



MEDICARE DRUG AND HEALTH PLAN CONTRACT ADMINISTRATION GROUP (MCAG)

MEMORANDUM

Date: October 16, 2008

TO: Medicare Prescription Drug Plans
Medicare Advantage Organizations

FROM: Teresa Decaro, RN, M.S. /s/
Director, Medicare Drug and Health Plan Contract Administration Group

SUBJECT: Submission of Marketing Materials, HPMS Expected Mail Dates for the Annual Notice of Change/Evidence of Coverage and 508 Compliance

Submission of Websites

During the past year the Centers for Medicare & Medicaid Services (CMS) conducted a review of websites submitted under File & Use to ensure compliance with the Medicare Marketing Guidelines. As a result, we found that many of the websites submitted did not contain all the content required by CMS. Given that Internet use has increased among Medicare beneficiaries as a vehicle for accessing information, it is vital that information provided online allows beneficiaries to make an informed decision about their medical and prescription drug coverage. Therefore, we are changing our process this year for submission and review of websites.

Organizations must submit all Medicare Advantage and Prescription Drug website links in a word document for a standard review through the Health Plan Management System (HPMS) under category code 4006-Internet Web pages. Upon upload of materials in HPMS, plans will be required to attest that the website is compliant with the Medicare Marketing Guidelines website requirements on page 74. Plans must also submit any changes or updates to previously approved website links for CMS review. Organizations may make the website available for public use during the CMS review period; however organizations must include the disclaimer "Pending CMS Approval" on their website until CMS has granted final approval. Use of the website while under CMS review applies only to the website text and not documents contained on the website.

Renewing organizations are required to provide website content beginning October 1 for the next contract year. Organizations must maintain current contract year content on their website at least until December 31. In addition, each year's content must be in a separate and distinct area on the organization's website for ease of beneficiary navigation.

As a reminder organizations are responsible for carefully evaluating all marketing materials, including websites, to ensure completeness and accuracy prior to submitting for review and approval.

Section 508 of the Rehabilitation Act

As a reminder, Part D plans are required to have an Internet Web site that is compliant with web-based technology and information standards for people with disabilities as specified in Section 508 of the Rehabilitation Act. MA plans must also comply with all federal requirements in Section 508 of the Rehabilitation Act. For additional information, please visit the Section 508 Website at <http://www.section508.gov>.

Submission of Multiple Versions of the Summary of Benefits (SB) and Annual Notice of Change/Evidence of Coverage (ANOC/EOC)

The June 13, 2008, release of the 2009 MA and PDP Marketing Modules included a new requirement that restricts multiple submissions of the SB and ANOC/EOC for the same contract number and plan ID. This requirement was implemented to ensure that CMS has the ability to capture the final plan version of each ANOC/EOC and SB in HPMS. Therefore, if an organization attempts to upload a SB or ANOC/EOC when the same document type has been previously submitted for review under a specific contract number and plan ID, the plan designation check boxes will be disabled. In order to submit the new replacement or additional SB or ANOC/EOC, plans must contact the Regional Office and have the previously submitted material “Disapproved” or “Withdrawn”. Organizations that have multiple versions of the SB and ANOC/EOC for one plan ID may submit those versions in a .zip file.

One of the impacts of this requirement is in the submission of non-English versions of SB and ANOC/EOC. In the past, non-English versions were submitted under separate material IDs. Organizations that submit non-English versions must *now* submit the materials under one material ID. The material should be designated as having “Alternate Formats” by choosing the “Yes” option on the “New Material” screen. After designating the plans covered by this material, the user should upload a .zip file containing all versions of the SB and ANOC/EOC. The designation of “Alternate Formats” will inform the regional office reviewer that there are multiple documents enclosed with this material.

If an organization has already submitted their SB and ANOC/EOC, the non-English version should be submitted under category code 1009-Other Member Materials. Organizations must upload their non-English SB and ANOC/EOC along with the attestation and a copy of the previously approved English version under File & Use Certification.

Mail dates for the combined ANOC/EOC

Organizations are reminded that enrollees must receive the combined ANOC/EOC no later than October 31 with the exception of fully integrated Dual Eligible SNPs. These SNPs must send the EOC to enrollees by December 31. To ensure that plans are mailing their ANOC/EOC timely, plans must indicate the actual mail date in HPMS after the material has been approved.

Plans should enter the actual mail date within 3 days of mailing. Plans that mail in waves should enter the actual date of the last wave.

If you have any further questions concerning the submission of materials or ANOC/EOC, please contact your regional office reviewer.