

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: August 14, 2015

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 2016 Annual Notice of Change/Evidence of Coverage Submission Requirements and Yearly Assessment

The Centers for Medicare & Medicaid Services (CMS) conducts an annual analysis of the timeliness and accuracy of the Annual Notice of Change/Evidence of Coverage (ANOC/EOC) documents. The ANOC/EOCs provide vital information to enrollees regarding benefits and cost-sharing. CMS expects Plans/Part D Sponsors to send correct ANOC/EOCs to enrollees on time and in accordance with 42 C.F.R. §422.111(a), §422.111(d)(2), §423.128(a) and the Medicare Marketing Guidelines Section 60.7.

It is imperative that Plans/Part D Sponsors submit ANOC/EOC documents under the correct material type/code and enter actual mail dates in the Health Plan Management System (HPMS), as specified by CMS. Refer to the 2016 ANOC/EOC Standardized Models Instructions (HPMS memo dated May 12, 2015, Subject: Issuance of Contract Year 2016 Model Materials).

Actual Mail Date

Plans/Part D Sponsors must input the actual mail date (AMD) in HPMS within 15 days of mailing. In addition, please include:

- The actual mail date of all documents sent electronically to enrollees; and
- A count of the total number of enrollees within the household when entering “#Beneficiaries”

Errata Sheets

Plans/Part D Sponsors must conduct a thorough review of their ANOC/EOC documents and use the standardized ANOC/EOC errata model to identify all inaccuracies. For further information on errata sheets, refer to HPMS memo dated September 2, 2014 (Subject: ANOC/EOC Errata Sheet Reminder and Additional Guidance).

As necessary, submit the errata for review via the New Errata Material Link/Screen in HPMS under Errata Model - ANOC/EOC (1125). Upload a zipped file that includes the errata material and the corrected version of the original document. For example, a Plan/Part D Sponsor that finds an error in the EOC should submit the errata and corrected EOC document in one zip file. Do not submit a revised ANOC/EOC as a new material or as an additional SA/LIS submission.

Plans/Part D Sponsors that are required to send the ANOC/EOC for enrollee receipt by September 30 must submit their errata by **October 31, 2015**. Cost plans that do not offer Part D benefits and D-SNPs that opt to separate the ANOC from the EOC must submit the errata by **January 15, 2016**. As with the ANOC/EOC mailings, Plans/Part D Sponsors must input the AMD in HPMS within 15 days of mailing the errata sheets.

Please note that errata sheets are not generally considered self-disclosures as Plans/Part D Sponsors must review ANOC/EOCs and submit the errata to CMS.

Compliance

CMS will assess the timeliness of mailings and review the errors in the ANOC/EOCs, including an analysis to determine if all enrollees received required notification. Failure to properly submit documents and correctly enter AMDs may result in compliance actions. Moreover, CMS may take compliance actions, from notices of non-compliance to civil monetary penalties, for late mailings and/or inaccurate documents. CMS will also conduct a retrospective review of ANOC/EOCs, and may issue separate compliance actions for inaccuracies not previously identified by the Plan/Part D Sponsor.

Medicare-Medicaid Plans

Medicare-Medicaid Plans (MMPs) are subject to the above stated requirements and deadlines. MMPs should review their state specific instructions for submission codes.

For technical questions, call the HPMS Help Desk. For MMP-specific questions, contact Vanessa Duran at vanessa.duran@cms.hhs.gov and copy your Account Manager. For all other questions, email Marie Gutierrez at marie.gutierrez1@cms.hhs.gov and copy your Account Manager.