

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid  
Services Center for Medicare  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

DATE: August 17, 2017

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 2018 Annual Notice of Change/Evidence of Coverage  
Submission Requirements and Yearly Assessment

Each year the Centers for Medicare & Medicaid Services (CMS) analyzes the timeliness and accuracy of organization's 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 organizations to send correct and timely ANOC/EOCs 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 60.6 of the Medicare Marketing Guidelines (MMG).

Organizations must submit ANOC/EOC documents under the correct material type/code and enter actual mail dates in the Health Plan Management System (HPMS), as specified in the May 16, 2017 "Issuance of Contract Year 2018 Model Materials" HPMS memo.

**ANOC/EOC Submission**

We have noted that, for 2017 submissions, some organizations submitted ANOC/EOCs under the wrong material type/code. Please refer to the table in the HPMS Submission Instructions section of the ANOC/EOC Standardized Models Instructions to determine the appropriate code.

**Actual Mail Date**

Organizations must input the actual mail date (AMD) and the number of enrollees that received the documents in HPMS within 15 days of mailing. Organizations may send a single mailing to multiple recipients at the same address, as allowed in Section 30.7.1 of the MMG. However, organizations must enter the number of recipients, not the number of ANOC/EOCs mailed when entering the "#beneficiaries" field in the AMD section.

In 2017, Organizations failed to enter AMDs into HPMS within the required timeframe and failing to enter AMDs for ANOC/EOC mailings to existing enrollees only. Please reference the Marketing Review Users Guide for additional AMD submission instructions.

Organizations are reminded to enter AMDs for ANOC/EOC 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**

Organizations must review their ANOC/EOCs and use the standardized ANOC/EOC errata model to identify and address inaccuracies. Organizations must submit their ANOC/EOC erratas by the following dates:

<b>ANOC/EOC Due Date</b>	<b>Errata Due By</b>
Combined ANOC/EOCs due by 9/30/17	10/31/17
Stand-Alone ANOCs (D-SNPs) due by 9/30/17	10/31/17
Stand-alone EOCs (D-SNPs) due by 12/31/17	1/15/18

As with the ANOC/EOC mailings, organizations must input the AMD and the number of enrollees affected in HPMS within 15 days of mailing the errata sheets.

As necessary, organizations must submit the errata for review via the New Errata Material Link/Screen in HPMS under Errata Model - ANOC/EOC (1125). Organizations must upload a zipped file that includes the populated standardized ANOC/EOC errata model and the corrected version of the original ANOC/EOC. For example, an organization that finds an error in the EOC must submit the errata and corrected EOC in one zip file. This means that the revised ANOC/EOC must not be submitted as a new material or as an additional SA/LIS submission. Additional information regarding the errata submission process may be found in the ANOC/EOC errata submissions training (URL: <https://youtu.be/LuAHqb4VFWw>) and the Marketing Review Users Guide in HPMS.

### **Compliance**

CMS may take compliance or enforcement actions on late and inaccurate ANOC/EOCs, failure to properly submit documents, and failure to correctly enter AMDs. Please note that errata sheets are not considered self-disclosures because CMS requires organizations to review their ANOC/EOCs and submit an errata to CMS. In addition, CMS may also conduct a retrospective review of ANOC/EOCs, and may issue separate compliance actions for inaccuracies not previously reported by organizations.

### **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 and recent updates summarized in the June 20, 2017 “Updates to the HPMS Marketing Module and Marketing Codes for Medicare-Medicaid Plans” HPMS memo.

For technical questions, please contact the HPMS Help Desk, at 1-800-220-2028, or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). For MMP-specific questions, please contact Vanessa Duran, at [vanessa.duran@cms.hhs.gov](mailto:vanessa.duran@cms.hhs.gov) and copy your AM. For all other questions, please email Lauren Dulay, at [lauren.dulay@cms.hhs.gov](mailto:lauren.dulay@cms.hhs.gov), and Barbara Gullick, at [barbara.gullick@cms.hhs.gov](mailto:barbara.gullick@cms.hhs.gov), and copy your AM.