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.”

Clarification Requested By	Chapter/Section	Change/Reason
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.

Clarification Requested By	Chapter/Section	Change/Reason
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.

Clarification Requested By	Chapter/Section	Change/Reason
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.

Clarification Requested By	Chapter/Section	Change/Reason
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.