



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 11, 2021

TO: Medicare-Medicaid Plan

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

SUBJECT: New York FIDA-IDD MMP: 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 New York for the Medicare-Medicaid Plan (MMP) operating in the New York Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) capitated financial alignment model demonstration. CMS and New York jointly updated these models using the process and information provided in Appendix A. The New York FIDA-IDD MMP 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 three-way contract, as further described in the Marketing Guidance for the New York FIDA-IDD MMP:

- **Annual Notice of Changes (ANOC):** The ANOC must be received by current Participants by September 30, 2021 and posted on the plan's website by October 15, 2021.
- **Participant Handbook/Evidence of Coverage (EOC) - Chapters 1-12:** The Participant Handbook (or a separate notice to alert Participants how to access or receive the Participant Handbook) must be received by current Participants by October 15, 2021 and posted on the plan's 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 the plan's website by October 15, 2021.
- **Provider and Pharmacy Directory:** The directory (or a separate notice to alert Participants

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.

how to access or receive the directory) must be received by current Participants no later than October 15, 2021. The directory must be available to current and prospective Participants and posted on the plan's websites by October 15, 2021.

- **List of Covered Drugs (Formulary):** The formulary (or a separate notice to alert Participants how to access or receive the formulary) must be received by current Participants no later than October 15, 2021 and available to current and prospective Participants and posted on the plan's website by October 15, 2021.
- **Drug-only Explanation of Benefits (EOB):** The New York FIDA-IDD MMP is required to meet the Part D EOB requirements under 42 CFR 423.128(e) to send Participants Part D claims information for each month in which they incur any drug claims. The New York FIDA-IDD MMP must meet this requirement by using the New York FIDA-IDD MMP-specific Drug-only EOB model provided by CMS and New York.
- **Participant ID Card**
- **Integrated Denial Notices**
 - Instructions for the Integrated Coverage Determination Notice (ICDN) Models
 - ICDN Model 1: Coverage Determination Notice (Service Plan Update)
 - ICDN Model 2: Coverage Determination Notice (Service Plan Update)
 - ICDN Model 3: Coverage Determination Notice
- **Appeals and Grievance Notices**
 - Appeal Notice 1: Acknowledgment of Appeal
 - Appeal Notice 2: Expedited Appeal Request Denial
 - Appeal Notice 3: In-Person Appeal Review
 - Appeal Notice 4: Appeal Decision Notice (Approval)
 - Appeal Notice 5: Appeal Decision Notice (Denial)
 - Appeal Notice 6: Acknowledgment of Auto-Forward of Appeal
 - Appeal Notice 7: Notice of Appeal Decision Delay
 - Appeal Notice 8: Request for Additional Information
 - Grievance Notice 1: Grievance Decision Notice
 - Grievance Notice 2: Notice of Grievance Delay
- **Plan-Delegated Enrollment Notices**
 - P1 Notice: Exhibit 5a/5b (Plan Welcome Letter)
 - P2 Notice: Exhibit 30 (Address Verification Form)
 - P3 Notice: Model Advance Notice of Disruptive Behavior
 - P4 Notice: Model Notice of Request for Involuntary Disenrollment Due to Disruptive Behavior
 - P5 Notice: Model Involuntary Disenrollment Denial Notice
- **Part D Notices**
 - Excluded Provider Model Letter

- Transition Model Letter
- Prescription Transfer Model Notice

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 the plan 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.

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