



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 14, 2020

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

FROM: Lindsay P. Barnette
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SUBJECT: Medicare-Medicaid Plan and Minnesota Senior Health Options Plan
Member Material Model Updates for Contract Year 2021

CMS soon will begin issuing state-specific Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) Plan model materials for use in Contract Year (CY) 2021. The purpose of this memorandum is to provide an overview of CY 2021 changes.

When updating the national templates that serve as the basis for state-specific MMP and MSHO Plan models each year, we consider CMS guidance and 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 use the information to assess needed 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 model materials may differ somewhat from the national templates mentioned above.

Ever sensitive to state and plan priorities and limited resources and always supportive of burden reduction efforts, we minimized the volume and complexity of changes to the model materials and simplified the update process to the greatest extent possible for CY 2021. The following is a summary of general changes for CY 2021:

General

- Updated references to CY where applicable
- Removed hypertext transfer protocols to simplify hyperlinks
- Revised references to marketing guidance and disclaimers, as applicable

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

Annual Notice of Changes

- Revised instruction for all plans with any Medicare Part D cost sharing and the related link and instruction for finding information about drug prices on the Medicare website
- Clarified instruction related to the dually eligible individual and other low income subsidy (LIS) individual quarterly Special Enrollment Period (SEP)
- Distinguished enrollment change related to moving out of the plan's service area
- Updated instruction for locating Medicare Plan Finder on the Medicare website

Member Handbook (Evidence of Coverage)

Chapter 1:

- Updated information about the Explanation of Benefits

Chapter 2:

- Updated instruction for locating Medicare Plan Finder on the Medicare website to be consistent with the Annual Notice of Changes

Chapter 3:

- Added subsections about oxygen equipment and coverage in MMPs and when switching to Original Medicare or Medicare Advantage

Chapter 4:

- Added information about the new Medicare benefit for acupuncture for chronic low back pain
- Updated information about Medicare Part B prescription drugs
- Updated and simplified information about Medicare Part B technology-based services and additional telehealth benefits in physician/provider services, including doctor's office visits
- Modified the plan instruction related to referrals for peripheral artery disease (PAD) as part of supervised exercise therapy (SET)
- Removed acupuncture from the list of benefits not covered by the plan, Medicare, or Medicaid

Chapter 5:

- Simplified language about transferring a prescription with remaining refills to a new pharmacy
- Added language about safe disposal of prescription medications that are controlled substances
- Updated information about drug management programs (DMPs)
- Added sickle cell disease as one of the medical conditions that may make a DMP inapplicable to a plan member

Chapter 6:

- Updated information about the Explanation of Benefits to be consistent with Chapter 1

Chapter 9:

- Reformatted Chapter 9 to be consistent with all other Member Handbook chapters
- Added language about explaining the reason when an appeal is late
- Clarified the appeal deadline for contacting the Quality Improvement Organization
- Updated "14 days" to "14 calendar days" for consistency throughout

Chapter 10:

- Clarified instructions related to the dually eligible individual and other LIS individual quarterly SEP to be consistent with the Annual Notice of Changes
- Distinguished enrollment change related to moving out of the plan's service area to be consistent with the Annual Notice of Changes

Summary of Benefits

- Added a plan instruction about how a plan member can get the complete list of benefits in the Member Handbook
- Included additional covered services at the end of the table of services in section C
- Deleted section D that previously listed other services the plan covers
- Simplified section G formatting to present the member's plan rights in a bulleted list instead of a two-column table

List of Covered Drugs (Formulary)

- Renamed section C to distinguish it as an overview of the document
- Reformatted drugs grouped by medical condition as subsection C1

Member ID Card

- Removed the HPID field in accordance with the email issued to MMPs through the Health Plan Management System on December 19, 2019

Explanation of Benefits

- Removed plan instruction not applicable after January 1, 2021
- Revised information about changes to the Drug List to align with language in Member Handbook Chapter 5 and the List of Covered Drugs (Formulary)

Integrated Denial Notice

- Updated Medicare Rights Center toll-free number

Plan-delegated Enrollment Notices, including Exhibits 5a and 5b, Welcome Letters for Passively Enrolled Individuals and Individuals Who Opt In

- Clarified instruction related to the dually eligible individual and other LIS individual quarterly SEP to be consistent with the Annual Notice of Changes and Member Handbook Chapter 10

To allow plans adequate 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 2021 model materials as quickly as possible. After release, we will post model materials 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, 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.