



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 11, 2021

TO: Minnesota Senior Health Options (MSHO) Plans

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

SUBJECT: Release of Minnesota Senior Health Options (MSHO) D-SNPs Final
Contract Year 2022 Model Materials

Accompanying this memorandum are the new model materials for Contract Year (CY) 2022 developed jointly by CMS and Minnesota for Minnesota Senior Health Options (MSHO) D-SNPs operating in the Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience. CMS and Minnesota jointly updated these models using the process and information provided in Appendix A. MSHO D-SNPs may only use the CY 2022 models for CY 2022.

We have incorporated regulatory changes into the CY 2022 model materials.¹ We are issuing the following model materials to support compliance with provisions in the Memorandum of Understanding, as further described in the Marketing Guidance for MSHO D-SNPs:

- **Low Income Subsidy (LIS) Rider**
- **Enrollment Form**
- **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.

¹ 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.

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, grouped alphabetically by state under the "State-Specific Information" heading.

We encourage all plans to work closely with their marketing reviewers and account managers 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.

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