2017 Annual Notice of Change/Evidence of Coverage (ANOC/EOC) Standardized Models

Instructions

The 2017 ANOC/EOC standardized models must be used by all Medicare Advantage Organizations (MAOs), Medicare Prescription Drug Plans (PDPs), and section 1876 Cost Plans exactly as provided, unless otherwise indicated below and/or in the ANOC/EOC model instructions. The Centers for Medicare & Medicaid Services (CMS) will conduct retrospective reviews to ensure the accuracy of the materials used.

MAOs, PDPs, and Cost Plans are not permitted to use a global or ad-hoc process for customizing standard language.

Permissible Document Alterations

1. Minor edits (e.g., grammatical or punctuation changes, updating/correcting phone numbers, correcting references) as necessary.
2. Formatting (e.g., font style, margins) that meets CMS Medicare Marketing Guidelines and other CMS guidance.
3. Recreating graphics and/or tables for style and format that meets CMS Medicare Marketing Guidelines and other CMS guidance. However, the standardized text must be used in the same order as the standardized document.
4. Adding plan logos.
5. Renumbering chapters and sections if chapters or sections are omitted or added (when permitted).
6. Inserting MAO name or "we," "our," "us," "the plan," "our plan," or "your plan" where the document indicates "[insert plan name]." In addition, "we," "our," "us," "the plan," "our plan," or "your plan" may be used interchangeably even when one is already used in the model.
7. Indicating when the Low-Income Subsidy (LIS) Rider was mailed separately in the LIS Rider references.
8. For Dual Eligible Special Needs Plans (D-SNPs), indicating when the EOC will be mailed separately in the appropriate references within the ANOC.
9. Replacing references to broad organization names (e.g., State Health Insurance Assistance Program (SHIPs), Quality Improvement Organizations (QIOs), State Pharmaceutical Assistance Programs (SPAPs)) with the state-specific name in the product service areas. If the broad organization name is used throughout the document, the document must refer the beneficiary to Chapter 2 for information on his/her state program.

10. Section 1876 Cost Plans offering Part D as a separate and distinct optional supplemental benefit may list the Part D premium amount separately within the ANOC/EOC.
11. Multiple benefit packages may be included within one EOC, but must be clearly differentiated to ensure that enrollees may easily understand the information for the plan in which they are enrolled. However, multiple benefit packages **may not** be included within one ANOC; rather, each ANOC must be specific to an enrollee's plan (e.g., directing enrollees to a premium table is not appropriate).

    All benefit packages included in one EOC must be the same plan type and all either offer, or not offer, Part D coverage. For example:

    a. All MA-only HMOs, or all MA-PD HMOs could be included in one EOC.

    b. An MA-only HMO could not be included with an MA-PD HMO, and an MA-only HMO could not be included with an MA-only or MA-PD PPO.
12. MAOs, PDPs, and Cost Plans sending stand-alone EOCs to new enrollees with effective dates of January 1 and later may edit the document to remove all references to the ANOC (even if not bracketed), since only the EOC must be distributed
13. Including the Multi-Language Insert as part of the model document.

Instructions to Modify/Delete Standardized Language

1. When populating the models, delete instructions to plans.
2. Modify or delete, as necessary, all references under "all Plan Types" not relevant to your plan.
3. If your organization uses an open access model, modify or delete, as necessary, all references to primary care providers (PCP), referrals, etc.
4. If your organization does not offer a Part D benefit package, modify or delete, as necessary, all references to Part D benefits.
5. Health Maintenance Organization Point of Service (HMO-POS) plans should modify language related to network providers, as necessary, to clarify when a POS benefit may furnish coverage.
6. References to Member Services, the Pharmacy Directory, the Provider Directory, the Membership Identification (ID) card, and the List of Covered Drugs (Formulary) may be changed to the term used by the MAO, PDP, or Cost Plan.
7. All references to TTY should be changed to TDD or TTY/TDD, if necessary, to reflect the plan's communication technology.
8. MAOs, PDPs, or Cost Plans offering Part D benefits that do not include step therapy on any of their formulary drugs should delete all references to step therapy.

HPMS Submission Instructions

The following are instructions for submitting materials into HPMS:

1. Unpopulated models should not be submitted into HPMS. Each Contract/PBP offered by your organization should have the ANOC/EOC submitted with all applicable premiums, cost-sharing, and benefit information in the document. Each contract/PBP that is required to produce materials in alternate languages (e.g., Spanish, Russian) must upload the ANOC/EOC in every required language using the Alternate Format functionality.
2. If MAOs, PDPs or Cost Plans split the ANOC/EOC into two or more files (e.g. different files for different sections), all sections must be submitted as one document/file. However, the ANOC can be submitted as one file and the EOC submitted as one file, provided the two files are zipped for HPMS upload.
3. The ANOC/EOC documents must be submitted as File & Use, but there is no 5-day required waiting period before distribution. ANOC/EOCs may be distributed immediately following submission in HPMS.
4. MAOs, PDPs or Cost Plans that have consolidated plans should include the ANOCs for both plans, as well as the one EOC into one zipped file. The zipped file should be uploaded under the remaining PBP. For example, H1234 is consolidating PBP 001 into PBP 002 for CY2017. One zipped file should be uploaded into HPMS under H1234 PBP 002. This zipped file should have the ANOC for PBP 001, the ANOC for PBP 002, and the EOC for PBP 002.
5. MAOs, PDPs, or Cost Plans that submit a combined ANOC/EOC for current enrollees, and then separate the EOC from the ANOC/EOC for new January 1 and beyond effective enrollees, should not resubmit the separated EOC into HPMS. The EOC should have already been submitted as part of the ANOC/EOC.
6. Organizations that create one EOC for multiple benefit packages, as outlined in item #11 under "Permissible Document Alterations," must also include all corresponding ANOCs in a zipped file. This will allow each EOC and all corresponding ANOCs to have a single material identification number. To help identify the zipped ANOCs, organizations must use the following naming convention for all zipped ANOC files: The word "ANOC", followed by an underscore, followed by Contract Number (not the "Y" number), followed by an underscore, followed by the PBP number. For example, ANOC_H1234_001.
7. "No Longer in Use" should not be marked if the material was never distributed and will not be distributed. In this case, a withdrawal or deletion is appropriate. Please consult with your Account Manager (AM)/marketing reviewer.

   "No Longer in Use" should only be used for planned changes (such as an address change) and not a part of the process to resolve errors.

   In cases where the document has been replaced by a newer version, the "No Longer in Use" is appropriate. For example, the ANOC/EOC was distributed for September 30, 2016 receipt date. In November 2016, a mailing address was changed and a new ANOC/EOC was uploaded into HPMS. The "No Longer in Use" is appropriate for the original version (September 30, 2016).

8. The ANOC/EOC should be submitted using the following material submission codes:

Organization/Plan Type	Material Type/Code
All MAOs, PDPs, and Cost Plans operating in both contract years 2016 and 2017; not new PBPs	Combined ANOC/EOC Document (1127)
D-SNPs that choose to send the ANOC (with the Summary of Benefits (SB)) for member receipt by September 30	D-SNP ANOC (1101)
D-SNPs that mailed the ANOC with the SB (above) and choose to send the EOC for member receipt by December 31	Evidence of Coverage - D-SNPs and New PBPs Only (1110)
Organization/Plan Type	**Material Type/Code**
All new PBPs	Evidence of Coverage - D-SNPs and New PBPs Only (1110)

Actual Mail Date Instructions

MAOs, PDPs, and Cost Plans must input the actual mail dates (AMDs) in HPMS within 15 days of mailing. For instructions on technical aspects of submitting, refer to the Update Material Link/Function section of the Marketing Review Users Guide in HPMS. When inputting the AMDs, please note the following requirements:

1. Enter the AMDs for ANOC/EOC mailings to existing enrollees. (Do not enter AMDs for October 1, November 1, or December 1 effective enrollment dates. Do not enter AMDs for January 1 effective enrollment dates of new members.)
2. If a renewing PBP has no existing enrollees, input the submission date as the AMD and enter "1" for number of beneficiaries. HPMS does not accept "0" in the #Beneficiaries field.
3. If another version, (e.g., non-English) was submitted as an Alternate Format for the purpose of making it available upon the enrollee's request, input the submission date as the AMD and enter "1" for number of beneficiaries. HPMS does not accept "0" in the #Beneficiaries field.
4. If both the original (English) and alternate versions are mailed, enter the AMD and number of beneficiaries in the corresponding material submission. This is applicable to MAOs, PDPs, and Cost Plans that maintain a list of enrollees who have requested to receive an alternate version instead of the English version.
5. If all mailed documents are in the alternate format, MAOs, PDPs, and Cost Plans should input the submission date as the AMD for the English version and enter "1" for number of beneficiaries. HPMS does not accept "0" in the #Beneficiaries field.
6. If the ANOC/EOC is updated to mirror Medicare cost-sharing amounts (see below) and submitted as an Additional Service Area/Low Income Subsidy (SA/LIS) Submission,

input the status date as the AMD and enter "1" for number of beneficiaries. HPMS does not accept "0" in the #Beneficiaries field.

7. If an ANOC/EOC was replaced by a newer version (see item #7 under "HPMS Submission Instructions"), MAOs, PDPs, and Cost Plans should input the AMD for the resubmitted material. HPMS does not accept AMDs that are prior to the material submission date; therefore, MAOs, PDPs, and Cost Plans should input the resubmission date as the new AMD and enter the number of mailings. Once the AMD information has been entered, MAOs, PDPs, and Cost Plans should provide their AMs with the correct AMD so they can correct the AMD in the system.

Additional SA/LIS Submission Instructions

As stated in the User's Guide, HPMS restricts submissions of materials that have a "Y" in the plan designation column in the Marketing Code Lookup to one document per Plan Benefit Package (PBP). Although the SA/LIS functionality is available to account for the restriction of one document per PBP, it should **only** be used in the following two scenarios:

1. After the initial submission, upload additional versions (*not* corrections) of the ANOC/ EOC.
2. After updating the ANOC/EOC to the current year's Medicare amounts, if the MAOs and Cost Plans mirror the Medicare amounts for enrollee cost sharing.

Mailing the Documents

1. All sections of the standardized ANOC/EOC must be sent in the same envelope. MAOs, PDPs, and Cost Plans are required to send both the formulary and Multi-Language Insert with the ANOC/EOC.
2. The LIS Rider, Summary of Benefits (if applicable), Pharmacy, Provider Directories or a separate notice in lieu of a hard copy directory, may be included with the ANOC/EOC or may be sent separately. Although the LIS Rider may be mailed separately, the LIS Rider must be received no later than September 30 (D SNPs see below item # 6). CMS strongly encourages MAOs, PDPs, and Cost Plans to send the LIS Rider in the same envelope as the ANOC/EOC.
3. MAOs, PDPs, and Cost Plans may include an "opt-in" form in the ANOC/EOC mailing to receive the CY 2018 ANOC/EOC electronically.
4. Unless otherwise directed, no additional plan communications may be included in the mailing.
5. MAOs, PDPs, and Cost Plans are prohibited from highlighting benefits or information regarding upcoming 2017 plan activities in the ANOC/EOC.
6. Below are the required enrollee receipt dates:
    - **MAOs, PDPs, and Cost Plans that do and do not offer Part D** must send the ANOC/EOC for enrollee receipt no later than September 30.

- **D-SNPs** have the option of sending the ANOC with a Summary of Benefits (SB), Multi-Language Insert, and plan formulary for receipt no later than September 30, and the state-integrated EOC and LIS Rider for receipt by December 31. D-SNPs that choose to send a combined ANOC/EOC for enrollee receipt by September 30 are not required to send an SB to current enrollees. D-SNPs that choose to mail the ANOC and EOC at different times are required to send the Multi-Language Insert in the first mailing, and have the option to also include the insert in the second mailing.

Employer-Sponsored Group Plans

MAOs, PDPs, and Cost Plans offering employer-sponsored group plans (including employer/union-only group waiver plans (EGWPs) or individual plans sponsored by employer/union groups) are subject to all applicable Medicare dissemination, disclosure and timing requirements, unless specifically waived or modified. Refer to the Medicare Managed Care Manual (Chapter 9) and the Prescription Drug Benefit Manual (Chapter 12) for more detailed information concerning EGWPs and applicable CMS waivers/modifications. Please note the following employer group waivers/modifications as they relate to the requirements in these combined ANOC/EOC instructions:

1. Materials do not have to be submitted into HPMS. However, they must be made available to CMS upon request.
2. The required ANOC/EOC language may be customized to more clearly describe the benefits available to employer/union group plan enrollees.
3. Materials must reflect the actual premium amount the enrollee pays, including any supplemental coverage and any corresponding employer/union premium subsidization. If the amount the enrollee actually pays is not available, the entity may use the standardized model language in lieu of providing actual premium amounts (e.g., “contact your employer group plan benefit administrator”).
4. CMS has waived/modified applicable timing requirements in certain circumstances, such as when an employer/union group plan has a different open enrollment period from Medicare. In these situations, the combined ANOC/EOC must be received no later than 15 days before the employer/union group plan’s open enrollment period begins.
5. EGWPs do not need to enter the AMD information.