

High Level Summary of Revisions from 2009 ANOC/EOC version to Draft of CY2010 ANOC/EOC

For 2009, CMS required plan sponsors to mail the ANOC/EOC together by October 31 to ensure their members received comprehensive information about their healthcare options in advance of the Annual Election Period. To create these materials, sponsors are required to use the standardized language of the model document. The 2009 model document included text variations for all types of Medicare advantage plans, using color coding to identify which standardized text to use for which types of plans. For 2010 CMS conducted an assessment of the ANOC/EOC for improvement through listening sessions with plan representatives and advocacy groups. The document was also consumer tested with beneficiaries through in-depth interviews. Based on the feedback, this year the ANOC/EOC has been re-structured and formatted for ease of use and beneficiary understanding. CMS has separated the EOC into six plan specific models (MA, MA-PD, Cost-based plans, PDP, PPO and PFFS). In re-structuring the 2010 ANOC/EOC there were no sections from the 2009 ANOC/EOC eliminated nor were any new sections added. The requirements for plan sponsors sending the ANOC/EOC will not create additional burden based on the changes. Plan sponsors will still be required to use the standardized language and send to members by October 31. The table below summarizes the revisions made to the contract year for the 2010 ANOC/EOC.

Plan Type/Section	Clarification	Purpose of Clarification	Change/Reason	Burden Estimate
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to industry and Beneficiary feedback	Beneficiary understanding of benefits and services	Throughout document plain language has been included to ensure beneficiary understanding and use.	None
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to Industry and Beneficiary feedback	Beneficiary understanding of benefits and services	Throughout document content in each section has been revised with shorter sentences and paragraphs to make it easier for beneficiaries to understand and use.	None
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to Industry and Consumer feedback	Beneficiary understanding of benefits and services	Throughout the document brief introductions have been added before each section	None
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to Industry and Beneficiary feedback	Table of Content	Expanded table of content to provide beneficiary with detailed information that will be provided in each section.	None

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Plan Type/Section	Clarification	Purpose of Clarification	Change/Reason	Burden Estimate
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to Industry and Beneficiary feedback	Beneficiary understanding of benefits and services	Throughout document navigation and visual aids have been included to assist the reader with finding the information and enhance beneficiaries' understanding of content.	None
MA, MA-PD, PDP, Cost, PPO and PFFS, Chapter 1	Response to CMS SME	Clarified eligibility requirements	Clarified eligibility requirements for enrollment into the plan and corrected typos	None
MA, MA-PD, PDP, Cost, PPO and PFFS, Chapter 4	Response to CMS SME	Clarified and updated policy Medical benefits chart	Clarified and updated medical benefits chart to reflect policy updates. Clarified DME coverage, hospitalization, diabetes self monitoring and prosthetic devices.	None
MA, MA-PD, PDP, Cost, PPO and PFFS, Chapter 8	Response to CMS SME	Clarified members rights and responsibilities	Clarified and updated members rights and responsibilities. Updated sections on protecting personal information, provided clarification on how to file a complaint.	None
MA, MA-PD, PDP, Cost, PPO and PFFS, Chapter 9	Response to CMS SME	Coverage decisions, appeals complaints	Clarified process for coverage decisions and appeals. Clarified Part D appeals process. Clarified independent review organization. Revised section to reflect applicable policy.	None
MA-PD, PDP, Chapter 5	Response to CMS SME	Prescription Drug Coverage	Clarified and updated requirements for prescription drug coverage. Deleted duplicate information. Clarified over the counter drugs, how to file an exception, drug changes, clarified costs for covered services or	None

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Plan Type/Section	Clarification	Purpose of Clarification	Change/Reason	Burden Estimate
			drugs	
Entire document, MA, MA-PD, PDP, Cost, PPO and PFFS	Response to CMS SME	Global comments	Provided edits and updates to definitions and use of the term Medicare	None
MA, MA-PD, PDP, Cost, PPO and PFFS, Chapter 2	Response to CMS SME	Provider directory	Clarified requirements on use of provider directory. Network requirements and coverage when a provider leaves the plan.	None