



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** May 28, 2021

**TO:** Medicare-Medicaid Plans

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

**SUBJECT:** Illinois MMPs: Release of Final Contract Year 2022 Model Materials

Accompanying this memorandum are the new model materials for Contract Year (CY) 2022 developed jointly by CMS and Illinois for Medicare-Medicaid Plans (MMPs) operating in the Illinois capitated financial alignment model demonstration. CMS and Illinois jointly updated these models using the process and information provided in Appendix A. Illinois MMPs may only use the CY 2022 models for CY 2022.

We have incorporated regulatory changes into the CY 2022 model materials.<sup>1</sup> We are issuing the following model materials to support compliance with provisions in the three-way contracts, as further described in the Marketing Guidance for Illinois Medicare-Medicaid Plans:

- **Annual Notice of Changes (ANOC):** The ANOC must be received by current enrollees by September 30, 2021 and posted on plan websites by October 15, 2021.
- **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, 2021 and posted on plan websites by October 15, 2021.
- **Summary of Benefits (SB):** The SB must be available by October 15, 2021, but can be released as early as October 1, 2021, and posted on plan websites by October 15, 2021.
- **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

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<sup>1</sup> See CMS-4190-F2, Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, which may be found in the Final Rule published on January 19, 2021, at [www.federalregister.gov/documents/2021/01/19/2021-00538/medicare-and-medicaid-programs-contract-year-2022-policy-and-technical-changes-to-the-medicare](http://www.federalregister.gov/documents/2021/01/19/2021-00538/medicare-and-medicaid-programs-contract-year-2022-policy-and-technical-changes-to-the-medicare).

October 15, 2021. The directory must be available to current and prospective enrollees and posted on plan websites by October 15, 2021.

- **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, 2021 and available to current and prospective enrollees and posted on plan websites by October 15, 2021.
- **Drug-only MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Drug-only MMP EOB to satisfy the requirement under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims. Use of this model is optional. Illinois MMPs may instead use the CY 2022 Part D EOB model provided to Part D sponsors at [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials).
- **Fully Integrated MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Fully Integrated MMP EOB, though use of this model is optional. Medicare Advantage Organizations and MMPs are currently exempted from the requirement at 42 CFR 422.111(b)(2) to send an EOB to dually eligible beneficiaries about their Part C claims. However, Illinois MMPs may use this model to satisfy the Part D EOB requirements under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims.
- **Member ID Card**
- **Integrated Denial Notice**
- **Plan-Delegated Enrollment and Disenrollment Notices**
  - Exhibit 4: MMP Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment
  - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals
  - Exhibit 5b: Welcome Letter for Individuals Who Opt In
  - Exhibit 16: MMP Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR)
  - Exhibit 17: MMP Model Notice for Denial of Disenrollment
  - Exhibit 27: MMP Model Acknowledgement of Reinstatement
  - Exhibit 29: MMP Model Notice for Enrollment Status Update
  - Exhibit 30: MMP Model Notice to Research Potential Out of Area Status
- **Appeal Decision Notices**
  - Medicare-Medicaid Overlap Services
  - Notice of Further Appeal Rights (Medicare-Medicaid Overlap Service)
  - Aging Waiver Services (Medicaid Only)
  - DRS Waiver Services (Medicaid Only)
  - Non-Waiver Services (Medicaid Only)

This memorandum and the attached models will also be posted to the Medicare-Medicaid Coordination Office'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](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources), grouped alphabetically by state under the "State-Specific Information" heading.

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 2022 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](mailto:MMCOCapsModel@cms.hhs.gov).

## Appendix A

When updating the national templates that served as the basis for state-specific MMP and MSHO Plan models, we considered revisions to Medicare Advantage and Part D model materials in conjunction with input from state partners, advocacy organizations, dually eligible individuals, and other stakeholders. We used the information to assess revisions to the Annual Notice of Changes; 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 models differ somewhat from the national templates mentioned above.

Continuing to be mindful of state and plan priorities and limited resources, we not only minimized the volume and complexity of changes but also further simplified the update process for CY 2022. The following is a summary of general changes for CY 2022:

### **General**

- Updated CY references as needed
- Revised references to regulations and state-specific marketing guidance where applicable
- Removed references to marketing codes due to the modernization of the Health Plan Management System (HPMS) marketing review module
- Replaced binary pronouns with non-binary options
- Included reference to “domestic partner” in conjunction with each reference to “spouse”
- Added instructions for plans or information for members about public health emergencies and COVID-19 where applicable

In addition to general revisions previously described, the following summarizes updates to specific model materials:

### **Member Handbook (Evidence of Coverage)**

#### **Chapter 2:**

- Updated information about the Medicare website to better align with the *Medicare & You* handbook

#### **Chapter 4:**

- Added intake activities and periodic assessments to opioid treatment program (OTP) services
- Included telehealth services for members with a substance use disorder or co-occurring mental health disorder in physician/provider services

#### **Chapter 6:**

- Updated information about contents of the Explanation of Benefits

### **Summary of Benefits**

- Updated questions in Section B to first-person language where applicable

### **List of Covered Drugs (Formulary)**

- Updated questions in Section B to first-person language where applicable
- Clarified plan instructions for optional questions in Section B

### **Provider and Pharmacy Directory**

- Added flexibility, as applicable, for contacting providers directly to determine if they are accepting new patients
- Clarified language about network pharmacies in Section D

### **Explanation of Benefits**

- Modified plan instruction about including member reference information