

# **2019 Annual Notice of Change and Evidence of Coverage Standardized Models**

## **Instructions**

Changes to regulations and sub-regulatory guidance have resulted in the Annual Notice of Change (ANOC) and the Evidence of Coverage (EOC) becoming two independent (stand-alone) documents with different delivery requirements and flexibilities. They are no longer a combined document for Contract Year (CY) 2019. The 2019 stand-alone ANOC and stand-alone EOC are standardized models and 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 instructions in the ANOC and the EOC models. CMS may conduct retrospective reviews to ensure adherence to the models.

## **Permissible Alterations**

### **The following are permissible alterations to the models:**

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 Communications and Marketing Guidelines (MCMG) (formerly Medicare Marketing Guidelines) and other CMS guidance.
3. Recreating graphics and/or tables for style and format that meets CMS MCMG 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. 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.

9. Cost Plans offering Part D as a separate and distinct optional supplemental benefit may list the Part D premium amount separately within the ANOC and EOC.
10. Cost Plans not offering Part D benefits should modify or delete all references to Part D benefits and the Part D late enrollment penalty.
11. Multiple benefit packages may be included within one EOC, but must be clearly differentiated from one another to ensure that enrollees easily understand the information for the plan in which they are enrolled.

If multiple benefit packages are included in one EOC, they must be benefit packages for the same plan type and all either offer, or not offer, Part D coverage. Examples:

- a. All MA-only HMOs, or all MA-PD HMOs may be included in one EOC.
- b. An MA-only HMO may 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.

Note: Plans may not combine multiple benefit packages in one ANOC. Each ANOC must be specific to an enrollee's plan.

12. MAOs, PDPs, and Cost Plans sending 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 to these enrollees.

### **Modifications or Deletions of Standardized Language**

**The following are permissible modifications to, or deletions of, the model 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.

### **Submissions to HPMS**

#### **The following are instructions for submitting materials into HPMS:**

1. Unpopulated models may not be submitted into HPMS. Your organization must submit an ANOC (if applicable) and an EOC for each Contract/Plan Benefit Package (PBP) offered and must include 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 and the EOC in every required language using the Alternate Format functionality.
2. If MAOs, PDPs or Cost Plans split the EOC into two or more files (e.g., different files for different sections), all sections must be submitted as one document/file.
3. ANOCs must be submitted as File & Use. EOCs must be submitted as Non-Marketing. ANOCs and EOCs may be distributed immediately following submission in HPMS (no 5-day required waiting period).
4. MAOs, PDPs or Cost Plans that have consolidated plans should include, in one “zipped” file, the ANOCs for both plans for the stand-alone ANOC submission. The zipped file for the stand-alone ANOC submission should be uploaded under the remaining PBP. For example, H0001 is consolidating PBP 001 into PBP 002 for CY2019. One zipped file should be uploaded into HPMS under H0001 PBP 002 for the stand-alone ANOC. This zipped file should have the ANOC for PBP 001 and the ANOC for PBP 002. For consolidated plans, the stand-alone EOC should be submitted for the remaining consolidated plan. Using the example above, the stand-alone EOC, should be submitted for PBP 002.
5. The “No Longer in Use” button should not be selected for ANOC and EOC submission. A new “replacement” functionality will be available for plans to submit updated materials. Details about this will be forthcoming in late spring/early summer of 2018.
6. The ANOC and EOC must be submitted using the following material submission codes:

<b>Material</b>	<b>Code Submission</b>
ANOC (applicable to all renewing PBPs)	1140
EOC (applicable to all PBPs)	1150

### **Input of Actual Mail Dates**

MAOs, PDPs, and Cost Plans must input the actual mail dates (AMDs) in HPMS within 15 days of mailing the ANOC. For instructions on technical aspects of submitting, refer to the Update

Material Link/Function section of the Marketing Review Users Guide in HPMS. When entering the AMDs, please note the following requirements:

1. Enter the AMDs for only the ANOC mailings to existing enrollees. Plans are no longer required to enter AMDs for EOC mailings to new and existing enrollees. (Do not enter AMDs for October 1, November 1, December 1, or January 1 effective enrollment dates.)
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.

#### **Multiple ANOC and EOC Material Versions**

Plans/Part D Sponsors are permitted to use the SA/LIS functionality to upload a different version (not correction) of the original ANOC and EOC material submission. For example, if a plan covers two states, the ANOC and EOC for one state would be submitted as the original submission, and then the SA/LIS functionality would be used to submit the ANOC and the EOC for a second state.

The initial document must be submitted into HPMS before additional versions are submitted under the SA/LIS functionality. Please refer to the HPMS Marketing Module User’s Guide for information on how to submit a document using the SA/LIS functionality.

#### **Medicare Rate Adjustments**

Errata sheets should not be submitted when Plans/Part D Sponsors update the current year’s Medicare amounts to mirror the Medicare amounts for enrollee cost sharing. The updated/replace functionality below should be used to update documents for Medicare FFS rates.

#### **Updated/Replaced ANOC and EOC**

CMS is modifying HPMS to allow for an updated ANOC and EOC to account for changes, such as Medicare FFS rates, changes in policies, and changes in address/phone number. CMS will provide more detailed information in the late spring/early summer of 2018.

## **Mailing Requirements**

1. All Plans/Part D Sponsors and cost plans must send the following for enrollee receipt no later than September 30:
  - Stand-alone ANOC
  - LIS Rider

Note: CMS strongly encourages MAOs, PDPs, and Cost Plans to send the LIS Rider in the same envelope as the ANOC.

2. All Plans/Part D Sponsors and cost plans must provide the EOC (either hard copy or electronically) for enrollee receipt no later than October 15, 2018. Plans have the following options:
  - Send the hard copy EOC with the ANOC
  - Send the hard copy EOC for receipt by October 15, 2018
  - Provide the EOC electronically by October 15, 2018 (see requirement 3)

**Note: Due dates for D-SNPs have changed.** The ANOC is still due for member receipt by September 30, 2018. The EOC must be provided by October 15, 2018. D-SNPs are no longer required to mail the Summary of Benefits with the ANOC, but may do so. D-SNPs must follow the ANOC and EOC mailing instructions provided in this section.

3. If a Plan/Part D Sponsor chooses to deliver the EOC electronically, they must provide a notice (referred to as “Notice”) to enrollees providing them the following information:
  - Notification that the electronic EOC will be available by October 15, 2018
  - State how to access the electronic EOC (e.g. URL address)
  - State how to request a hard copy (e.g. phone number, online link)
  - This Notice can be combined with the notice required when Plans/Part D Sponsors deliver provider directory/pharmacy directories and formularies electronically (as articulated in Chapter 4 and the HPMS memo entitled, “Pharmacy Directories and Disclaimers” August 16, 2016)

Note: CMS recommends that Plans/Part D Sponsors mail the Notice with the ANOC. This will reduce mailing costs and avoid beneficiary communication. Plans/Part D Sponsors should submit the Notice zipped with the EOC in HPMS.

4. October 1, November 1, December 1, and January 1 enrollees must receive both the ANOC and the EOC within ten (10) calendar days from receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later. The ANOC must be sent hard copy. The EOC may be sent either hard copy or via a notification.
5. Plans may provide the Summary of Benefits (SB) with the ANOC.

6. Aside from the Notice and the Summary of Benefits (optional), or unless otherwise directed, no additional plan communications may be included in the mailing.

Other than providing the SB with the ANOC, MAOs, PDPs, and Cost Plans may not highlight benefits or information regarding upcoming 2019 plan activities in the ANOC, the EOC, or the Notice.

### **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 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 waivers/modifications. Please note the following employer group waivers/modifications as they relate to the requirements included in these instructions:

1. ANOC and EOC documents do not have to be submitted into HPMS. However, they must be made available to CMS upon request.
2. The required ANOC and 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 subsidy. If the amount the enrollee actually pays is not available, the organization may use the standardized model language in lieu of providing the actual premium amount (e.g., “contact your employer group plan benefit administrator”).
4. If CMS has waived/modified the timing requirements for mailing the ANOC and EOC, such as when an employer/union group plan has a different open enrollment period from Medicare, both the ANOC and EOC must be received no later than 15 days before the employer/union group plan’s open enrollment period begins.
5. Employer-sponsored group plans do not need to enter AMD information.