

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 30, 2023

TO: Medicare-Medicaid Plans

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

SUBJECT: Contract Year 2024 Enrollee Material Model Updates for Medicare-Medicaid Plans (MMPs)

The purpose of this memorandum is to provide updates for all Contract Year (CY) 2024 Medicare-Medicaid Plans (MMP) model materials based on the CY 2024 Medicare Advantage models that were released as described in the Health Plan Management System (HPMS) memorandum, “Issuance of Contract Year 2024 Model Materials” on May 31, 2023.

MMCO will not issue revised CY 2024 state-specific model materials for changes included in this memorandum. We instruct MMPs to update their CY 2024 model materials based on the information provided in this memorandum.

The information below includes updates to the Annual Notice of Changes (ANOC), Evidence of Coverage (EOC), and Provider and Pharmacy Directory and is organized based on the model name, chapter (if applicable), and section in the material followed by a description of the necessary update.

We will post this memorandum to MMCO’s Information and Guidance for Plans webpage at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.

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

CY 2024 Model Updates

ANOC

- Section E1, update the second bullet as follows:

new or changing limitations or restrictions, including referrals, prior authorizations (PA), and Step Therapy for Part B drugs for benefits for 2024; and

- Section E2., update the first two paragraphs after the instructions in blue as follows:

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or *[insert if the plan has cost-sharing tiers: moving them to a different cost-sharing tier]*.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions *[insert if the plan has cost-sharing tiers: or if your drug has been moved to a different cost-sharing tier]*.

EOC

Chapter 4

- Section D, for Ambulance Services, update the first paragraph with the following:

Covered ambulance services, whether for an emergency or non-emergency situation, include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care.

Chapter 5

- Section A2, update the second paragraph with the following:

If you do not have your Member ID Card with you when you fill your prescription, ask the pharmacy to call the plan to get the necessary information, or you can ask the pharmacy to look up your plan enrollment information.

- Section B1, update the fourth paragraph with the following:

Generic drugs have the same active ingredients as brand name drugs. *[Insert if applicable: Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars.]* Generally, generics *[insert if applicable: and biosimilars]* work just as well as brand name drugs *[insert if applicable: or biological products]* and usually cost less. There are generic drug substitutes available for many brand name drugs. *[Insert if applicable: There are biosimilar alternatives for some biological products.]*

- Section C, update item one as follows:

1. **Limiting use of a brand name drug *[insert as applicable: or original biological products]* when a generic *[insert as applicable: or interchangeable biosimilar]* version is available**

Generally, a generic drug *[insert as applicable: or interchangeable biosimilar]* works

the same as a brand name drug *[insert as applicable: or original biological product]* and usually costs less. *[Insert as applicable: In most cases, if or If]* there is a generic *[insert as applicable: or interchangeable biosimilar]* version of a brand name drug *[insert as applicable: or original biological product]*, our network pharmacies will give you the generic *[insert as applicable: or interchangeable biosimilar]* version.

- We usually will not pay for the brand name drug *[insert as applicable: or original biological product]* when there is a generic version.
 - However, if your provider *[insert as applicable: has told us the medical reason that the generic drug [insert as applicable: or interchangeable biosimilar] will not work for you or has written “No substitutions” on your prescription for a brand name drug [insert as applicable: or original biological product] or has told us the medical reason that neither the generic drug [insert as applicable:, interchangeable biosimilar,] nor other covered drugs that treat the same condition will work for you]*, then we will cover the brand name drug.
 - *[Plans that offer all drugs at \$0 cost sharing, delete the following sentence:]* Your copay may be greater for the brand name drug *[insert as applicable: or original biological product]* than for the generic drug *[insert as applicable: or original biological product]*.
- Section E, update the fourth group of bullets as follows:

Some changes to the Drug List will happen **immediately**. For example:

- *[Plans that otherwise meet all requirements and want the option to immediately replace brand name drugs with their generic equivalents must provide the following advance general notice of changes: A new generic drug [insert as applicable: or interchangeable biosimilar] becomes available.* Sometimes, a new generic drug *[insert as applicable: or an interchangeable biosimilar version of the same biological product]* comes on the market that works as well as a brand name drug *[insert as applicable: or original biological product]* on the Drug List now. When that happens, we may remove the brand name drug *[insert as applicable: or original biological product]* and add the new generic drug *[insert as applicable: or an interchangeable biosimilar version of the same biological product]*, but your cost for the new drug *[insert as applicable: or an interchangeable biosimilar]* will stay the same *[insert if applicable, for example, if the plan’s Drug List has differential cost-sharing for some generics: or will be lower.]*

When we add the new generic drug, we may also decide to keep the brand name drug *[insert as applicable: or original biological product]* on the list but change its coverage rules or limits.

- Section F3, update first bullet as follows:

- If you are enrolled in a Medicare hospice and require certain drugs (e.g., a pain medication, anti-nausea drugs, laxative, or anti-anxiety drugs) that are not covered by your hospice because it is unrelated to your terminal prognosis and related conditions, our plan must get notification from either the prescriber or your hospice provider that the drug is unrelated before our plan can cover the drug.

Chapter 9

- Section C1, update the first table as follows:

Is your problem or concern about your benefits or coverage?

(This includes problems about whether particular medical care (medical items, services and/or Part B prescription drugs) are covered or not, the way in which they are covered, and problems related to payment for medical care.)

- Section D1, update the first paragraph as follows:

The process for asking for coverage decisions and making appeals deals with problems related to your benefits and coverage for your medical care (services, items and Part B prescription drugs, including payment).

- Section E2, update item one as follows:

1. You can get a fast coverage decision **only if you are asking for coverage for medical items and/or services you have not yet received.** (You cannot ask for a fast coverage decision if your request is about payment for items or services you already got.)

Chapter 10

- Section E, update the heading as follows:

Keep getting your medical items, services and drugs through our plan until your membership ends

Chapter 12

- Please add the following items in alphabetical order.

Biological Product: A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and cannot be copied exactly, so alternative forms are called biosimilars. Biosimilars generally work just as well, and are as safe, as the original biological products.

*[Insert if plan includes biosimilars on the formulary: **Biosimilar:** A prescription drug that is considered to be very similar, but not identical, to the original biological product. Biosimilars generally work just as well, and are as safe, as the original biological product; however, biosimilars generally require a new prescription to substitute for the original biological product. **[Insert if the formulary includes interchangeable biosimilars:** Interchangeable biosimilars have met additional requirements that allow them to be substituted for the original biological product at the pharmacy without a new prescription, subject to state laws.]*

Provider and Pharmacy Directory

- Section C1, update the language on cultural and linguistic capabilities as follows:

[List cultural and linguistic capabilities (e.g. languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices. Plans may use abbreviations or symbols if a key is included in the Directory.]

- Section C1, update the telehealth language as follows:

Providers (or provider practices) that offer services exclusively via telehealth (those accessible through a downstream contracted telehealth company or similar downstream entity should be listed as such);

- Section C2, update the language on cultural and linguistic capabilities as follows:

[List cultural and linguistic capabilities, (e.g. languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices) Plans may use abbreviations or symbols if a key is included in the Directory.]