

100 - Disclosure Requirements

(Rev. 77, Issued: 10-28-05, Effective Date: 10-28-05)

(42 CFR 417.436) A *Medicare cost plan* must offer its plan to Medicare beneficiaries and provide to those interested in enrolling, adequate written descriptions of the Medicare cost plan's rules, procedures, benefits, fees and other charges, services, and other information necessary for beneficiaries to make an informed decision about enrollment. The *Medicare cost plan* must furnish a copy of the rules to each Medicare enrollee at the time of enrollment and at least annually thereafter. If a *Medicare cost plan* changes its rules, it must submit the changes to CMS in accordance with proper procedure and notify its Medicare enrollees of the changes at least 30 days before the effective date of the changes.

A *Medicare cost plan* must maintain written rules that deal with, but need not be limited to the following:

- All benefits provided under the contract;
- *To the extent the plan offers Part D as an MA-PD plan, the information at 42 CFR 423.128;*
- How and where to obtain services from or through the *Medicare cost plan*;
- The restrictions on coverage for services furnished from sources outside the *Medicare cost plan*, other than emergency services and urgently needed services;
- The obligation of the *Medicare cost plan* to assume financial responsibility and provide reasonable reimbursement for emergency services and urgently needed services;
- Any services other than the emergency or urgently needed services that the *Medicare cost plan* chooses to provide from sources outside the *Medicare cost plan*;
- The fact that the enrollee may receive services through any Medicare provider and supplier at Medicare cost-sharing levels;
- Premium information, including the amount (or if the amount cannot be included, the telephone number of the source from which this information may be obtained) and the procedures for paying premiums and other charges for which enrollees may be liable;
- Grievance and appeal procedures;
- Disenrollment rights;

- The obligation of an enrollee who is leaving the *Medicare cost plan*'s geographic area for more than 90 days to notify the *Medicare cost plan* of the move or extended absence and the *Medicare cost plan*'s policies concerning retention of enrollees who leave the geographic area for more than 90 days;
- The expiration date of the Medicare contract with CMS and notice that both CMS and the *Medicare cost plan* are authorized by law to terminate or refuse to renew the contract, and that termination or nonrenewal of the contract may result in termination of the individual's enrollment in the *Medicare cost plan*;
- Advance directives (see §130 below); and
- Any other matters that CMS may prescribe.

For further information on disclosure see the subpart of this chapter that deals with Marketing materials.