For the 2018 contract year, based on public comments from the Paperwork Reduction Act (PRA) and 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 simplify information for plan members. 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). 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, 2017. The table below summarizes the proposed revisions from both 60 and 30-day FR comments.

# Plan Type: Changes to all ANOC Templates

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| Public Response | ANOC | In ANOC, replaced the section “Think about Your Medicare Coverage for Next Year” with a “What to do now” checklist. |
| CMS | Additional Resources | In ANOC, updated additional resources based on Section 1557 of the Affordable Care Act language tagline requirements. |
| Public Response | Section 2 | In ANOC, added language to address when there are no premium changes from year to year. |
| CMS | Section 3 | In ANOC, changed section title from “Other Changes” to “Administrative Changes.” |
| 30-day FR |  |  |
| Public Response | Section 7 (MAPD, Cost Plan, PFFS, MSA, MA, PDP) Section 8 (D-SNP) | In ANOC, revised language to clarify “Extra Help” coverage. |
| Public Response | Section 1 | In ANOC, added language about members’ option to change plans if they are eligible for Low Income Subsidies. |
| Public Response | All | In ANOC, replaced the term “enrollee(s)” with “member(s).” |

# Plan Type: Changes to all EOC Templates

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In EOC, updated language based on Section 1557 of the Affordable Care Act language tagline requirements and nondiscrimination notice. |
| Public Response | Chapter 1, Section 2.1 | In EOC, added language to clarify plan eligibility for grandfathered members who lived outside the service area prior to January 1999. |
| CMS | All | In EOC, added “and days and hours of operation” to contact information. |
| 30-day FR |  |  |
| Public Response | All | In EOC, replaced the term “enrollee(s)” with “member(s).” |
| Public Response | Cover Page | In EOC, updated the year from 2018 to 2019 to reflect when plan benefits may change. |
| Public Response | Chapter 1, Section 3.1 | In EOC, added language instructing members to show their Medicaid card to providers |
| Public Response | Chapter 2, Section 5 | In EOC, added “and lawful permanent residents” to clarify who is eligible for Medicare. |
|  |  |  |

# Plan Type: All Part D

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In EOC, added "Part D" in front of instances of “late enrollment penalty.” |
| CMS | Section 2.3 (PDP)  Section 2.6 (Other Part D) | In ANOC, clarified language for pharmacies that provide preferred cost-sharing. |
| Public Response | Section 2.3 (PDP)  Section 2.6 (Other Part D) | In ANOC, clarified language related to coverage of a one-time, temporary supply of non-formulary drugs to avoid a gap in therapy. |
| CMS | Chapter 1, Section 4.1  *(Now Chapter 1, Section 7)* | In EOC, added section header “More information about your monthly premium.” |
| Public Response | Chapter 1, Section 4.3  *(Now Chapter 1, Section 7.2)* | In EOC, clarified information related to the “Extra Help” program. |
| Public Response | Chapter 2, Section 7 | In EOC, updated language from “branded drugs” to “brand name drugs.” |
| Public Response | Chapter 3, Section 5.3 (PDP)  Chapter 5, Section 5.3 (Other Part D) | In EOC, updated language related to tiering exceptions. |
| Public Response | Chapter 4, Sections 10 & 11 (PDP) Chapter 6, Sections 10 & 11 (Other Part D) | In EOC, moved Part D late enrollment penalty and income sections to plan premium section in Chapter 1. |
| CMS | Chapter 7, Section 5 (PDP)  Chapter 9, Section 6 (Other Part D) Chapter 9, Section 7 (D-SNP) | In EOC, updated language to allow plans with a formulary structure to omit tiering exception information. |
| CMS | Chapter 8, Section 2.2 (PDP) Chapter 10, Sections 2.3 and 3.1 (Other Part D) | In EOC, updated information for potential payment of a Part D late enrollment penalty. |
| 30-day FR |  |  |
| Public Response | Section 2.1 (ANOC) | In ANOC, removed language about monthly plan premium |
| Public Response | Section 2.6 (ANOC) | In ANOC, revised language about “Low Income Subsidies” to be more direct and relevant to members. |

# Plan Type: All except PDP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | All | In EOC, modified language to simplify information about durable medical equipment (DME). |
| Public Response | Chapter 1, Section 3.2 | In EOC, added language to clarify the reference to durable medical equipment (DME) suppliers. |
| Public Response | Chapter 3, Section 5.1 | In EOC, revised language for participation in a clinical research study. |
| Public Response | Medical Benefits Chart | In EOC, clarified header to read “Inpatient stay: Covered services received in a hospital or SNF during a non-covered inpatient stay.” |
| Public Response | Medical Benefits Chart | In EOC, revised language on preventive screening and services. |
| Public Response | Medical Benefits Chart | In EOC, clarified language related to partial hospitalization. |
| CMS | Medical Benefits Chart | In EOC, added language in the Vision care section to clarify screening benefits and populations at high risk for glaucoma. |
| CMS | Medical Benefits Chart | In EOC, clarified language on world-wide emergency care. |
| CMS | Chapter 4, Section 2;  Chapter 12 | In EOC, updated list of durable medical equipment (DME) examples and included abbreviation where appropriate. |
| Public Response | Chapter 4, Section 3.1 | In EOC, added instructions for plans to reorder excluded services alphabetically, if they wish. |
| 30-day FR |  |  |
| Public Response | Medical Benefits Chart;  Chapter 10 (MSA, MA);  Chapter 12 (MAPD, D-SNP, Cost Plan, PFFS) | In EOC, removed language for plans with no network providers. |
| Public Response | ANOC Section 4.2 (MAPD, Cost Plan, PFFS, MSA, MA);  ANOC Section 5.2 (D-SNP) | In ANOC, removed reference about buying a Medicare supplement (Medigap) policy. |
| Public Response | Medical Benefits Chart | In EOC, removed language about preventive screenings and services in the Outpatient hospital services section. |
| Public Response | Medical Benefits Chart | In EOC, replaced “pay for” with “cover” in the Vision care section. |
| Public Response | Chapter 9, Section 7.3 (MAPD, Cost plan, PFFS);  Chapter 7, Section 6.3 (MSA, MA);  Chapter 9, Section 8.3 (D-SNP) | In EOC, removed the word “that” from a sentence referencing paying for coverage limitations |
| CMS | Medical Benefits Chart | In EOC, added information about the Medicare Diabetes Preventive Program (MDPP). |

# Plan Type: All except Cost Plan and PDP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Additional Resources | In ANOC, revised language to simplify minimum essential coverage (MEC) information. |
| CMS | Chapter 2, Section 2  *(Now Chapter 1, Section 1.1)* | In EOC, moved MEC section to the beginning of Chapter 1: Getting started as a member. |

# Plan Type: All except MSA and PDP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Section 2.3 (ANOC);  Chapter 3, Section 2.3 (EOC) | In ANOC and EOC, replaced “When possible” with “good faith effort.” |
| Public Response | Chapter 3, Section 3.3 | In EOC, added language to clarify use of out-of-network providers during a disaster. |
| CMS | Chapter 4, Section 2.1 | In EOC, revised language to require cost-sharing amounts. |
| Public Response | Medical Benefits Chart | In EOC, replaced the term “beneficiaries” with “members.” |

# Plan Type: All except MSA, MA, and PDP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| Public Response | Throughout EOC | In EOC, revised language addressing loss of the “Extra Help” subsidy. |

# Plan Type: D-SNP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Checklist | In ANOC, removed references to the annual enrollment period. |
| CMS | About Section | In ANOC, added language for written agreements with Medicaid. |
| CMS | All | In both ANOC and EOC, added language to clarify cost-sharing responsibilities for members who are eligible for Medicare cost-sharing assistance under Medicaid. |
| CMS | Section 1 | In ANOC, added language about obtaining prescription drug coverage through a Prescription Drug Plan. |
| CMS | Section 2.6 | In ANOC, modified language related to the Coverage Gap Stage and the Catastrophic Coverage Stage. |
| CMS | Section 4 | In ANOC, added optional section for “Changes to your Medicaid benefits.” |
| CMS | Section 4.2 | In ANOC, modified language about joining Medicare and for automatic enrollment. |
| CMS | Section 6 *(now Section 7)* | In ANOC, added section for Medicaid contact information. |
| CMS | Chapter 1, Section 2.1 | In EOC, updated language for special eligibility requirements. |
| CMS | Chapter 1, Section 3.2 | In EOC, added option in network provider section to insert other applicable provider types. |
| CMS | Chapter 1, Section 3.4 | In EOC, modified language related to the Drug List. |
| CMS | Chapter 2, Section 7 | In EOC, removed Medicare Coverage Gap Discount Program section. |
| CMS | Chapter 3, Section 1.1 | In EOC, revised a network provider sentence to reflect the possibility of paying nothing. |
| CMS | Chapter 4, Section 1.6 | In EOC, updated language to address zero cost-share plans that include members who pay Part A and Part B services. |
| CMS | Chapter 4, Section 2.1 | In EOC, added additional text about the State Medicaid Agency Contract and Medicare cost-sharing amounts. |
| CMS | Chapter 4, Section 2.1 | In EOC, added “or other Medicaid-only” to clarify that the plan may cover benefits beyond the ones mentioned. |
| CMS | Chapter 4, Section 2.1 | In EOC, added additional information about coverage differences between Medicare and Medicaid. |
| CMS | Chapter 4, Section 2.1 | In EOC, clarified instructions about adding Medicaid-only benefits for plans that offer fully or partially integrated benefits. |
| CMS | Chapter 4, Section 3.1 | In EOC, added a section to include services covered (or not covered) by Medicaid, as applicable. |
| CMS | Chapter 10, Section 3.1 | In EOC, updated language about when beneficiaries may enroll in a new Medicare plan and when coverage begins. |
| CMS | Chapter 10, Section 3.1 | In EOC, updated language on who to contact about Medicaid benefits. |
| 30-day FR |  |  |
| Public Response | Chapter 1, Section 3.2 | In EOC, added variable language to allow the option to include examples of “Medicare-specific” provider types. |
| Public Response | Section 9.3 (ANOC) | In ANOC, revised language to include option to add Medicaid managed care plan name and contact information. |
| CMS | Section 2.2 (ANOC) | In ANOC, added variable language to clarify that Medicaid beneficiaries are not responsible for deductibles and copayments. |

# Plan Type: MSA

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Page 1, Checklist | In ANOC, removed section about prescription drug coverage. |
| CMS | All | In ANOC, removed language about provider networks. |
| CMS | Chapter 8, Section 2.2 | In EOC, clarified language for ending membership in “limited” situations. |

# Plan Type: MAPD

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Chapter 1, Section 2.1;  Chapter 4, Section 2.1 | In EOC, added language for I-SNPs and C-SNPs to clarify eligibility. |

# Plan Type: PPO MA

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| CMS | Medical Benefits Chart | In EOC, added information about limited durable medical equipment brands. |

# Plan Type: All except D-SNP, MSA, and PDP

| **Clarification Requested By** | **Chapter/Section** | **Change/Reason** |
| --- | --- | --- |
| Public Response | Chapter 4, Section 1.1 | In EOC, revised language to clarify Medicaid and the Qualified Medicare Beneficiary program. |