

n03534

Medicare Required Disclosure of Information to Beneficiaries

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

To ensure Network Health Insurance Corporation (NHIC) compliance with the Medicare Marketing guidelines and the Federal Code of 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 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. According to Medicare guidelines, 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. member 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 by CMS:
 - A. The 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.

- B. Service Area
 - C. The number, mix and distribution (addresses) of providers from whom enrollees may obtain services.
 - D. Coverage rules for emergency services.
 - E. The potential for contract termination.
 - F. Policies on MA counseling or referral services that are exempt through a conscience protection.
 - G. Supplemental benefits (if applicable).
 - H. Grievance and appeal procedures.
 - I. Prior authorization and review rules.
 - J. Disenrollment rights and responsibilities.
 - K. Rules for and restrictions on changing health plans.
 - L. A written explanation of benefits when benefits are provided
 - M. Changes in rules (notification provided 15 days before the beginning of the Annual Coordinated Election Period for changes effective January 1, or 30 days before the intended effective date of the changes.
 - N. When possible changes to provider network 30 calendar days prior to the termination effective date. (Good Faith letter)
- V. Additionally, the following information is available to beneficiaries upon request:
- A. Information and instructions on how to exercise election options under NHIC
 - B. Quality and performance indicators under NHIC, to the extent available.
 - C. A general description of procedural rights.
 - D. Procedures the organization uses to control utilization of services and expenditures.
 - E. Information data on grievances and appeals.
 - F. Physician compensation information.
 - G. The financial condition of NHIC.
 - H. Benefit information
 - I. Premium information
 - J. Supplement benefits (if applicable)

K. The names, addresses and phone numbers of contracted providers from whom the enrollee may obtain in-network coverage in other parts of the service area.

L. Advance directive information

M. Description of the Quality Improvement programs

N. Notice of Privacy Practices

VI. NHIC will release the organization's performance and contract compliance deficiencies in a manner specified by CMS as required.

Definitions:

None

Regulatory Citations:

Medicare Marketing Guidelines

100.2.1 Notification of Availability of Electronic Materials

Related Policies:

None

Related Documents:

None

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