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



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: September 22, 2022

TO: Medicare Advantage Organizations, Medicare Advantage - Prescription Drug

Organizations, Section 1876 Cost Plans, Prescription Drug Plan Sponsors, Employer/Union-Sponsored Group Health Plans, Medicare-Medicaid Plans

FROM: Kathryn A. Coleman

Director

SUBJECT: Contract Year 2023 Annual Notice of Change and Evidence of

Coverage Submission Requirements and Yearly Assessment

The Centers for Medicare & Medicaid Services (CMS) requires Medicare Advantage (MA) plans and Part D sponsors to send accurate Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) documents to all applicable beneficiaries on a timely basis. Specific requirements related to accuracy and timeliness can be found in 42 C.F.R. §§ 422.111(a), 422.111(d)(2), 422.2262, 422.2267, 423.128(a), 423.128(g)(2), 423.2262, and 423.2267.

Each year, CMS analyzes MA plan/Part D sponsor's ANOCs and EOCs to ensure these documents were provided timely and accurately to enrollees. CMS requires organizations to thoroughly review, identify, and notify CMS of any inaccuracies found in ANOC and/or EOC documents. MA plans/Part D sponsors must use CMS' standardized ANOC and EOC errata models to address inaccuracies and submit errata to CMS by the following dates:

Material	Errata Due By
ANOC (applicable to all renewing	October 15
PBPs) due by September 30	
EOC (applicable to all PBPs) due by	November 15
October 15	

The actual mail date (AMD) and the number of enrollees affected must be submitted in the Health Plan Management System (HPMS) within 15 days of mailing each ANOC errata sheet. AMDs are not required for EOC errata sheets. MA plans/Part D sponsors must also update their corrected ANOCs and EOCs and submit using the replacement functionality in HPMS. The HPMS Users guide provides information on how to submit ANOCs, EOCs, replacements and errata sheets.

CMS may take compliance or enforcement actions on late ANOCs/EOCs. We may also take compliance for the failure to properly submit documents, errors in documents and failure to correctly enter AMDs. MA plan/Part D sponsors failure to identify and notify CMS of

inaccuracies by the dates above may result in additional compliance actions. In addition, CMS may conduct a retrospective review of ANOCs and EOCs.

Please note this memorandum does not alter the previous guidance related to material updates based on Sections 11401 and 11406 of the Inflation Reduction Act of 2022, as outlined in the September 6, 2022 HPMS memorandum titled, "Updates to Part D Member Materials for Contract Year 2023" and the September 12, 2022 HPMS memorandum titled, "Updates to PDSS Model Communications and Marketing Guidelines for Contract Year 2023".

For technical questions, please contact the HPMS Help Desk, at hpms@cms.hhs.gov. For MMP-specific questions, please contact mmcocapsmodel@cms.hhs.gov and copy your contract management team (CMT). For all other questions, please email Lauren Yeary, at lauren.yeary@cms.hhs.gov, and Barbara Gullick, at barbara.gullick@cms.hhs.gov, and copy your Account Manager.