

CENTER FOR MEDICARE

DATE: August 22, 2024

TO: Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

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SUBJECT: Model Notice Corrections

This memo provides corrections to the previously released Contract Year (CY) 2025 Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Part D Explanation of Benefits (EOB), and Low-Income Subsidy (LIS) Rider models.

CMS encourages Medicare Advantage Organizations and Prescription Drug Plan sponsors to reference the *2025 Annual Notice of Change and Evidence of Coverage Standardized Models Instructions and the Part D Model EOB Instructions*, for guidance on alterations, modifications or deletions of standardized language that are permissible when populating the models.

Questions regarding this memorandum may be directed to your CMS Account Manager.

Below is a summary of the required corrections and their location within the documents:

1. ANOC model for Cost plan

Summary of Issue: In the Summary of Important Costs for 2025 chart, the row for “Inpatient hospital stays” was not included in the Cost plan model.

Issue location: Summary of Important Costs for 2025

Change Implemented: Added the following row to the chart:

Inpatient hospital stays	<i>[Insert 2024 cost sharing]</i>	<i>[Insert 2025 cost sharing]</i>
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2. EOC model for HMO MAPD, PPO MAPD, DSNP, PFFS, Cost, HMO MA and PPO MA

Summary of Issue: In Chapter 4, the Medical Benefits Chart, Physician/Practitioner services row erroneously included a bullet for telehealth services provided by physical therapists (PTs), occupational therapist (OTs), speech-language therapists (SLPs), and audiologists.

Issue location: Chapter 4, Medical Benefits Chart, Physician/Practitioner services row

Change Implemented: Deleted the following bullet (*change noted in red text*):

Physician/Practitioner services, including doctor's office visits (continued)

- Consultation your doctor has with other doctors by phone, internet, or electronic health record
- Second opinion *[Insert if appropriate: by another network provider]* prior to surgery
- Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician)
- ~~• Telehealth services provided by qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists~~

[Also list any additional benefits offered.]

3. EOC models for HMO MAPD, PPO MAPD, Cost, MSA, PFFS, HMO MA, PPO MA

Summary of issue: Information on who to contact if an enrollee misses the deadline for contacting the Quality Improvement Organization (QIO) to start an appeal before the effective date of the *Notice of Medicare Non-Coverage* was incorrect.

Issue location: HMO MAPD, PPO MAPD, Cost, PFFS (Chapter 9, Section 8.3), MSA, HMO MA, PPO MA (Chapter 7, Section 7.3); Step 1, Act quickly

Change Implemented: Updated or added language in a second bullet point (after the *Notice of Medicare Non-Coverage* information) to reflect the following:

- If you miss the deadline, and you wish to file an appeal, you still have appeal rights. Contact your Quality Improvement Organization.

4. EOC models for HMO MAPD, PPO MAPD, Cost, MSA, PFFS, HMO MA, PPO MA

Summary of issue: Language was omitted regarding what the enrollee should do if they miss the deadline to contact the QIO when asking for an immediate review of their hospital discharge.

Issue location: HMO MAPD, PPO MAPD, Cost, PFFS (Chapter 9, Section 7.2), DSNP (Chapter 9A/9B, Section 8.2), MSA, HMO MA, PPO MA (Chapter 7, Section 6.2); Step 1, Act quickly

Changed Implemented: Updated the following language (*changes noted in red text*):

- If you do *not* meet this deadline, **contact us.** ~~and~~ **If** you decide to stay in the hospital after your planned discharge date, *you may have to pay all of the costs* for hospital care you receive after your planned discharge date.

5. EOC model for HMO MAPD

Summary of issue: The number of days by which an enrollee must request an appeal was incorrect.

Issue location: Chapter 9, Section 5.3, Step 2, 3rd bullet point

Change Implemented: Updated language from 60 to 65 calendar days (*changes noted in red text*).

- **You must make your appeal request within 65 calendar days** from the date of the written notice we sent to tell you our answer on the coverage decision.

6. EOC model for PPO MAPD, DSNP, MSA, HMO MA, PPO MA

Summary of issue: The number of days an enrollee is given to submit an *Appointment of Representative form* after they make an appeal was incorrect.

Issue location: PPO MAPD (Chapter 9, Section 4.2), DSNP (Chapter 9A/9B, Section 5.2), MSA, HMO MA, PPO MA (Chapter 7, Section 4.2)

Change Implemented: Updated language because the timeframe and extension for all appeals is not 44 days (*changes noted in red text*).

- If we do not receive the form **before our deadline for making a decision on your appeal**, your appeal request will be dismissed.

7. ANOC model for all plan types

Summary of issue: Bullet with ADAP language should be the same across models.

Issue location: Section 7, Programs that Help Pay for Prescription Drugs, 3rd bullet

Change Implemented: Replace the 3rd bullet with the following:

[Plans with no Part D drug cost sharing should delete this section.] [Plans without an ADAP in their state(s), should delete this bullet.] [Plans with an ADAP in their state(s) that do NOT provide Insurance Assistance should delete this bullet.] **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *[insert State-specific ADAP name and information]*. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call *[insert State-specific ADAP contact information]*. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

8. ANOC model for all plan types offering Part D

Summary of issue: The updates to the chart did not correctly reflect cost sharing for plans with pharmacies that offer both standard and preferred cost sharing for a one-month supply. There were several updates to the chart as indicated below.

Issue location: Section 2.5, Changes to Your Cost Sharing in the Initial Coverage Stage, chart for plans with pharmacies that offer standard and preferred cost sharing.

Changes Implemented: Please see the changes in the chart below to both instructional language and beneficiary language (*changes shown in red text*).

Stage 2: Initial Coverage Stage

[Plans with no deductible delete the first sentence.] Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** *[Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2024 to 2025 insert for each applicable tier: For 2024 you paid [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance] for drugs on [insert tier name]. For 2025 you will pay [insert as appropriate: a \$[xx] copayment OR*

[Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert: The number of days in a one-month supply is [xx].]

[Plans that are changing the cost for a one-month supply from 2024 to 2025 insert: Your cost for a one-month supply ~~at a network pharmacy~~ is \$[xx] is:]

[Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert: The number of days in a one-month supply is [xx].]

[Plans that are changing the cost for a one-month supply from 2024 to 2025 insert: Your cost for a one-month supply ~~at a network pharmacy~~ is \$[xx] is:]

[xx]% coinsurance] for drugs on this tier.]

~~The costs in this chart are for a one-month (insert number of days in a one-month supply] day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.~~

~~For information about the costs [insert as applicable: for a long-term supply; or at a network pharmacy that offers preferred cost sharing], look in Chapter 6, Section 5 of your Evidence of Coverage.~~

9. PPO MAPD ANOC Model

Summary of issue: Language regarding mail-order prescription cost sharing was omitted from both columns of the chart for plans with pharmacies that offer standard and preferred cost sharing.

Issue location: Section 2.5, Changes to Your Cost Sharing in the Initial Coverage Stage, chart for plans with costs for a one-month supply filled at a network retail pharmacy.

Change Implemented: *Plans may include the applicable text for mail-order prescriptions (changes shown in red text).*

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage <i>[Plans with no deductible delete the first sentence.]</i> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. <i>[Plans that are changing the cost sharing from a copayment to coinsurance or vice versa from 2024 to 2025 insert for each applicable tier: For 2024 you paid [insert as appropriate: a \$[xx] copayment OR [xx]% coinsurance] for drugs on [insert tier name]. For 2025 you will pay [insert as appropriate: a \$[xx] copayment OR</i>	<i>[Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert: The number of days in a one-month supply is [xx].]</i> Your cost for a one-month supply at a network pharmacy is \$[xx]. <i>[Insert name of Tier 1]:</i> <i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i> <i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply</i>	<i>[Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert: The number of days in a one-month supply is [xx].]</i> Your cost for a one-month supply at a network pharmacy is \$[xx]. <i>[Insert name of Tier 1]:</i> <i>Standard cost sharing:</i> You pay <i>[insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i> <i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply</i>

Stage	2024 (this year)	2025 (next year)
<p>[xx]% coinsurance] for drugs on this tier.]</p> <p>The costs in this row are for a one-month (<i>insert number of days in a one-month supply</i>)-day) supply when you fill your prescription at a network pharmacy. <i>[Plans that are changing the number of days in their one-month supply from 2024 to 2025 insert: The number of days in a one-month supply has changed from 2024 to 2025 as noted in the chart.]</i></p> <p>For information about the costs <i>[insert as applicable: for a long-term supply or for mail-order prescriptions]</i>, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p><i>[Insert if applicable: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.]</i></p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>of each covered insulin product on this tier.]</p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>[Insert name of Tier 2]:</i></p> <p><i>Standard cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product</i></p>	<p>of each covered insulin product on this tier.]</p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>[Insert name of Tier 2]:</i></p> <p><i>Standard cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025, insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>Preferred cost sharing: You pay [insert as applicable: \$[xx] per prescription OR [xx]% of the total cost].</i></p> <p><i>[Plans that are changing insulin cost sharing from 2024 to 2025,</i></p>

Stage	2024 (this year)	2025 (next year)
	<p>on this tier.]</p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>[Repeat for all tiers]</i></p> <hr/> <p>Once <i>[insert as applicable: your total drug costs have reached \$[insert 2024 initial coverage limit], you will move to the next stage (the Coverage Gap Stage). OR you have paid \$[insert 2024 out-of-pocket threshold] out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).]</i></p>	<p><i>insert for each applicable tier: You pay \$[xx] per month supply of each covered insulin product on this tier.]</i></p> <p><i>[Plans that are changing costs for mail-order prescriptions from 2024 to 2025 insert: Your cost for a one-month mail-order prescription is \$[xx].]</i></p> <p><i>[Repeat for all tiers]</i></p> <hr/> <p>Once you have paid <i>\$[insert 2025 out-of-pocket threshold]</i> out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

10. Part D LIS Rider

Summary of issue: The term “yearly deductible” was included and should not have been.

Issue location: First paragraph, “This means that you will get help paying your monthly premium, yearly deductible, and prescription drug cost sharing.”

Change Implemented: Delete the term “yearly deductible” from the following sentence (*Deletion shown in red text*):

“This means that you will get help paying your monthly premium, ~~yearly deductible~~, and prescription drug cost sharing.”

The revised sentence should read as follows: “This means that you will get help paying your monthly premium and prescription drug cost sharing.”

11. Part D LIS Rider

Summary of issue: The term “deductible level” was included in the instructional statement for LIS members who have been LIS eligible and now have a decrease in their cost sharing. While the instructional language is not seen by beneficiaries, we recommend deleting it from the instructional language.

Issue location: Instructions for LIS members who have been LIS eligible and now have a decrease in their cost sharing, or deductible level, or for those newly LIS eligible with a retroactive effective date.

Change Implemented: Delete “, or deductible level,” from the instructional language for plan clarity. *(Deletion shown in red text).*

The revised instructions should read as follows: [Insert *this statement for LIS members who have been LIS eligible and now have a decrease in their cost sharing, ~~or deductible level,~~ or for those newly LIS eligible with a retroactive effective date:* The changes to your prescription drug costs begin as of the effective date at the top of this letter. This date may have already passed when you get this letter. If you have filled prescriptions or paid premiums since this date, you may have been charged more than you should have paid as a member of our plan. If we owe you money, we will send you a separate letter to let you know how much. [Insert *detailed explanation of how plan will pay beneficiary back.*]]

12. Part D EOB, Exhibits A and G

Summary of issue: The instructions were unclear as they mistakenly referenced Protected Health Information.

Issue location: Medicare Number field on the cover page of the Instructions and Exhibits A and G

Change Implemented: Replace “Your Medicare Number” with “Member Identification Number.” Replace instruction to “insert Medicare number” with instructions to “insert member identification number and/or other member number typically used in member communications.” *(Changes noted in red text below.)*

Instructions:

Notice for <i>[Insert beneficiary name]</i>	
Member Identification Number	<i>[Insert member identification number and/or other member number typically used in member communications]</i>
Date of This Notice	<i>[Insert mailing date]</i>
Claims for	<i>[Insert name of month and full year]</i>

Exhibits A and G:

Notice for Jennifer Washington	
Member Identification Number	2CG5BJ6KS70
Date of This Notice	April 15, 2025
Claims for	March 2025

13. Part D EOB, Exhibit B

Summary of issue: The other payer name information was omitted from Chart 2.

Issue location: Exhibit B, Example 6, Other Payments Column

Change Implemented: Insert example payer name in Chart 2 in Exhibit B, Example 6.
(Change noted in red text below.)

	You Paid	Plan Paid	Other Payments	Total Drug Costs
Monthly totals: March 2025	\$11.50	\$220.50	\$88.50 (paid by Extra Help)	\$320.50
Year-to-date totals: Jan – March 2025	\$34.50	\$661.50	\$265.50	\$661.50

14. Part D EOB Instructions

Summary of issue: Text was omitted in the Chart 3 regarding “Instructions for enrollees without Low Income Subsidy (LIS)”.

Issue location: Chart 3 for members without LIS who are in the initial coverage stage, in the second bullet below the heading “You’re in Stage 2: Initial Coverage.”

Change Implemented: Revise the instructions following “During this payment stage, the plan pays its share of the cost of your...” to include “[insert if applicable: generic/ tier levels].” (Change noted in red text below.)

You’re in Stage 2: Initial Coverage

- [Plans with no deductible, insert “You start in this payment stage when you fill your first prescription of the year.”]
- During this payment stage, the plan pays its share of the cost of your [insert if applicable: generic/ tier levels] drugs and you (or others on your behalf) pay your share of the cost.