

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: September 15, 2020

TO: Medicare Advantage Organizations, Medicare Advantage - Prescription Drug Organizations, Section 1876 Cost Plans, Prescription Drug Plan Sponsors, Employer/Union-Sponsored Group Health Plans, Medicare-Medicaid Plans

FROM: Kathryn A. Coleman, Director

SUBJECT: Contract Year 2021 Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment

Each year, the Centers for Medicare & Medicaid Services (CMS) analyzes the timeliness and accuracy of Medicare Advantage Organizations' and Part D Sponsors' Annual Notice of Change (ANOC) and the accuracy of their Evidence of Coverage (EOC) documents.

CMS expects Medicare Advantage Plans/Part D sponsors to send correct ANOC and EOC documents to enrollees in accordance with 42 C.F.R. §§422.111(a), 422.111(d)(2), 423.128(a), 423.128(g)(2), and section 100.4 of the Medicare Communications and Marketing Guidelines (MCMG).

ANOC and EOC Submission

Plans/Part D sponsors must upload ANOC and EOC documents under the correct material types/codes and enter ANOC actual mail dates (AMDs) in the Health Plan Management System (HPMS), as specified in the 2021 ANOC and EOC Standardized Models Instructions. Organizations may distribute ANOCs and EOCs to their enrollees immediately following their HPMS submission.

Errata Sheets

Plans/Part D sponsors must conduct a thorough review of their ANOCs and EOCs and use the standardized ANOC and EOC errata models to identify and address inaccuracies. Plans/Part D sponsors must submit their ANOC and EOC erratas by the following dates:

Material	Errata Due By
ANOC (applicable to all renewing PBPs) due by September 30	October 15
EOC (applicable to all PBPs) due by October 15	November 15

The AMD and number of affected enrollees must be submitted in HPMS within 15 days of mailing each ANOC errata sheet. AMDs are not required for EOC errata sheets.

Plans/Part D sponsors must submit the errata for review via the New Errata Material Link/Screen in HPMS. Please refer to section 100.4 of the MCMG to determine the appropriate code. For additional information regarding the errata submission process, please refer to the HPMS Marketing Review Users Guide.

Updated/Replaced ANOC and EOC

If Plans/Part D sponsors update their existing ANOCs and EOCs (e.g., updates to Medicare FFS rates, changes in policies), they must resubmit the updated materials via the “material replacement” functionality in HPMS. Please refer to the HPMS Marketing Review Users Guide and section 90 of the MCMG.

Compliance

CMS will assess the timeliness of ANOC mailings and the accuracy of ANOCs and EOCs. CMS may take compliance or enforcement actions on late ANOCs and inaccurate ANOCs and EOCs for failure to properly submit documents and failure to correctly enter AMDs. CMS may also conduct a retrospective review of ANOCs and EOCs, and may issue separate compliance actions for inaccuracies not previously reported by Plans/Part D sponsors.

Questions

For technical questions, please contact the HPMS Help Desk, at hpms@cms.hhs.gov. For MMP-specific questions, please contact mmcocapsmodel@cms.hhs.gov and copy your contract management team (CMT). For all other questions, please email Lauren Dulay, at lauren.dulay@cms.hhs.gov, and Barbara Gullick, at barbara.gullick@cms.hhs.gov, and copy your Account Manager.