

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Office of Beneficiary Information Services

Date: September 21, 2006

To: Medicare Advantage Plans
Medicare Cost Plans

From: CMS, Website Project Management Group

Subject: Clarification Regarding September 25-26 Plan Preview for Medicare Options Compare (formerly the Medicare Personal Plan Finder)

Please Note: The information contained in this memo ONLY pertains to the preview of the health and drug benefit information submitted by Medicare Advantage (MA) Organizations and Medicare Cost Plans for publishing in Medicare Options Compare (formerly the Medicare Personal Plan Finder) on www.medicare.gov.

This memorandum provides clarification on the September 25-26 Medicare Options Compare (MOC) plan preview. It is based on inquiries we received during the last preview period. The 2007 MOC is scheduled to go live on Medicare.gov on October 12, 2006.

How Sentences are Displayed in the Preview vs. How They Display on the Web

The MOC is being redesigned for 2007. As part of this redesign, CMS simplified the sentences that explain benefits. This language was shared with all plans for comment earlier this year. The simplified sentences will display during this preview. However, the MOC sentences will not match your Summary of Benefits sentences exactly.

A plan's 2007 benefits will be displayed under "labels" for each benefit category. These labels will not be displayed during this preview period. We are working to display them in future previews. Depending on your plan's benefits, you could have an "In-Network," "Out-of-Network" and "In and Out of Network" label in each category. In the prescription drug section, we also have the labels "Initial Coverage," "Gap coverage," "Catastrophic coverage," "Retail Pharmacy," and "Mail Order." The appropriate sentences will fall under that label.

An example of how sentences may appear in the “Doctor Office Visits” category follows.

Sentences in Plan Preview	Sentences on the web
<p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$15 copay for each primary care doctor visit.</p> <p>\$10-\$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>\$20-\$30 copay for each specialist visit.</p> <p>See Section 32, “Routine Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>See Section 32, “Routine Physical Exams,” for more information.</p> <p>In-Network</p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10-\$15 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network</p> <p>\$15 copay for each primary care doctor visit.</p> <p>\$20-\$30 copay for each specialist visit.</p>

What to Do If You Previously Non-Concurred

If you non-concurred during the September 15-19 preview, you should review your plan data during the September 25 preview. Determine if corrections you or CMS needed to make have been made. If your data is accurate, you need to concur in order for your plan to be displayed on the MOC on October 12.

NOTE: If you non-concurred during the September 15-19 preview and take no action during the September 25 preview:

- all benefit and cost sharing data for your plan will be suppressed in the MOC on October 12
- the plan contact information will not be suppressed
- if your plan covers drugs, it will be suppressed in the Medicare Prescription Drug Plan Finder (there is an exception to this rule for Dual Eligible Special Needs Plans, as stated in the September 11 memorandum entitled “Plan Preview Dates for 2007 Medicare Personal Plan Finder”)
- your plan will remain suppressed in the MOC and MPDPF until/unless you concur in a future plan preview.

What Happens If You Non-Concur Now

If you non-concur during the September 25 preview:

- all benefit and cost sharing data for your plan will be suppressed in the MOC on October 12
- the plan contact information will not be suppressed

- if your plan covers drugs, it will be suppressed in the Medicare Prescription Drug Plan Finder (there is an exception to this rule for Dual Eligible Special Needs Plans, as stated in the September 11 memorandum entitled “Plan Preview Dates for 2007 Medicare Personal Plan Finder”)
- the plan will remain suppressed in the MOC and MPDPF until/unless you concur in a future plan preview.

If you have any comments or questions about how your 2007 plan data appears during your preview, please send them to compchart@cms.hhs.gov. Thank you.