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DATE: July 23, 2021

TO: Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

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SUBJECT: Model Notice Corrections and Updates

This memorandum provides Medicare Advantage Organizations (MAOs), Section 1876 Cost Plans and Prescription Drug Plans (PDPs) with corrections to the following model templates: Contract Year (CY) 2022 Annual Notice of Change (ANOC); Evidence of Coverage (EOC); Part D Explanation of Benefits (EOB); and Part D Transition Letter.

On May 28, 2021, CMS issued a memorandum announcing the issuance of certain CY 2022 model marketing materials, which included the CY 2022 ANOC and EOC standardized models for all plan types and Part D model materials. This memorandum clarifies and corrects standardized language that MAOs and Part D sponsors must use for their CY 2022 ANOCs and EOCs, as appropriate for their plan type(s), the Part D EOB and the Part D Transition Letter. Below is a brief summary of each issue, a description of where the issue is located, and the required updates:

1. ANOC models for HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS, MSA, HMO MA, PPO MA, PDP

Summary of issue: Instructional language needs to be updated.

Issue location: Section 3: Administrative Changes

Action required: Update the language as shown below (changes are noted in red text).


[Insert this section if applicable: ~~This section is optional.~~ Plans with administrative changes that impact members (e.g., a change in options for paying the monthly premium, change in contract or PBP number) may insert this section and include an introductory sentence that explains the general nature of the administrative changes. Plans that choose to omit this section should renumber the remaining sections as needed.]

2. EOC models for HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS, MSA, HMO MA, PPO MA

Summary of issue: Language needs to be updated to include the COVID-19 vaccine.

Issue location: Chapter 4, Medical Benefits Chart (Immunizations)

Action required: Update the language as shown below (changes are noted in red text).

Services that are covered for you	What you must pay when you get these services
 Immunizations Covered Medicare Part B services include: <ul style="list-style-type: none">• Pneumonia vaccine• Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B• <u>COVID-19 vaccine</u>• Other vaccines if you are at risk and they meet Medicare Part B coverage rules We also cover some vaccines under our Part D prescription drug benefit. <i>[Also list any additional benefits offered.]</i>	There is no coinsurance, copayment, or deductible for the pneumonia, influenza, and Hepatitis B, <u>and COVID-19</u> vaccines.

3. ANOC models for HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS, PDP

Summary of issue: Language clarified for beneficiary instructions on how to receive the LIS Rider if it is not provided with the ANOC.

Issue location: HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS: Section 2.6
PDP: Section 2.3

Action required: Update the language as shown below (changes are noted in red text).

Because you receive “Extra Help” ~~and~~*[if plan sends LIS Rider with ANOC, insert: and didn’t receive this insert with this packet,] [if plan sends LIS Rider separately from the ANOC, insert: if you haven’t received this insert by [insert date],]* please call Member Services and ask for the “LIS Rider.”

4. Part D EOB

Summary of issue: Language for non-LIS catastrophic coverage needs to be modified.

Issue location: Section 2. (for members without LIS who are in the catastrophic coverage phase) Which “drug payment stage” are you in?

Action required: Update the language as shown below (changes are noted in red text).

You are in this stage: STAGE 4

Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- *[When applicable, plans must insert a brief explanation of what the member pays during this stage. For example: “For each prescription, you pay ~~up to~~ whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called “coinsurance”), or a copayment (\$3.95 for a generic drug or a drug that is treated like a generic, \$9.85 for all other drugs).”].*

5. Part D EOB, Exhibit G

Summary of issue: Missing column for Drug Price and Price Change in Chart 1.

Issue location: Section 1, Chart 1

Action required: Add a column to Chart 1 that displays the required drug price and price change for each prescription claim. Refer to the model Part D EOB for formatting and instructions.

6. Part D EOB and EOB Exhibit G

Summary of issue: Drug Price and Price Change in Chart 1 is not applicable for monthly totals and only needs to be populated for individual drugs listed on the EOB.

Issue location: Section 1, Chart 1, last row starting with “TOTALs for the month of:”

Action required: Insert “Not applicable” in the empty cell under “Drug Price & Price Change” column.

7. Part D Transition Letter

Summary of issue: Email address was incorrectly included to request a coverage determination.

Issue location: “How do I request coverage determination, including an exception?”

Action required: Update the language as shown below (changes are noted in red text).

You or your prescriber may contact us to request a coverage determination, including an exception. [*Insert* <ADDRESS, PHONE NUMBER, **and** FAX NUMBER, ~~and EMAIL ADDRESS~~>]

Plans and Part D sponsors should direct questions regarding this memorandum to their CMS Account Manager.