

Summary of comments and CMS responses

We received 19 comments on the PRA package from individual Medicare Advantage organizations (MAOs) as well as from associations that represent MAOs, individual health plans and beneficiaries.

Many commenters representing the health plans complained that the proposed required templates for the Explanation of Benefits (EOB) were too long, included information that was not needed by beneficiaries, that the requirement was burdensome to plans and that the deadline for implementation would not allow enough time for them to make needed changes to their systems to generate the reports. Additional comments addressed issues specific to particular contracting arrangements, template graphics and questions about individual billing scenarios.

The comments from beneficiary advocacy groups supported CMS efforts to provide the information to beneficiaries enrolled in Medicare Advantage plans.

As may be seen in attached crosswalk, in response to comments, we shortened the templates by removing two sections. One section was deemed to include information that was not needed and information from the second section was incorporated into other sections. We clarified and streamlined the presentation of the information and modified some of the language to be more beneficiary-friendly. We were able to retain all relevant cost and payment information, including that explaining beneficiary appeal rights.