

**Medicare Prescription Drug Benefit Program CMS-10141, OMB 0938-0964  
60-Day Comments and Responses EOB Revamp**

<b>Topic</b>	<b>Comment</b>	<b>CMS Response</b>
<b>Part D EOB Timing</b>	While we support making the EOB more understandable for beneficiaries, the proposed changes, which include moving definitions after the drug payment stage chart and reformatting sections 5 and 6, are significant. We request more time to make the proposed changes and respectfully request that the new template not be required until January1, 2024.	CMS appreciates and concurs with the feedback. We plan to delay the implementation of these changes until CY 2024.
<b>Part D EOB Timing</b>	Thank you for the opportunity to comment on the Part D EOB proposed changes (CMS-10141, OMB 0938-0964). While we support making the EOB more understandable for beneficiaries, the proposed changes, which include moving definitions after the drug payment stage chart and reformatting sections 5 and 6, are significant. We request more time to make the proposed changes and respectfully request that the new template not be required until January1, 2024.	CMS appreciates and concurs with the feedback. We plan to delay the implementation of these changes until CY 2024.

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<b>Part D EOB Timing</b>	<p>In addition, a minimum of six months lead time is needed to implement changes to the EOB and we are concerned that the final EOB model document will not be released in time to meet a Jan. 2023 implementation due date. While the revisions do not appear burdensome to CMS, a local plan of our size needs this runway to make changes to and test our systems. Reformatting the EOB model will present unnecessary burden on plans as it will require more time to develop, program, and implement than what is noted in the Supporting Statement.</p> <p>Recommendation: CMS keep the model EOB documents as is. Alternatively, if CMS moves forward with the changes to the EOB, we strongly propose that CMS delay the implementation due date until Jan. 2024, allowing plans to switch to the new format sooner.</p>	<p>CMS appreciates and concurs with the feedback. We plan to delay the implementation of these changes until CY 2024.</p>
<b>Part D EOB Format</b>	<p>Overall, we feel the new version of the EOB is a positive change and the readability and format allows the Medicare beneficiaries to understand the Part D benefits better.</p>	<p>CMS appreciates the suggestions and reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D EOB model</a> instructions.</p>
<b>Part D EOB Format</b>	<p>Additionally, the proposed change to center the beneficiary's name and address should be removed. The name and address need to be on the left side of the page so it can show through a windowed mailing envelope. This proposed change adds no value and would actually mean an additional page would need to be included with just the name and address unnecessarily increasing the number of pages in the EOB and adding to the postage cost.</p>	<p>There is flexibility for sponsors to place the beneficiary name and address where they believe it makes sense. CMS reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D EOB model</a> instructions.</p>

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<b>Part D EOB Format</b>	General question - Must the entire document be in portrait? As of now, the EOB is required to be in landscape, except for the cover page.	CMS appreciates the comment and reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D EOB model</a> instructions. To accommodate use of standard window envelopes for ease of mailing, the model language includes a version of the cover page that uses portrait orientation. Except for the cover page, all other pages are to be formatted in landscape orientation.
<b>Part D EOB Format</b>	How should the section “For languages other than English” be completed? Must we include all languages available as mentioned in Attachment 1a or can we include generic language and give only one number to access the enrollee’s preferred language?	CMS appreciates the feedback. Plans may provide generic language and one phone number for a beneficiary to access a preferred language.
<b>Part D EOB Format</b>	The “Beneficiary Medicare Number” is a new field. Must it be included, or can we use the member ID instead?	Plans are allowed to use the Member ID field. Plans have flexibility for providing this information under <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D EOB model</a> instructions.
<b>Part D EOB Format</b>	Under the “About Coverage Stages definitions (ex. Deductible, Initial Coverage, Coverage Gap, and Catastrophic), is this standard language or should we select the appropriate language only according to the enrollee’s coverage plan? For example, if a specific plan does not have a coverage gap, can that language be removed?	Per the <a href="#">Part D EOB model</a> instructions, plans may select appropriate language that is relevant to the enrollee’s plan and can remove any language that does not apply to the enrollee’s specific beneficiary package.

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<b>Part D EOB Format</b>	Move the “Lower Cost Alternative Drugs” field to its own section under “Changes to our Drug List that affect drugs you take” and include drug strength and manufacturer information there as well, if applicable. We believe this change allows for improving beneficiaries’ understanding of the alternative drug options as we can list more detailed information encouraging beneficiaries to discuss potential lower cost formulary alternatives with their doctor to learn if this may be the right option for them.	CMS appreciates the suggestion. The “Lower Cost Alternative Drugs” column was well received based on the beneficiary testing CMS conducted. Those tested indicated the information was clear, and that they would call their doctors for more information. If sponsors wish to include additional information, they may do so.
<b>Part D EOB Format</b>	Consolidate and move “Definitions/Glossary of Terms” to the end of the document, thus reducing overall page-count of the model. There is a significant amount of duplicative content in the proposed model which makes it challenging for beneficiaries to navigate the information. Eliminating the duplicate definitions throughout the model allows beneficiaries to focus on the most important information up front in the first couple of pages. This change may reduce the model page count by two pages, returning health plans to the previous 2020 average page count of six.	CMS appreciates the feedback and agrees that consolidating and moving the terms to the end of the document is more practical and will likely reduce the page count. We have made revisions based on this and other similar suggestions.
<b>Part D EOB Format</b>	Remove the “Price Change Percentage (%)” field. As previously communicated, we continue to receive beneficiary feedback that the Price Change Percentage (%) field is confusing and does not provide the informational value we believe CMS intended. Therefore, we would again like to propose the removal of this field.	Per <a href="#">42 CFR § 423.128(e)(5)</a> , all plans must include any cumulative percentage increase in the negotiated price beginning with the first claim of the current benefit year. This requirement was established to provide greater transparency on drug prices for the beneficiary.

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<b>Part D EOB Format</b>	<p>Allow Plans Additional Formatting Flexibility – The model Part D EOB should mirror the Part C EOB sub-regulatory formatting specifications, in which “MAOs that wish to use [Part C] EOBs that are different from the CMS-developed [Part C] EOB templates may do so, as long as the [Part C] EOB includes all of the information presented in the attached templates”. This allows plans the creative license in the design and format of the Part D EOB as long as plans adhere to the required information, guidelines, and specifications set forth in the Part D EOB model.</p>	<p>CMS appreciates the suggestions. As with the Part C EOB and as outlined in <a href="#">42 CFR 422.2267(b)(2)</a>, we remind sponsors that they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D EOB model</a> instructions.</p>
<b>Part D EOB Format</b>	<p>We noticed that CMS has removed required data elements from the current model Chart 4. Currently, Plans may adapt this language as needed for grammatical consistency, accuracy, and relevant detail (e.g., describing a drug as “brand name” or “generic”). Plans may also provide additional explanation of changes if desired and suggest specific drugs that might be suitable alternatives. We would like to confirm that the EOB will continue to allow similar 2022 plan instructions, content, and variables in order to meet Chapter 6 of the Medicare Prescription Drug Benefit Manual guidelines and specifically, section 30.3.4.1 Beneficiary (written) Notice Requirements for example.</p>	<p>The commenter is correct; the CY 2023 plan instructions will remain similar as in previous years. The <a href="#">Part D EOB model</a> instructions detail the flexibilities for formatting and content as permitted by <a href="#">42 CFR § 423.2267</a>.</p>

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<b>Part D EOB Format</b>	<p>Allowing Plans Flexibility in Part D EOB Model Formatting Similar to that Offered for Part C EOBs</p> <p>Regarding formatting flexibility, in the CMS Memo dated January 31, 2014 and titled “Updates Regarding Final Part C EOB Model Templates and Implementation of the Part C EOB,” CMS states that, “MAOs that wish to use [Part C] EOBs that are different from the CMS developed [Part C] EOB templates may do so, as long as the [Part C] EOB includes all of the information presented in the attached templates.” Granting this flexibility would allow plans to create more member friendly Part D EOBs, so long as plans adhere to the required information, guidelines and specifications set forth in the Part D EOB model. Healthfirst recommends that CMS should adopt similar Part D EOB guidelines as contained in the sub-regulatory formatting flexibilities and specifications of the Part C EOB.</p>	<p>The <a href="#">Part D EOB model</a> instructions detail the flexibilities for formatting and content as permitted by <a href="#">42 CFR § 423.2267</a>. CMS will look at additional flexibilities for the Part D EOB, similar to the Part C EOB, in future revisions.</p>
<b>Part D EOB Format</b>	<p>Times New Roman is the recommended font. Based on this model being in Myriad Pro, is that the new recommended font we should use for the Model EOB.</p>	<p>Sponsors may incorporate the Times New Roman font or an equivalent in 12 pt. CMS appreciates the suggestions and reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D model</a> instructions.</p>

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<b>Part D EOB Format</b>	<p><u>Bottom of page 1 under:</u> Birchwood Member Services</p> <p>We recommend phone be added after the actual number to stay consistent with TTY/TDD and fax.</p>	<p>CMS appreciates the suggestion. This language can be added after the phone number so long as it conforms to the guidelines described in the <a href="#">Part D model</a> instructions .We remind sponsors they also have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a>.</p>
<b>Part D EOB Format</b>	<p><u>Bottom of page 1 under:</u> Need large print or another format</p> <p>Can this be updated to say large print instead of large type? We worry that a member won't understand what large type means.</p>	<p>CMS appreciates this suggestion and will update the language for CY 2023 to reflect “large print” rather than “large type,” as we agree that term will be clearer to the beneficiary.</p>
<b>Part D EOB Format</b>	<p>Has the OMB number been removed and not applicable for the new EOB?</p>	<p>The OMB number will be re-inserted into the EOB once it is approved, after the 30 day comment period concludes and any additional revisions are made.</p>
<b>Part D EOB Format</b>	<p>For <u>CHART 1 Your MONTHLY prescriptions for covered Part D drugs: APRIL 2022:</u></p> <p>How would this look in LP? Can they release an LP model?</p>	<p>CMS will not release a large print model; however, sponsors should provide a large print model upon request from the beneficiary.</p>
<b>Part D EOB Format</b>	<p>For definition of Drug Price on page 2:</p> <p>The drug price should be from the last fill of the drug, not when it was first filled in the benefit year. Verbiage change to be “first filled” vs. current fill on EOB.</p>	<p>Sponsors are required to include first fill information on the Part D EOB. Per <a href="#">42 CFR § 423.128(e)</a>, sponsors must include any cumulative percentage increase, if applicable, in the negotiated price from the first claim of the current benefit year.</p>

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<b>Part D EOB Format</b>	<p>Format for definitions of key terms on page 2:</p> <p>Can the lines on each side align with each other? Would look more streamlined and clean.</p>	<p>CMS appreciates the suggestion. We have the consolidated and moved the definitions to the end of the document to assist with making the document more streamlined. CMS also reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D model instructions</a>.</p>
<b>Part D EOB Format</b>	<p>For <u>CHART 2a Your prescriptions for drugs covered by your plan's Supplemental Drug Coverage: APRIL 2022</u></p> <p>We would request that quantity AND day supply be accounted for, in a variable form if not a requirement.</p>	<p>CMS appreciates the comment. Sponsors can include this information as applicable, but it must be presented as a separate chart in the same format as the primary Part D monthly summary chart.</p>
<b>Part D EOB Format</b>	<p>Format for definitions of key terms on page 2:</p> <p>Can this line be moved down to align with the line on the left? Better formatting.</p>	<p>CMS appreciates the comment. Sponsors can adjust the formatting as needed. CMS reminds sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D model instructions</a>.</p>



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<b>Part D EOB Format</b>	Format for Chart 3 on page 5:  Would Chart 3 (page 5) be removed for members that have LIS status?	This Part D EOB example is applicable for a member who does not have LIS status and is in the initial coverage phase of the benefit. Sponsors are required to include the chart, plus language indicating a member's LIS status. If a member has partial LIS status, the chart must indicate the amount they must pay before reaching their deductible. For members with full-LIS status, the plan must include language that describes that the deductible does not apply to their prescription drug benefit. These instructions are outlined in the current <a href="#">Part D EOB model</a> .
<b>Part D EOB Format</b>	Format for Chart 4 on page 6:  Is the grey coloring of the boxes required?	CMS appreciates the comment. This grey coloring is not required. We remind sponsors they have flexibility for formatting as permitted by <a href="#">42 CFR § 423.2267</a> and described in the <a href="#">Part D model</a> instructions.

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<p><b>Part D EOB Format</b></p>	<p>As previously communicated, we continue to receive beneficiary feedback that the “Price Change Percentage %” field is confusing and does not provide the informational value that we believe CMS intended. Therefore, we would again like to propose the removal of Price Change Percentage % field. Alternatively, if CMS does not remove the Price Change Percentage % field, we request that the definition in the model language be changed to remove the last statement in the proposed 1a. Part D- EOB “You’ll only see a drug price change when the quantity dispensed was the same.” This statement was not included in previous model language and does not offer the flexibility to allow Plans to calculate the drug price changes as originally designed.</p>	<p>CMS appreciates this suggestion. However, <a href="#">42 CFR § 423.128(e)(5)</a> requires all plans to include any cumulative percentage increase in the negotiated price beginning with the first claim of the current benefit year. This requirement was established to provide greater transparency on drug prices for the beneficiary and encourage them to speak with their providers if they are seeing increases month over month.</p>
<p><b>Part D EOB Format</b></p>	<p>We also propose consolidating and moving Definitions/Glossary of Terms to the end of the document to eliminate redundant content. There is a significant amount of duplicative content in the proposed model making it cumbersome for beneficiaries to navigate the information. Eliminating the duplicate definitions throughout the EOB allows beneficiaries to focus on the most important information.</p> <p>Additionally, this change may reduce the EOB page count by 2 pages returning health plans to the previous 2020 average page count of 6. In 2021, we saw an average page count increase of 2 pages to a total of 8 pages. At a cost of approximately \$0.05 per</p>	<p>CMS appreciates the feedback and agrees that consolidating and moving the terms to the end of the document is more practical and will likely reduce the page count. We have made revisions based on this and other similar suggestions.</p>

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<b>Part D EOB Format</b>	<p><b>Comment - continued</b></p> <p>page, the new fields in the 2021 EOB have increased printing costs by approximately \$6 million or more per year. As we learned from our 2019 Focus Group/Survey responses, 29% of respondents discard their EOB after reading - meaning a third of beneficiaries are discarding the costly EOBs every month.</p>	
<b>Part D EOB Electronic Delivery</b>	<p>With respect to Medicare EOB fulfillment requirements, UHC recommends that CMS permit MA plans and Part D sponsors to follow fulfillment requirements outlined in §§ 422.2267(d)(2)(i), 423.2267(d)(2)(i) rather than mailing paper copies. This would permit MA plans and Part D sponsors to provide the Medicare EOB consistent with other CMS-required materials such as the Evidence of Coverage (EOC), Formulary, and Directories to new and existing members via a paper notice informing members how to access these materials electronically or to contact customer service to request paper copies. We believe that mirroring this process for Medicare EOBs could help reduce member confusion and lower the high volume of plan materials that members often complain about receiving.</p>	<p>CMS appreciates the recommendation. Beneficiaries are still able to receive many of their Part D documents electronically; however, they must opt-in to receive them in this manner. Additionally, the beneficiary can request a hard copy to be mailed at any time, as described in <a href="#">42 CFR 423.2267(d)(2)(ii)</a>. We believe providing beneficiaries with the ability to “opt-in” to electronic receipt of their EOB is the most practical method, given the potential technology barriers the Medicare population may face, particularly with use of a printed QR code.</p>

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<p><b>Part D EOB Electronic Delivery</b></p>	<p><b>Comment - continued</b></p> <p>Alternatively, if the foregoing is unacceptable, UHC recommends that CMS permit MA plans and Part D sponsors to re-direct members to alternate sources to obtain certain Medicare EOB model content. For example, in place of printing CMS model content, a printed QR code that links to an accessible website could be used to obtain information surrounding fraud, appeal information, definitions, etc.</p> <p>Reducing the length and complexity of the information provided in the Medicare EOB would help reduce any negative environmental impact and member confusion, while still conveying important plan information.</p>	

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<p><b>Part D EOB Electronic Delivery</b></p>	<p>For an enhanced beneficiary-friendly experience, we recommend CMS consider: 1. Removing Requirement for Beneficiaries to Opt-In to Electronic Delivery of the EOB</p> <p>Requiring mailing of communication materials i.e., EOBs, LIS Riders and Transition letters, unless an enrollee opts-in to electronic delivery, was established as a policy in 2005. Seventeen years later, email and electronic delivery have been adopted by virtually all individuals and gained widespread appeal among consumers. Electronic delivery of these communication materials would allow beneficiaries secure and immediate access from anywhere there is an internet connection. For example, the EOB is a large, complex document that may not be read by the beneficiary in many cases.</p> <p>We therefore recommend CMS allow plans to deliver communication materials electronically without prior authorization from the beneficiary as permitted since 2019 for documents such as the Evidence of Coverage (EOC), Provider/Pharmacy Directory and Formularies. This would significantly reduce administrative costs which plans could invest back into beneficiary programs and services and would result in a more secure method of delivery than mail, especially for beneficiaries who are transient. This would also enhance the beneficiary experience, for example, being able to access could positively increase the number of health plan portal visits by beneficiaries; thus, increasing their opportunity to find valuable health and benefit information with each visit.</p>	<p>CMS appreciates the recommendation. Beneficiaries are still able to receive many of their Part D documents electronically; however, they must opt-in to receive them in this manner. Additionally, the beneficiary can request a hard copy to be mailed at any time, as described in <a href="#">42 CFR 423.2267(d)(2)(ii)</a>. We believe providing beneficiaries with the ability to “opt-in” to electronic receipt of their EOB is the most practical method, given the potential technology barriers the Medicare population may face.</p>

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<p><b>Part D EOB Electronic Delivery</b></p>	<p>CMS currently allows plans to adopt an “opt-out” approach to certain plan communication materials (Evidence of Coverage, Pharmacy/Provider Directories and Formularies) that without prior authorization plans can deliver these materials electronically. Since this has been implemented it has cut down on waste and member dissatisfaction with “unnecessary” mailings. We would like CMS to consider this approach for other communication mailings as well, specifically Electronic Explanation of Benefits (EOBs). We’ve heard from a number of our members that we no longer mail them a printed copy of their EOBs but have to tell them due to CMS regulations we are obligated to send them. We communicate the only other option is to sign up for electronic delivery of their EOBs which will keep a printed copy from being mailed to them and satisfies the CMS requirement</p>	<p>CMS appreciates the recommendation. Beneficiaries are still able to receive many of their Part D documents electronically; however, they must opt-in to receive them in this manner. Additionally, the beneficiary can request a hard copy to be mailed at any time, as described in <a href="#">42 CFR 423.2267(d)(2)(ii)</a>. We believe providing beneficiaries with the ability to “opt-in” to electronic receipt of their EOB is the most practical method, given the potential technology barriers the Medicare population may face.</p>

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<p><b>Part D EOB Electronic Delivery</b></p>	<p>Healthfirst recommends CMS consider the following to improve member EOB experience:</p> <p>1. Removing Requirement for Beneficiaries to Opt-In to Electronic Delivery of the EOB</p> <p>EOB electronic delivery allows secure and immediate access to benefit information for members from anywhere there is an internet connection. Not only does this help members, this helps caregivers review important benefits information remotely. Additionally, electronic delivery allows members to access previous EOB and encourages members to interact more regularly with their Plan’s member portals, which may lead to improved health literacy.</p> <p>Such communication method without prior authorization has been permitted since 2019 for other member documents, such as the Evidence of Coverage, Provider/Pharmacy Directory, and Formularies. Streamlining of communications reduces administrative burden for Plans which allows for further investment into member benefits.</p>	<p>CMS appreciates the recommendation. Beneficiaries are still able to receive many of their Part D documents electronically; however, they must opt-in to receive them in this manner. Additionally, the beneficiary can request a hard copy to be mailed at any time, as described in <a href="#">42 CFR 423.2267(d)(2)(ii)</a>. We believe providing beneficiaries with the ability to “opt-in” to electronic receipt of their EOB is the most practical method, given the potential technology barriers the Medicare population may face.</p>