

NHP/NHIC-Medicare Required Disclosure of Information to Beneficiaries

Abstract/Purpose:

To ensure NHP/NHIC compliance with the CMS Managed Care Manual Chapter 3, and the CMS Monitoring Guide (Elements MR02 and MR03), regarding CMS required disclosures of information to beneficiaries.

I. POLICY:

To ensure NHP/NHIC compliance with the CMS Managed Care Manual Chapter 3, and the CMS Monitoring Guide (Elements MR02 and MR03), regarding CMS required disclosures of information to beneficiaries.

II. PROCEDURE:

At the time of enrollment, or the pre-determined date set by CMS, and annually thereafter, NHP/NHIC will provide to each beneficiary electing a NHP/NHIC Medicare plan, a clear, accurate and consistent form of information regarding advance directives, emergency services, and any policies, when appropriate, on Medicare plan counseling or referral services that NHP/NHIC will not provide due to “conscience” objection in accordance with CMS requirements.

NHP/NHIC will provide the following documents to each beneficiary as required by CMS: A copy of the Annual Notice of Change letter, the Summary of Benefits, the Evidence of Coverage and the Provider Directory. These documents together disclose the following required CMS information:

- Advance directive information.
- Coverage rules for emergency services.
- Policies on MA counseling or referral services that are exempt through a conscience protection.
- The NHP/NHIC service area.
- The benefits and cost sharing (including premiums) offered under NHP/NHIC, including benefits and cost sharing under original Medicare.
- The number, mix and distribution (addresses) of providers. NHP/NHIC is allowed to send 1 copy per address up to 4 members.
- Supplemental benefits (if applicable).

- Prior authorization and review rules.
- Grievance and appeal procedures.
- A description of the quality assurance program.
- Disenrollment rights and responsibilities.
- Rules for and restrictions on changing health plans.
- The potential for contract termination.

In addition, NHP/NHIC will also disclose at the time of enrollment and annually thereafter:

- Information and instructions on how to exercise election options under NHP/NHIC.
- Quality and performance indicators under NHP/NHIC, to the extent available.
- Procedures the organization uses to control utilization of services and expenditures.
- Information data on grievances and appeals.
- Physician compensation information. And,
- The financial condition of NHP/NHIC.