Kaiser Permanente Comments on
Agency Information Collection Activities: Proposed Collection; Comment Request
Attention: Document ID CMS-2025-0572-0001
Annual Notice of Change and Evidence of Coverage for AIPs in states that require Integrated Materials (CMS-10824)

Template Language	Proposed Revision	Comment
n/a	*n/a*	Kaiser Permanente appreciates the opportunity to submit comments on draft templates for the ANOC and EOC for Applicable Integrated Plans in States that require Integrated Materials. The timing is less than ideal for this submission since during August-September, plans are still finalizing all member documents for the upcoming AEP. October - December would be preferable to allow for a comprehensive review. Thank you for allowing us an opportunity to submit feedback.
There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:....	*Because you're eligible for <Medicaid program name>, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. [Plans who have $0 cost sharing for all Medicare Part D drugs should remove the remaining language in this paragraph.] We [insert as appropriate: have included or sent you] a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your level of Extra Help. If you don't have this insert, please call Member Services and ask for the "LIS Rider."* *There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:....*	The Plan suggests the inclusion of the first paragraph that is found in the SNP CMS Model EOC about Extra Help. Additionally, the Plan suggests adding language in the second paragraph to clarify the member's cost share depends on their level of extra help (which will be described in the LIS Rider) since the ANOC only includes the LIS range, not the member-specific amount.

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The Initial Coverage Stage ends when your total out-of-pocket costs reach $<TrOOP amount>. At that point the Catastrophic Coverage Stage begins. [Insert as applicable: The plan covers all of your drug costs from then until the end of the year. If the plan covers excluded drugs under an enhanced benefit or Medicaid drugs with cost-sharing in this stage insert: The plan covers all of your Part D drugs until the end of the year. You may have cost-sharing for excluded drugs that are covered under [insert as applicable: our enhanced benefit or Medicaid].] Refer to Chapter 6 of your Member Handbook for more information about how much you pay for drugs.	*Note: If you lose Extra Help, your cost share for Part D drugs will change as described in the [Evidence of Coverage/Member Handbook].* *The Initial Coverage Stage ends when your total out-of-pocket costs reach $<TrOOP amount>. At that point the Catastrophic Coverage Stage begins. [Insert as applicable: The plan covers all of your drug costs from then until the end of the year. If the plan covers excluded drugs under an enhanced benefit or Medicaid drugs with cost-sharing in this stage insert: The plan covers all of your Part D drugs until the end of the year. You may have cost-sharing for excluded drugs that are covered under [insert as applicable: our enhanced benefit or Medicaid].] Refer to Chapter 6 of your Member Handbook for more information about how much you pay for drugs.*	The Plan suggests the inclusion of language to disclose that the cost share will change if the member loses Extra Help, which can occur during the deeming period. When the member is in the deeming period on the SNP plan and they no longer have Extra Help, the higher Part D Medicare cost share (filed in the Medicare bid) will apply. The Plan wants to ensure that members are aware that coverage changes could impact their Extra Help. The Plan suggests to add language to 1) educate members about how the loss of Medicaid eligibility could impact a member's LIS/Extra Help, and 2) assist when responding to member complaints about the increase to their cost share. This language aligns with the existing deeming language in chapters 4 and 10 in the California Member Handbook.
4. You can change to: *Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.*	*4. You can change to:* *Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section**G2**.*	The cross-reference to Section A is incorrect. Section A in the ANOC contains disclaimers. Section G2 describes the "other situations" that a member can change plans. The Section A applies to the EOC chapter 10.
"If you lose eligibility but can be expected to regain it ..."	"If you lose [Medicaid program name] eligibility but can be expected to regain it ..."	The Plan suggests keeping the reference to Medicaid eligibility in this context because the deeming period does not apply to loss of Medicare eligibility. It will be an inaccurate statement otherwise.

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"The HRA includes questions to identify your medical, behavioral health, and functional needs [add additional areas covered by HRA]."	"The HRA includes questions to identify your medical, behavioral health, and functional needs [Insert as applicable: add additional areas covered by HRA]."	The Plan requests to clarify in the instructions to add the additional HRA language only if it applies.
In some situations, your plan premium could be less. [Insert as appropriate, depending on whether State Pharmaceutical Assistance Programs (SPAPs) are discussed in Chapter 2: There are programs to help people with limited resources pay for their drugs. These include "Extra Help" and SPAPs. OR The "Extra Help" program helps people with limited resources pay for their drugs.] Learn more about [insert as applicable: these programs OR this program] in Chapter 2, Section H2. If you qualify, enrolling in the program might lower your monthly plan premium. If you already get help from one of these programs, the information about premiums in this Member Handbook [insert as applicable: may OR doesn't] apply to you. [If not applicable, omit information about the LIS Rider.] We [insert as appropriate: have included OR sent you] a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services at the number at the bottom of this page and ask for the "LIS Rider".	In some situations, your plan premium could be less. [Insert as appropriate, depending on whether State Pharmaceutical Assistance Programs (SPAPs) are discussed in Chapter 2: There are programs to help people with limited resources pay for their drugs. These include "Extra Help" and SPAPs. OR The "Extra Help" program helps people with limited resources pay for their drugs.] Learn more about [insert as applicable: these programs OR this program] in Chapter 2, Section H2. If you qualify, enrolling in the program might lower your monthly plan premium. If you already get help from [insert as applicable: these programs OR this program], the information about premiums in this Member Handbook [insert as applicable: may OR doesn't] apply to you. [If not applicable, omit information about the LIS Rider.] We [insert as appropriate: have included OR sent you] a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert,	The Plan requests to add the variable to the second paragraph, consistent with the first paragraph, to accommodate when there is only one program available.

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	please call Member Services at the number at the bottom of this page and ask for the "LIS Rider".	
H3. Optional Supplemental Benefit Premium *If you signed up for extra benefits, also called "optional supplemental benefits", you pay additional premium each month for these extra benefits. Refer to Chapter 4, Section E for details. [If the plan describes optional supplemental benefits within Chapter 4, then the plan must include the premium amounts for those benefits in this section.]*	*[Insert if applicable: H3. Optional Supplemental Benefit Premium* *If you signed up for extra benefits, also called "optional supplemental benefits", you pay additional premium each month for these extra benefits. Refer to Chapter 4, Section E for details. [If the plan describes optional supplemental benefits within Chapter 4, then the plan must include the premium amounts for those benefits in this section.]]*	This section should be optional, so that Plans not offering Optional Supplemental Benefits can remove it.
...you'll get a bill from your plan for your drugs...	"...you'll get a bill from our plan for your drugs..."	Use of "your" implies another plan besides the one issuing the EOC. The template utilizes "our" extensively elsewhere in the document to refer to the D-SNP issuing the EOC. Since the D-SNP will be the entity sending the bill, "our" seemed more appropriate.
Because you're eligible for <Medicaid program name>, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. [Plans who have $0 cost sharing for all Medicare Part D drugs should remove the remaining language in this paragraph.] We [insert as appropriate: have included or sent you] a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this	Because you're eligible for <Medicaid program name>, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. [Plans who have $0 cost sharing for all Medicare Part D drugs should remove the remaining language in this paragraph.] We [insert as appropriate: have included or sent you] a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call	The Plan wants to ensure that members are aware that coverage changes could impact their Extra Help. The Plan suggests adding language to 1) educate members about how the loss of Medicaid eligibility could impact a member's LIS/Extra Help, and 2) assist when responding to member complaints about the increase to their cost share. This language aligns with the existing deeming language in chapters 4 and 10. Similar to the ANOC request, the Plan suggests the inclusion of language to disclose that the cost

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insert, please call Member Services and ask for the "LIS Rider."	Member Services and ask for the "LIS Rider." [*Insert and modify as applicable:* If you lose Extra Help at anytime, your cost share for Medicare Part D drugs will change. See Section X for additional information.]	share will change if the member loses Extra Help, which can occur during the deeming period. When the member is in the deeming period on the SNP plan and they no longer have Extra Help, the higher Part D Medicare cost share (filed in the Medicare bid) will apply.
There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay for each prescription depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:	There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on your level of Extra Help and which stage you're in when you get a prescription filled or refilled. These are the two stages:....	The Plan suggests adding language to clarify the member's cost share also depends on their level of extra help (which will be described in the LIS Rider) since the Member Handbook only includes the LIS range, not the member-specific amount.
Your share of the cost when you get a one-month [insert if applicable: or long-term] supply of a covered drug from:	If you **get** Extra Help: Your share of the cost when you get a one-month [insert if applicable: or long-term] supply of a covered drug from:	This section currently only includes describing the LIS copays. To align with all the other requests to disclose the Part D cost share, the Plan recommends adding text to clarify the cost share in these tables only applies if the member has Extra Help.
Your share of the cost when you get a one-month [insert if applicable: or long-term] supply of a covered drug from:	If you **lose** Extra Help: Your share of the cost when you get a one-month [insert if applicable: or long-term] supply of a covered drug from:	Part 2 of the request above. The plan requests adding a table to describe the cost share that applies when the member loses Extra Help. This will assist with member complaints when they are charged a higher cost share.