



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 22, 2019

TO: Medicare-Medicaid Plans and Minnesota Senior Health Options Plans

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

SUBJECT: Medicare-Medicaid Plan and Minnesota Senior Health Options Plan Member
Material Model Updates for Contract Year 2020

This week, CMS will begin issuing state-specific Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) Plan model materials for use in Contract Year (CY) 2020. The purpose of this memorandum is to provide an overview of CY 2020 changes.

Each year we consider CMS guidance and revisions to Medicare Advantage and Part D model materials as well as input from state partners, advocacy organizations, dually eligible individuals, and other stakeholders when updating the national templates that serve as the basis for state-specific MMP and MSHO Plan models. We use the information to assess needed revisions to the Annual Notice of Change; Member Handbook (Evidence of Coverage); Summary of Benefits; Provider and Pharmacy Directory; List of Covered Drugs (Formulary); Member ID Card; Explanation of Benefits; Integrated Denial Notice; and plan-delegated enrollment notices, including Exhibits 5a and 5b, Welcome Letters for Passively Enrolled Individuals and Individuals Who Opt In. Because state-specific requirements vary, the content and number of each state's model materials may differ somewhat from the national templates mentioned above.

Continuing to be sensitive to state and plan deadlines and competing priorities and supportive of ongoing burden reduction efforts, we minimized the volume and complexity of changes to the CY 2020 model materials to the extent possible. The following is a summary of general changes for CY 2020:

General

- Updated references to Contract Year (CY), CMS guidance, and uniform resource locators (URLs) for websites.
- Removed outdated TDD references and updated TTY language.
- Clarified plan instructions for obtaining and maintaining standing requests for members' preferred language other than English and/or alternate format.

- Clarified language and added or updated cross references consistently across model materials where appropriate.

In addition to general revisions previously described, the following is a summary of updates where content changed in specific model materials:

Annual Notice of Changes

- Removed references to drug management programs that appear in Chapter 5 of the Member Handbook (Evidence of Coverage).
- Updated the description for qualifying health coverage.
- Added reference to specialists as network providers.
- Added instructions and language for plans offering indication-based formulary design.

Member Handbook (Evidence of Coverage)

Chapter 4:

- Added instructions for plans offering “Special Supplemental Benefits for the Chronically Ill (SSBCI)” in section B-19 of their Plan Benefit Package submission.
- Added or updated plan instructions and language in the Benefits Chart in section D for the following:
 - Flu shots (see Immunizations)
 - Step therapy (see Medicare Part B prescription drugs)
 - Opioid use disorder (see Opioid treatment program services)
 - Observation services (see Outpatient hospital services)
 - Telehealth (see Physician/provider services, including doctor’s office visits)

Chapter 5:

- Updated language about prescription refills.
- Added instructions and language for plans offering indication-based formulary design.
- Updated language for how plans update members when making changes to drugs in the List of Covered Drugs (Drug List).
- Updated language when drug management programs may not apply to certain plan members.

Chapter 8

- Moved all language for the notice about nondiscrimination to Chapter 11.
- Combined the sections about what members should do when they believe they are being treated unfairly or when they would like more information about their rights and eliminated redundant language.

Chapter 11

- Updated language for the notice about nondiscrimination.

List of Covered Drugs (Formulary)

- Updated instructions for information required on the front and back covers of the document.
- Added instructions and language for plans offering indication-based formulary design.
- Clarified language about immediate and non-immediate changes to the List of Covered Drugs.
- Updated language about prescription refills.
- Clarified instructions and language for plans offering non-drug over-the-counter (OTC) products.

Provider and Pharmacy Directory

- Deleted or revised language about provider licensing information to align with three-way contract requirements.

Explanation of Benefits (EOB)

- Clarified language for notice requirements for changes that will affect drugs plan members take
- Included additional reference information applicable when plan members would like to ask for a prescription drug exception

Integrated Denial Notice

- To be updated and issued later in the cycle after the CMS national template is finalized through the Paperwork Reduction Act (PRA) process

To allow plans sufficient time to customize models and make materials available on their websites as required, we are working with states to release as many state-specific CY 2020 model materials as quickly as possible. After release, we will post model materials 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>, grouped alphabetically by state under the “State-Specific Information” heading.

Please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov if you have any questions about the contents of this memorandum.