For the 2015 contract year, based on feedback from CMS subject matter experts (SMEs), the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) templates have been revised to reflect policy changes and reformatted. The ANOC/EOC is separated into nine plan specific models (Cost-based plans, D-SNP, HMO-MA, HMO-MAPD, MSA, PDP, PFFS, PPO-MA, and PPO-MAPD). For the 2015 ANOC/EOC, no sections from the prior ANOC/EOC were eliminated nor were any new sections added. The changes will not result in additional burden. Plan sponsors will still be required to use the standardized language and send the ANOC/EOC to members by September 30, 2014. The table below summarizes the proposed revisions.

# Plan Type: Changes to all ANOC templates

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In ANOC, included placeholders for 2015 initial coverage limit (ICL) and 2015 out-of-pocket threshold amounts. |
| CMS | Section 7 | In ANOC, added information on the AIDS Drug Assistance Program (ADAP). |

# Plan Type: Changes to all EOC templates

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In EOC, included placeholders for 2015 ICL and 2015 out-of-pocket threshold amounts. |
| CMS | Chapter 1, Section 2.2 | In EOC, updated the phrase “institutional providers” with “services provided by hospitals (for inpatient services, skilled nursing facilities, or home health agencies).” |

# Plan Type: All MA and Cost Plan Templates

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Section 2.3 (ANOC); Chapter 3, Section 2.3 (EOC) | In both ANOC and EOC, included language under changes to the provider network clarifying that the provider network may change during the year. |
| CMS | All | In both ANOC and EOC, added language indicating that a late enrollment penalty (LEP) may apply for beneficiaries losing eligibility for low income subsidy (LIS). |
| CMS | Summary of Important Costs Table | In ANOC, added description of what constitutes an inpatient hospital stay. |
| CMS | Medical Benefits Chart | In EOC, added language clarifying what constitutes a day in the hospital with regards to copayments. |
| CMS | Medical Benefits Chart | In EOC, updated cost-share/deductibles to reflect $0 cost-share/deductible for select preventive services.  |
| CMS | Medical Benefits Chart | In EOC, revised inpatient hospital care and inpatient mental health care with instructions to include the plan-defined benefit period. |
| Public Comment | Medical Benefits Chart | In EOC, added instructions that plans must make it clear to enrollees (in the sections where enrollee cost sharing is shown) whether their hospital copays or coinsurance apply on the date of admission and/or on the date of discharge. |
| CMS | Medical Benefits Chart | In EOC, added deductible to cost-sharing categories. |
| CMS | Chapter 4, Section 2.1 | In EOC, added language accounting for plans being unable to provide up-to-date information on benefits for which the plan uses Medicare amounts for member cost-sharing in their approved bid. |
| CMS | Chapter 4, Section 2.1 | In EOC, added language stating that there is no cost-sharing for select preventive services.  |
| CMS | Chapter 4, Section 2.3 | In EOC, refined language that visitor/traveler coverage is applicable to “less than” rather than “up to” 12 months. |
| CMS | Chapter 4, Section 3.1 | In EOC, updated language describing supplemental benefits. |
| CMS | Chapter 12 | In EOC, added definition for Hospice Care. |

# Plan Type: All Part D

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In both ANOC and EOC, replaced language discussing “preferred/non-preferred pharmacies” to “pharmacies with preferred cost-sharing/ pharmacies with standard cost-sharing.” |
| CMS | Section 2.3 (PDP) / Section 2.6 (Other Part D) | In ANOC, removed subsection, “Changes to Mail-Order Services.”  |
| CMS | Section 2.3 (PDP) / Section 2.6 (Other Part D)  | In ANOC, revised language to reflect that changes could be made to the drug list if a drug has been withdrawn from the market by either the FDA or a product manufacturer. |
| CMS | Section 2.3 (PDP) / Section 2.6 (Other Part D)  | In ANOC, deleted language regarding changes to copayments in the initial coverage stage for less than a full month’s supply of drugs. |
| CMS | Chapter 1, Sections 4.1 and 4.2; Chapter 6, Section 10.1; Chapter 8, Section 10.1; and Chapter 10, Section 2.3 (Other Part D only for all references) | In EOC, added that failure to pay the LEP would result in a loss of prescription drug coverage. |
| CMS | Chapter 1, Section 4.1 | In EOC, added income related monthly adjustment amounts (IRMAA) definition. |
| CMS | Chapter 2, Section 7 | In EOC, added information on ADAPs. |
| CMS | Chapter 3, Section 5.2 (PDP) / Chapter 5, Section 5.2 (Other Part D) | In EOC, updated language regarding coverage for a temporary supply of drugs. |
| CMS | Chapter 3, Section 1.2 (PDP) / Chapter 5, Section 1.2 (Other Part D) | In EOC, removed network provider restriction to provide Part D prescriptions. |
| CMS | Chapter 3, Section 2.2 (PDP) / Chapter 5, Section 2.2 (Other Part D) | In EOC, added instructions to consult the Pharmacy Directory in order to find network pharmacies with preferred cost-sharing.  |
| CMS | Chapter 3, Section 2.3 (PDP) / Chapter 5, Section 2.3 (Other Part D) | In EOC, updated instructions regarding auto-delivery of mail-order prescription drugs. |
| CMS | Chapter 3, Section 5.2 (PDP) / Chapter 5, Section 5.2 (Other Part D) | In EOC, added instructions for members when a drug is not on the plan’s formulary. |
| CMS | Chapter 3, Section 5.2 (PDP) / Chapter 5, Section 5.2 (Other Part D) | In EOC, updated language on obtaining prescription drugs for new plan members in a long term care (LTC) facility. |
| CMS | Chapter 3, Sections 5.2 and 9.2 (PDP) / Chapter 5, Sections 5.2 and 9.2 (Other Part D) /  | In EOC, revised language to reflect updated LTC policy. |
| CMS | Chapter 3, Sections 5.2 and 9.2 (PDP) / Chapter 5, Sections 5.2 and 9.2 (Other Part D)  | In EOC, replaced the term “first supply” with “total supply.” |
| CMS | Chapter 3, Sections 5.2 and 9.2 (PDP) / Chapter 5, Sections 5.2 and 9.2 (Other Part D)  | In EOC, revised language for receiving a temporary supply of covered drugs.  |
| CMS | Chapter 3, Section 7.1 (PDP) / Chapter 5, Section 7.1 (Other Part D)  | In EOC, removed the statement that barbiturates are excluded from Part D coverage. |
| CMS | Chapter 3, Section 10.2 (PDP) / Chapter 5, Section 10.2 (Other Part D) | In EOC, updated instructions for accessing medication therapy management (MTM) programs. |
| CMS | Chapter 3, Section 10.2 (PDP) / Chapter 5, Section 10.2 (Other Part D) | In EOC, added language on scheduling a medical review. |
| CMS | Chapter 4, Sections 5.2 and 5.4 (PDP) / Chapter 6, Sections 5.2 and 5.4 (Other Part D) | In EOC, revised headings in benefits charts illustrating prescription drug costs. |
| CMS | Chapter 4, Section 10.1 and Chapter 10 (PDP) / Chapter 6, Section 10.1 and Chapter 12 (Other Part D)  | In EOC, removed statements that beneficiaries receiving “Extra Help” will not pay an LEP if they go without creditable coverage.  |
| CMS | Chapter 6, Section 9.1 (Other Part D only) | In EOC, revised language regarding cost-sharing for a Part D vaccination shot. |
| CMS | Chapter 10 (PDP) / Chapter 12 (Other Part D) | In EOC, updated definition for ICL |

# Plan Type: D-SNP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Introduction, and Sections 1 and 4.1 | In ANOC, removed language references that changes in enrollment must be made “by December 31.”  |
| CMS | Section 5 | In ANOC, added language regarding the deadline for changing plans. |
| CMS | Chapter 1, Section 7.1 | In EOC, removed instruction that dual eligibles can enroll in a Medigap plan. |
| CMS | Chapter 7, Section 1.1 | In EOC, added instructions and variable text to clarify that plans can delete the reference to Chapter 4 if that Chapter has been deleted. |

# Plan Type: Cost Plan

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Chapter 1, Section 2.1 | In EOC, modified language defining eligibility requirements. |
| CMS | Chapter 1, Section 4.2 | In EOC, modified instruction for ways beneficiaries can pay the plan premium. |

# Plan Type: MSA

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Chapter 1, Section 4.1 | In EOC, removed header “In some situations, your plan premium could be more.” |
| CMS | Chapter 8, Section 2.1 | In EOC, added additional option for changes beneficiaries can make during the Annual Enrollment Period (AEP).  |
| CMS | Chapter 8, Section 6.1 | In EOC, removed reference to plans with grandfathered members. |

# Plan Type: PFFS

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Chapter 1, Section 4.1 | In EOC, added instructions for MA-only plans to omit LEP guidance.  |
| CMS | Chapter 3, Section 1.2 | In EOC, modified billing instructions. |
| CMS | Chapter 10, Section 2.3 | In EOC, removed instruction for MA-only plans to remove the reference to “Extra Help.” |

# Plan Type: MAPD

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Chapter 10, Section 2.1 | In EOC, added instructions for Institutional-Special Needs Plans (I-SNPs). |