



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

TO: Medicare Advantage Organizations, MA-PD, Demonstrations, and 1876 Cost Plans

FROM: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group
David A. Lewis, Acting Director, Medicare Advantage Group

SUBJECT: CY2007 Summary of Benefits (SB) Hard Copy Changes

DATE: August 4, 2006

Organizations may request a hard copy change to the Summary of Benefits (SB) on a very limited basis. All hard copy changes must be submitted to the SB mailbox with the exception of the following (1) Special Needs Plans (SNP) hard copy changes (as described below; (2) organizations that create side-by-side plan comparisons in Section 2 that will require changes to Section 1 of the SB, and (3) Medicare Part B premium income based changes. These hard copy changes are global and do not require submission or approval by CMS Central Office. They should be submitted to the Regional Office Plan Manager for review and approval. Organizations will receive a 10-day review on global hard copy changes. Any approved hard copy changes will not result in changes in the Medicare Personal Plan Finder or the Medicare Prescription Drug Plan Finder. Below is specific guidance for SNPs, side-by-side plan comparisons and the Medicare Part B premium.

SNP Hard Copy Changes

For the purposes of bidding, Dual Eligible Special Needs Plans are required to include in their PBP the full Medicare cost sharing amounts and reflect this level of cost sharing in the Bid Pricing Tool. While the Plan Benefit Packages (PBP) for Dual Eligible Special Needs Plans (SNP) reflect the Medicare cost sharing obligations of beneficiaries enrolled in these plans, they may not always reflect the cost sharing amounts which are the responsibility of dual eligible enrollees.

CMS will allow exclusively full dual eligible SNPs that have made arrangements with State Medicaid Agencies regarding cost sharing for dual eligible enrollees to make changes to their hard copy SB to reflect the actual out-of-pocket costs that will be charged to these enrollees. These hard copy changes will be considered global and will not require review and approval by CMS Central Office (CO). Organizations may not make additional changes to the SB without CO approval. All dual eligible SNPs must add one of the following statements below to their SB.

SNPs that enroll all levels of dual eligible individuals must add the following sentences in Section 2 of the SB, below the heading, “Important Information”:

“Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. These amounts may differ based on what kind of Medicaid benefits you have. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information”

SNPs that are exclusive to full duals must add the following sentence to Section 2 of the SB, below the heading, “Important Information”:

“Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the co-payment amounts listed below for Part D drug coverage. Contact your plan for additional information.”

Submit your hard copy change to your Regional Office plan manager.

The Medicare Personal Plan Finder (MPPF) will display the cost sharing and benefits as submitted in your PBP. CMS will add the model sentences to the MPPF to assist beneficiaries in plan selection.

Hard Copy Changes for Side-by-Side Plan Comparisons

Organizations offering more than one plan may describe several plans in the same SB by displaying the benefits for different plans in separate columns within Section 2 of the benefit comparison matrix. Since the PBP will only print Sections 1 and 2 of the SB for one plan, organizations will have to create a side-by-side comparison matrix for two (or more) plans by manually combining the information into a chart format. Organizations will also need to modify section 1 of the introduction section to accurately reflect the plans that have been added to Section 2 of the SB.

The side-by-side comparisons will not require review by CMS Central Office and are eligible for a 10-day marketing review if no other changes are made to the standardized SB.

Hard Copy Changes for Medicare Part B Premium

Beginning January 1, 2007 the Medicare Part B premium will be income based. Most beneficiaries will pay the standard monthly Part B premium, however there may be some that pay a higher premium based on their modified adjusted gross income. Organizations must include the following note in Section 2 of the SB under “Premium and other Important Information”

“Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.”

Please send any MA or MA-PD Summary of Benefits questions to
Summaryofbenefits@cms.hhs.gov.