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## Medicare Required Disclosure of Information to Beneficiaries

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

To ensure Network Health Insurance Corporation (NHIC) compliance with the Medicare Communication and Marketing Guidelines (MCMGs) and the Code of Federal Regulations, the Health Plan will comply with required disclosures of information to its members annually and/or upon request.

#### **Policy Detail:**

At the time of enrollment, and annually thereafter, NHIC will provide to each beneficiary electing a NHIC Medicare Advantage (MA) plan, a clear, accurate and standardized form of information as required by the Centers of Medicare and Medicaid Services (CMS).

#### **Procedure Detail:**

- I. NHIC will provide the Annual Notice of Change (ANOC) letter to each beneficiary as required by CMS. The ANOC must be sent for enrollee receipt no later than September 30 each year. The document must be provided to current enrollees of the plan, including those with October 1, November 1 and December 1 effective dates.
- II. Additionally, current and new members will be informed how and where to find the Evidence of Coverage (EOC), Provider Directory, Pharmacy Formulary (for members enrolled in MAPD plans only) and Pharmacy Directory (for members enrolled in MAPD plans only) online and how to request a hard copy. Current members will receive this information with their ANOC annually. New members will receive this information within ten (10) calendar days from the receipt of CMS confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later. If a member requests any of these documents in hard copy, NHIC will mail the hard copy within three (3) business days of the request. The hard copy request preference will remain on the member's record until the member leaves the plan or requests that hard copies be discontinued.
- III. Multiple members in one household. According to the MCMGs, the Plan sponsor may mail a single copy of the ANOC, EOC, Provider/Pharmacy Directory, Formulary and/or notification for electronic documents as described above to multiple members of a household provided members are in the same Plan, have the same address, including apartment number (if applicable), and the Plan sponsor reasonably believes the members are related. The document (e.g., envelope, cover letter) must clearly notate each individual name. Members in community residences (e.g., nursing facilities, group

homes) must each receive their own document, regardless of whether they have the same address.

IV. The following information is provided to members as required:

A. At the time of enrollment and at least annually thereafter by the first day of the annual coordinated election period. The content of the plan description must include:

1. Service area;
2. Benefits offered under the plan including any applicable cost sharing conditions, limitations, premiums and any other conditions associated with receipts or use of benefits and information contained in 42 CFR 422.111 and 423.128 (to the extent a MAPD plan is offered);
3. Cost sharing. For MAPD, description of how a Part D eligible individual may obtain more information on cost-sharing requirements.
4. Formulary (MAPD)
5. Access. The number, mix and distribution (addresses) of providers (network pharmacies for MAPD) from whom enrollees may reasonably be expected to obtain services; any out of network coverage; any point of service option, including the supplemental premium for that option; and how the requirements of 422.111 and 422.114 are met for access to services offered under the plan;
6. Out of area coverage provided under the plan;
7. Coverage rules for emergency services;
8. Supplemental benefits (if applicable);
9. Prior authorization and review rules;
10. Grievance and appeal procedures; coverage determinations for MAPD;
11. Quality Improvement Program;
12. Quality Assurance policies and procedures (MAPD);
13. Disenrollment rights and responsibilities;
14. Potential for contract termination (MAPD);
15. Claims Information. A written explanation of benefits when benefits are provided;

B. The following information is available to beneficiaries *upon request*:

1. Benefits under Original Medicare;
2. Enrollment procedures;
3. Rights. A general description of procedural rights under Original Medicare and the MA program and the right to be protected against discrimination based on factors related to health status;
4. Potential for contract terminations;
5. Benefits. Covered services beyond those provided under Original Medicare; general coverage information (MAPD);
6. Premiums;
7. Service area;
8. Quality and performance indicators;
9. Supplemental benefits;
10. Names, addresses and phone number of contracted providers from whom in-network coverage in other parts of the service area can be obtained;
11. If the plan exercises the option in 422.101(b)(3) or (b)(4), it must make the local coverage determination that applies to members of that plan readily available to providers;
12. Procedures the organization uses to control utilization of services and expenditures;
13. Information data on grievances and appeals; exceptions (MAPD);

- 14. Physician compensation information;
- 15. The financial condition of NHIC.
- C. Changes in rules (notification provided 15 days before the beginning of the Annual Coordinated Election Period for changes effective January 1, and for all other changes, 30 days before the intended effective date of the changes.)
- D. Changes to Provider Network. When possible, changes to provider network 30 calendar days prior to the termination effective date. (Good Faith letter)
- E. Plans must have mechanisms for providing specific information on a timely basis to current and prospective enrollees upon request.
- F. Plans must issue identification cards within CMS standards, and reissue as appropriate.
- G. Advance directive information
- H. Notice of Privacy Practices
- V. NHIC will release the organization's performance and contract compliance deficiencies in a manner specified by CMS as required.

**Regulatory Citations:**

Medicare Communication and Marketing Guidelines, Sections 100.1, 100.2.1  
 42 CFR 422.111 and 423.128

Medicare Managed Care Manual, Chapter 4, Section 180 (Advance Directives)  
 45 CFR 164.520 (Notice of Privacy Practices)

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