



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 15, 2018

TO: Medicare-Medicaid Plans

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

SUBJECT: Texas 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 Texas for Medicare-Medicaid Plans (MMPs) operating in the Texas Capitated Financial Alignment Model Demonstration. CMS and Texas 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." Texas 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 Marketing and Communications Guidelines (MCMG) and in the Texas 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 1-12:** 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. Texas has elected to extend this flexibility to Texas 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**
- **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 Texas Drug-only MMP Explanation of Benefits (EOB) separately in the coming weeks.

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.