

2020 Annual Notice of Change and Evidence of Coverage Standardized Models

Instructions

The 2020 stand-alone Annual Notice of Change (ANOC) and stand-alone Evidence of Coverage (EOC) are standardized models that 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 and may take compliance actions for failure to adhere 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) and other CMS guidance.
3. Recreating graphics and/or tables for style and format that meets the MCMG and other 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 of the Medicare Managed Care Manual 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. 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 may 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.

11. 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 modifications to, or deletions of, model language CMS expects from MA organizations:

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 Part D benefits, 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 and PDPs benefits that do not include step therapy on any of their Part B or Part D 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.

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.

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 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. To help identify the zipped ANOCs, organizations must use the following naming convention for all zipped ANOC files: the Plan’s/Part D sponsor’s contract or MCE number, (i.e., “H” for MA or Section 1876 Cost Plans, “R” for Regional PPO plans (RPPOs), “S” for PDPs, or “Y” for Multi-Contract Entity (MCE) identifier) followed by an underscore; the PBP number, any series of alpha numeric characters (Plan/Part D sponsor discretion) followed by an underscore; and an uppercase “M” for marketing materials (for example: H0001_001efg456_M or H0001_002_abc123_M).
5. The “No Longer in Use” button should not be selected for ANOC and EOC submissions. Plans must submit updated ANOCs and EOCs via the material replacement function in HPMS.
6. The ANOC and EOC must be submitted using the following material submission codes:

| Material | Code Submission |
|--|------------------------|
| ANOC (applicable to all renewing PBPs) | 1140 |

| | |
|--|------|
| EOC (applicable to all PBPs) - Submission is required in HPMS even though the EOC is a Non-Marketing material. | 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 AMD/Beneficiary 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 material submission date as the AMD and enter “1” for number of beneficiaries. HPMS does not accept “0” in the “#Beneficiaries” field.
3. Plans cannot enter AMDs that are prior to the material submission date or edit existing wave information that was previously entered for the material. Please contact your Account Manager if any edits to previously existing wave dates need to be made or if prior dates need to be entered.

Multiple ANOC and EOC Material Versions

Plans are permitted to upload different versions (not corrections) of ANOC and EOC materials with the original submission in one “zipped” file. For example, if a plan covers two states, the standalone ANOC for both states would be submitted in one “zipped” file as the original submission. Plans may no longer use the SA/LIS functionality for ANOC and EOC submissions.

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 material replacement function should be used to update ANOC and EOC documents for Medicare FFS rates.

Material Replacements

Plans that change their current year ANOCs and EOCs (e.g., error corrections, Medicare FFS rate updates, policy updates) must submit updated materials via the material replacement function in HPMS. Please refer to section 90.2 of the MCMG and the HPMS Marketing Module User’s Guide for additional information regarding the material replacement function.

Note: Plans that submit updated ANOCs and EOCs via the material replacement function to correct errors must also submit erratas for those errors in HPMS. Please refer to the HPMS Memo, “Contract Year 2019 Annual Notice of Change and Evidence of Coverage Submission Requirements and Yearly Assessment,” to determine when erratas should be submitted. Please refer to section 100.4 of the MCMG to determine the appropriate code for errata submissions.

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
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. Plans have the following options:
 - Send the hard copy EOC with the ANOC
 - Send the hard copy EOC for receipt by October 15
 - Provide the EOC electronically by October 15 (see requirement 3)
3. If a Plan/Part D Sponsor chooses to deliver the EOC electronically, they must provide the Notification of Availability of Electronic Materials (referred to as “Notice”) to enrollees providing them with the following information:
 - Notification that the electronic EOC will be available by October 15
 - State how to access the electronic EOC (e.g., URL address)
 - State how to request a hard copy (e.g., phone number, online link)

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

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 of the Medicare Managed Care Manual and the HPMS memo entitled, “Pharmacy Directories and Disclaimers” August 16, 2016).

4. See below for due dates for enrollees with enrollments effective October 1, November 1, December 1, and January 1.

| Enrollee Effective Date | Current Year EOC (hard copy or notice) | Upcoming Year ANOC (hard copy only) | Upcoming Year EOC (hard copy or notice) |
|--------------------------------|---|---|---|
| October 1 | 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 | 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 | October 15 |
| November 1 and December 1 | 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 | 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 | 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 |
| January 1 | N/A | N/A | 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 |

- Plans/Part D Sponsors may include the following in the ANOC mailing: the Notice, Summary of Benefits, Provider Directory, Pharmacy Directory, EOC, LIS Rider, the formulary, and a form allowing enrollees to “opt-in” to receiving their upcoming ANOC and EOC via e-mail. Unless otherwise directed, no additional plan communications may be included in the mailing.

Other than providing the SB with the ANOC, Plans/Part D Sponsors may not highlight benefits or information regarding upcoming 2020 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 Chapter 9 of the Medicare Managed Care Manual and Chapter 12 of the Prescription Drug Benefit Manual 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.