
MEMORANDUM

TO: Current and Applicant Medicare Advantage Organizations, Medicare Cost-based Plans and Health Plan Demonstrations, Prescription Drug Plans and other interested parties

FROM: Cynthia Tudor, Ph.D.
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SUBJECT: Issuance of Final 2008 Model Evidence of Coverage (EOC)

DATE: August 17, 2007

On July 25, 2007, we released the final Annual Notice of Change (ANOC) models specific to each plan type. With this memorandum, we are issuing the final EOC models specific to each plan type (MA only, MA-PD, Cost Plan, PFFS, PPO and PDP). CMS appreciates all the public comments received in response to the draft combined model ANOC/EOC. We carefully considered the 1,504 comments received and made a number of clarifications to balance different view points from various stakeholders. The vast majority of changes made were minor clarifications based on comments we received. Attached is a summary of the substantive changes made to the model EOCs from draft to final (see Attachment 1).

As outlined in our June 13, 2007, memorandum, plans will have two options in Contract Year 2008 for using the model ANOC and EOC – one allowing for use of a combined standardized ANOC/EOC document, and a second allowing for the issuance of stand-alone ANOC and EOC documents. Please refer both to the June 13, 2007, memorandum and our July 25, 2007, memorandum for details about these options.

Please note that plans electing to use the combined standardized ANOC/EOC option will submit the ANOC and EOC pieces of the combined document separately for Regional Office review. The EOC portion of the document will need to be submitted by August 27, 2008, as specified in the revised timeline in Attachment 2. Once both pieces have been approved, plans will need to submit the entire combined document so that we can track which plans have elected to use the combined ANOC/EOC document for CY2008. We will not, however, conduct a prospective review of the combined document, but we may conduct a retrospective review in the future.

As noted in our July 25, 2007, memorandum, regardless of whether organizations sponsoring MA-PD plans or PDPs elect to use the combined standardized ANOC/EOC document or issue

stand-alone ANOC and EOC documents, they must mail LIS riders and an abridged or comprehensive formulary so that current enrollees receive them by October 31, 2007. This is a change relative to the CY2008 Call letter, in which we stated that plans electing to issue stand-alone ANOC and EOC documents must send the LIS riders by January 31, 2008. We believe it is important for LIS enrollees to receive the LIS rider as early as possible, since the information contained in that document identifies what the plan benefit package will look like for that member for the following year. In cases where the LIS rider is mailed separately from the EOC, plan sponsors may add a note to the LIS rider indicating that the EOC will be mailed at a later date.

To familiarize plans with the new model documents and associated timelines, we are posting training slides to our website at: www.cms.hhs.gov/events.

Thank you for all your help in ensuring the success of the Part C and D programs.

Attachment 1
SUMMARY OF CHANGES TO THE EOC MODEL

Part D Changes

- Clarified language regarding how prescription drug coverage works if a patient is admitted to a hospital or a skilled nursing facility
- Clarified language regarding submission of a paper claim
- Clarified language regarding drug exclusions
- Clarified language regarding Part D vaccine administration

MA Changes

- Clarified sections regarding cost plan and SNP requirements
- Added language clarifying that dual eligible SNPs should indicate in their provider directory which providers are Medicaid providers and that institutionalized SNPs should indicate in their provider directory which providers do not serve people in the community
- Clarified language regarding using non-plan providers to get covered services in PFFS plans

**Attachment 2
ANOC/EOC Timeline**

DATE	ACTION
August 13, 2007	<ul style="list-style-type: none"> • MA, MA-PD and PDP organizations submit ANOC portion of the combined standardized ANOC/EOC or stand-alone, non-model ANOC to CMS RO for review.
August 27, 2007	<ul style="list-style-type: none"> • MA, MA-PD and PDP organizations using the combined standardized ANOC/EOC option submit EOC portion of the combined standardized ANOC/EOC to CMS RO for review.
October 1, 2007	<ul style="list-style-type: none"> • 1876 Cost Plans and Cost Plans offering part D must submit final combined ANOC/EOC and stand alone ANOC to CMS RO for review.
October 31, 2007	<ul style="list-style-type: none"> • Beneficiaries must receive the combined standardized ANOC/EOC or the stand-alone ANOC and SB depending on which option from above is followed. • All MA-PDs and PDPs must mail their LIS riders and abridged or comprehensive formularies before this date to ensure receipt by member by October 31.
November 1, 2007	<ul style="list-style-type: none"> • MA, MA-PD, Cost Plans and PDPs submit stand-alone non-model EOC to CMS RO for review.
November 6, 2007	<ul style="list-style-type: none"> • Final date for Cost Plans to send the stand alone non-model ANOC to CMS RO for review.
December 1, 2007	<ul style="list-style-type: none"> • Cost plans must mail the stand alone ANOC with SB before this date to ensure receipt by members by December 1. • Cost plans offering Part D must mail their LIS riders and abridged or comprehensive formularies before this date to ensure receipt by members by December 1.
December 3, 2007	<ul style="list-style-type: none"> • MA, MA-PD, Cost Plans and PDPs submit stand-alone model EOC to CMS RO for review.
January 31, 2007	<ul style="list-style-type: none"> • MA, MA-PD, Cost Plans and PDP must mail stand alone EOCs to all members enrolled as of January 1, 2008.