

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR BENEFICIARY CHOICES

To: Medicare Advantage Organizations, Medicare Prescription Drug Plan Sponsors,
Medicare Cost-based plans

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

Re: Meeting 2007 Evidence of Coverage (EOC) Mailing Deadline

Date: December 5, 2006

We are writing to request Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plan (PDP) Sponsors to provide us an update on their plans for issuing their Evidences of Coverage (EOC) and related documents on or before the January 31, 2007 deadline.

Timely dissemination of beneficiary communications is essential to ensuring your enrollees' understanding of their benefits under the Part C and D programs. Pursuant to the Medicare Part C and Part D regulations and Chapter 6 of the *Medicare Marketing Guidelines*, MA Organizations and PDP Sponsors are required to mail EOC documents and LIS riders to all current plan beneficiaries no later than January 31, 2007.

The Centers for Medicare & Medicaid Services (CMS) released the model EOC documents on November 20, 2006 through the Health Plan Management System (HPMS), more than 70 days prior to the EOC distribution deadline. CMS has afforded sufficient time for all organizations to have EOC materials printed and mailed. We are expecting that all organizations will meet this deadline.

Several organizations indicated to us that they were waiting for CMS to release the model EOC documents before moving forward with their production and distribution efforts. As noted above, CMS has issued timely EOC guidance, and MA Organizations and PDP Sponsors must adopt the business plans necessary for their organizations to meet the January 31, 2007 deadline.

If your organization is uncertain whether it will be able to produce the EOC documents and mail them by the deadline, please draft an explanation of why your organization will not or might not be able to meet the deadline. CMS anticipates receiving few if any such explanations, as delays should only be the result of extraordinary and unavoidable circumstances. Where there is not sufficient justification for an organization's delay, CMS may consider taking a compliance action against the organization, including a

request for a corrective action plan or the imposition of an intermediate sanction (e.g., suspension of marketing and enrollment activities).

In your explanation, indicate which contracts and plan benefit packages (PBPs) within the contract will or might be mailed late and estimate what day your organization will mail the EOCs. If you receive this communication for multiple contracts, you may send only one e-mail response with information about all of the affected PBPs and contracts, as long as you clearly identify each contract number/PBP combination for which you are responding. On or before December 11, 2006 at 5:00 p.m. EST, send your explanation to drugbenefitimpl@cms.hhs.gov with the contract number(s) that will or might be late and the words "EOC deadline" in the subject line.

If you have any questions, please contact your CMS Account Manager.