

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, 2023

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 2024 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.

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 PBPs) due by September 30	October 15
EOC (applicable to all PBPs) due by October 15	November 15

Each year, CMS analyzes MA plan/Part D sponsors' ANOCs and EOCs to ensure these documents were provided timely and/or accurately to enrollees. Within 15 days of mailing each ANOC and ANOC errata sheet, plans and sponsors must enter the number of enrollees that received each type of notice and the actual mail date in the Health Plan Management System (HPMS). Plans and sponsors are not required to enter the mail dates or the number of recipients for EOC and EOC errata sheets. Plans and sponsors also must submit their corrected ANOCs and EOCs in HPMS using the replacement functionality. 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 a plan/sponsor's failure to properly submit documents, for errors and for failing to correctly enter mail dates. In addition, failing to identify and notify CMS of errors by the dates noted above may result in additional compliance action. CMS also may conduct a retrospective review of ANOCs and EOCs.

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. For all other questions, please email Lauren Yearly, at lauren.yearly@cms.hhs.gov, and Barbara Gullick, at barbara.gullick@cms.hhs.gov, and copy your Account Manager.