



CMS Makes Minor Changes from CY 2017 to CY 2018 Model Marketing Materials

While most of the Model Materials have not changed significantly from Contract Year (CY) 2017 to CY 2018, the Centers for Medicare & Medicaid Services (CMS) announced several revisions to the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) released in May.

Overall, references to the Multi-Language Insert were removed from the 2018 ANOC/EOC Standardized Models instructions, and other revisions included streamlining and clarifying existing guidance, as detailed below.

Permissible Alterations

- If multiple benefit packages are included in one EOC, they must be benefit packages for the same plan type and all either offer, or not offer, Part D coverage.

Submission to HPMS

- An ANOC/EOC for each Benefit Package (PBP) offered should be submitted.
- MAOs, PDPs or Cost Plans that have consolidated plans should include, in one “zipped” file, the ANOCs for both plans, and one EOC for the remaining consolidated plan.
- Plans that separate the EOC from the ANOC for new enrollees who are effective January 1 and beyond should not submit the EOC again if the EOC was originally submitted as a combined ANOC/EOC.
- “No Longer in Use” should only be used for planned changes (such as an address change) and not to resolve errors, such as inaccurate cost sharing in the ANOC/EOC.

Input of Actual Dates

- ANOC/EOC material must be inputted with the actual mail dates in HPMS within 15 days of mailing the ANOC/EOC material.

Additional Service Area/Low Income Subsidy (SA/LIS) Submissions

- CMS expanded the section to specify when plans should use the SA/LIS functionality:
 - Plans are permitted to use the SA/LIS functionality to upload a different version (not correction) of the original ANOC/EOC material submission.
 - Errata sheets should not be submitted updating the current year's Medicare amounts to mirror the Medicare amounts for enrollee cost sharing. Plans should use the SA/LIS functionality to upload the revised ANOC/EOC with the updated Medicare amounts into HPMS.
 - The initial document must be submitted into HPMS before additional versions are submitted under the SA/LIS functionality.

CMS indicates changes to the CY 2018 Summary of Benefit are minor and will included in the Medicare Marketing Guidelines, which CMS expects to release soon.

Changes to the CY 2018 Provider Directory Model were highlighted in an HPMS memo in July.

BluePeak's consultants have experience reviewing member materials from their work at Plans and for CMS. We can help you populate and/or review the annual required materials, as well as other member communications. Contact BluePeak at (469) 319-1228 or info@bluepeak.com for a free consultation.