

## CENTER FOR DRUG AND HEALTH PLAN CHOICE

DATE: July 31, 2009

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

FROM: Teresa DeCaro, RN, M.S., Acting Director  
Medicare Drug & Health Plan Contract Administration Group

RE: Issuance of the Final 2010 Annual Notice of Change/Evidence of Coverage

I am pleased to announce the release of the final 2010 Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) templates for Medicare Advantage organizations (MAOs); prescription drug plan (PDP) sponsors; 1876 cost contractors; demonstration plans; and employer/union-sponsored group health plans. We issued draft ANOC/EOC templates for public comment on June 5, 2009. We received a total of 4,500 comments on the draft templates from 74 entities, including MAOs, PDP sponsors, consumer advocacy groups, pharmacy associations, and health plan associations.

After careful consideration of the comments, we have made a number of clarifications in the final ANOC/EOC templates. The majority of changes were minor clarifications based on the comments received, including:

- **General Editorial Comments**
  - Corrected typographical errors, headers, and formatting issues
  - Performed additional quality assurance checks to ensure consistency throughout the six templates
- **Part C Benefit Chapters**
  - Clarified instructions for partial network PFFS plans
  - Clarified requirements around emergency health care furnished along the U.S. border with Canada and Mexico
- **Part D Benefit Chapters**
  - Replaced the term “cost group” with “cost-sharing tiers”
  - Replaced the term “specialty pharmacy” with “specialized pharmacy”
  - Clarified that all plan drugs, and not just some drugs, may be available through mail order pharmacies
  - Clarified that the LIS is not available in the U.S. territories

- Clarified that plans are required to send the “LIS Rider” not a “LIS ANOC/EOC”
- Part C and D Appeals and Grievance Chapters
  - Clarified the pre-service and payment appeals timeframes
  - Clarified the Independent Review Entity appeals process
  - Clarified the appeals requirements for rehabilitation facilities and comprehensive outpatient rehabilitative facilities
  - Clarified the meaning of alternative appeals process

As noted in the 2010 Call Letter calendar, the combined 2010 ANOC/EOC is due to all current members of PDPs, MA plans, MA-PD plans, and cost plans offering Part D by October 31, 2009. PDPs, MA plans, MA-PD plans and Cost plans must submit the combined ANOC/EOC through file and use certification. Additionally all PDPs, MA-PD plans and cost plans offering Part D must mail their LIS riders and abridged or comprehensive formularies to ensure receipt by current members by October 31, 2009. The exception to these requirements is fully integrated Medicare and Medicaid SNPs.

Dual Eligible SNPs that are fully integrated with the State are not required to use the standardized, combined ANOC/EOC. Fully-integrated SNPs should send an ANOC with the Summary of Benefits (SB) and formulary for receipt by October 31 and the state-integrated EOC and LIS rider for receipt by December 31. Fully integrated SNPs should submit the ANOC through file and use certification. The fully-integrated EOC will receive a 45-day review. As with the 2009 EOC submissions, fully-integrated Medicare/Medicaid SNP plans may submit the EOC as a template under the expedited review process. The plan sponsor would be responsible for populating the appropriate cost sharing and benefit information once the bid is approved. Fully-integrated Medicare/Medicaid SNP plans do not need to re-submit populated materials.

The ANOC/EOC templates and instructions for their use are posted at <http://www.cms.hhs.gov/ManagedCareMarketing/>. Additionally CMS will host a training session that will include an overview of the new ANOC/EOC and the Medicare Marketing Guidelines. This training will on the August 13, 2009, User Group call. Any questions should be directed to your CMS Regional Office.

Please note: The Centers for Medicare and Medicaid Services strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology. Persons with disabilities experiencing problems accessing portions of any file should contact us through e-mail at [Marketing@cms.hhs.gov](mailto:Marketing@cms.hhs.gov).

Thank you once again for your thorough feedback on our redesigned ANOC/EOC templates. We believe the redesign of these documents will ensure that beneficiaries have clear, accurate and consumer friendly information in order to make the best health care decisions according to their needs.