Attachment B: 30-day Federal Register Crosswalk: High Level Summary of Revisions

For the 2024 contract year, based on 30-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) standardized documents 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, HMO-MA, HMO-MAPD, MSA, PDP, PFFS, PPO-MA, PPO-MAPD and DSNP). 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, 2023 and EOCs to members by October 15, 2023. The table below summarizes the edits.

Plan Type: Change to HMO MAPD, PPO MAPD, PFFS, HMO MA, PPO MA, DSNP EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 9, Section 7.4 (HMO MAPD, PPO MAPD), Chapter 9, Section 8.4 (DSNP 9A & 9B) Chapter 7, Section 7.4 (HMO MA, PPO MA)	Inserted **change your hospital discharge date and date?** for heading to read: **What if you miss the deadline for making your Level 1 appeal to change your hospital discharge date?**

Plan Type: Change to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, HMO MA, PPO MA, PDP EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 5.1	In the **Changing the way you pay your premium** section**,** added language in the first sentence: the option by which.
CMS	Chapter 2, Section 3	In the METHOD TO ACCESS SHIP and OTHER RESOURCES text box, first bullet changed to: • Visit *https://www.shiphelp.org* (Click on SHIP LOCATOR in middle of page)

Plan Type: Change to Cost Plan EOC model

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 3.2	Deleted plan instruction: *[Plans with a Point-of-Service (POS) option must briefly describe the POS option here. The details of the POS should be addressed in Chapter 3.]*

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, HMO MA, PPO MA ANOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 2.3 - Changes to the Provider and Pharmacy Networks	Changed the following text to include timeframe for mailing: [*Insert if applicable:* We included a copy of our **current** *Provider and/or Pharmacy Directory* in the envelope with this document.] Updated directories are also located on our website at *[insert URL]*. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.
CMS	Section 2.3 - Changes to the Provider and Pharmacy Networks	Changed the following instruction to include the variable [*insert if applicable:* also]: Updated directories are [*insert if applicable:* also] located on our website at *[insert URL]*.

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, HMO MA, PPO MA EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 3.2	Updated plan instruction: [*Insert if applicable:* We included a copy of our current *Provider and/or Pharmacy Directory* in the envelope with this document.] Added language to the last paragraph of section: (electronically or in hardcopy form) from Member Services. Requests for hard copy Provider Directories will be mailed to you within three business days.

Plan Type: Changes to HMO MAPD, DSNP, Cost, PFFS, HMO MA EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 3.2	Added sentence to plan instruction in 3rd paragraph: *Refer to the current Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance for guidance on sub-networks.]*

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, PDP EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 5, Section 10.2 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 3, Section 10.2 (PDP)	Three changes made: • 1st paragraph, 4th sentence added: medications may not be safe. • 2nd paragraph, 2nd sentence: added: The letter will tell you if we will limit coverage of these drugs for you, or if you'll be required to get the prescriptions for these drugs only from a specific doctor or pharmacy. • 2nd paragraph, 5th sentence: If you think we made a mistake or you disagree with our decision or with the limitation, you and your prescriber have the right to appeal. If you appeal, we will review your case and give you a new decision.

CMS	Chapter 5, Section 3.3 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 3, Section 3.3 (PDP)	Added Real Time Benefit Tool language: 4. Use the plan's "Real Time Benefit Tool" (*[insert URL]* or by calling Member Services). With this tool you can search for drugs on the "Drug List" to see an estimate of what you will pay and if there are alternative drugs on the "Drug List" that could treat the same condition. *[Plans may insert additional information about the Real Time Benefit Tool such as rewards and incentives which may be offered to enrollees who use the "Real Time Benefit Tool."]*
CMS	Chapter 6, Section 1.1 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 4, Section 1.1 (PDP)	Added two sentences at the end of the 2nd paragraph: When you use the plan's "Real Time Benefit Tool" to look up drug coverage (see Chapter 3, Section 3.3), the cost shown is provided in "real time" meaning the cost you see in the tool reflects a moment in time to provide an estimate of the out-of-pocket costs you are expected to pay. You can also obtain information provided by the "Real Time Benefit Tool" by calling Member Services.
CMS	Chapter 5, Section 10.3 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 3, Section 10.3 (PDP)	Added to 2nd sentence in 2nd paragraph: - If you qualify for the program,
CMS	Chapter 6, Section 7 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 4, Section 7 (PDP)	Language edits: • 1st bullet: Plans that do not cover excluded drugs under an enhanced benefit, • 1st sub bullet: covered Part D drugs. • 2nd bullet: During this payment stage, the plan pays the full cost for your covered Part D drugs.
CMS	Chapter 6, Section 9 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 4, Section 9 (PDP)	Added to the following language in three instances: most adult Part D vaccines

CMS	Chapter 12: Definitions (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 10 (PDP)	Added Definition: Real Time Benefit Tool – A portal or computer application in which enrollees can look up complete, accurate, timely, clinically appropriate, enrollee-specific formulary and benefit information. This includes cost sharing amounts, alternative formulary medications that may be used for the same health condition as a given drug, and coverage restrictions (Prior Authorization, Step Therapy, Quantity Limits) that apply to alternative medications.
CMS	Chapter 5, Section 5.2 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 3, Section 5.2 (PDP)	Deleted plan instruction: *[Sponsors may omit this scenario if all current members will be transitioned in advance for the following year.]*
CMS	Chapter 12 Definitions, Catastrophic Stage (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 10 Definitions (PDP)	Changed definition to the following: **Catastrophic Coverage Stage** – The stage in the Part D Drug Benefit that begins when you (or other qualified parties on your behalf) have spent $*[insert 2024 out-of-pocket threshold]* for Part D covered drugs during the covered year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS and PDP ANOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 2.5 - Changes to the Coverage Gap and Catastrophic Coverage Stages (HMO MAPD, PPO MAPD, DSNP, COST, PFFS), Section 2.3 (PDP)	Added the term Part D in the following plan instructions: *[Plans that do not cover excluded drugs under an enhanced benefit, OR plans that do cover excluded drugs under an enhanced benefit but with the same cost sharing as covered Part D drugs in this stage, insert the following:* **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.***]* *[Plans that cover excluded drugs under an enhanced benefit with cost sharing in this stage, insert the following:* **Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.***]*
CMS	Section 2.5 - Stage 2: Initial Coverage Stage Chart	Added the following language in two instances: Most adult Part D vaccines are covered at no cost to you.
CMS	Chapter 5, Section 5.2 (HMO MAPD, PPO MAPD, DSNP, Cost, PFFS), Chapter 3, Section 5.2 (PDP)	Deleted plan instruction: *[Sponsors may omit this scenario if all current members will be transitioned in advance for the following year.]*

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, MSA, HMO MA, PPO MA EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 4, Medical Benefits Chart Instructions (HMO MAPD, PPO MAPD, DSNP, PFFS, COST, PPO MA, HMO MA – Bullet 6), MSA (Bullet 5)	Made edits in the plan instruction (6th bullet) for completing the Medical Benefits Chart: *(When one reads the provider directory, it is clear what the special character and/or footnote means when reading this section of the EOC. Refer to the current Medicare Advantage and Section 1876 Cost Plan Provider Directory Model for more information).*
CMS	Chapter 3, Section 5.1	Added to the end of the 4th paragraph*:* Please note that this does not include benefits for which our plan is responsible that include, as a component, a clinical trial or registry to assess the benefit. These include certain benefits specified under national coverage determinations (NCDs) and investigational device trials (IDE) and may be subject to prior authorization and other plan rules. Added to the 5th paragraph: Although you do not need to get our plan's permission to be in a clinical research study covered for Medicare Advantage enrollees by Original Medicare,
CMS	Chapter 9 Making an appeal - 3rd paragraph	Deleted coverage decision and replaced with Level 1 appeal.

CMS	Chapter 9, Section 4.1 (HMO MAPD, PPO MAPD, PFFS, Cost, MSA, HMO MA, PPO MA), Chapter 9A & Chapter 9B, Section 5.1 (DSNP)	Changed paragraph four to the following: If we say no to all or part of your Level 1 appeal for medical services and Part B drugs, your appeal with automatically go on to a Level 2 appeal conducted by an independent review organization that is not connected to us. • You do not need to do anything to start a Level 2 appeal. Medicare rules require we automatically send your appeal for medical services and Part B drugs to Level 2 if we do not fully agree with your Level 1 appeal. • See **Section 6.4** of this chapter for more information about Level 2 appeals. • For Part D drug appeals, if we say no to all or part of your appeal, you will need to ask for a Level 2 appeal. Part D appeals are discussed further in Section 7 of this chapter. If you are not satisfied with the decision at the Level 2 appeal, you may be able to continue through additional levels of appeal (Section 9 in this chapter explains the Level 3, 4, and 5 appeals processes).
CMS	Chapter 9, Section 5.3 (HMO MAPD, PPO MAPD, PFFS, Cost), Chapter 7, Section 5.3 (MSA, HMO MA, PPO MA), Chapter 9A & Chapter 9B (DSNP) - Section 6.3	Changed sentence in 1st paragraph to the following: **Step 1: Decide if you need a standard appeal or a fast appeal. A standard appeal is usually made within 30 days or 7 days for Part B drugs.**

CMS	Chapter 4, Medical Benefits Chart; Urgently Needed Services (HMO MAPD; DSNP, Cost, HMO MA	Text changed to the following: Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Examples of urgently needed services that the plan must cover out of network occur if: You are temporarily outside the service area of the plan and require medically needed immediate services for an unforeseen condition but it is not a medical emergency; or it is unreasonable given your circumstances to immediately obtain the medical care from a network provider. In these examples, your plan will cover the urgently needed services from a provider out-of-network.
CMS	Chapter 4, Medical Benefits Chart; Urgently Needed Services (PPO MAPD, PPO MA)	Text changed to the following: Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Examples of urgently needed services that the plan must cover out of network occur if: You are temporarily outside the service area of the plan. and require medically needed immediate services for an unforeseen condition but it is not a medical emergency; or it is unreasonable given your circumstances to immediately obtain the medical care from a network provider. For example, you need immediate care during the weekend. Services must be immediately needed and medically necessary.
CMS	Chapter 4, Medical Benefits Chart; Urgently Needed Services (PFFS)	Text changed to the following: Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but, given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Examples of urgently needed services that the plan must cover out of network occur if: You are temporarily outside the service area of the plan and require medically needed immediate services for an unforeseen condition but it is not a medical emergency; or it is unreasonable given your circumstances to immediately obtain the medical care from a network provider. Services must be immediately needed and medically necessary.

CMS	HMO MAPD, PPO MAPD, Cost, PFFS (Chapter 9, Section 4.1), Chapter 7, Section 4.1 (MSA, HMO MA, PPO MA), Chapter 9A, 5.1 & Chapter 9B, 5.1 (DSNP)	2nd sentence under heading **Asking for coverage decisions prior to receiving benefits** changed to the following: For example, if your plan network doctor refers you to a medical specialist not inside the network, this referral is considered a favorable coverage decision unless either your network doctor can show that you received a standard denial notice for this medical specialist, or the Evidence of Coverage makes it clear that the referred service is never covered under any condition.
CMS	Chapter 1, Section 4	Added the following instructional text: *[Delete Chapter 1, Section 4.3 if your plan doesn't offer optional supplemental benefits. Renumber remaining sections as appropriate.]*
CMS	Chapter 4, Medical Benefits Chart	Outpatient mental health care section text was updated to address LMFT and LPC services in accordance with the Consolidated Appropriations Act of 2023 as follows: Mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), nurse practitioner (NP), physician assistant (PA), or other Medicare-qualified mental health care professional as allowed under applicable state laws.
CMS	Chapter 4, Medical Benefits Chart	The text in the Colorectal cancer screening section of the Medical Benefits Chart has been replaced.

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, HMO MA, PPO MA ANOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 2.4	Deleted the following text from the 5th paragraph and deleted the entire 6th paragraph: such as Cash or Monetary Rebates

Plan Type: Changes to HMO MAPD, Cost, HMO MA, PFFS EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 1	Deleted the following text from the first sub-bullet: Outside the service area

Plan Type: Changes to DSNP EOC model

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 1, Section 4.4	Deleted the following text: The Part D late enrollment penalty is added to your monthly or quarterly premium. *[Plans that do not allow quarterly premium payments, omit the quarterly portion of the sentence above.]* When you first enroll in *[insert 2024 plan name],* we let you know the amount of the penalty. [*Insert the following text if the plan disenrolls for failure to pay premiums*: If you do not pay your Part D late enrollment penalty, you could lose your prescription drug benefits.] *[Plans with no plan premium, delete the first sentence in the paragraph above and continue with the remainder of the paragraph.]*
CMS	Chapter 1, Section 5.1	Deleted plan instruction: *[Plans with no premium insert:* If you are required to pay a Part D late enrollment penalty that penalty is due in our office by the *[insert day of the month].]*

Plan Type: Changes to DSNP ANOC model

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Section 5 - Changing Plans	Added the following text: Because you have [Insert name of Medicaid program], you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**: • January to March • April to June • July to September
CMS	4th plan instruction - page 1	Changed long-term care (LTS) to long-term services and supports (LTSS)

Plan Type: Changes to PDP EOC model

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 4.1- Asking for coverage decisions prior to receiving benefits	Added 3rd paragraph: In limited circumstances a request for a coverage decision will be dismissed, which means we won't review the request. Examples of when a request will be dismissed include if the request is incomplete, if someone makes the request on your behalf but isn't legally authorized to do so or if you ask for your request to be withdrawn. If we dismiss a request for a coverage decision, we will send a notice explaining why the request was dismissed and how to ask for a review of the dismissal.

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, MSA, Cost, PFFS, HMO MA, PPO MA, PDP EOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Chapter 7, Section 4.1 (PDP, MSA, HMO MA, PPO MA), Chapter 9A & 9B, Section 5.1 (DSNP), Chapter 9 Section 4.1 (HMO MAPD, PPO MAPD, Cost, PFFS),	Replaced the term services with benefit in two instances: 1.) Asking for coverage decisions prior to receiving benefits 2.) If we make a coverage decision, whether before or after a benefit is received
CMS	Throughout models	Added the term domestic partner with each instance of spouse.
CMS	First Page - Introduction	Added last sentence: For questions about this document, please contact Member Services at *[insert phone number]* for additional information. (TTY users should call *[insert TTY number]*). Hours are *[insert days and hours of operation]*. This call is free.
CMS	HMO MAPD, PPO MAPD, MSA, Cost, PFFS, HMO MA, PPO MA, PDP, Chapter 12 (PACE definition); DSNP, 4th plan definition and Chapter 12 (PACE definition)	Changed long term care (LTC) to long term services and supports (LTSS).

Plan Type: Changes to HMO MAPD, PPO MAPD, DSNP, Cost, PFFS, MSA, HMO MA, PPO MA, PDP ANOC models

Clarification Requested By	Chapter/Section	Change/Reason
CMS	Additional Resources	Add to 2nd bullet: This call is free.