



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 23, 2018

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations & Analysis Group

SUBJECT: Michigan MMPs: Release of Final Contract Year 2019 Model Materials

Attached to this memorandum are the new model materials for Contract Year (CY) 2019 developed jointly by CMS and Michigan for Medicare-Medicaid Plans (MMPs) operating in the Michigan Capitated Financial Alignment Model Demonstration. CMS and Michigan jointly updated these models as summarized in the June 6, 2018 HPMS memorandum, "Medicare-Medicaid Plan and Minnesota Senior Health Options Plan Member Material Model Updates for Contract Year 2019." Michigan MMPs may only use the CY 2019 models for CY 2019.

We note that as a result of the implementation of CMS-4182-F, Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE program, which may be found in the Final Rule published April 16, 2018 (see <https://www.federalregister.gov/documents/2018/04/16/2018-07179/medicare-program-contract-year-2019-policy-and-technical-changes-to-the-medicare-advantage-medicare>), there are a number of changes regarding the timing and format of required beneficiary communications materials that will be incorporated into the CY 2019 Medicare Communications and Marketing Guidelines (MCMG) and in the Michigan MMP marketing guidance document. This memorandum includes updated guidance related to those regulatory changes as applicable.

The following materials are included with this guidance:

- **Annual Notice of Change (ANOC):** The ANOC must be received by current enrollees by September 30, 2018 and posted on plan websites by September 30, 2018.
- **Member Handbook/Evidence of Coverage (EOC) - Chapters 1-8 and 10-12:** The Member Handbook (or a separate notice to alert enrollees how to access or receive the Member Handbook) must be received by current enrollees by October 15, 2018 and posted on plan websites by October 15, 2018. As provided under CMS-4182-F, CMS has flexibility to allow Medicare health plans to provide additional required beneficiary materials (such as the Evidence of Coverage (EOC) (Member Handbook)) electronically beginning in CY 2019, provided enrollees receive a hard copy notice about the availability of this information and are mailed a hard copy version of the document upon request.

Michigan has elected to extend this flexibility to Michigan MMPs with respect to their Member Handbooks.

- **Summary of Benefits (SB):** The SB must be posted on plan websites by October 15, 2018.
- **Provider and Pharmacy Directory:** The directory (or a separate notice to alert enrollees how to access or receive the directory) must be received by current enrollees no later than October 15, 2018. The directory must be available to current and prospective enrollees and posted on plan websites by October 15, 2018.
- **List of Covered Drugs (Formulary):** The formulary (or a separate notice to alert enrollees how to access or receive the formulary) must be received by current enrollees no later than October 15, 2018 and available to current and prospective enrollees and posted on plan websites by October 15, 2018.
- **Member ID Card**
- **Integrated Denial Notice**
- **Appeals and Grievance Notices**
 - Notice of Appeal Decision
 - Notice of Our Failure to Make a Coverage Decision
 - Appeal Approval Notice
 - Notice of Receipt of Appeal/Grievance
- **Plan-Delegated Enrollment Notices**
 - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals
 - Exhibit 5b: Welcome Letter for Individuals Who Opt In

In addition, we expect to issue the following model materials separately:

- **Member Handbook/Evidence of Coverage (EOC) – Chapter 9**
- **Drug-only Explanation of Benefits:** Michigan MMPs are required to meet the Part D Explanation of Benefits (EOB) requirements under 42 CFR 423.128(e) to send Members Part D claims information for each month in which they incur any drug claims. Michigan MMPs must meet this requirement by using the Michigan MMP-specific Drug-only EOB model provided by CMS and Michigan.
- **Plan-Delegated Enrollment Notices**
 - Exhibits 16, 19, and 21 (Combined): Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR), Model Notice for Disenrollment Due to Out of Area Status (No Response to Request for Address Verification), and Model Notice for Disenrollment due to Loss of Medicaid Status or Other State-Specific Eligibility Status - Notification of Involuntary Disenrollment

- Exhibit 22: Model Notice for Period of Deemed Continued Eligibility due to Loss of Medicaid
- Exhibit 23 - Model Notice to Offer Beneficiary Services, Pending Correction of Erroneous Death Status
- Exhibit 29 - Model Notice for Enrollment Status Update
- Exhibit 30 - Model Notice to Research Potential Out of Area Status - Address Verification Form Included
- Exhibit 32 - Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services due to Incarceration

The attached guidance and models will also be posted to the Financial Alignment Initiative website at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.html>.

We encourage all plans to work closely with their marketing reviewers and Contract Management Team to ensure timely submission and approval of all required CY 2019 materials, as well as timely and complete entry of Actual Mail Dates for ANOCs. If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov.