



CENTER FOR DRUG and HEALTH PLAN CHOICE

Date: February 17, 2009

To: All Medicare Advantage and Prescription Drug Plan Sponsors except PACE organizations

From: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group
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Subject: Reporting of Timely and Accurate ANOC/EOC Mailings for 2009 Benefit Year

Annually in the fall, CMS conducts readiness assessments of all Part C and D sponsors. These tools provide CMS valuable information regarding sponsors' progress toward meeting established requirements critical to ensuring a plan's enrollees receive effective medical and drug coverage in the upcoming benefit year. One of the areas we focus on every year in the readiness assessment is marketing. According to the readiness assessment results for 2009, sponsors mailed Annual Notice of Change and Evidence of Coverage (ANOC/EOC) documents to their individual-market members on time. However, recent disclosures have suggested otherwise. In addition, some sponsors have identified errors in their ANOC/EOCs which resulted in inaccurate information being relayed to enrollees.

In order for CMS to accurately gauge the extent of these compliance problems, Part C and D sponsors must immediately verify delivery dates with their print and mailing vendors and indicate to their Account Manager every instance in which ANOC/EOCs were not mailed to beneficiaries on time and/or contained any inaccurate information. Specifically, by close of business on **Tuesday, February 24** sponsors should complete the attached Excel spreadsheet and submit it to drugbenefitimpl@cms.hhs.gov with a copy to your Account Manager. To complete the spreadsheet, please adhere to the following instructions:

- Save the attachment with your parent organization name in the file name.
- In column B, select the appropriate error type from the drop-down list (click on the cell to see the choices and highlight your selection). NOTE – you must use separate rows to report more than one type of error. That is, if you experienced multiple error types within the same contract, you will need to complete the information in separate rows for each error type.
- In column C, type your contract number. NOTE – you may only report one contract number per row. That is, if the same error cuts across more than one contract number, you will need to complete the information in separate rows for each contract number.
- In column D, type in the affected PBP number(s) under that contract. You may type in multiple PBP numbers.

- In columns E, F, and G provide the numbers of affected beneficiaries. In column E provide the total number, in F provide the number of LIS beneficiaries, and in G provide the number of non-LIS beneficiaries. If you do not have these break outs available, you may put the total number in column E only.
- In column H provide the date of either 1) when the late ANOC/EOC was issued, or 2) when the errata sheets were issued, as appropriate depending on the error type selected in column B. NOTE – if you have not yet sent the materials, please provide your projected mailing date.
- In either column I or in a separate Word document, provide details of the incident, including but not limited to, the nature of the inaccurate information, reason for the late mailing, how the problem was discovered, and whether a vendor was involved, as applicable. If you choose to submit a separate Word document, in column I type in “See attached file” and include that with your submission to drugbenefitimpl@cms.hhs.gov. Be sure to cross-reference back to the correct row number in the Excel file, and include your organization’s name in the file name.

Sponsors should report late mailings or inaccuracies even if they were already reported to CMS via the online Readiness Checklist follow-up process or other communication vehicles. Sponsors whose internal verification activities do not identify late mailings or inaccuracies must submit a statement to drugbenefitimpl@cms.hhs.gov and their Account Manager attesting to the on-time delivery and accurate content. The email must clearly list each contract number for which you are stating there were no errors. We will analyze all submissions of emails and spreadsheets to ensure that we have received either an error report or attestation of no error for each contract number.

As a reminder, ANOC/EOCs for the 2009 benefit year were to be received by beneficiaries no later than October 31, 2008. Beneficiaries who enrolled with an effective date of November 1, 2008 or December 1, 2008 must have received their ANOC/EOCs no later than 10 calendar days after the receipt of CMS confirmation of enrollment, or by the last day of the 1st enrollment month, whichever occurs first. For the purpose of this verification exercise, please use the dates of November 30 and December 31 as the final dates by which November 1 and December 1 enrollees must have received these materials, respectively. The drop-down choices in Column B of the spreadsheet regarding error types are consistent with these dates.

Failure to meet the requirement for accurate and timely issuance of ANOC/EOCs is considered a serious violation of Part C and D program requirements. Thank you for your prompt response to this request.