

Attachment B: 60-day Federal Register Crosswalk: High Level Summary of Revisions

For the 2021 contract year, based on 60-day Federal Register public comments from the Paperwork Reduction Act (PRA) and feedback from CMS subject matter experts (SMEs), Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) models have been revised to reflect policy changes and simplify information for plan members. The nine ANOC and nine EOC models are separated into 18 plan specific models (Cost-based plans, D-SNP, HMO-MA, HMO-MAPD, MSA, PDP, PFFS, PPO-MA, and MAPD). The changes will not result in additional burden. Plan sponsors will still be required to use the standardized language and send the ANOCs to members by September 30, 2020 and EOCs to members by October 15, 2020. The table below summarizes the edits.

Plan Type: Changes to all ANOC and EOC Models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Cover Page About Section Section 1 Section 4.2	In ANOC and EOC, inserted optional text to allow addition of Doing Business As (DBA) names to organization names.
CMS	Throughout model	In ANOC and EOC, shortened website links by removing "https//".
CMS	Throughout model	In ANOC and EOC, removed capitalization of "Braille" to "braille".

Plan Type: Changes to all ANOC Models

Clarification Requested By	Chapter/Section	Change/Reason
CMS and Public Response	What to do now, Compare Section Section 4.2 Section 8.2	In ANOC, updated the Medicare Plan Finder link and removed instructions to click on "Find health & drug plans".
Public Response	'What to do now' Section 4. ENROLL:	In ANOC, added language to inform members that they will be automatically disenrolled from the plan if they join another plan during open enrollment.
CMS	Section 1	In ANOC, updated language to "If you want to change plans, you can do so between October 15 and December 7."

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Additional Resources Section	In ANOC, added “member services” to Member Services number for consistency.
Public Response	Section 4.2, Step 2: Change your coverage	In ANOC, formatted the word “change” to bold text.

Plan Type: Changes to all EOC Models

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Chapter 7, Section 5.1 (MSA, HMO MA, PPO MA, PDP); Chapter 9, Section 5.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9, Section 6.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.1 (D-SNP); Chapter 9A and 9B, Section 7.1 (D-SNP);	In EOC, revised the questions to statements in the table for clarification.
CMS	Throughout model	In EOC, replaced “independent organization” and “independent outside organization” with “Independent Review Organization”.

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Chapter 7, Section 4.2 (MSA, HMO MA, PPO MA, PDP); Chapter 9, Section 4.2 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 5.2 (D-SNP)	In EOC, updated bulleted language in section for consistency.
CMS	Chapter 7, Section 7.1 (PDP); Chapter 7, Section 9.1 (MSA, HMO MA, PPO MA); Chapter 9, Section 10.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and Chapter 9B, Section 11.1 (D-SNP)	In EOC, added the word “coverage” to the sentence.
CMS	Chapter 7, Section 7.4 (PDP); Chapter 7, Section 9.4 (MSA, HMO MA, PPO MA); Chapter 9, Section 10.4 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and Chapter 9B, Section 11.4 (D-SNP)	In EOC, removed “to us” from the sentence.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 6.1 (PDP); Chapter 7, Section 8.1 (MSA, HMO MA, PPO MA); Chapter 9, Section 9.1; (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, 10.1 (D-SNP)	In EOC, changed header from “Levels of Appeal 3, 4, and 5 for Medical Service Appeals” to “Appeal Levels 3, 4 and 5 for Medical Service Requests”.
CMS	Chapter 7, Section 7.3 (PDP); Chapter 7, Section 9.3 (MSA, HMO MA, PPO MA); Chapter 9, Section 10.3(HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapters 9A and 9B, Section 11.3 (D-SNP)	In EOC, added “with” to make the word “within”.

Plan Type: All Part D

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 2.3 (PDP); Section 2.6	In ANOC, added new language “that otherwise meet the requirements,” related to replacing brand name drugs with their new generic equivalents.
Public Response	Section 2.3 (PDP); Section 2.6	In ANOC, deleted the word "we" from sentence.
Public Response	Section 2.3 (PDP); Section 2.6	In ANOC, deleted language regarding long term care supply.

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Section 2.3 (PDP); Section 2.6	In ANOC, separated paragraph regarding replacing brand name drugs with their new generic equivalents into two paragraphs for readability.
Public Response	Section 2.3 (PDP); Section 2.6	In ANOC, removed language referring to phone numbers for Member Services.
CMS	Section 2.3 (PDP); Section 2.6	In ANOC, added “or both” to the sentence.
Public Response	Chapter 1, Section 7.1	In EOC, updated language for consistency and refer to either the premium or Part D late enrollment penalty (LEP) dollar amount values.
CMS	Chapter 1, Section 4.1	In EOC, added Part D IRMAA language including reference to Section 6.
CMS	Chapter 1, Section 4.1 (D-SNP) Chapter 1, Section 5.1	In EOC, added “other” in front of “creditable prescription drug coverage,” as Part D is also considered to be creditable coverage.
Public Response	Chapter 5, Section 3.1 & 7.1; Chapter 3, Section 3.1 & 7.1 (PDP)	In EOC, added Lexi-Drugs to the list of reference books used to support a medically accepted indication.
CMS	Chapter 10 (PDP); Chapter 12	In EOC, added language to Part D LEP definition.
CMS	Chapter 1, Section 4.3; Chapter 8, Section 3.1 (PDP); Chapter 10, Section 3.1	In EOC, added "for 63 days or more in a row" related to Part D LEP.
CMS	Chapter 4, Section 3.1 (PDP); Chapter 6, Section 3.1	In EOC, added new language regarding Part D drug pricing, including beneficiary information about prescription cost increases and other drugs that may be available to beneficiaries with lower cost sharing.
CMS	Chapter 1, Section 3.4 (PDP); Chapter 1, Section 3.5	In EOC, added language for new 2021 requirement for all Part D EOC model types referencing the Part D EOB.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 5.4 (PDP); Chapter 9, Section 6.4 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 7.4 (D-SNP)	In EOC, replaced “get a” with “ask for”.
CMS	Chapter 7, Section 5.1 (PDP); Chapter 9, Section 6.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 7.1 (D-SNP)	In EOC, added “the pharmacy will give” and removed “will get”.
CMS	Chapter 10, Definition of Exception (PDP); Chapter 12, Definition of Exception	In EOC, replaced the word “determination” with “decision”.
CMS	Chapter 3, Section 6.2 (PDP); Chapter 5, Section 6.2	In EOC, added “the”, “, or both”, and “or both”.
CMS	Chapter 3, Section 6.2 (PDP); Chapter 5, Section 6.2	In EOC, removed “new year’s” and added “in the new benefit year”.
CMS	Chapter 3, Section 10.2 (PDP); Chapter 5, Section 10.2	In EOC, added clarifying language about the Drug Management Program (DMP).
CMS	Chapter 3, Section 10.2 (PDP); Chapter 5, Section 10.2	In EOC, replaced “one” with “a certain” and added made pharmacy and doctor plural.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 3, Section 10.3 (PDP); Chapter 5, Section 10.3	In EOC, removed “For example, some members have several medical conditions, take different drugs at the same time, and have high drug costs”.
CMS	Chapter 3, Section 10.3 (PDP); Chapter 5, Section 10.3	In EOC, added language about the DMP and Medication Therapy Management (MTM) program.
CMS	Chapter 7, Section 5.3 (PDP); Chapter 9, Section 6.3; Chapter 9A and 9B, Section 7.3 (D-SNP)	In EOC, added “or are likely to cause an adverse reaction or other harm”.
CMS	Chapter 7, Sections 5.4 and 5.5 (PDP); Chapter 9, Sections 6.4 and Section 6.5; Chapters 9A and 9B, Sections 7.4 and 7.5 (D-SNP)	In EOC, replaced “to” with “you can” and added “our decision” in section 6.5.
CMS	Chapter 7, Section 5.4 (PDP); Chapter 9, Section 6.5; Chapters 9A and 9B, Section 7.5 (D-SNP)	In EOC, replaced “tell” with “talk”.
CMS	Chapter 7, Section 5.6 (PDP); Chapter 9, Section 6.6; Chapters 9A and 9B, Section 7.6 (D-SNP)	In EOC, bolded “within 14 calendar days”.

Plan Type: All except PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 3, Section 8	In EOC, added new section 8 titled “Rules for Oxygen Equipment, Supplies, and Maintenance” including what is covered and details about Medicare oxygen equipment coverage cost sharing.
CMS	Chapter 7, Section 5.1 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.1 (D-SNP)	In EOC, removed "or services" throughout the section.
CMS	Chapter 7, Section 6.4 (MSA, HMO MA, PPO MA) Chapter 9, Section 7.4 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 8.4 (D-SNP)	In EOC, added “whichever comes first”.
Public Response	Chapter 3, Section 6.2	In EOC, rename the section from "What Care from a Religious Non-Medical Health Care Institution is Covered by our Plan?" to "Receiving Care from a Religious Non-Medical Health Care Institution".
CMS	Chapter 4, Medical Benefits Chart	In EOC, added Acupuncture benefit in the Medical Benefits Chart.
CMS	Chapter 4, Section 3.1	In EOC, moved the check to the column "covered only under specific conditions" for Acupuncture.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 5.1 (MSA, HMO MA, PPO MA) Chapter 9, Section 5.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS) Chapter 9A and 9B, Section 6.1 (D-SNP)	In EOC, removed “or services” from sentences where applicable.
CMS	Chapter 7, Section 5.2 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.2 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.2 (D-SNP)	In EOC, replaced “get” with “ask for”.
CMS	Chapter 7, Section 5.2 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.2 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.2 (D-SNP)	In EOC, removed paragraphs regarding authorizing and providing medical care coverage.
CMS	Chapter 7, Section 5.3 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.3 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.3 (D-SNP)	In EOC, added “explain the reason your appeal is late when you make your appeal. We”.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 5.3 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.3 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.3 (D-SNP)	In EOC, added the word “that” to the sentence.
CMS	Chapter 7, Section 5.3 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.3 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.3 (D-SNP)	In EOC, added “you have not yet received” and removed “if your appeal is about coverage for a Part B prescription drug you have not yet received”.
CMS	Chapter 7, Section 5.4 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.3 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.3 (D-SNP)	In EOC, added “if your request is for a medical item or service” and removed “, after we receive your appeal”.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 5.4 (MSA, HMO MA, PPO MA); Chapter 9, Section 5.4 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 6.4 (D-SNP)	In EOC, replaced “got” with “get”.
CMS	Chapter 3, Section 4.2	In EOC, added “these services” to the sentence.
CMS	Chapter 7, Section 6.1 (MSA, HMO MA, PPO MA); Chapter 9, Section 7.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 8.1 (D-SNP)	In EOC, added “your right to” and replaced “it” with “the notice”.
CMS	Chapter 7, Sections 6.4 and 7.5 (MSA, HMO MA, PPO MA); Chapter 9, Sections 7.4 and 8.5 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapters 9A and 9B, Sections 8.4 and 9.5 (D-SNP);	In EOC, removed “If we say no to your Level 1 Appeal, your case will automatically be sent on to the next level of the appeals process”.

Clarification Requested By	Chapter/Section	Change/Reason
CMS	EOC: Chapter 7, Section 8.1 (MSA, HMO MA, PPO MA); Chapter 9, Section 9.1 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and Chapter 9B, Section 10.1 (D-SNP)	In EOC, added “if the value of the item or medical service meets the required dollar value”.
CMS	Chapter 7, Sections 6.1 and 7.2 (MSA, HMO MA, PPO MA); Chapter 9, Section 7.1 and 8.2 (HMO MAPD, PPO MAPD, Cost Plan, PFFS); Chapter 9A and 9B, Section 8.1 and 9.2 (D-SNP)	In EOC, replaced “must” with “will be asked to” and deleted “signed” where applicable.
CMS	Chapter 7, Section 6.3 (MSA, HMO MA, PPO MA); Chapter 9, Section 7.3; Chapter 9A and 9B, Section 8.3 (D-SNP)	In EOC, removed “ed” from the word “stayed”.

Plan Type: All except Cost Plan and PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 2.1	In EOC, removed language on the prohibition on ESRD individuals being allowed to enroll in MA plans
Public Response	Chapter 1, Section 3.1	In EOC, updated language about the Medicare card.

Clarification Requested By	Chapter/Section	Change/Reason
Public Response and CMS	Chapter 4, Medical Benefits Chart	In EOC, added clarifying benefit language for additional telehealth services under Physician/Practitioner services, including doctor's office visits.

Plan Type: All except Cost Plan, MSA, and PDP

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Chapter 4, Medical Benefits Chart	In EOC, added language in the "Medicare Part B Prescription Drugs" benefit to include statement regarding vaccine coverage.
CMS	Chapter 10, Section 2.2 (HMO MAPD, PPO MAPD, PFFS); Chapter 10, Section 2.3 (D-SNP); Chapter 8, Section 2.2 (HMO MA, PPO MA)	In EOC, replaced "have until March 31 to" with "can also" and replaced "to add drug coverage" with "at that time".
CMS	Chapter 10 (HMO MA, PPO MA); Chapter 12 (HMO MAPD, PPO MAPD, D-SNP, PFFS)	In EOC, revised Medicare Advantage Open Enrollment Period definition to clarify additional enrollment options available to beneficiaries between January 1 and March 31 and 3-months after an individual is first eligible for Medicare.

Plan Type: All except D-SNP, MSA, HMO MA, and PPO MA

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Section 2.1	In ANOC, added additional language to direct members to the appropriate section for more information.

Plan Type: All except Cost Plan, MSA, HMO MA, and PPO MA

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 8, Section 2.1 (PDP); Chapter 10, Section 2.1 (HMO MAPD, PPO MAPD, PFFS); Chapter 10, Section 2.2 (D-SNP)	In EOC, clarified timeframe for creditable prescription drug coverage and paying Part D LEP.

Plan Type: All except Cost Plan, PFFS, MSA and PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 4, Section 2.1	In EOC, provided new Value Based Insurance Design Model Test (VBID) benefit information.

Plan Type: All except MSA, HMO MA, PPO MA, and PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 7.2; Chapter 1, Section 4.1 (D-SNP); Chapter 1, Section 4.3 (D-SNP); Chapter 12 (D-SNP)	In EOC, revised Extra Help language.
CMS	Chapter 9, Section 9.2; Chapters 9A and 9B, Section 10.2 and 10.3 (D-SNP)	In EOC, replaced “Levels of Appeal 3, 4, and 5 for Part D Drug Appeals” with Appeal Levels 3, 4 and 5 for Part D Drug Requests”.

Plan Type: All except MSA and PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	ANOC: Section 2.3 EOC: Chapter 3, Section 2.3	In ANOC and EOC, replaced “and managing” with “to manage” in sentence.

Plan Type: All except D-SNP and PDP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 4.2 (MSA, HMO MA, PPO MA); Chapter 9, Section 4.2 (HMO MAPD, PPO MAPD, Cost Plan, PFFS)	In EOC, added “or Part B prescription drugs”.

Plan Type: HMO MAPD and PPO MAPD

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 10, Section 1.1	In EOC, updated I-SNP language to “CCPs serving individuals who meet the definition of “institutionalized”: May”.
CMS	Chapter 10, Section 2 and 3	In EOC, updated I-SNP language for individuals who meet the definition of "institutionalized", added the word “may” where applicable, and removed extra nursing home language.

Plan Type: HMO MAPD

Clarification Requested By	Chapter/Section	Change/Reason
Public Response	Chapter 9, Section 8.2	In EOC, revised section reference to 8.3 instead of 7.3.

Plan Type: Cost Plan

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 10, Section 2.1	In EOC, replaced "a Special Enrollment Period" with "an enrollment period."
CMS	Chapter 4, Medical Benefits Chart	In EOC, updated information to provide detail regarding telehealth services.

Plan Type: D-SNP

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 4.2	In ANOC, removed duplicative sentences about changing to Original Medicare.
CMS	Section 1 and Section 5	In ANOC, replaced “now” with actual date of “October 15”
CMS	Section 3	In ANOC, added “change in appeals and grievance procedures”.
CMS	Chapter 1, Section 4.2	In EOC, removed Part D LEP language beginning with "Plans without a monthly premium" and the paragraph following it.
CMS	Chapter 1, Section 4.2	In EOC, removed optional text “[plans without a premium insert: Part D late enrollment penalty]”.
CMS	Chapter 1, Section 4.3	In EOC, removed the bullet about paying the Part D LEP and being eligible for “Extra Help.”
CMS	Chapter 3, Section 4.2	In EOC, revised language to account for two types of D-SNPs that offer capitated Medicaid benefits.
CMS	Chapter 4, Section 2.1	In EOC, revised language to account for two types of D-SNPs that offer capitated Medicaid benefits and added “they cover” where applicable.
CMS	Chapter 8, Section 2.1	In EOC, removed language about paying a late enrollment penalty.
CMS	Chapter 9A, Section 12	In EOC, added language to sentence to be in accordance with 42 CFR 422.562(a) (5).

Plan Type: PFFS

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 10, Section 3.1	In EOC, replaced "by" with "between October 15 and".
CMS	Chapter 4, Section 2.1	In EOC, removed VBID language.