

CENTER FOR MEDICARE

DATE: July 29, 2020

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 corrections to model templates for the Contract Year (CY) 2021 Annual Notice of Change (ANOC); Evidence of Coverage (EOC); Part D Explanation of Benefits (EOB); Part D Formulary Abridged and Comprehensive; Model Transition Letter; and Pharmacy Directory. These models were initially released on June 12, 2020. Below is a brief summary of the corrections, their location within the documents, and the required updates:

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

Summary of issue: Reference to Civil Rights Coordinator needs to be removed.

Issue location: HMO-MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS: Chapter 8, Section 1.1
MSA, HMO MA, PPO MA, PDP: Chapter 6, Section 1.1

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

To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover of this booklet). ~~or contact [Name of Civil Rights Coordinator]~~

2. EOC model for PPO MAPD

Summary of issue: Reference to End-Stage Renal Disease needs to be removed.

Issue location: Chapter 1, Section 2.1

Action required: Delete the language shown below in red text.

~~• [C SNPs: delete if not applicable] and you do not have End Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when~~

~~you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.~~

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

Summary of issue: Capitalization needs to be removed from "Braille" to "braille".

Issue location: What to do now, Additional Resources

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

- [Plans must insert language about availability of alternate formats (e.g., **b**Braille, large print, audio tapes) as applicable.]

4. EOC model for D-SNP

Summary of issue: The word "secure." needs to be removed from "secure.rrb.gov".

Issue location: Chapter 2, Section 8

Action required: Update the following language (change in red text): ~~secure.rrb.gov/~~

5. EOC models for PPO MAPD, D-SNP, Cost Plan, PFFS, HMO MA, PDP

Summary of issue: Web link needs to be updated.

Issue location: PPO MAPD, Cost Plan, PFFS: Chapter 9, Section 4.2
PPO MAPD, Cost Plan, PFFS: Chapter 9, Section 5.3
D-SNP: Chapter 9A and 9B, Section 5.2 and 6.3
HMO MA: Chapter 7, Section 5.3
PDP: Chapter 7, Section 4.2

Action required: Update the language as shown below.

~~www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf~~

~~www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf~~

6. EOC model for D-SNP

Summary of issue: Language updates need to be made to these sections including changing instructional language and removing language.

Issue location: Chapter 1, Section 4.2 and 4.3

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

UNDER Section 4.2

~~*[Plans indicating in Section 4.1 that there is no monthly MA or enhanced/optional supplemental benefit premium should delete this section. Plans indicating in Section 4.1 that there is no monthly premium should rename this section, “If you pay a Part D late enrollment penalty, there are several ways you can pay your penalty,” and use the alternative text as instructed below.]*~~

...

[Insert plan specifics regarding premium/penalty payment intervals (e.g., monthly, quarterly- please note that members must have the option to pay their premiums monthly), how they can pay by check, including an address, whether they can drop off a check in person, and by what day the check must be received (e.g., the 5th of each month).

UNDER Section 4.3

~~*[Plans that, per the State Medicaid Agency Contract, exclusively enroll QMBs, SLMBs, QIs, or dual-eligible individuals with full Medicaid benefits, delete this paragraph.]*~~

~~However, in some cases the part of the premium that you have to pay can change during the year. This happens if you become eligible for the “Extra Help” program or if you lose your eligibility for the “Extra Help” program during the year. If a member qualifies for “Extra Help” with their prescription drug costs, the “Extra Help” program will pay part of the member’s monthly plan premium. A member who loses their eligibility during the year will need to start paying their full monthly premium. You can find out more about the “Extra Help” program in Chapter 2, Section 7.~~

~~*[Plans with no premium replace the previous paragraph with the following: However, in some cases, you may need to start paying or may be able to stop paying a late enrollment penalty. (The late enrollment penalty may apply if you had a continuous period of 63 days or more when you didn’t have “creditable” prescription drug coverage.) This could happen if you become eligible for the “Extra Help” program or if you lose your eligibility for the “Extra Help” program during the year:*~~

- ~~• If you currently pay the Part D late enrollment penalty and become eligible for “Extra Help” during the year, you would be able to stop paying your penalty.~~
- ~~• If you ever lose your low income subsidy (“Extra Help”), you would be subject to the monthly Part D late enrollment penalty if you have ever gone without creditable prescription drug coverage for 63 days or more.~~

~~You can find out more about the “Extra Help” program in Chapter 2, Section 7.]~~

7. EOC model for PDP

Summary of issue: Table of Contents needs to be updated.

Issue location: Chapter 1 Table of Contents: Section 7 and Section 8

Action required: Remove underline from Section 7 heading and update as shown below:

SECTION 7 More information about your monthly premium...Error!
Bookmark not defined.

~~Many members are required to pay other Medicare premiums.....16~~

SECTION 8 Please keep your plan membership record up to date.19

~~Let us know about these changes.....19~~

~~Read over the information we send you about any other insurance coverage you.19~~

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

Summary of issue: Reference to End-Stage Renal Disease needs to be removed and the word “Advantage” needs to be added.

Issue location: HMO-MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS: Chapter 12
MSA, HMO MA, PPO MA, PDP: Chapter 10

Action required: Update Medicare Advantage (MA) Plan definition as follows:

Everyone who has Medicare Part A and Part B is eligible to join any Medicare Advantage health plan that is offered in their area, ~~except people with End Stage Renal Disease (unless certain exceptions apply).~~

9. EOC model for PFFS

Summary of issue: The definitions for Medicare Advantage (MA) Plan and Medicare Advantage Plans with Prescription Drug Coverage need to be combined into one paragraph.

Issue location: Chapter 12

Action required: Update the language as shown below (changes are noted in highlighted text). Note: Please incorporate redlined edits in Issue #8.

Medicare Advantage (MA) Plan – Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage Plan can be an HMO, PPO, a Private Fee-for-Service (PFFS) plan, or a Medicare Medical Savings Account (MSA) plan. When you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and are not paid for under Original Medicare. In most cases, Medicare Advantage Plans also offer Medicare Part D (prescription drug coverage). These plans are called **Medicare Advantage Plans with Prescription Drug Coverage**. Everyone who has Medicare Part A and Part B is eligible to join any Medicare Advantage health plan that is offered in their area.

10. EOC model for D-SNP

Summary of issue: The numbering order needs to be updated.

Issue location: Chapter 9B, Section 7.2

Action required: Update the numbering by replacing 4 with 1, 5 with 2, 6 with 3.

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

Summary of issue: New row for Home infusion therapy needs to be added to the Medical Benefits Chart.

Issue location: Chapter 4, Medical Benefits Chart (after Home health agency care row)

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
<p><u>Home infusion therapy</u></p> <p><u>Home infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug (for example, antivirals, immune globulin), equipment (for example, a pump), and supplies (for example, tubing and catheters).</u></p> <p><u>Covered services include, but are not limited to:</u></p> <ul style="list-style-type: none"> • <u>Professional services, including nursing services, furnished in accordance with the plan of care</u> • <u>Patient training and education not otherwise covered under the durable medical equipment benefit</u> • <u>Remote monitoring</u> • <u>Monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier</u> <p><u>[Also list any additional benefits offered.]</u></p>	<p><u>[List copays / coinsurance / deductible]</u></p>

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

Summary of issue: Update needs to be made to Medicare Part B medical services.

Issue location: Chapter 1, Section 2.2

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

- Medicare Part B is for most other medical services (such as physician’s services, **home infusion therapy**, and other outpatient services) and certain items (such as durable medical equipment (DME) and supplies).

13. EOC model for Cost Plan

Summary of issue: Reference to End-Stage Renal Disease needs to be removed.

Issue location: Chapter 1, Section 2.1

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

- ~~and you do not have End Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer.~~

14. EOC models for HMO MAPD, PPO MAPD, D-SNP, PFFS, MSA, HMO MA, PPO MA

Summary of issue: Details of the Physician/Practitioner services, including doctor's office visits row of the Medical Benefits Chart needs to be updated.

Issue location: Chapter 4, Medical Benefits Chart (Physician/Practitioner services, including doctor's office visits)

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

Physician/Practitioner services, including doctor's office visits

[List copays / coinsurance / deductible]

Covered services include:

[If applicable, indicate whether there are different cost-sharing amounts for Part B service(s) furnished through an in-person visit and those furnished through electronic exchange as MA additional telehealth benefits.]

- Medically-necessary medical care or surgery services furnished in a physician's office, certified ambulatory surgical center, hospital outpatient department, or any other location
- Consultation, diagnosis, and treatment by a specialist
- Basic hearing and balance exams performed by your *[insert as applicable: PCP OR specialist]*, if your doctor orders it to see if you need medical treatment
- *-[Insert if providing any MA additional telehealth benefits consistent with 42 CFR § 422.135 in the plan's CMS-approved Plan Benefit Package submission: Certain additional telehealth services, including those for: [insert general description of covered MA additional telehealth benefits, i.e., the specific Part B service(s) the plan has identified as clinically appropriate to furnish through electronic exchange when the provider is not in the same location as the enrollee. Plans may wish to refer enrollees to their medical coverage policy here.]-*
 - You have the option of getting these services through an in-person visit or by telehealth. If you choose to get one of these services by telehealth, you must use a network provider who offers the service by telehealth. *[Modify as necessary if plan benefits include out-of-network coverage of additional telehealth services as mandatory supplemental benefits.]*
 - *[List the available means of electronic exchange used for each Part B service offered as an MA additional telehealth benefit along with any other access instructions that may apply.]*
- *[Insert if the plan's service area and providers/locations qualify for telehealth services under original Medicare requirements in section 1834(m) of the Act: Some telehealth services including consultation, diagnosis, and treatment by a physician or practitioner, for patients in certain rural areas or other places approved by Medicare]*
- Telehealth services for monthly end-stage renal disease-related visits for home dialysis members in a hospital-based or critical access hospital-based renal dialysis center, renal dialysis facility, or the member's home
- Telehealth services to diagnose, evaluate, or treat symptoms of a stroke

Services that are covered for you	What you must pay when you get these services
<ul style="list-style-type: none"> • <u>Brief virtual check-ins (for example, by phone or video chat) with your doctor for 5-10 minutes if:</u> <ul style="list-style-type: none"> ○ <u>You're not a new patient and</u> ○ <u>The check-in isn't related to an office visit in the past 7 days and</u> ○ <u>The check-in doesn't lead to an office visit within 24 hours or the soonest available appointment</u> • <u>Remote evaluation of pre-recorded video and/or images you send to your doctor, and interpretation and follow-up by your doctor within 24 hours if:</u> <ul style="list-style-type: none"> ○ <u>You're not a new patient and</u> ○ <u>The evaluation isn't related to an office visit in the past 7 days and</u> ○ <u>The evaluation doesn't lead to an office visit within 24 hours or the soonest available appointment</u> • Consultation your doctor has with other doctors by phone, internet, or electronic health record <u>if</u> you're not a new patient • Second opinion <i>[Insert if appropriate: by another network provider]</i> prior to surgery • Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician) • <i>[Also list any additional benefits offered.]</i> 	

15. EOC models for HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS, PDP

Summary of issue: The listing of all available compendia has been simplified.

Issue location: HMO-MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS: Chapter 5, Section 3.1
PDP: Chapter 3, Section 3.1

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

- -- or -- supported by certain references, ~~such as books. (These reference books are the American Hospital Formulary Service Drug Information; and the DRUGDEX Information System.; Lexi-Drugs; and, for cancer, the National Comprehensive Cancer Network and Clinical Pharmacology or their successors.)~~

16. EOC models for HMO MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS, PDP

Summary of issue: The listing of all available compendia has been simplified.

Issue location: HMO-MAPD, PPO MAPD, D-SNP, Cost Plan, PFFS: Chapter 5, Section 7.1
PDP: Chapter 3, Section 7.1

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

- Generally, coverage for “off-label use” is allowed only when the use is supported by certain references, ~~such as books. These reference books are~~ the American Hospital Formulary Service Drug Information; and the DRUGDEX Information System.; ~~Lexi-Drugs; and, for cancer, the National Comprehensive Cancer Network and Clinical Pharmacology or their successors.~~ If the use is not supported by any of these references, ~~books,~~ then our plan cannot cover its “off-label use.”

17. Part D Formulary Abridged and Comprehensive, Pharmacy Directory, Model Transition Letter

Summary of issue: Update needs to be made to the footer.

Issue location: Footer

Action required: Update the language as follows: ~~[Insert print date]~~ June 2020

18. Part D EOB

Summary of issue: Reference to “OR you pay nothing” needs to be removed, only for members without LIS benefits.

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

Action required: Update the language as shown below.

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 \$3.70 for a generic drug or a drug that is treated like a generic, and \$9.20 for all other drugs.”]*

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