



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: January 4, 2012

TO: Medicare Advantage Organizations
Medicare Advantage-Prescription Drug Organizations
Prescription Drug Plan Sponsors
Section 1876 Cost-Based Plans

FROM: Danielle R. Moon, J.D., M.P.A.
Director

SUBJECT: Reminder of Required Actions - Annual Notice of Change/Evidence of Coverage

The purpose of this memorandum is to remind all sponsors of their obligations to inform the Centers for Medicare & Medicaid Services (CMS) of the dates that their Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) documents were mailed and any errata sheets, if applicable.

CMS Regulations at 42 C.F.R. §§ 422.111(a)(3), 422.111(d)(2), 423.128 (a)(3) and Sections 30.12 and 60.7 of the Medicare Marketing Guidelines require sponsors to provide notification to enrollees of plan changes 15 days prior to the Annual Election Period. Enrollees of sponsors' 2011 plans should have received their contract year 2012 ANOC/EOC documents no later than September 30, 2011.

CMS allows two exceptions to the September 30, 2011 deadline for Section 1876 cost-based plans that do not offer Part D benefits (cost contractors) and Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs). Enrollees in Section 1876 cost-based plans that do not provide Part D must receive their ANOC/EOC by December 1. FIDE SNP enrollees must receive their ANOC by September 30, 2011 and their EOC by December 31, 2011. If a FIDE SNP chooses to send the ANOC and EOC together, they must be received by September 30, 2011.

To ensure compliance with these requirements, all sponsors, including Section 1876 cost-based plans and FIDE SNPs, should review the items listed below to ensure that the required documentation has been provided to CMS. Those sponsors who have not already complied with this requirement must input the information into the Health Plan Management System (HPMS) by Wednesday, January 18, 2012.

1. Ensure the mailing date(s) for your CY 2012 ANOCs/EOCs have been entered into HPMS. Note that HPMS will not permit the mail date for the ANOC/EOC to be less than five (5)

days following the file and use submission date. If the documents were mailed within five (5) days of the file and use submission date in HPMS, enter as the mailing date a date that is five (5) days after the file and use submission date.

2. Ensure that all errata sheets identifying errors have been uploaded into HPMS and sent to enrollees. If the sponsor identifies additional errors, sponsors should immediately develop and send an errata sheet. Refer to the marketing Review Users Guide for information regarding the upload of HPMS errata material.
(<https://hpms.cms.gov/app/Marketing/UserGuide/UsersGuide.aspx?PI=052509010000>)
3. Complete the attached excel spreadsheet for all contract/plan numbers. The sponsor's Medicare Compliance Officer should submit the spreadsheet to the CMS Surveillance mail box (surveillance@cms.hhs.gov) using "ANOC/EOC 2012" as the subject line. Please "cc" the sponsor's Regional Office account manager by Wednesday, January 18, 2012.

CMS will review the accuracy and timeliness of the ANOC/EOCs, and check the sponsors' CY 2012 Bid/Benefit submissions against their 2012 ANOCs/EOCs.

Questions regarding this memo should be sent to:

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