

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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## **CENTER FOR MEDICARE**

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DATE: May 24, 2019

TO: All Medicare Advantage Organizations, Prescription Drug Plans and Section 1876 Cost Plans

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SUBJECT: Issuance of Contract Year 2020 Model Materials

This memo announces the release of Contract Year (CY) 2020 Model Materials. These include the following: Annual Notice of Change (ANOC); Evidence of Coverage (EOC); ANOC Errata Notice; EOC Errata Notice; Provider Directory; Part D Explanation of Benefits (EOB); Excluded Provider Model, Formulary (Comprehensive and Abridged); Notice of Formulary Change, Low Income Subsidy (LIS) Rider; Pharmacy Directory; LIS Premium Summary Table; Prescription Transfer Letter; and Transition Letter.

We have included general language in the applicable model materials to notify enrollees about Part B step therapy requirements. However, CMS is considering adding instructions for MA plans to disclose a complete list of Part B drugs that are subject to step therapy requirements in the ANOC and/or EOC documents. Here, we are seeking input from the industry regarding this potential change. Please provide us with any feedback you may have on this issue, including any ideas on related topics (i.e. how to disclose this information, indication-based information, mid-year changes to this information, etc.) through our MA policy mailbox at <https://dpap.lmi.org/dpapmailbox/> by June 20, 2019.

CMS would like to highlight the following changes in the ANOC and EOC models, and the Part D Explanation of Benefits:

### **ANOC:**

#### All models

- Clarified language on how to access the EOC electronically or by mail; and
- removed “changes in prior authorization requirements” from the examples provided in the optional language discussing plans with administrative changes in Section 3.

#### All Part D models

- Revised language to clarify that only plans implementing the option to immediately replace brand name drugs with their generic equivalents are required to include the relevant language in the “Changes to Our Drug List” section.

#### All models, except D-SNP and PDP

- Added language to note that not enrolling in a Medicare drug plan may incur a Part D late enrollment penalty.

#### All models, except Cost Plan, MSA, HMO MA, and PPO MA

- Removed language referencing potential limitations to members’ ability to change plans if they are in a drug management program (DMP).

#### All models, except MSA, HMO MA, and PPO MA

- Added language for members enrolled in plans that offer indication-based formulary design, explaining that some drugs are covered only for select medical conditions and noting how those drugs are identified on the plan’s Drug List and in Medicare Plan Finder.

#### All models, except MSA and PDP

- Added language to “What to do now” section to remind members to consider the specialists they see regularly when confirming whether providers are in a plan’s network.

#### All models, except PDP

- Revised language in Section 2.5 to clarify that plans should include any changes to limitations or restrictions and any prior authorization for CY2020 Part C benefits in the table.

#### D-SNP

- Clarified language regarding the effective date of enrollment for members, replacing “the first day of the following month” with “January 1, 2020”; and
- updated dates to reflect the annual election period (AEP), when members can change plans.

### **EOC:**

#### All models

- Updated hyperlink for CMS’ “Medicare Rights & Protections” guide;
- moved all 1557-required nondiscrimination information into one location within the “Legal notices” chapter;
- removed federal contracting statement language;
- updated information about how to contact the Railroad Retirement Board to reflect current process and availability; and
- modified Member Services TTY contact instructions to indicate that TTY services are free of charge.

#### All Part D models

- Removed “and the USPDI or its successor” from the list of reference books used to assess for “medically accepted indication”;
- added language to the “Programs to help members use drugs safely” section to note that drug use reviews will also look for unsafe amounts of opioid pain medications;
- updated language to clarify that the DMP may not apply to members who are receiving palliative or end-of-life care;
- changed coverage gap values to reflect the new CY2020 values; and
- added language to clarify details regarding generic drugs that replace brand name drugs on the Drug List.

#### All models, except Cost Plan, PFFS, MSA, and PDP

- Added a new benefit in the Medical Benefits Chart, “Special Supplemental Benefits for the Chronically Ill”; and
- added language and instruction for plans that are offering special supplemental benefits for the chronically ill in Chapter 4, Section 2.1 and 2.2.

#### All models, except Cost Plan, MSA, HMO MA, and PPO MA

- Relocated language regarding a DMP member’s ability to change plans to the section that discusses who may be eligible for a special enrollment period.

#### All models, except Cost Plan, MSA, and PDP

- Added language to address Part B step therapy requirements in the “Medicare Part B prescription drug” benefit in the Medical Benefits Chart.

#### All models, except Cost Plan and PDP

- Added language to address telehealth benefits in the “Physician/Practitioner services, including doctor’s office visits” benefit in the Medical Benefits Chart.

#### All models, except PFFS, MSA, and PDP

- Added language to clarify coverage options for plans with and without worldwide emergency/urgent care coverage.

#### All models, except PDP

- Added a new benefit in the Medical Benefits Chart, “Opioid Treatment Program Services”; and
- added and relocated “Qualifying Health Coverage” (QHC) language, including clarifying that the statement is not only applicable to SNPs.

#### HMO MAPD and PPO MAPD

- Added language to the SNP section to clarify that a member may live in the community and still qualify for a special needs plan if they require a level of care that is usually provided in a nursing home.

#### D-SNP

- Removed detailed “Medicare Savings Programs” information from the Medicaid section and replaced with instructions for plans to only include those Medicare Savings Programs eligible for enrollment in their plan;
- added instructions at the beginning of the document allowing plans to modify the language of the EOC to address Medicaid benefits and cost-sharing for dual eligibles;
- added optional flexible language for plans that have cost-sharing regarding where to send requests to cover medical care or drug costs in Chapter 2;
- added language to clarify example on when a member would be required to try less costly drugs that treat the same medical condition;
- added language instructing plans to include contact information for Medicaid and state ombudsman programs; and
- added instructions about including Medicaid-related legal notices in the Chapter 11 table of contents note.

#### MSA

- Added language to clarify that Medicaid recipients are not eligible to enroll in a Medicare MSA plan;
- removed language about keeping an MSA plan and enrolling in a separate prescription drug plan; and
- added information about enrolling in a new prescription drug plan if member currently does not have one.

#### **Part D Explanation of Benefits:**

- Modified instructions as stated in the “Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses” final rule (CMS-4180-F), CMS is requiring plans to include negotiated price increases and lower cost therapeutic alternatives in their beneficiaries’ Part D EOBs as of January 1, 2021. However, given the potential benefits of these changes, we strongly encouraged plans to begin implementing this requirement prior to January 1, 2021. Plans may use the optional notes field to reflect this future requirement in 2020.

All models and standardized documents are located at:

<http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial.html> and [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html)

Organizations and sponsors must ensure that their CY 2020 documents are compliant with CMS requirements. Questions should be directed to your CMS Account Manager or Marketing Reviewer.