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**DATE:** October 22, 2010

**TO:** Medicare Advantage Organizations, Prescription Drug Sponsors,  
Cost-Based Contractors, Employer/Union-Sponsored Group Health Plans

**FROM:** Danielle Moon, J.D., M.P.A.  
Director, Medicare Drug & Health Plan Contract Administration Group

**SUBJECT:** Corrections to the Annual Notice of Change/Evidence of Coverage

The purpose of this memorandum is to provide guidance on issuing corrections to the Annual Notice of Change/Evidence of Coverage (ANOC/EOC) documents using a standardized errata sheet. CMS considers the ANOC/EOC the most crucial and comprehensive benefit and plan information provided to beneficiaries. Therefore, it is important that information provided is clear, accurate, and compliant with CMS program requirements. Failure to provide accurate documents in a timely manner is a contractual and regulatory violation, which either adversely affects or has the potential likelihood of adversely affecting enrollees. CMS has determined that any plan sponsor that fails to provide accurate documents timely may be carrying out its contract with CMS in a manner that is inconsistent with the effective and efficient implementation of CMS' regulations and may constitute grounds for imposition of an enforcement action such as civil money penalties. In addition, CMS is engaged in a variety of activities to monitor plans' compliance with our ANOC/EOC requirements to ensure that not only are the documents received timely by enrollees, but are also accurate.

In recent years, we have identified several issues related to errata documents correcting ANOC/EOC errors. In many instances we have found that corrected information in the errata was not clearly communicated or identifiable to beneficiaries. To ensure that corrections to the ANOC/EOC are more understandable and consistent, CMS has developed a standardized ANOC/EOC errata model (attached to this memorandum) that must be used by all plan sponsors with any ANOC/EOC errors as of the date of issuance of this memorandum.

Although the ANOC/EOC errata model is standardized, it will not be eligible for File & Use submissions. The ANOC/EOC errata document must be submitted under code 1030 and is subject to a 10-day prospective review.

We remind plan sponsors that they are accountable for the accuracy and completeness of their marketing materials prior to submitting them to CMS for review and approval. Plan sponsors should have quality control processes in place to ensure materials are accurate and consistent with the Medicare Marketing Guidelines (MMG) requirements and all other relevant CMS

regulations, guidance, and instructions. These processes will prevent the need for resubmission of materials for review and difficulty with meeting CMS required timelines.

Plan sponsors that elect to revise, correct and resend updated corrected ANOC/EOCs to beneficiaries rather than simply sending enrollees the errata document must attach the standardized errata document to the front of the corrected ANOC/EOC.

If you have additional questions about the content of this memorandum, please contact your account manager or regional office marketing reviewer.