



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 30, 2018

TO: Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

FROM: Lindsay P. Barnette
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SUBJECT: Revised Contract Year 2019 Member Material Model Updates for Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

On July 24, 2018, CMS issued an HPMS memorandum entitled “Model Notice and Policy Updates,” which announced that CMS posted updated model materials previously posted on May 24, 2018. The purpose of this memorandum is to identify specific changes applicable to Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) D-SNP model materials for CY 2019.

The Medicare-Medicaid Coordination Office (MMCO) will not issue revised CY 2019 state-specific member material models for these changes. MMCO will also not provide guidance on updates to MMP materials that are based on Medicare Advantage or Part D model materials. Instead, we instruct MMPs and MSHO Plans to update their CY 2019 model materials based on the guidance provided in this memorandum. Below is a brief summary of each issue, a description of where in the applicable model the issue is located, and the required update.

1. Annual Notice of Change (ANOC)

a. New drug pricing language

- **Summary of issue:** In response to President Trump’s “American Patients First” plan to lower drug prices, the Medicare Advantage and Part D ANOC model now includes information on how beneficiaries can access the newly redesigned Drug Pricing Dashboards.
- **Issue location:** Section B3, “Important things to do,” “Check if there are any changes to our prescription drug coverage that may affect you” bullet.
- **Action required:** All MMPs and MSHO Plans with any Part D cost sharing (Note that this language never applies to MMPs in Michigan and New York)

must include an additional sub-bullet in this section with the following language: Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

b. Updates to language on drug management program

- **Summary of issue:** The current language about drug management programs does not include the effective date of the provision.
- **Issue location:** “How to choose a plan” section, “How to change plans” subsection.
- **Action required:** **All MMPs and MSHO Plans** must revise the current language as follows: “Effective January 1, 2019, if you’re in a drug management program, you may not be able to change plans.”

2. Evidence of Coverage (EOC)/Member (or Participant) Handbook

a. Supervised Exercise Therapy (SET) benefit

- **Summary of issue:** A new benefit for Supervised Exercise Therapy (SET) has been added to the Benefits Chart in Chapter 4.
- **Issue location:** Chapter 4, Benefits Chart
- **Action required:** **All MMPs and MSHO Plans** must insert the following benefit and description in the Benefits Chart:

Supervised Exercise Therapy (SET)

The plan will pay for SET for members with symptomatic peripheral artery disease (PAD) who have a referral for PAD from the physician responsible for PAD treatment. The plan will pay for:

- Up to 36 sessions during a 12-week period if all SET requirements are met
- An additional 36 sessions over time if deemed medically necessary by a health care provider

The SET program must be:

- 30 to 60-minute sessions of a therapeutic exercise-training program for PAD in members with leg cramping due to poor blood flow (claudication)
- In a hospital outpatient setting or in a physician's office
- Delivered by qualified personnel who make sure benefit exceeds harm and who are trained in exercise therapy for PAD
- Under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist trained in both basic and advanced life support techniques

b. Vision therapy benefit exclusion

- **Summary of issue:** The EOC has been updated to remove “vision therapy” as a benefit exclusion for Medicare Advantage Plans.
- **Issue location:** Chapter 4, “Benefits not covered by <plan name>, Medicare, or Medicaid
- **Action required:** All MMPs and MSHO Plans must delete “vision therapy” from the following bullet: [*Plans should delete this if supplemental:*] Eyeglasses, regular eye exams, radial keratotomy, LASIK surgery, vision therapy, and other low-vision aids. However, the plan will pay for glasses after cataract surgery.”

c. Updates to language on drug management program

- **Summary of issue:** The current language regarding drug management programs does not include the effective date of the provision.
- **Issue location:** Chapter 10, “When you can end your membership in our Medicare-Medicaid Plan” section.
- **Action required:** All MMPs and MSHO Plans must revise the current language as follows: “Effective January 1, 2019, if you’re in a drug management program, you may not be able to change plans.”

This guidance will also be posted to the Financial Alignment Initiative website at <http://cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>.

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