

Attachment B: Final Package Crosswalk: High Level Summary of Revisions

For the 2024 contract year, based on public comments for a 30-day Federal Register Paperwork Reduction Act (PRA) notice, we have revised the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) standardized documents. The changes will not result in additional burden. The table below summarizes the edits.

General Updates
We have made minor grammatical updates.

ANOC

Section	Change/Reason
Instructions	We have updated the eighth bullet to clarify that plan phone numbers and TTY numbers must be toll-free numbers.
Section B.	We have modified the second bullet to allow states to insert either “options and services” or “options” to describe their program.
Section E2.	We have deleted the duplicate instruction stating, “[Plans with two payment stages (i.e., those charging LIS cost-shares in the initial coverage stage), should include the following information in the ANOC.]”

EOC Comments

Chapter	Section	Change/ Reason
1	Instructions	We have added an instruction that allows states to choose to use the term <i>Evidence of Coverage</i> instead of <i>Member Handbook</i> .
1	Instructions	We have updated the eighth bullet to clarify that plan phone numbers and TTY numbers must be toll-free numbers.
3	D1.	We have adjusted the language describing primary care provider requirements to allow more variability and added the acronym “PCP”.
3	M2.	We have updated the <i>Medicare and You Handbook</i> year to be variable text.
4	D.	For ambulance services, we have updated the first sentence to read, “Covered ambulance services include ground and air (airplane and helicopter), and ambulance services.”
4	H.	We moved the following language from the third bullet to part of the second bullet since it further describes experimental treatment. “Refer to Chapter 3 of your Member Handbook for more information on clinical research studies.

		Experimental treatment and items are those that are not generally accepted by the medical community.”
5	A2.	We have added this instruction so that states that have a separate card for carved out services such as OTC drugs can add instructions for use of the card.
5	B4.	We have added an instruction allowing plans to modify the description of the tier structure as appropriate.
10	A.	We have updated the last paragraph of this section regarding the drug management program to make the language variable per the Medicare Advantage model.