



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: September 12, 2018

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

FROM: Kathryn A. Coleman
Director

SUBJECT: Contract Year 2019 Annual Notice of Change and Evidence of Coverage
Submission Requirements and Yearly Assessment

Each year, the Centers for Medicare & Medicaid Services (CMS) analyzes the timeliness and accuracy of Medicare Advantage Organizations' and Part D Sponsors' Annual Notice of Change (ANOC) and the accuracy of their Evidence of Coverage (EOC) documents. The ANOC and EOC provide vital information to enrollees regarding benefits and cost-sharing. CMS expects Medicare Advantage Plans/Part D sponsors to send correct ANOC and EOC documents to enrollees in accordance with 42 C.F.R. §422.111(a), §422.111(d)(2), §423.128(a), §423.128(g)(2), and section 100.4 of the Medicare Communications and Marketing Guidelines (MCMG).

ANOC and EOC Submission

Plans/Part D sponsors must upload ANOC and EOC documents under the correct material types/codes and enter ANOC actual mail dates (AMDs) in the Health Plan Management System (HPMS), as specified in the 2019 ANOC and EOC Standardized Models Instructions released in the July 24, 2018 "Model Notice and Policy Updates" HPMS memo. Please refer to the table in the HPMS Submission Instructions section of the ANOC and EOC Standardized Models Instructions to determine the appropriate submission codes. Organizations may distribute ANOCs and EOCs to their enrollees immediately following their HPMS submission.

Plans/Part D sponsors that choose to deliver the EOC electronically should submit the Notice in HPMS under code 1059 - Notification of Availability of Electronic Materials. HPMS submission instructions for MMPs and Minnesota Senior Health Options D-SNPs are provided below under the "Medicare-Medicaid Plans and Minnesota Senior Health Options D-SNPs" heading.

All Plans/Part D sponsors must populate the new "Related ANOC/EOC Material ID" field when submitting ANOCs and EOCs in HPMS. This field links the ANOC with the corresponding EOC. Plans/Part D sponsors must enter the related EOC material ID(s) for ANOC codes and the related

ANOC material ID(s) for EOC codes. If the related ANOC material has not been entered into the HPMS Marketing Module at the time of the EOC submission, the user may enter PENDING, or NA (when the contract is new, and no ANOC exists) into the field. The same instruction is applicable when the related EOC material has not been entered into HPMS at the time of the ANOC submission. Please refer to the New Material Link/Function section of the Marketing Review Users Guide in HPMS for additional instructions.

Note: Non-English language versions of previously submitted English language versions of the ANOC and EOC do not need to be submitted in HPMS. Please refer to section 90.3 of the MCMG for additional information regarding non-English language and alternate format materials.

Actual Mail Date

Plans/Part D sponsors must input into HPMS the actual mail date (AMD) and the number of recipients of the ANOC within 15 days of mailing. Please remember that Plans/Part D sponsors that send a single mailing to multiple recipients, as allowed in section 100.1 of the MCMG, must ensure that the “# *Beneficiaries*” field reflects the number of recipients of the ANOC, not the number of ANOCs mailed. For instructions on technical aspects of submitting, refer to the Update Material Link/Function section of the Marketing Review Users Guide in HPMS.

Plans/Part D sponsors are no longer required to enter AMDs for EOC mailings. Plans/Part D sponsors must continue to enter AMDs for ANOC mailings to existing enrollees only. AMDs must not be entered for October 1, November 1, December 1, or January 1 effective enrollment dates.

Errata Sheets

Plans/Part D sponsors must conduct a thorough review of their ANOCs and EOCs and use the standardized ANOC and EOC errata models to identify and address inaccuracies. Plans/Part D sponsors must submit their ANOC and EOC erratas by the following dates:

Material	Errata Due By
ANOC (applicable to all renewing PBPs) due by September 30	October 15
EOC (applicable to all PBPs) due by October 15	November 15

As with the ANOC mailings, Plans/Part D sponsors must input the AMD and the number of enrollees affected in HPMS within 15 days of mailing each errata sheet.

Plans/Part D sponsors must submit the errata for review via the New Errata Material Link/Screen in HPMS. Please refer to section 100.4 of the MCMG to determine the appropriate code. For additional information regarding the errata submission process, please refer to the Marketing Review Users Guide in HPMS.

Updated/Replaced ANOC and EOC

If Plans/Part D sponsors update their existing ANOCs and EOCs (e.g., updates to Medicare FFS rates, changes in policies, changes in state Medicaid benefit or policy requirements for MMPs, changes in address/phone number), they must resubmit the updated materials via the “material replacement” functionality in HPMS. For additional information regarding the new functionality, please refer to the Marketing Review Users Guide in HPMS and section 90 of the MCMG.

Note: The “material replacement” functionality may not be used to submit errata sheets.

Compliance

CMS will assess the timeliness of ANOC mailings and the accuracy of ANOCs and EOCs. CMS may take compliance or enforcement actions on late ANOCs, inaccurate ANOCs and EOCs, failure to properly submit documents, and failure to correctly enter AMDs. Please note that errata sheets are not considered self-disclosures. In addition, CMS may also conduct a retrospective review of ANOCs and EOCs, and may issue separate compliance actions for inaccuracies not previously reported by Plans/Part D sponsors.

Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

Medicare-Medicaid Plans (MMPs) and MSHO plans are subject to the above stated requirements and deadlines with the exception of the guidance in the first paragraph under the “ANOC and EOC Submission” heading. MMPs and MSHO plans should review their state-specific review parameters and timeframes for the ANOC, Member Handbook/EOC, and the notice for electronic delivery of the Member Handbook/EOC using the marketing code look-up functionality in the HPMS Marketing Module. MMPs should also consult the recent updates summarized in the August 20, 2018 “Revised Contract Year 2019 Marketing and Beneficiary Communications Guidance for Medicare-Medicaid Plans” HPMS memorandum. MSHO plans should consult the August 20, 2018 “Revised Contract Year 2019 Marketing and Beneficiary Communications Guidance for Minnesota Senior Health Options Plans.”

For technical questions, please contact the HPMS Help Desk, at 1-800-220-2028, or hpms@cms.hhs.gov. For MMP-specific questions, please contact mmcocapsmodel@cms.hhs.gov and copy your contract management team (CMT). For all other questions, please email Lauren Dulay at: lauren.dulay@cms.hhs.gov, and Barbara Gullick at: barbara.gullick@cms.hhs.gov, and copy your Account Manager.