



Contact BluePeak today  
for a **FREE** consultation!

[www.bluepeak.com](http://www.bluepeak.com)

# INACCURATE MEMBER MATERIALS RESULT IN HIGHER CMPS

In 2017, CMS levied \$139,080 against two plans for Required Beneficiary Notices. One CMP, for \$132,000, was given to a plan for failure to provide accurate benefit information to its enrollees in the combined Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) documents. The amount of CMPs, so far in 2017, is higher than last year when CMS imposed \$111,470 in CMPs against three plans, with the highest CMP at \$102,820.

## AREAS OF NON-COMPLIANCE

CMS cited the following areas of noncompliance in the plans' notices:

- Failure to provide accurate benefit information in combined ANOCs/EOCs.
- Yearly deductible, Part D prescription drugs deductible, and hospital deductible and copayments were incorrect.
- Specialist and in-patient hospital copayments were incorrect.

Member materials containing inaccurate information can result in Notices of Non-Compliance (NONCs) and CMPs, as well as the added cost of producing and distributing the subsequent errata. Adding to the pressure plans face to produce clear and accurate member materials is the timeframe in which Annual Enrollment Period (AEP) materials need to be developed, printed or posted, and distributed to members. The clock starts ticking in late May, when CMS releases the Model Marketing Materials, and continues to Sept. 30, when AEP materials need to be in members' hands.

**GET IN TOUCH** →

2652 FM 407, Suite 215, Bartonville, TX 76226  
(469) 319-1228 • [info@bluepeak.com](mailto:info@bluepeak.com) • [www.bluepeak.com](http://www.bluepeak.com)

# ANNUAL REVIEW PROVES CHALLENGE FOR PLANS

Plans face several challenges in ensuring the annual required member materials (Summary of Benefits (SB), ANOC, EOC, Provider/Pharmacy Directories, etc.) are adequately proofed:



## ► Changes in CMS guidance

- Certain beneficiary documents, such as EOCs and provider directories, may now be posted electronically, with hard copies provided upon request.
- CMS now releases Medicare-Medicaid Plan (MMP) state-specific Model Marketing Materials.
- HPMS no longer produces the SBs, but rather provides a memo to Plans, advising what elements to include in the SB.
- The multi-language insert has been replaced by a Section 1557 document.
- In past years, some changes in the Model Marketing Materials have been posted to the CMS website without the benefit of an HPMS memo so plans may have been unaware of the changes.



## ► Lack of time and resources

- A Plan may need to produce several versions of the annual required materials, depending on how many Plan Benefit Packages (PBPs) a Plan intends to offer in 2019. Some of these materials are over 100 pages in length.
- Coordination among the Plan's departments to populate the required materials with PBP information takes time, and PBP information may change while the Plan awaits approval of its bids from CMS in June.
- ANOCs must still be printed, mailed and in members' hands by Sept. 30. Print production, and mail time can take 2 weeks or more.

## SAVE TIME AND MONEY

BluePeak's consultants have experience reviewing member materials from their work at Plans and for CMS. We can help you populate and/or review the annual required materials, as well as other member communications, such as Explanations of Benefits (EOBs), transition letters, denial notices, etc., that, if in error or not easily understood, could potential result in program audit conditions. This could be a huge cost saver in time and money for your organization.



Contact BluePeak today for a **FREE** consultation!

[www.bluepeak.com](http://www.bluepeak.com)  
(469) 319-1228 or [info@bluepeak.com](mailto:info@bluepeak.com)