DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 10, 2021

TO: Medicare-Medicaid Plans

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

SUBJECT: California 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 California for Medicare-Medicaid Plans (MMPs) operating in the California capitated financial alignment model demonstration. CMS and California jointly updated these models using the process and information provided in Appendix A. California MMPs 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 contracts, as further described in the Marketing Guidance for California 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. We note there are three versions of the ANOC for: (1) County Organized Health System (COHS) plans, (2) non-COHS plans, and (3) plans operating in Los Angeles County.

- **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. California has elected to continue requiring a hard copy Member Handbook be provided to new enrollees in California MMPs in CY 2022; current members may receive the Member Handbook electronically. We note there are two versions of Chapter 9 for: (1) plans with Medi-Cal products that are subject to Knox-Keene licensure requirements and (2) plans with Medi-Cal products that are not subject to Knox-Keene licensure requirements. We note there are three versions of Chapter 10 for:

[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.

(1) County Organized Health System (COHS) plans, (2) non-COHS plans, and (3) plans operating in Los Angeles County.

- **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 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.

- **Member ID Card**

- **Integrated Denial Notice (IDN):** We note there are two versions of the IDN for: (1) plans with Medi-Cal products that are subject to Knox-Keene licensure requirements and (2) plans with Medi-Cal products that are not subject to Knox-Keene licensure requirements.

- **Plan-Delegated Enrollment Notices**
  - Exhibit 4: MMP Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment (We note there is one version for COHS plans only.)
  - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals (We note there are three versions for: (1) County Organized Health System (COHS) plans, (2) non-COHS plans, and (3) plans operating in Los Angeles County.)
  - Exhibit 5b: Welcome Letter for Individuals Who Opt In (We note there are three versions for: (1) County Organized Health System (COHS) plans, (2) non-COHS plans, and (3) plans operating in Los Angeles County.)
  - Exhibit 11: Acknowledgement of Request to Cancel Enrollment or Enrollment Cancellation due to Enrollment into Another Plan (MMP, MA, or PDP) for the Same Enrollment Effective Date (We note there is one version for COHS plans only.)
  - Exhibit 14: Model Notice to Acknowledge Receipt of Voluntary Disenrollment Request from Member (We note there is one version for COHS plans only.)
  - Exhibit 22: Model Notice for Period of Deemed Continued Eligibility Due to Loss of Medicaid
  - Exhibit 30a: Model Notice to Research Potential Out of Area Status

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/MMPMarketingInformation

andResources, 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.

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