

Supporting Statement Part A
Medicare Advantage and Prescription Drug Program:
Final Communications and Marketing Provisions in 42 CFR
422.111(a)(3) and 423.128(a)(3)
(CMS-10260, OMB 0938-1051)

Background

Pursuant to disclosure requirements set out in sections 1851(d)(2)(A) and 1860D-1(c) of the Social Security Act (the Act), and cited in §§422.111(a)(3) and 423.128(a)(3), Medicare Advantage (MA) organizations and Part D sponsors must provide notice to plan members of impending changes to plan benefits, premiums and cost sharing in the coming year. To this effect, members will be in the best position to make an informed choice on continued enrollment or disenrollment from that plan at least 15 days before the Annual Election Period (AEP) using the Annual Notice of Change (ANOC) and before the first day of the AEP for the Evidence of Coverage (EOC). As required by §§422.2267(e)(1) and 423.2267(e)(1), all Medicare Advantage plans and Part D sponsors must provide the EOC to current enrollees by October 15 and to prospective enrollees within 10 calendar days from receipt of the confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later. As required by §§422.2267(e)(3) and 423.2267(e)(3), Medicare Advantage plans and Part D sponsors must send the ANOC for enrollee receipt no later than September 30 of each year and enrollees with an October 1, November 1, or December 1 effective date must receive within 10 calendar days from receipt of the CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later. Per §§ 422.2265(c) and 423.2265(c) they must also post the ANOC and EOC to their websites by October 15 prior to the beginning of the plan year.

CMS has implemented these requirements to ensure that people with Medicare receive timely information so that they may make confident, informed decisions about their healthcare options.

We maintain one (1) ANOC and one (1) EOC template for each of the nine (9) plan types for a total of eighteen (18) templates, see Attachment A.

CMS is requesting a Revision type of OMB approval due to revisions made to the EOC and ANOC models. These revisions include, but are not limited to, reorganizing sections and subsections, editing for plain language, removing redundancy, and updating to a more accessible font throughout all models to ensure accessibility. Other revisions include, but are not limited to, updating and refining language describing the Medicare Prescription Payment Plan; removing references to the Value-Based Insurance Design (VBID) model; inserting plan instructions to paste drug list, provider directory, and pharmacy directory URLs where applicable; referencing Medicare's "Chat Live" website feature; and removing "gender" and "sexual orientation" from the non-discrimination statements.

CMS revised several definitions of terms, including Prior Authorization, Chronic-Care Special Needs Plan (C-SNP), Rehabilitation Services, Covered Drugs, Quantity Limits, Institutional

Special Needs Plan (I-SNP), and Institutional-Equivalent Special Needs Plan (IE-SNP). CMS also added definitions for Preventive Services, Referral, Medication Therapy Management (MTM), Maximum Fair Price, and Selected Drug.

In addition, CMS revised descriptions of benefits in the Medical Benefits Chart, including, but not limited to, Colorectal cancer screening, Smoking and tobacco use cessation, Medicare Part B Drugs, and Physician/Practitioner services. CMS also added several benefits to the Medical Benefits Chart, including Chronic pain management and treatment services, Screening for Hepatitis C Virus infection, and Pre-exposure prophylaxis (PrEP) for HIV prevention. While some of the revisions apply to all ANOC and EOC models, others apply only to certain models, as clarified in the Crosswalk.

A. Justification

1. Need and Legal Basis

CMS requires MA organizations and Part D sponsors to use the standardized documents being submitted for OMB approval to satisfy disclosure requirements mandated by section 1851 (d)(3)(A) of the Act and §422.111 for MA organizations and section 1860D-1(c) of the Act and §423.128(a)(3) for Part D sponsors.

The regulatory provisions at §§ 422.111(b) and 423.128(b) require MA organizations and Part D sponsors to disclose plan information, including: service area, benefits, access, grievance and appeals procedures, and quality improvement/assurance requirements. MA organizations and sponsors may send the ANOC separately from the EOC but must send the ANOC for enrollee receipt by September 30. The required due date for the EOC is 15 days prior to the start of the AEP.

CMS requires MA organizations and Part D sponsors to submit marketing materials to CMS for review prior to the distribution of those materials to the public. In section 1851(h), paragraphs (1), (2), and (3) establish this requirement for MA organizations. Section 1860D-1(b)(1)(B)(vi) directs Part D sponsors to follow the same requirements in section 1851(h) that MA organizations must follow for this purpose.

The regulatory provisions at §§ 422.2261 and 423.2261 require MA organizations and Part D sponsors respectively to submit all marketing materials and certain designated communications materials (as defined in §§ 422.2260 and 423.2260) to CMS for review and approval.

2. Information Users

MA organizations and Part D sponsors use the information discussed below to comply with the disclosure requirements under MA and Part D law and regulations, as described above. CMS requires MA organizations and Part D sponsors to use the approved standardized documents to ensure that correct information is disclosed to current and potential enrollees. Additionally, CMS requires MA organizations and Part D sponsors to submit the completed ANOC and EOC documents to CMS. CMS stores the completed templates. New and current enrollees can review the ANOC and EOC upon receipt to find plan benefits, premiums and cost sharing for the coming year to be in a better position to make informed

and educated plan selections. CMS does not require new and current enrollees to review the documents or use them in any way.

MA organizations and Part D sponsors will use Subpart V of 42 CFR §422 and may use the information discussed in the Medicare Communication and Marketing Guidelines (MCMG) to comply with the requirements to seek CMS approval as required on marketing materials under MA and Part D law and regulations, as described above. Sections 1851(h)(1) and (2) of the Act require MA organizations and Part D sponsors to obtain CMS approval of marketing materials to ensure that MA organizations and Part D sponsors disclose correct information to current and potential enrollees. CMS collects and retains the MA organization and Part D plan marketing materials via the Health Plan Management System (HPMS). MA organizations and Part D sponsors submit marketing materials to the CMS marketing material review process using HPMS. Both current and potential enrollees can review other marketing materials to find plan benefits, premiums, and cost sharing for the coming year (after October 1) and the current year to be in a better position to make informed and educated plan selections.

3. Use of Information Technology

MA organizations and Part D sponsors upload ANOC and EOC documents into the Health Plan Management System (HPMS) to ensure accuracy and regulatory compliance. As required by §§ 422.111(h)(2) and 422.2265(c) plans must have a website and post the ANOC and EOC by October 15 prior to the beginning of the plan year. As required under §§ 423.128(d)(2), 423.2265(c) Part D sponsors must have a website and post the ANOC and EOC by October 15 prior to the beginning of the plan year.

MA organizations and Part D sponsors upload marketing materials into HPMS for CMS review as well.

4. Duplication of Efforts

The information collection requirements discussed herein and contained in the regulations are not duplicated through any other effort.

5. Small Businesses

The collection of information will have a minimal impact on small businesses since MA organizations and Part D sponsors must possess an insurance license and be able to accept substantial financial risk. Generally, state statutory requirements effectively preclude small businesses from being licensed to bear risk needed to serve Medicare enrollees.

6. Less Frequent Collection

The Act/statute requires CMS to collect this information to ensure compliance with applicable laws and regulations. If CMS were to collect information less frequently, MA organizations and Part D sponsors would not be providing updated, accurate information to their enrollees and potential enrollees. MA organizations and Part D sponsors update their contracts on a yearly cycle. If we were to collect the completed templates less frequently,

we would not be doing our due diligence in maintaining oversight of plans' compliance with the applicable statute and regulation. Possible consequences include improper enrollment of beneficiaries in an MA organization or Part D sponsor, the release of misleading information regarding health care coverage through an MA organization or Part D sponsor to potential and/or current members, and inadequate provision of patients' rights regarding Medicare-covered services.

7. Special Circumstances

CMS requires MA organizations and Part D sponsors to maintain documentation related to their CMS contracts for 10 years pursuant to statutory and regulatory requirements. Otherwise, there are no special circumstances. More specifically, this ANOC and EOC and marketing materials information collection does not do any of the following:

- Require respondents to report information to the agency more often than quarterly;
- Require respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Require respondents to submit more than an original and two copies of any document;
- Require respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Make use of a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Require the use of a statistical data classification that has not been reviewed and approved by OMB;
- Includes a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Require respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation

The 60-day notice published in the Federal Register on TBD (90 FR).

9. Payments/Gifts to Respondents

There are no payments/gifts to respondents.

10. Confidentiality

The information collected through these documents from MA organizations and Part D sponsors is intended for public disclosure to current and potential enrollees regarding health care and prescription drug coverage choices, program rules, premiums and cost

sharing of the contracting MA organizations and Part D sponsors' plan offerings.

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimates (Hours & Wages)

12.1 Wages

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

Table 1: Occupation Titles and Wage Rates

Occupation Title	Occupation Code	Mean Hourly Wage(\$/hr.)	Fringe Benefits and Overhead (\$/hr.)	Adjusted Hourly Wage(\$/hr.)
Business Operations Specialist	13-1000	42.52	42.52	85.04

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

The sole burden imposed by the requirement to submit marketing materials for CMS review, outside the ANOC and EOC, is the time plan personnel take to upload the materials in CMS's Health Plan Management System (HPMS). We use the same occupation title to estimate the burden for submitting marketing materials to CMS as we used to estimate the ANOC and EOC burden, as it would be the same category of plan staff accomplishing this operation.

12.2 Annual Requirements and Burden Estimates

ANOC and EOC (REVISED)

Labor Burden (Changes): The burden associated with completing the ANOC and EOC documents is the time and effort associated for a MA organization and Part D sponsor

to submit the required information to CMS and disclose the information to the beneficiary in the ANOC and EOC. For each contract, we estimate that it will take an average of 12 hours to develop and submit the required information to CMS. This includes 1 hour to read CMS' accompanying memo and instructions to plans in the standardized document, 6 hours to generate the standardized documents (1 hour for the ANOC, 5 hours for the EOC), 1 hour to submit the materials, and 4 hours to print and disclose to the beneficiaries. We estimate 665 MA organization and 47 Part D sponsor contracts are affected by this requirement. CMS estimates the cost/wage associated with this requirement is \$85.04, multiplied by the number of annual burden hours, for MA organizations and Part D sponsors to review. The total average annual burden associated with this requirement is 8,544 hours, as reflected in Table 2c.

Table 2a: ANOC/EOC Burden (Reporting Information)

Organization Type	Number of Contracts	Estimated Hours	Estimated Total Hours	Estimated Cost
MA Plans	665	8	5,320	\$452,413
PD sponsors	47	8	376	\$31,975
Total	712	8	5,696	\$484,388

Table 2b: ANOC/EOC Burden (Disclosing Information)

Organization Type	Number of Contracts	Estimated Hours	Estimated Total Hours	Estimated Cost
MA Plans	665	4	2,660	\$226,206
PD sponsors	47	4	188	\$15,988
Total	712	4	2,848	\$242,194

Table 2c: ANOC/EOC Burden (Total)

Organization Type	Number of Contracts	Estimated Hours	Estimated Total Hours	Estimated Cost
MA Plans	665	12	7,980	\$678,619
PD sponsors	47	12	564	\$47,963
Total	712	12	8,544	\$726,582

Non-Labor Burden:

For a plan to meet our requirements regarding what must be in an ANOC and EOC, we expect the documents to be an average of 215 pages in length. We expect MA organizations and Part D sponsors to mail the documents when requested by their members. We expect that approximately one-fifth of each organization's members will

request paper documents. Finally, we expect MA organizations and Part D sponsors to use commercial bulk rates as measured per pound.

The major expenses in printing ANOC and EOC documents are i) paper, ii) toner and iii) postage. We are not estimating maintenance costs of printers and computers nor the time involved. We therefore estimate the cost per ANOC and EOC for each of these three items.

- i) Cost of paper per ANOC and EOC: The typical ANOC and EOC have approximately 215 pages. Typical wholesale costs of paper are approximately \$5.50 for a ream of 500 sheets. Since each ANOC and EOC document has approximately 215 pages (200 pages for the EOC + 15 pages for the ANOC) we are estimating a paper cost of $\$5.50/(500/215) = \2.36 per ANOC and EOC.
- ii) Cost of Toner per ANOC and EOC: Toner costs can range from \$70 to \$200, and each toner can last 4,000 to 10,000 pages. CMS assumes a cost of \$70 for 10,000 pages. Therefore, each ANOC and EOC would have a toner cost of \$1.505 (215 pages per ANOC and EOC/10000 pages per toner * \$70 per toner).
- iii) Cost of Postage per ANOC and EOC: The cost of postage is currently \$0.20; therefore, we assume a bulk postage rate of \$0.20 per 50 pounds. Since a ream of paper with 2000 sheets weighs 20 pounds, each ANOC and EOC weighs 2.15 pounds (215 pages per ANOC and EOC/2000 pages per ream * 20 pounds per ream). Therefore, the postage cost per ANOC and EOC equals \$0.0086 (2.15 pounds per ANOC and EOC / 50 pounds * .20 per 50 pounds). It follows that the the total cost per ANOC and EOC is \$3.87 (\$1.505 cost of paper + \$2.36 cost per ANOC and EOC + \$0.0086 cost of postage). As of June 2025, there are 58 million beneficiaries enrolled in Medicare Advantage. As indicated above, we expect one-fifth of these enrollees, or 11.6 million beneficiaries to request ANOC and EOCs. Therefore, the total cost of producing and mailing ANOCs and EOCs to these enrollees is \$44,892,000 (11.6 million enrollees * \$3.87 cost per ANOC and EOC).

Thus, for total impact, we are estimating \$726,582 in labor-related costs and \$44,892,000 million for non-labor costs.

Marketing Materials

Labor Burden: The burden associated with uploading marketing materials is the time and effort associated for a MA organization and Part D sponsor to submit the required information to CMS. There have been improvements in the HPMS system which is used to upload the marketing materials. We and staff from the HPMS module performed several mock uploads, each of which took under 5 minutes (0.0833 hr.). We therefore estimate that it takes a plan 5 minutes at \$85.04/hr. for a business operations specialist to submit each of the marketing materials. As indicated in Table 3 (below) we estimated that CMS received a total of 45,284 marketing and communications materials, from June 1, 2024 through May 31, 2025. The total average annual burden associated

with this requirement is 3,772.16 hours (45,284 materials x .0833 hour per material) at a cost of \$320,784 (3,772.16 hr. x \$85.04/hr.), as reflected in Table 3.

The 5-minute time estimate does not include the time to generate, print, and disseminate the materials as MA organizations and Part D sponsors would be performing these activities regardless of any federal requirement. MA organizations and Part D sponsors that choose to market do so based on their own initiative. It is not mandated by CMS. Moreover, the process for developing, generating, and distributing marketing materials (and the scope of the same) differs significantly from plan to plan and from region to region. We also have no basis to establish this estimate. Given the above, we are not estimating such burden without credible public input. The time and burden of reading instructions, preparing the ANOC and EOC marketing materials, as well as related errata, are presented in Tables 2a, 2b, and 2c above.

Table 3: Estimated Time & Cost Marketing and Communications by Material type

Description	Estimated Number of Materials Submitted	Hours per response	Total Hours	Wage	Total Cost in Dollars
Enrollment and related	1,230	0.0833	102.46	\$85.04	\$8,713.11
ANOC/EOC/Errata	11,466	0.0833	955.12	\$85.04	\$81,223.22
Plan required website	606	0.0833	50.48	\$85.04	\$4,292.80
Summary of Benefits	4,901	0.0833	408.25	\$85.04	\$34,717.86
Star Ratings	1,186	0.0833	98.79	\$85.04	\$8,401.42
Miscellaneous	25,895	0.0833	2,157.05	85.04	\$183,435.83
TOTAL	45,284		3772.16		\$320,784.25

12.3 Burden Summary

Regulatory Section(s) in Title 42 of the CFR	Respondents	Response	Burden per Response	Total Annual Burden (hours)	Labor Cost	Total Cost (\$)
422.111 and 423.128 (ANOC/EOC completion and disclosure)	712	712	12 hr.	8,544	\$85.04	726,582
ANOC/EOC (non-labor)	712	n/a	n/a	n/a	n/a	35,015,760
422.2260 and 423.2260 Marketing and communication	712	45,284	0.0833	3,772.16	\$85.04	320,784
TOTAL	712	45,996	Varies	12,316.16	\$85.04 /hr.	\$1,047,366

12.4 Information Collection Instruments and Associated Instructions

ANOC/EOC

CMS provides nine (9) standardized ANOC and nine (9) standardized EOC templates to MA organizations and Part D sponsors that reflect recent policy changes (if any). MA organizations and Part D sponsors populate the templates with updated MA, PD or both plan product offerings/options. CMS issues a yearly HPMS memo to MA organizations and Part D sponsors to announce the release of the ANOC and EOC materials. CMS highlights the changes, if applicable, and posts the templates on the CMS' Marketing Models, Standard Documents, and Educational Material website, located at (<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial.html>) including specific ANOC and EOC Standardized Model Instructions. CMS requires that all documents are compliant with CMS requirements.

The nine (9) categories of templates consist of the following with two (2) documents (one ANOC and one EOC) in each category.

Health Maintenance Organization (HMO) - a type of Medicare managed care plan where a group of doctors, hospitals, and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. Members usually get care from the providers of the plan.

Cost Plan - is a plan which is similar to a Medicare HMO in that enrollees have access to a network of doctors and hospitals approved by Medicare. Enrollees can join a Medicare cost plan when it's accepting new members, but may decide to return to original Medicare at

any time.

Dual Eligible Special Needs (DSNP) – is a plan that is offered to enrollees who are entitled to Medicare and Medical Assistance from a State plan. These plans are designed for people with specific conditions or financial needs.

Medical Savings Account (MSA) – is a plan that deposits money into a special savings account at the beginning of each calendar year. Only the plan can make deposits into the MSA account; plan enrollees cannot deposit their own money.

Private Fee-For-Service (PFFS) Plan – is a plan that offers coverage by a private insurance company. PFFS plans are not the same as Original Medicare or Medigap. The plan determines how much it will pay doctors, other health care providers, and hospitals, and how much you must pay when you get care.

Preferred Provider Organization (PPO) - is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network.

Preferred Provider Organizations with Prescription Drugs (PPO) – is a PPO that provides prescription drug coverage.

Health Maintenance Organization with Prescription Drugs (HMO MA-PD) – is an HMO that provides prescription drug coverage.

Prescription Drug Plan (PDP) – is a plan that provides prescription drug coverage, which subsidizes the costs of prescription drugs for enrollees. Enrollees pay a co-pay for each prescription, a monthly premium and an annual deductible.

Marketing Materials

Plans can find instructions for what CMS looks for when reviewing marketing materials in the Medicare Communications and Marketing Guidelines (MCMG) located on CMS.gov (<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>). Plans can find instructions for how to submit documents for review by CMS in the HPMS User Guide which is available in HPMS to individuals (i.e., plan staff) who have been approved for access. The scope of these documents is much greater than the scope by which we address here. Additionally, the HPMS User Guide is a document owned by another component. As such, those documents as a whole are not part of this package.

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

The calculations for CMS employees' hourly salary were obtained from the Office of Personnel Management 2025 General Schedule Pay Table for the Washington DC Metro area) <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2025/general-schedule/>.

The annual burden to the Federal Government including the cost of CMS employees' time is calculated to be: \$161,082.8 (57,074.64+ 104,008.16) as reflected in Tables 4 and 5.

ANOC/EOC

The burden for this collection and the cost of CMS subject matter experts to review the sections are calculated to be \$161,082.8. This is reflected in Table 4.

Table 4: Cost to Federal Government – ANOC/EOC

Medicare MA and Part D Program Subject Matter Experts and staff Help/Review:	
12 GS-13 step 5: 12 x \$ 65.48/hr. x 20 hours	15,715.2
2 GS -13 step 5: 2 x \$ 65.48/hr. x 304 hours	39,811.84
2 GS -14 step 5: 2 x \$ 77.38/hr. x 10 hours	1,547.6
SUBTOTAL	57,074.64

Marketing Materials

The burden to the Federal government for the collection of marketing materials and the cost of CMS employees' time are calculated to be: \$104,008.16, as reflected below in Table 5. CMS prospectively reviews about 10 percent of the marketing materials submitted.

Table 5: Cost to Federal Government – Marketing Materials

4,528 (45,284 materials x 10%)	
Medicare MA and Part D Program Subject Matter Experts Review:	
12 GS-11 step 5: \$ 45.94/hr. x 4528 materials x .5 hr.	\$104,008.16
SUBTOTAL	\$104,008.16

15. Changes to Burden

This 2025 information collection request subsumes revisions to the EOC and ANOC models. The changes in burden are adjustments associated with the number of respondents, changes in wages, and the number of marketing and communication materials that MA organizations and Part D sponsors upload into the HPMS. CMS performed a thorough review of all the materials, which resulted in a decrease from 47,639 to 45,284 items and decrease in cost from \$1,048,560 to 1,047,366 from prior submission. The decrease is primarily due to a reduced number of respondents. These current figures are noted in both Table 3: Estimated

Time & Cost by Marketing and Communications Material Type and 12.3 Burden Summary sections.

16. Publication/Tabulation Dates

MA organizations and Part D sponsors must ensure that enrollees receive the ANOC by fifteen days prior to the start of the AEP each year and the EOC by the first day of the AEP of each year and must therefore submit the populated documents to CMS for review.

MA organizations and Part D sponsors must ensure that they submit each marketing material to CMS for review prior to use.

17. Expiration Date

CMS does not object to displaying the expiration date on information collection materials.

18. Certification Statement

There are no exceptions to the certification statement.

B. Collections of Information Employing Statistical Methods

This collection does not employ statistical methods.