2024 Annual Notice of Change and Evidence of Coverage Standardized Models

Instructions

The 2024 Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) documents are standardized documents that must be used by all Medicare Advantage Organizations (MAOs), Medicare Prescription Drug Plans (PDPs), and section 1876 Cost Plans exactly as provided, unless otherwise indicated below and/or in the instructions in the ANOC and the EOC documents. CMS may conduct retrospective reviews and may take compliance actions for failure to adhere to the documents.

Permissible Alterations:

1. Minor edits (e.g., grammatical or punctuation changes, updating/correcting phone numbers, correcting references) as necessary.

2. Formatting, recreating graphics and/or tables, adding plan logos (e.g., font style, margins), provided changes meet regulations at 42 C.F.R. 422 and 423 Subparts V, CMS Medicare Communications and Marketing Guidelines (MCMG) and other CMS guidance. However, the standardized text must be used in the same order as the standardized document.

3. Renumbering chapters and sections if chapters or sections are omitted or added (when permitted).

4. Inserting MAO name or "we," "our," "us," "the plan," "our plan," or "your plan" where the document indicates "[insert plan name]." In addition, "we," "our," "us," "the plan," "our plan," or "your plan" may be used interchangeably even when one is already used in the model.

5. Indicating when the Low-Income Subsidy (LIS) Rider was mailed in the LIS Rider references.

6. Replacing references to broad organization names (e.g., State Health Insurance Assistance Program (SHIPs), Quality Improvement Organizations (QIOs), State Pharmaceutical Assistance Programs (SPAPs)) with the state-specific name in the product service areas. If the broad organization name is used throughout the document, the document must refer the beneficiary to Chapter 2 of the Medicare Managed Care Manual for information on his/her state program.

7. Cost Plans offering Part D as a separate and distinct optional supplemental benefit may list the Part D premium amount separately within the ANOC and EOC.

8. Multiple benefit packages may be included within one EOC, but must be clearly differentiated from one another to ensure that enrollees easily understand the information for the plan in which they are enrolled.

If multiple benefit packages are included in one EOC, they must be benefit packages for the same plan type and all either offer, or not offer, Part D coverage. Examples:

a. All MA-only HMOs, or all MA-PD HMOs may be included in one EOC.

b. An MA-only HMO may not be included with an MA-PD HMO, and an MA-only HMO may not be included with an MA-only or MA-PD PPO.

Note: Plans may not combine multiple benefit packages in one ANOC. Each ANOC must be specific to an enrollee's plan.

9. MAOs, PDPs, and Cost Plans sending EOCs to new enrollees with effective dates of January 1 and later may edit the document to remove all references to the ANOC (even if not bracketed), since only the EOC must be distributed to these enrollees.

Modifications or Deletions of Standardized Language:

1. When populating the models, delete plan instructions.

2. Modify or delete, as necessary, all references under "all Plan Types" not relevant to your plan.

3. If your organization uses an open access model, modify or delete, as necessary, all references to primary care providers (PCP), referrals, etc.

4. If your organization does not offer Part D benefits, modify or delete, as necessary, all references to Part D benefits.

5. Health Maintenance Organization Point of Service (HMO-POS) plans should modify language related to network providers, as necessary, to clarify when a POS benefit may furnish coverage.

6. References to Member Services, the Pharmacy Directory, the Provider Directory, the Membership Identification (ID) card, and the List of Covered Drugs (Formulary) may be changed to the term used by the plan.

7. All references to TTY should be changed to TDD or TTY/TDD, if necessary, to reflect the plan's communication technology.

8. MAOs, Cost Plans, and PDPs that do not require step therapy on any of their Part B and/or Part D drugs should delete all step therapy references.

HPMS Submission Instructions:

1. ANOCs and EOCs must be submitted in HPMS. EOCs may be distributed immediately following submission in HPMS (no waiting period).

2. Unpopulated models may not be submitted into HPMS. Your organization must submit an ANOC (if applicable) and an EOC for each Contract/Plan Benefit Package (PBP) offered and must include all applicable premiums, cost-sharing, and benefit information in the document.

Note: Non-English language versions of previously submitted English language versions of the ANOC and EOC should not be submitted in HPMS. Please refer to the Submission, Review, and Distribution of Materials (42 CFR §§ 422.2261, 423.2261) section of the MCMG for additional information regarding non-English language and alternate format materials.

3. If MAOs, PDPs or Cost Plans split the EOC into two or more files (e.g., different files for different sections), all sections must be submitted as one document/file.

4. MAOs, PDPs or Cost Plans that have consolidated plans should include, in one "zipped" file, the ANOCs for both plans being consolidated. The zipped file should be uploaded under the remaining PBP. For example, H0001 is consolidating PBP 001 into PBP 002 for CY2019. One zipped file should be uploaded into HPMS under H0001 PBP 002. This zipped file should have the ANOC for PBP 001 and the ANOC for PBP 002. For consolidated plans, the EOC should be submitted for the remaining consolidated plan. Using the example above, the EOC, should be submitted for PBP 002. To help identify the zipped ANOCs, organizations must use the following naming convention for all zipped ANOC files: the Plan's/Part D sponsor's contract or MCE number, (i.e., "H" for MA or Section 1876 Cost Plans, "R" for Regional PPO plans (RPPOs), "S" for PDPs, or "Y" for Multi-Contract Entity (MCE) identifier) followed by an underscore; the PBP number followed by an underscore, any series of alpha numeric characters (Plan/Part D sponsor discretion) followed by an underscore; and an uppercase "M" for marketing materials (for example: H0001_001_efg456_M or H0001_002_abc123_M).

5. The "No Longer in Use" button should not be selected for ANOC and EOC submissions. Plans must submit updated ANOCs and EOCs via the material replacement function in HPMS.

Input of Actual Mail Dates

MAOs, PDPs, and Cost Plans must input the actual mail dates (AMDs) in HPMS within 15 days of mailing the ANOC. For instructions on technical aspects of submitting, refer to the Update AMD/Beneficiary Link/Function section of the Marketing Review Users Guide in HPMS. When entering the AMDs, please note the following requirements:

1. Enter AMDs only for ANOC mailings to existing enrollees. Plans should not enter AMDs for EOC mailings to new and existing enrollees (do not enter AMDs for October 1, November 1, December 1, or January 1 effective enrollment dates).

2. If a renewing PBP has no existing enrollees, input the material submission date as the AMD and enter "1" for number of beneficiaries. HPMS does not accept "0" in the "#Beneficiaries" field.

3. Plans cannot enter AMDs that are prior to the material submission date or edit existing wave information that was previously entered for the material. Please contact your Account Manager or Marketing Reviewer if edits to previously existing wave dates need to be made or if prior dates need to be entered.

Multiple ANOC and EOC Material Versions

Plans are permitted to upload different versions (not corrections) of ANOC and EOC materials with the original submission in one "zipped" file. For example, if a plan covers two states, the standalone ANOC for both states would be submitted in one "zipped" file as the original submission. Plans may no longer use the SA/LIS functionality for ANOC and EOC submissions.

Material Replacements

Plans that change their current year ANOCs and EOCs (e.g., error corrections, Medicare FFS rate updates, policy updates) must submit updated materials via the material replacement function in HPMS. Please refer to the MCMG, under "§§ 422.2261(d), 423.2261(d) – Standards for CMS Review," and the HPMS Marketing Module User's Guide for additional information regarding the material replacement function.

> **Note:** Plans that submit updated ANOCs and EOCs via the material replacement function to correct errors must also submit erratas for those errors in HPMS. Please refer to the HPMS Memo, "Contract Year 2022 Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment," to determine when erratas should be submitted.
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> **Note:** Do not submit errata sheets for updating Medicare FFS rates.

Mailing Requirements

1. All Plans/Part D Sponsors and Cost Plans must send the following for enrollee receipt no later than September 30:

    - ANOC
    - LIS Rider

2. All Plans/Part D Sponsors and Cost Plans must provide the EOC (either hard copy or electronically) for enrollee receipt no later than October 15. Plans have the following options:

    - Send the hard copy EOC with the ANOC
    - Send the hard copy EOC for receipt by October 15
    - Provide the EOC electronically by October 15 (see requirement 3)

3. If a Plan/Part D Sponsor chooses to deliver the EOC electronically, they must provide the Notification of Availability of Electronic Materials (referred to as "Notice") to enrollees with the following information:

    - Notification that the electronic EOC will be available by October 15
    - State how to access the electronic EOC (e.g., URL address)
    - State how to request a hard copy (e.g., phone number, online link)

    Note: CMS recommends that Plans/Part D Sponsors mail the Notice with the ANOC. This will reduce mailing costs and avoid beneficiary confusion. Plans/Part D Sponsors should submit the Notice zipped with the EOC in HPMS.

This Notice can be combined with the notice required when Plans/Part D Sponsors deliver provider directory/pharmacy directories and formularies electronically (as articulated in Chapter 4 of the Medicare Managed Care Manual and the HPMS memo entitled, "Pharmacy Directories and Disclaimers" August 16, 2016).

4. See below for due dates for enrollees with enrollments effective October 1, November 1, December 1, and January 1.

Enrollee Effective Date	**Current Year EOC (hard copy or notice)**	**Upcoming Year ANOC (hard copy only)**	**Upcoming Year EOC (hard copy or notice)**
October 1	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later	October 15
November 1 and December 1	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later
January 1	N/A	N/A	Within ten (10) calendar days from receipt of CMS confirmation of enrollment, or by the last day of the month prior to the effective date, whichever is later

5. Plans/Part D Sponsors may include the following in the ANOC mailing: a cover letter, a Notification of Availability of Electronic Materials, Summary of Benefits, Provider Directory, Pharmacy Directory, EOC, LIS Rider, the formulary, and a form allowing enrollees to "opt-in" to receiving their upcoming ANOC via e-mail. Unless otherwise directed, no additional plan communications may be included in the mailing.

Other than providing the SB with the ANOC, Plans/Part D Sponsors may not highlight benefits or information regarding upcoming 2024 plan activities in the ANOC, the EOC, or the notice.

Employer-Sponsored Group Plans

MAOs, PDPs, and Cost Plans offering employer-sponsored group plans (including employer/ union-only group waiver plans (EGWPs) or individual plans sponsored by employer/ union groups) are subject to all applicable dissemination, disclosure and timing requirements, unless

specifically waived or modified. Refer to Chapter 9 of the Medicare Managed Care Manual and Chapter 12 of the Prescription Drug Benefit Manual for more detailed information concerning EGWPs and applicable waivers/modifications. Please note the following employer group waivers/modifications as they relate to the requirements included in these instructions.

1. ANOC and EOC documents do not have to be submitted into HPMS. However, they must be made available to CMS upon request.

2. The required ANOC and EOC language may be customized to more clearly describe the benefits available to employer/union group plan enrollees.

3. Materials must reflect the actual premium amount the enrollee pays, including any supplemental coverage and any corresponding employer/union premium subsidy. If the amount the enrollee actually pays is not available, the organization may use the standardized model language in lieu of providing the actual premium amount (e.g., "contact your employer group plan benefit administrator").

4. If CMS has waived/modified the timing requirements for mailing the ANOC and EOC, such as when an employer/union group plan has a different open enrollment period from Medicare, both the ANOC and EOC must be received no later than 15 days before the employer/union group plan's open enrollment period begins.

5. Employer-sponsored group plans do not need to enter AMD information.