

**EVIDENCE OF COVERAGE SUBMISSION CHECKLIST
 MEDICARE COST PLANS
 (Checklist Items based on 2007 Medicare Cost Plan Model EOC)**

Instructions

“Page #” - Indicate the page number on your EOC in which this information can be found.

- If the particular topic does not apply to your plan (for example, explanation of traveler’s benefits or description of the formulary), write “N/A” in this column.
- If the topic is found throughout the document (e.g., member services phone number) write “multiple” in this column

“If not in EOC, where can this be found?” – If you do not include this information in the EOC, indicate what other publication(s) you put it in, e.g., Member Handbook.

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Medicare Cost Plan Name _____
Contract No.

Material ID No. _____
No. of Pages

Welcome Letter/Cover Letter

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Inform member that EOC is available in alternative formats (e.g., Spanish, large print, audio tape, etc).		

Section 1 – Telephone/Reference Numbers –

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Member Service Department – including TTY and hours of operation		
2.	Explain process for leaving a plan		
3.	SHIPs		
4.	QIO		
5.	Medicaid		
6.	Social Security		
7.	Railroad Retirement Board		
8.	Employer (or “Group”) Coverage		

Section 2 – Getting the care you need, including some rules you must follow

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Explain that member still has Medicare as a member of your plan		
2.	Copy and explanation of use of Member Card		
3.	Explain the need for the member to notify the plan of changes (e.g., address changes)		
4.	Service area listing		
5.	Explain difference between “plan” and “non-plan” providers. Also explain that Original Medicare will cover unauthorized care form non-plan providers		
6.	Define PCP, explain how to pick a PCP and how to get care from a PCP		
7.	Explain getting care from your PCP		
8.	Explain rules on how to get medical care if the members PCP’s office is closed.		
9.	Explain rules for getting specialty care and for referrals for follow-up specialty care. Also explain that Original Medicare will cover unauthorized care form non-plan providers		
10.	Explain/define any self referral services		
11.	Explain how to get care out of the service area (traveler’s benefits)		
12.	Explain how to change PCPs		
13.	Explain what happens if the doctor leaves the plan		

Section 3 – Getting care if you have an emergency or an urgent need for care

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Definition of a medical emergency and emergency services		
2.	Rules for getting emergency care. Member can call 911 for assistance. Explain that you do not need prior authorization for emergency care.		
3.	Coverage of post-stabilization services		
4.	Explain what is covered for an emergency		
5.	Definition of urgently needed services		
6.	Explain how to get urgently needed care		

Section 4 – Benefits Chart

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Define covered services		
2.	Explain conditions that apply in order to get covered services		
3.	List of covered benefits, to include the following as appropriate:		
	Inpatient hospital care		
	Inpatient mental health care		
	Skilled nursing facility care		
	Inpatient services (when the hospital or SNF is not or is no longer covered)		
	Home health care		
	Hospice care		
	Physician services, including doctor office visits		
	Chiropractic services		
	Podiatry services		
	Outpatient mental health care		
	Outpatient substance abuse services		
	Outpatient surgery		
	Ambulance services		
	Emergency care		
	Urgently needed care		
	Outpatient rehabilitation services		
	DME and related supplies		
	Prosthetic devices and related supplies		
	Diabetes self-monitoring, training and supplies		
	Medical nutrition therapy		
	Outpatient diagnostic tests and therapeutic services and supplies		
	Bone mass measurements		
	Colorectal screening		
	Immunizations		
	Mammography screening		
	Pap smears, pelvic exams, and clinical breast exam		
	Prostate cancer screening exams		
	Cardiovascular disease testing		
	Physical exam		
	Renal Dialysis (kidney)		
	Prescription Drugs that are covered under Original Medicare		
	Dental services		
	Hearing services		
	Vision care		
	Health and wellness education programs		
4.	How to purchase optional supplemental benefits		
5.	Explain that benefits can only be enhanced mid-year		
6.	Explain that the formulary (or drugs on a preferred list) may change during the contract year		

Section 5 – Medical care and services that are not covered (list of exclusions and limitations)

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	List services/care that are not covered (list of exclusions)		

Section 6 – Coverage for Outpatient Prescription Drugs

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Explain formulary		
2.	Explain how to fill prescriptions outside the network		
3.	Explain drugs covered by plan (drug tiers, changes in formulary, exception of the plans formulary, transition policy, drug exclusions)		
4.	Explain Drug Management programs (utilization management, drug utilization review, medical therapy management)		
5.	Explain how enrollment in the Plan effects coverage for drugs covered under Medicare Part A or B		
6.	Explain costs for drugs covered by the Plan (deductible, initial coverage level, coverage gap and catastrophic)		
7.	Explain what extra help is available to qualified enrollees (drug costs for people with limited income and how to apply)		
8.	Explain how out-of-pocket cost is calculated		
9.	Define Explanation of Benefits (explain what information is included)		
10.	Explain how prescription drug coverage works if enrollee goes to a hospital or skilled nursing facility (include payments that apply out of pocket)		

Section 7 – Hospital care, skilled nursing facility care and other services

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Describe inpatient hospital service coverage, including when the stay is not covered. Also explain that Original Medicare will cover unauthorized care from non-plan providers.		
2.	Describe SNF coverage, including when the stay is not covered. Also explain that Original Medicare will cover unauthorized care from non-plan providers.		
3.	Explain hospital care		
4.	Describe home health care coverage		
5.	Describe hospice coverage		
6.	Describe Organ transplant services		
7.	Describe clinical trials services		
8.	Describe religious non-medical health care institutions (RNHCI) services		

Section 8 - What you must pay for your Medicare health plan coverage and for the care you receive –

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Summary of the member’s financial obligations		
2.	Definition of plan premium		
3.	Explanation of how to pay premium		
4.	Explanation of what happens when premiums are not paid		
5.	Explain that premiums cannot be raised mid-year		
6.	Definitions of copayment, coinsurance, deductible		
7.	Explain cost of services that are not covered		
8.	Explain keeping plan updated on health insurance		
9.	Explain what to do with bills from non-plan providers		

Section 9 – Your rights and responsibilities as a member of [name of plan]

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Explain a member’s rights and protections		
2.	Explain a member’s right to be treated with fairness and respect		
3.	Explain a member’s right to see plan providers, get covered services and prescriptions filled		
4.	Explain a member’s right to know your treatment choices and participate in decisions about health care		
5.	Define “Advance Directive” such as living will or power of attorney		
6.	Explain how to obtain an Advance Directive		
7.	Explain what to do with the Advance Directive		
8.	Explain a member’s right to make a complaint		
9.	Explain a member’s right to get information about health care coverage and costs		
10.	Explain a member’s right to get more information about plan providers		
11.	Explain how to get more information rights and if the member is being treated unfairly or rights not being respected		
12.	Explain responsibilities as a member		

Section 10 – How to file a grievance

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Define grievance		
2.	Explain the types of problems that would lead to filing a grievance		
4.	Describe how to file a grievance		
5.	Explain how a member should complain about quality of care		
6.	Explain how to file a quality of care complaint with the QIO		

Section 11 – Information on how to make a complaint about Part C services

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Describe the rules for making a complaint about Part C services		
2.	Explain complaints change a decision about services the plan will cover or will pay		
3.	Explain what to do for complaints if member is being discharged from the hospital too soon		
4.	Complaints if SNF coverage, home health or comprehensive outpatient rehabilitation facility services is ending too soon		
5.	Explain process for asking for an initial decision, explanation of fast decisions, timeframes for process		
6.	Explain step-by-step process for appealing coverage decisions (first level appeals) – how to file, when to file, explanation of fast appeals, timeframes for appeals process		
7.	Explain the <i>Important Message from Medicare</i> – purpose and when received		
8.	Remind member that they cannot appeal an optional supplemental benefit but should instead file a grievance.		
9.	Explain appeals process at Independent Review Organization		
10.	Explain ALJ appeals process		
11.	Explain appeals process at Medicare Appeals Council level		
12.	Explain process when appeal goes to Federal Court		

Section 12 – What to do if you have complaints about your Part D prescription drug benefits

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Define complaint		
2.	Define grievance		
3.	Define coverage determination		
4.	Define appeal		
5.	Define exception		
6.	Explain process for coverage determination or appeal for drugs, vaccine or other Part D benefit not covered or paid for by plan		
7.	Explain process for asking for a standard or fast coverage determination		
8.	Explain grievance process		
9.	Explain appeals process		
10.	Explain appeal level 1-5		

Section 13 –Leaving [Name of plan] and your choices for continuing Medicare after you leave

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Define disenrollment		
2.	Explain process for leaving a plan		
3.	Explain how often you can disenroll and choices		
4.	Explain process for disenrolling		
5.	Explain process for switching from plan to Original Medicare		
6.	Explain choice for continuing Medicare		
7.	Describe process for joining a PDP, MA, or Other Medicare Health Plan		
8.	Explain Medigap		
9.	Explain what happens if the organization leaves the Medicare program or plan leaves the service area		
10.	Explain conditions that can end membership		
11.	Explain right to make a complaint		

Section 14 – Legal Notices

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Notice about governing law		
2.	Notice about non-discrimination		

Section 15 - Definitions

	Topic/Requirement	Page #	If not in EOC, where can this be found?
1.	Definition of MA organization, MA plan and Medicare Cost Plan		
2.	Definition of Service area		
3.	Definition of Emergency services and Emergency medical condition		
4.	Definition of Urgently needed services		
5.	Definition of Prior authorization		
6.	Definition of Coverage Determination		
7.	Definition of Credible Coverage		
8.	Definition of Organization Determination		
9.	Definition of Definition of Lock-in		