

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.

Clarification Requested By	Chapter/Section	Change/Reason
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.

Clarification Requested By	Chapter/Section	Change/Reason
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).