

CMS-10824 Collection Instrument Change Crosswalk: High Level Summary of Revisions for ANOC and EOC

For the 2026 contract year, Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) standardized documents have been revised to reflect policy changes and simplify information for plan members. Changes to the ANOC and each of the 12 chapters of the EOC are detailed below, except for routine changes to the documents adjusting applicable dates, minor grammatical changes, URLs, and other non-substantive word changes. The changes will not result in additional burden, unless noted in the column titled “effect on burden.”

Annual Notice of Change

Location of Change	Description of Change	Reason for Change	Effect on Burden
Instructions to Health Plans	Instructions allowing plans to use the term “Evidence of Coverage” instead of “Member Handbook” throughout the documents	Updated language to allow states to use the two terms interchangeably.	No effect
Instructions to Health Plans	Instructions requiring plans to use the OMB approval information in the footer of the first page of the document	Included required language	No effect
Introduction	Additional language instructing plans to use alternate language if the Member Handbook is not included with the ANOC mailing.	Updated instructions to provide clear pathways to information to enrollees.	No effect
Additional Resources	Added language to explain requirement per new regulatory language at 42 CFR 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), requiring plans to provide a Notice of Availability of language assistance services and auxiliary aids and services free of charge in English and at least the 15 languages most commonly spoken by individuals in the state in which the plan operates.	Added language to account for changes related to the final rule, CMS-4205-F.	Consistent with the final rule, CMS-4205-F, this requirement has no effect on burden.
B1. Information about <plan name>	Removed language describing such a plan as qualifying health coverage as satisfying the Patient Protection and Affordable Care Act’s individual shared responsibility requirement.	Under the Tax Cuts and Jobs Act, passed (P.L. 115-97), the amount of the individual shared responsibility payment is reduced to zero for	No effect

		months beginning after December 31, 2018.	
B2. Important things to do	Added language to the second major bullet point, directing members to check for any changes to prior authorization policies for drug coverage.	Language added for additional clarification for enrollees.	No effect
D. Changes to our network providers and pharmacies	Added language to the first paragraph to account for Part D copays.	Language added to align with current policy.	No effect.
D. Changes to our network providers and pharmacies	Added language to the fifth paragraph to give the option for plans to remove language if they included a copy of the provider and pharmacy directory with the ANOC.	Language added for additional clarification for enrollees.	No effect
E1. Changes to benefits [insert if applicable: and costs] for medical services	Deleted Value-Based Insurance Design (VBID) model benefit language	VBID will no longer be offered after the conclusion of plan year 2025.	No effect
E2. Changes to drug coverage	Added language to the fifth paragraph noting that the plan will update online drug lists at least monthly.	Language added for additional clarification for enrollees.	No effect
E2. Changes to drug coverage	Added a seventh paragraph which describes possible changes to the drug list throughout the plan year.	Language added for additional clarification for enrollees.	No effect.
E2. Changes to drug coverage	Added a new paragraph at the end of the subsection “Changes to our Drug List” for plans to include language if they are implementing the option to immediately substitute brand name drugs with its new generic equivalents or authorized generics.	Included language is for plans to include if they are implementing the option to immediately substitute brand name drugs with its new generic equivalents or authorized generics.	No Effect.
E2. Changes to drug coverage	Additional language about changes to drug cost under the subheader “Changes to drug costs.”	Added language to account for an option for plans with one drug payment stage.	No effect
E2. Changes to drug coverage	Added language about cost sharing as it pertains to the Manufacturer	Added language to clarify for enrollees	No effect

	Discount Program under the subheader “Changes to drug costs.”	how cost sharing can interact with the Manufacturer Discount Program.	
E3. Stage 1: “Initial Coverage Stage”	Added language on cost sharing for adult Part D vaccines.	Language added for additional clarification for enrollees.	No effect
E3. Stage 1: “Initial Coverage Stage”	Added language to charts on cost sharing for requirement to show costs for a one-month drug supply filled at a network pharmacy. Additional requirement for plans that provide preferred cost sharing.	Language added for additional clarification for enrollees.	No effect
E4. Stage 2: “Catastrophic Coverage Stage”	Added language for plans that may have cost sharing for Part D drugs.	VBID will no longer be offered after the conclusion of plan year 202, which affected Part D cost sharing.	No effect
F. Administrative Changes	Added optional language in the chart for Part D cost sharing.	The Inflation Reduction Act (P.L. 117-169) requires all Medicare Part D plans to offer MPPP.	No effect
G. Changing plans	Amended language discussing special enrollment periods	Special enrollment periods for specific D-SNP enrollees in CMS-4205-F.	No effect
H5. The Medicare Prescription Payment Plan	Added language discussing the Medicare Prescription Payment Plan (MPPP).	The Inflation Reduction Act (P.L. 117-169) requires all Medicare Part D plans to offer MPPP.	No effect

Chapter 1: Member Handbook

Location of Change	Description of Change	Reason for Change	Effect on Burden
Introduction, bullet 11	Added instructions requiring plans to use the OMB approval information in the footer of the first page of the document	Included required language	No effect
Introduction, bullet 12	Added instructions requiring Material ID: H number description of choice	Included required language	

Member Handbook Introduction, paragraph 7	Added language to explain requirement per new regulatory language at 42 CFR 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), requiring plans to provide a Notice of Availability of language assistance services and auxiliary aids and services free of charge in English and at least the 15 languages most commonly spoken by individuals in the state in which the plan operates.	Added language to account for changes related to the final rule, CMS-4205-F.	No effect
Disclaimers, bullet 3	Removed language describing such a plan as qualifying health coverage as satisfying the Patient Protection and Affordable Care Act's individual shared responsibility requirement.	The Inflation Reduction Act (P.L. 117-169) requires all Medicare Part D plans to offer MPPP.	No effect
Disclaimers, bullet 4	Added language noting that benefits and/or copayments may change on January 1, 2027	Language added for additional clarification for enrollees.	No effect
Disclaimers, bullet 5	Added language to note that covered drugs, pharmacy network, and/or provider network may change at any time, and that a notice will be provided	Language added for additional clarification for enrollees.	No effect
C. Advantages of our plan	Added instruction to note that plans can include additional examples of the care coordinator role	Comments received based on previous PRA comment period	No effect
H. Your monthly costs, paragraph 2, bullet 4	Added bullet point to note potential enrollee cost for Medicare Prescription Payment Plan Amount	Language added for additional clarification for enrollees.	No effect
H4. Medicare Prescription Payment Amount	Added language describing the Medicare prescription payment amount.	The Inflation Reduction Act (P.L. 117-169) requires all Medicare Part D plans to offer MPPP.	No effect
J1. Paragraph 3	Added language describing how enrollees may be asked to show Medicare cards for hospital services, hospice services, or clinical research studies.	Language added for additional clarification for enrollees.	No effect
J2. Paragraph 2	Added language on timeline for requesting hard copies for Provider and Pharmacy Directories	Language added for additional clarification for enrollees.	No effect

J3. List of Covered Drugs	Added language explaining that formulary drugs are either required by Medicare or selected with the help of doctors and pharmacists.	Language added for additional clarification for enrollees.	No effect.
J3. List of Covered Drugs	Added language noting that drugs with negotiated prices will be included on the <i>Drug List</i> unless they have been removed or replaced per Chapter 5.	The Inflation Reduction Act (P.L. 117-169) established the Medicare Drug Price Negotiation Program	No effect

Chapter 2: Important phone numbers and resources

Location of Change	Description of Change	Reason for Change	Effect on Burden
C. State-specific SHIP Name, paragraphs 1 and 2	Amended explanation of State Insurance Assistance Program (SHIP).	Language added for additional clarification for enrollees.	No effect
C. State-specific SHIP Name, paragraph 3	Added bullet point about reasons to contact the SHIP to include answering questions about switching plans.	Language added for additional clarification for enrollees.	No effect
D. Quality Improvement Organization (QIO), paragraph 1	Amended explanation of QIO.	Language added for additional clarification for enrollees.	No effect
D. Quality Improvement Organization (QIO), paragraph 2	Amended bullet point about reasons to contact the QIO regarding having a problem with the quality of care.	Language added for additional clarification for enrollees.	No effect
E. Medicare, paragraph 2	Added language to explain relationship between the agency and Medicare.	Language added for additional clarification for enrollees.	No effect
E. Medicare, table under paragraph 2	Added and amended rows to provide information on how to contact Medicare, what information can be provided, and how to submit a complaint.	Language added for additional clarification for enrollees.	No effect
II. Extra Help from Medicare, paragraph 2	Updated language discussing extra help.	Language added for additional clarification for enrollees.	No effect

I4. The Medicare Prescription Payment Plan	Added language for plans that will have cost sharing for Medicare Part D starting in 2026	The Inflation Reduction Act (P.L. 117-169) requires all Medicare Part D plans to offer MPPP.	No effect
J. Social Security	Amended language regarding how Social Security determines eligibility for Medicare.	Technical clarification	No effect

Chapter 3: Using our plan's coverage for your health care and other covered services

Location of Change	Description of Change	Reason for Change	Effect on Burden
B. Rules for getting services our plan covers. Bullet 4	Added language describing edits available to plans with POS option.	Language added to clarify option for plans	No effect
B. Rules for getting services our plan covers. Bullet 4, sub bullet 2	Added language describing where more information is on getting approval to use an out-of-network provider.	Language added for additional clarification for enrollees.	No effect
B. Rules for getting services our plan covers. Bullet 4, sub bullet 3	Removed language regarding where to receive dialysis services and added language on maintenance dialysis.	Language added for additional clarification for enrollees.	No effect
D1. Services you can get without approval from your PCP	Consolidated bullet points regarding urgently needed services	Language added to clarify option for enrollees	No effect
D. When a provider leaves our plan, paragraph 2	Added sub bullets describing what plan notifications when a provider leaves the plan.	Language added for additional clarification for enrollees.	No effect
D. When a provider leaves our plan, paragraph 3	Added additional language to clarify that the plan will help select a new qualified in-network provider	Language added for additional clarification for enrollees.	No effect
D. When a provider leaves	Added bullet providing information on available enrollment periods and options to change plans	Language added for additional clarification for enrollees.	No effect

our plan, paragraph 5			
D. When a provider leaves our plan, paragraph 6	Added language on plan arrangement for out-of-network specialist when in-network specialist is unavailable.	Language added for additional clarification for enrollees.	No effect
D. When a provider leaves our plan, paragraph 7	Added bullet from existing language on provider arrangement of new provider when chosen provider is leaving the plan.	Language added for additional clarification for enrollees.	No effect
I1. Care in a medical emergency	Amended language on care in a medical emergency	Language amended for additional clarification for enrollees.	No effect
I1. Covered services in a medical emergency	Updated language on covering medical emergencies	Language amended for additional clarification for enrollees.	No effect
I2. Urgently needed care	Amended example language	Language amended for additional clarification	No effect
I2. Urgently needed care outside our plan's service area	Added language on routine provider visits not being considered urgently needed.	Language added for additional clarification for enrollees.	No effect.
J. What if you're billed directly for covered services	Rearranged language on billing requirements.	Language amended for additional clarification for enrollees.	No effect
K1. Definition of a clinical research study	Rearranged and amended language on remaining enrolled in plan and enrolling in a clinical research study.	Language added for additional clarification for enrollees.	No effect
M1. DME as a member of our plan	Amended language on how to access DME	Language added for additional clarification for enrollees.	No effect
M2. DME ownership if you switch to Original Medicare	Removed language on where to find definitions of Original Medicare and MA Plans.	Removed language to improve the flow of the section and focus on DME. The information is located in Chapter 12.	No effect

Chapter 4: Benefits chart

Location of Change	Description of Change	Reason for Change	Effect on Burden
A1. During public health emergencies	Removed language on required coverage and permissible flexibilities to members subject to a public health emergency declaration	There is information in Ch 3, section I3 regarding care during a disaster or emergency.	No effect
C. About our plan's Benefits Chart, bullet 3	Added language noting that new enrollees may not be required to get approval for an active course of treatment in the first 90 days of enrollment	Added language aligning with current regulation	No effect
C. About our plan's Benefits Chart, bullet 8	Added language for plans to include, if applicable, valid approval for PA for as long as medically reasonable.	Language added for additional clarification for enrollees.	No effect
C. About our plan's Benefits Chart, language on VBID	Removal of language on VBID.	VBID will no longer be offered after the conclusion of plan year 2025, which affects Part D cost sharing.	No effect
D. Our plan's Benefits Chart	Added language on Acupuncture on provider requirements	Language added for additional clarification for enrollees.	No effect
D. Our plan's Benefits Chart	Amended title to cardiovascular (heart) disease screening tests	Language added for additional clarification for enrollees.	No effect
D. Our plan's Benefits Chart	Added section on chronic pain management and treatment services	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Colorectal cancer screening	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Dental services	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Diabetes screening	Technical clarifications	No effect
D. Our plan's Benefits Chart	Emergency care	Language updated for additional clarification for enrollees.	No effect
D. Our plan's Benefits Chart	Hospice care	Language updated for additional clarification for enrollees.	No effect

D. Our plan's Benefits Chart	Lung cancer screening with low dose computed tomography (LDCT)	Technical clarifications	No effect
D. Our plan's Benefits Chart	Medicare Diabetes Prevention Program (MDPP)	Technical clarifications	No effect
D. Our plan's Benefits Chart	Medicare Part B drugs	Technical clarifications	No effect
D. Our plan's Benefits Chart	Opioid treatment program (OTP) services	Technical clarifications	No effect
D. Our plan's Benefits Chart	Outpatient diagnostic tests and therapeutic services and supplies	Technical clarifications	No effect
D. Our plan's Benefits Chart	Outpatient hospital observation	Technical clarifications	No effect
D. Our plan's Benefits Chart	Outpatient mental health care	Technical clarifications	No effect
D. Our plan's Benefits Chart	Outpatient substance use disorder services	Technical clarification	No effect
D. Our plan's Benefits Chart	Outpatient surgery	Language added for additional clarification for enrollees.	No effect
D. Our plan's Benefits Chart	Partial hospitalization services and intensive outpatient services	Technical clarifications	No effect
D. Our plan's Benefits Chart	Physician/provider services, deleted non-routine dental care	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Pre-exposure prophylaxis (PrEP) for HIV prevention	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Prosthetic and orthotic devices and related supplies	Technical clarifications	No effect
D. Our plan's Benefits Chart	Screening for Hepatitis C Virus infection	Language updates to reflect the current requirements	No effect
D. Our plan's Benefits Chart	Skilled nursing facility (SNF) care	Language added for additional clarification for enrollees.	No effect
D. Our plan's Benefits Chart	Urgently needed care	Language added for additional clarification for enrollees.	No effect
G1. Benefits covered outside of our plan, Hospice care	Removed language on hospice care	Language was consolidated and moved to covered benefits section	No effect

Chapter 5: Getting your outpatient drugs

Location of Change	Description of Change	Reason for Change	Effect on Burden
Rules for our plan's outpatient drug coverage, paragraph 4	Added language to insert if applicable to refer enrollees to fill prescriptions through mail order service.	Language added for additional clarification for enrollees.	No effect
Rules for our plan's outpatient drug coverage, paragraph 7	Added language to note that drugs may require approval from the plan.	Language added for additional clarification for enrollees.	No effect
A1. Filling your prescription at a network pharmacy	Added language on cross reference for information on prescriptions at out-of-network pharmacies	Language added for additional clarification for enrollees.	No effect
A2. Using your Member ID Card when you fill a prescription, paragraph 2	Added language alerting enrollees that they can ask the pharmacy to look up plan enrollment information.	Language added for additional clarification for enrollees.	No effect
A9. Paying you back for a prescription, paragraph 1	Added language to insert if applicable to note that the enrollee may be required to pay the difference in cost at an out-of-network pharmacy.	Language added for additional clarification for enrollees.	No effect
B. Our plan's Drug List	Removed optional language for plans to add if they have indication based formulary design.	Removed from this section, added to the next section.	No effect.
B1. Drugs on our Drug List, Paragraph 2	Added optional language for plans to add if they have indication based formulary design.	Removed from the previous section, added to this question.	No effect
B1. Drugs on our Drug List, Paragraph 3-4	Amended language on biological products.	Language amended for additional clarification for enrollees.	No effect
B1. Drugs on our Drug List, Paragraph 5	Added language on cross reference for information on the definition on different types of drugs that may be on the drug list	Language amended for additional clarification for enrollees.	No effect
B2. How to find a drug on our Drug List,	Added language on "Real Time Benefit Tool."	Language added for additional clarification for enrollees.	No effect

paragraph 1, bullet 4			
B3. Drugs not on our Drug List	Added bullets to describe drugs that are not on the plan's drug list.	Language added for additional clarification for enrollees.	No effect
C. Limits on some drugs, paragraph 2	Added language to describe why drugs may appear more than once on the drug list.	Language added for additional clarification for enrollees.	No effect
C1. Limiting use of a brand name drug	Modified optional language to include interchangeable biosimilar when discussing generic drugs	Technical clarification.	No effect
C2. Getting plan approval in advance	Added language describing prior authorization and where to get more information.	Language added for additional clarification for enrollees.	No effect
C3. Trying a different drug	Language added to describe where more information could be found.	Language added for additional clarification for enrollees.	No effect
C4. Quantity limits	Language added to describe an example of quantity limits.	Language added for additional clarification for enrollees.	No effect
D. Reasons your drug might not be covered, bullet point 3	Added bullet point to direct plans to delete the section if there is no Part D cost sharing or if the formulary structure doesn't allow for tiering exceptions.	Language added for additional clarification for enrollees.	No effect
D1. Getting a temporary supply	Removed and moved to another section language describing descriptions of getting temporary supplies of prescription drugs.	Moved further down in the section for flow.	No effect
D3. Asking for an exception, bullet 3	Added bullet point on approving exception requests.	Language added for additional clarification for enrollees.	No effect
E. Coverage changes for your drugs, paragraph 1	Added optional language discussing whether the plan may replace an original biological product with a biosimilar.	Language added for clarity of information provided by plan.	No effect
E. Coverage changes for your drugs, paragraph 2	Added language stating that the plan must follow Medicare requirements before we change the Drug List.	Language added for additional clarification for enrollees.	No effect
E. What happens if coverage changes for a drug you're taking?	Added language discussing that plans may or may not make certain generic and biosimilar substitutions.	Technical clarification.	No effect

E. Changes we may make to the Drug List that affect you during the current plan year	Amended language on when an enrollee would hear if they were affected by changes to the drug list.	Language added for additional clarification for enrollees.	No effect
E. Changes to the Drug List that don't affect you during this plan year	Added language to describe how changes to the drug list would affect drugs that enrollees are taking.	Language added for additional clarification for enrollees.	No effect
G. Programs on drug safety and managing drugs, paragraph 1	Added bullet point to note that plans look for possible problems when enrollees fill a prescription.	Language added for additional clarification for enrollees.	No effect
G3. Drug management program for safe use of opioid medications	Amended language discussing the drug management program.	Language added for additional clarification for enrollees.	No effect
G3. Drug management program for safe use of opioid medications, paragraph 3	Added language describing the letter that the plan will send an enrollee if the plan limits coverage of drugs.	Language added for additional clarification for enrollees.	No effect

Chapter 6: What you pay for your Medicare and Medicaid program [name] drugs

Location of Change	Description of Change	Reason for Change	Effect on Burden
Introduction	Added language discuss the plan's Real Time Benefit Tool	Language added for additional clarification for enrollees.	No effect
A. The Explanation of Benefits (EOB)	Added language discussing how the plan tracks enrollee drug costs and payment.	Language added for additional clarification for enrollees.	No effect
A. The Explanation of	Removed "TRICARE" from list of entities that could pay for prescriptions on behalf of enrollees.	Technical clarifications	No effect

Benefits (EOB)			
B. How to keep track of your drug costs	Added information on State Pharmaceutical Assistance Program	Language added for additional clarification for enrollees.	No effect
B. How to keep track of your drug costs	Removed information on where to find more information.	Removed redundant information.	No effect
C. Drug Payment	Removed language discussing VBID.	VBID will no longer be offered after the conclusion of plan year 2025, which affects Part D cost sharing.	No effect
D. Your pharmacy choices	Added optional language describing preferred cost sharing and mail order pharmacies.	Language added for additional clarification for enrollees.	No effect
D. End of the Initial Coverage Stage	Added optional language describing coverage of drugs that aren't normally covered.	Language added for additional clarification for enrollees.	No effect
E. Stage 2: The Catastrophic Coverage Stage	Added optional language for plans that cover Medicaid drugs or excluded drugs under an enhanced benefit.	Language added for additional clarification for enrollees.	No effect
G. What you pay for Part D vaccines	Added section for plans to revise as necessary.	Technical update	No effect
G. Prescription cost-sharing assistance for persons with HIV/AIDS	Removed section on cost sharing assistance for persons with HIV/AIDS	This information is currently located in Chapter 2	No effect.

Chapter 7: Asking us to pay [plans with cost sharing, insert: our share of] a bill you got for covered services or drugs

Location of Change	Description of Change	Reason for Change	Effect on Burden
A. Asking us to pay for your services or drugs; When you use an out-of-network pharmacy to	Added bullet to describe that the plan may not pay back the difference between in-network and out-of-network costs.	Language added for additional clarification for enrollees.	No effect

fill a prescription			
A. Asking us to pay for your services or drugs; When you pay the full prescription cost	Added bullet and other language to describe that the plan may not pay back the difference in the cash price and the negotiated price.	Language added for additional clarification for enrollees.	No effect
B. Sending us a request for payment	Removed optional language describing required timeframe for submitting claims.	This section has variable language where this information can be included.	No effect
C. Coverage decisions, bullet 2	Amended the bullet to include that the plan may not reimburse the enrollee if they paid the full cost of the drug.	Language added for additional clarification for enrollees.	No effect

Chapter 8: Your rights and responsibilities

Location of Change	Description of Change	Reason for Change	Effect on Burden
A. Your right to get services and information in a way that meets your needs, paragraph 1	Added language to give examples of areas in which services could be delivered in culturally competent and accessible manners.	Language added for additional clarification for enrollees.	No effect
C. Our responsibility to protect your personal health information (PHI)	Added language on uses of PHI	Language added for additional clarification for enrollees.	No effect
G2. Your right to say what you want to happen if you can't make health care decisions for yourself	Added language to discuss advance directives.	Language added for additional clarification for enrollees.	No effect

I. Your responsibilities as a plan member	Added bullet noting that enrollees should alert Social Security (or RRB) if they move.	Language added for additional clarification for enrollees.	No effect
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Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

Location of Change	Description of Change	Reason for Change	Effect on Burden
E. Coverage decisions and appeals	Added language regarding the scope of coverage decisions and appeals.	Language added for additional clarification for enrollees.	No effect
E1. Coverage decisions	Added example language to explain coverage decisions.	Language added for additional clarification for enrollees.	No effect
E2. Appeals, paragraph 4	Removed language discussing the content of the letter for Level 2 appeals.	Repetitive of prior sentence.	No effect
F. Medical care, paragraph 2	Amended language and removed complexity.	Language amended for additional clarification for enrollees.	No effect
F2. Asking for a coverage decision; standard coverage decision	Amended language describing coverage decision timeframes.	Language amended to more clearly align with regulations and standard practices.	No effect
F2. Asking for a coverage decision; fast coverage decision	Amended language describing coverage decision timeframes.	Language amended to more clearly align with regulations and standard practices.	No effect
F4. Making a Level 2 Appeal, when your problem is about a service or item Medicaid usually covers	Amended language to allow states to fill in their own requirements for state fair hearings	Language amended to more clearly align with state practices.	No effect
F5. Payment problems, bullet 1	Amended language on timeframe for payment.	Language amended to more clearly align with regulations and standard practices.	No effect

F5. Payment problems, bullet 4	Removed bullet discussing policy on fast appeals for payment	We removed the bullet because enrollees can ask for a fast appeal for payment cases.	No effect
G2. Medicare Part D exceptions, paragraph 4	Added language on tiering exceptions.	Moved from later in section G2.	No effect
G2. Medicare Part D exceptions, item 1	Amended language applicable to plans that have cost sharing.	Language amended to more clearly align with regulations and standard practices.	No effect
H2. Making a Level 1 Appeal, bullet 3	Removed language on missing deadlines for contacting the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
H4. Making a Level 1 Alternate Appeal	Removed language on making an appeal to the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
H5. Making a Level 2 Alternate Appeal	Removed the language on making an appeal to the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
I2. Making a Level 1 Appeal, Your deadline for contacting this organization, bullet 2	Removed language on deadline for contacting the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
I2. Making a Level 1 Appeal, Your deadline for contacting this	Removed timeframe for contacting 1-800-MEDICARE	Removed to mirror current practices.	No effect

organization, text box			
I3. Making a Level 2 Appeal, bullet 6	Removed language on letters from the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
I4. Making a Level 1 Alternate Appeal	Removed language on making an appeal to the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
I5. Making a Level 2 Alternate Appeal	Removed language on making an appeal to the QIO.	CY 2025 final rule changed the process so that enrollees will appeal to the QIO even if they are late. Removing language as it is no longer applicable in 2025.	No effect
J3. Appeal Levels 3, 4 and 5 for Medicare Part D Drug Requests, level 4 appeal	Added language on if the council denies the review the request.	Language added for additional clarification for enrollees.	No effect

Chapter 10: Ending your membership in our plan

Location of Change	Description of Change	Reason for Change	Effect on Burden
A. When you can end your membership in our plan, paragraph 1	Amended language on special enrollment periods.	Language amended to align with current regulations.	No effect
A. When you can end your membership in our plan, paragraph 2, bullet 2	Amended language on MA Open Enrollment Period.	Language added for additional clarification for enrollees.	No effect

A. When you can end your membership in our plan, paragraph 6	Added language to note that language on drug management program is optional for plans to include.	Language added to align with current practice.	No effect
C1. Your Medicare services, paragraph 1	Amended language on special election periods and open enrollment periods.	Language amended to align with current regulations.	No effect
C1. Your Medicare services, item 1 in text box	Amended language describing options for changing plans.	Language added for additional clarification for enrollees.	No effect
C1. Your Medicare services, item 4 in text box	Added language on current special enrollment period.	Language amended to align with current regulations.	No effect
E. Other situations when your membership in our plan ends	Added language on deemed eligibility.	Language added for additional clarification for enrollees.	No effect

Chapter 11: Legal notices

Location of Change	Description of Change	Reason for Change	Effect on Burden
B. Notice about nondiscrimination	Removed language on gender and sexual orientation.	Language amended to reflect current administrative priorities.	No effect.
C. Notice about Medicare as a second payer and <[Medicaid program name>] as a payer of last resort.	Language added to note that plans can include other legal notices regarding Medicare as secondary payer.	Language added to clarify for plans what can be included.	No effect.

Chapter 12: Definitions of important words

Location of Change	Description of Change	Reason for Change	Effect on Burden
Introduction	Added term “Biological Product”	Language added for additional clarification for enrollees.	No effect

Introduction	Added term “Biosimilar”	Language added for additional clarification for enrollees.	No effect
Introduction	Amended term “Brand name drug”	Language added for additional clarification for enrollees.	No effect
Introduction	Amended term “Catastrophic coverage stage”	Language added for additional clarification for enrollees.	No effect
Introduction	Added term “Integrated D-SNP”	Language added for additional clarification for enrollees.	No effect
Introduction	Added term “Interchangeable Biosimilar”	Language added for additional clarification for enrollees.	No effect
Introduction	Updated term “Long-term services and supports” to provide additional details to the description	Language added for additional clarification for enrollees.	No effect
Introduction	Amended the term “Medication Therapy Management”	Language added for additional clarification for enrollees.	No effect
Introduction	Added term “Original Biological Product”	Language added for additional clarification for enrollees.	No effect
Introduction	Added term “Preventive Services”	Language added for additional clarification for enrollees.	No effect
Introduction	Added term “Real Time Benefit Tool”	Language amended to align with current regulations.	No effect
Introduction	Amended term “Urgently needed care”	Language added for additional clarification for enrollees.	No effect