to the low income subsidy.**

- **ACTION REQUIRED:** These members are enrolled in KPSA and are newly entitled to the Low Income Subsidy (LIS). The amounts of the premium credits for these members will be reflected on your billing/reconciliation reports. If you have questions about the LIS, please contact your KP billing contact.

### **Section 3D: Newly Enrolled Senior Advantage Members**

This section identifies members who are newly enrolled in Senior Advantage. The KPSA effective date shown is based on information Kaiser Permanente has submitted to CMS and is subject to its approval.

- **ACTION REQUIRED:** These members are newly enrolled in KPSA. Please verify working status.

### **Section 3E: Newly Enrolled Double Covered Non Plan of Record Commercial Members**

This section identifies members who are newly enrolled in the Double Covered Non Plan of Record Commercial Plan.

- **ACTION REQUIRED:** These are newly enrolled double covered non plan of record members. Please verify working status.

# Monthly Medicare Activity Report

## MMAR Report

### Section 4: Members Who Have Not Enrolled in Senior Advantage

This section identifies members who have turned 65 and have not enrolled into Senior Advantage.

- **ACTION REQUIRED:** The employer group will incur the unassigned over 65, non-Medicare premium. Retired member can enroll in KPSA, or the employer group can terminate their membership or pay the substantially increased premium. Please verify working status shown. If member continues to work for the customer after age 65, there will be no impact to the employer group's premiums.

**Section 5: Senior Advantage Denials and Senior Advantage Disenrollment** This section identifies members who have been denied enrollment in KPSA or who have been disenrolled from KPSA by CMS.

- **ACTION REQUIRED:** The employer group may incur the unassigned over 65, non-Medicare premium for retirees. Premium charges are effective as of the date shown. The customer can terminate their membership or pay the substantially increased premium. Please verify working status.

**The following circumstances could result in a member's disenrollment from KPSA:**

- The member loses Medicare Parts A and/or Part B entitlement.
- The member enrolls in another Medicare plan.
- The member submits a written request for disenrollment to Kaiser Permanente or the Social Security Administration.
- The member moves outside of the Kaiser Permanente California Service Area.

### Notes:

- If the employer group knows that a member is moving out of the service area and is making arrangements for other insurance options, the employer group should obtain a completed KPSA disenrollment form or written notice request from the member and submit it to KP for processing.
- If a member is denied or disenrolled, Kaiser Permanente offers the customer two choices of action:
  1. The employer group can retain the member in the group health plan. This will result in a substantial increase in the monthly premium, and the customer must pay the increased monthly premium to compensate for the lack of Medicare payments.
  2. The employer group can terminate the member's coverage with Kaiser Permanente.

# Monthly Medicare Activity Report

## MMAR Report

### Section 6: Deceased Members

This section identifies members who have been reported as deceased by CMS. Consequently, the Medicare assignment have been disenrolled from KPSA, but member's account remains on the Kaiser Permanente commercial health plan.

- **ACTION REQUIRED:** To avoid being billed improperly for these members, please verify and terminate members' commercial coverage via electronic file feed as appropriate. Prior to termination request, verify if account has active dependents and determine appropriate action to take for dependent.

Note: CMS reports deceased members to us, those members are automatically disenrolled from Senior Advantage. However, the member remains on the Kaiser Permanente commercial health plan until the employer group/TPA sends the termination request via electronic file feed. The employer group will be billed for that member each month that the member remains on the plan.

### Section 7: Members Age 64 Years and 10 Months Living Outside the Kaiser Permanente California Service Area

This section identifies members who are 64 years and 10 months old and reside outside the KP California Service Area. They will not be eligible to enroll in KPSA upon retirement.

- **ACTION REQUIRED:** These members have addresses outside the California Service Area and are ineligible to enroll in KPSA at retirement. The employer group will incur the unassigned over 65, non-Medicare premium for these members at their retirement. The employer group can terminate the membership or pay the substantially increased premium. Please verify addresses and consider transferring retired members to a plan that serves his or her geographical area. If a member continues to work for the customer after age 65, there will be no impact on the employer group's premiums.

**Note:** CMS does not allow KP to enroll members in KPSA when they reside outside of the KP California service area. Kaiser Permanente notifies a member at age 64 years and 9 months that the member does not live within the service area and is not eligible to join KPSA. Members are referred back to the employer group's benefits administrator to determine what options are available upon retirement.

# Monthly Medicare Activity Report

## MMAR Report

### Section 8: Members Who Have Turned 65 Living Outside of the Kaiser Permanente California Service Area

This section identifies members who have just turned 65 years old and reside outside of the KP California Service Area. They are not eligible to enroll in KPSA.

- **ACTION REQUIRED:** If a member continues to work after age 65, there will be no impact on the employer group's premiums. However, the employer group will incur the unassigned over 65, non-Medicare premium should the retired members remain the plan. The employer group can terminate the membership or pay the substantially increased premium. Please verify addresses and consider transferring retired members to a plan that serves his or her geographical area.

**Note:** CMS does not allow KP to enroll members in KPSA when they live outside the KP California service area. Kaiser Permanente notifies a member at age 64 years and 9 months that the member does not live within the service area and is not eligible to join KPSA. Members are referred to the employer group's benefits administrator to determine what options are available upon retirement.

### Section 9: Members over 65, Not Enrolled in a Medicare Plan

This section identifies members who have turned age 65 and have not enrolled in a Medicare plan. Please verify working status.

- **ACTION REQUIRED:** This is a comprehensive list of all members over the age of 65 who are not enrolled in a Medicare plan (including members appearing in Sections 4, 5, 6 and 8 of this month's report). The employer group will continue to incur the unassigned over 65, non-Medicare premium for retired members. Retired members can enroll in a Medicare plan, or the employer group can terminate their membership or pay the substantially increased premium. Please verify working status shown. If a member continues to work for the employer group after age 65, there will be no impact on the employer group's premium.

If the member does not enroll in a Medicare plan, KP offers the employer group two choices of action:

1. The employer group can retain the member in the group plan. This will result in a substantial increase in monthly premium, and the customer must pay the increased premium if member remains on plan.
2. The employer group can terminate the member's coverage with Kaiser Permanente

# Monthly Medicare Activity Report

## MMAR Report

### **Section 10: Part D Late Enrollment Penalty Members**

This section identifies members who are MAPD Senior Advantage and have incurred a Part D Late Enrollment Penalty.

- **ACTION REQUIRED:** This is a comprehensive list of all members who have incurred a Part D Late Enrollment Penalty (including members appearing in Section 3B for the report). If you have questions about the Part D Late Enrollment Penalty, please contact your KP billing contact.

### **Section 11: Low Income Subsidy (LIS) Members**

This section identifies all members who are entitled to the LIS.

- **ACTION REQUIRED:** This is a comprehensive list of all members who are entitled to the Low Income Subsidy (LIS) . The amounts of the premium credits for these members will be reflected on your billing/reconciliation reports. If you have any questions about the LIS, please contact your KP billing contact.

### **Section 12: Double Covered Non Plan of Record Commercial Members**

This section identifies all members who are in the Double Covered Non Plan of Record Commercial Plan. Members are shown to be covered under 2 different KP accounts, which may impact the Medicare assignment for the employer group.

- **ACTION REQUIRED:** These are all double covered non plan of record members. Please verify working status and coverage.

# Monthly Medicare Activity Report

## MMAR Report

# Sample

### MONTHLY MEDICARE ACTIVITY REPORT



PID: 123456 CSAC EIA - CITY OF ABC  
 Enrollment Unit(s): ALL

#### Section 1 - SUMMARY OF MEMBER STATUS CHANGES

Section 2	MEMBERS CURRENTLY IN THE SENIOR ADVANTAGE REENROLLATION PROCESS	0
	Members turning age 65 years and 9 months next month	1
	Members turning age 65 years and 10 months next month	3
	Members turning age 65 years and 11 months next month	4
	Members turning age 65 years next month	2
Section 3A	NEWLY ENROLLED MAPO SENIOR ADVANTAGE MEMBERS	0
Section 3B	NEWLY ENROLLED MAPO SENIOR ADVANTAGE MEMBERS WITH PART D LATE ENROLLMENT PENALTY	0
Section 3C	MAPO SENIOR ADVANTAGE MEMBERS NOWLY ENTITLED TO LOW INCOME SUBSIDY	0
Section 3D	NEWLY ENROLLED MA SENIOR ADVANTAGE MEMBERS	0
Section 3E	NEWLY ENROLLED DOMESTIC COVERED NON-PLAN OF MEMBER COMMERCIAL MEMBERS	0
Section 4	MEMBERS WHO HAVE NOT ENROLLED IN SENIOR ADVANTAGE	1
Section 5	SENIOR ADVANTAGE DENIALS AND SENIOR ADVANTAGE-COST DISENROLLMENTS	0
Section 6	DECEASED MEMBERS	0
Section 7	MEMBERS AGE 64 YEARS AND 16 MONTHS LIVING OUTSIDE OF THE KASPER PERMANENTE CALIFORNIA OFFICE AREA	0
Section 8	MEMBERS WHO HAVE TURNED 65 LIVING OUTSIDE OF THE KASPER PERMANENTE CALIFORNIA OFFICE AREA	0
Section 9	MEMBERS COVERED BY ENROLLED IN A MEDICAL PLAN	0
Section 10	PART D LATE ENROLLMENT PENALTY MEMBERS	0
Section 11	LI	0
Section 12	IS	0
	M	0

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#### Section 4 - MEMBERS WHO HAVE NOT ENROLLED IN SENIOR ADVANTAGE

PID: 123456 CSAC EIA - CITY OF ABC  
 Enrollment Unit(s): ALL

**ACTION REQUIRED:**  
 These members are now over 65 and not enrolled in Senior Advantage. The customer will incur the over 65, non-Medicare premium for retired members. Retired members can enroll in Senior Advantage, or the customer can terminate their membership or pay this substantially increased premium. Please verify working status shown. If a member continues to work for the customer after age 65 or the age 65 and over spouse/dependent is covered under an employee who continues to work, there will be no impact on the customer's premium if the member does not enroll in Senior Advantage.

Pat. Last	Name	Date of Birth	Enroll Date/Status	Street	City	State	Zip	Phone	Member RPM	Working Status	Member SSA	Enrollment Date
BOB	Winters, Wanda	04/01/1954	02/01/2014	113 Forest Ct	Oceanside	CA	92057	709402560	98-11-111111	Working	00-00-796	Winters, Wanda

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No members under Section 5 - SENIOR ADVANTAGE DENIALS AND SENIOR ADVANTAGE-COST DISENROLLMENTS

## New Version of the MMAR report under Constructions for roll out 2023

No members under Section 6 - DECEASED MEMBERS