

March 31 is a Double Deadline for People Eligible for Medicare

PRACTICE TIP • January 2024

Medicare advocates should be aware of two important opportunities with a **March 31** deadline:

Medicare General Enrollment Period (GEP): January 1 – March 31

- Individuals who wish to enroll in Medicare Part A and/or Part B can do so **ONLY** during the annual General Enrollment Period (GEP) from January 1 through March 31, unless they are still within:
 - » Their Initial Enrollment Period; or
 - » A [Special Enrollment Period](#) for enrolling in Medicare (e.g., individuals whose employer-based insurance stopped, individuals who have lost Medicaid coverage, individuals who are leaving incarceration, or individuals in other special circumstances).
- Individuals must apply through the Social Security Administration (SSA).
- Coverage now starts at the beginning of the month after an individual applies.
- More details on enrollment periods can be found at the [National Center for Law & Elder Rights, Medicare Interactive](#), and [Social Security](#).

This deadline is particularly important for individuals in Alabama, Arizona, California, Colorado, Illinois, Kansas, Kentucky, Missouri, Nebraska, New Jersey, New Mexico, South Carolina, Utah and Virginia who do NOT have premium-free Part A and are financially eligible for the [Qualified Medicare Beneficiary \(QMB\) program](#). In these states (called “group payer” states), individuals without premium-free Part A coverage can acquire it by applying at SSA for “conditional” Part A during the GEP and then immediately applying with their state Medicaid office for QMB to pay the premium for Part A as well as B. **If they miss the March 31 deadline, they must wait until the next year before they can apply for QMB.** A Justice in Aging [fact sheet](#) explains the process and how it differs from other states (called “Part A buy-in” states), where individuals can apply for conditional Part A at any time of year.

Medicare Advantage Open Enrollment Period (MA-OEP): January 1 – March 31

- During the [MA-OEP](#), individuals enrolled in [Medicare Advantage \(MA\)](#) plans can:
 - » Drop their MA coverage and choose original Medicare with a Prescription Drug Plan (PDP), or
 - » Change from one MA plan to another, with or without prescription drug coverage.
- During the MA-OEP, individuals in [Original Medicare](#) **cannot** change their stand-alone Part D Plan or join an MA plan, unless they are [within another plan enrollment period](#), such as:
 - » Their Initial Enrollment Period when they first become eligible for Part A or are new to Part B; or
 - » A [Special Enrollment Period](#) (SEP) for changing plans (e.g., for individuals who have lost Medicaid, individuals leaving incarceration, or individuals in other special circumstances).

- For enrollees without the Low-Income Subsidy (LIS), this is the last opportunity until the annual election period (October 15-December 7) to change coverage during the year unless they qualify for a Special Enrollment Period (SEP). Medicare enrollees with the Low-Income Subsidy (“Extra Help”) or who are dually eligible for Medicare and Medicaid have a SEP that provides one opportunity each quarter to make any change in plan coverage.

Medicare plan marketing is intense during both the fall enrollment period and the MA-OEP. The supplemental benefits that MA plans offer also make choosing a plan more complex and confusing. The MA-OEP is a good opportunity for advocates to urge Medicare enrollees to seek unbiased assistance from [SHIP counselors](#) to ensure that they are making appropriate choices, have access to their preferred providers, and are getting prescription drug coverage that meets their needs.

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.

This Practice Tip was supported by contract with the National Center on Law and Elder Rights, contract number HHS75P00121C00033, from the U.S. Administration on Community Living, Department of Health and Human Services, Washington, D.C. 20201.