

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

DATE: May 20, 2021

TO: Medicare-Medicaid Plans

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

SUBJECT: Massachusetts 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 Massachusetts for Medicare-Medicaid Plans (MMPs) operating in the Massachusetts Capitated Financial Alignment Model Demonstration. CMS and Massachusetts jointly updated these models using the process and information provided in Appendix A. Massachusetts 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 Massachusetts 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.

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-medicare-programs-contract-year-2022-policy-and-technical-changes-to-the-medicare.

- **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**
- **Notices of Adverse Action**
 - Denial of Level 1 Appeal (for MassHealth service)
 - Denial of Level 1 Appeal (for Medicare and MassHealth service)
- **Plan-Delegated Enrollment Notices**
 - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals
 - Exhibit 5b: Welcome Letter for Individuals Who Opt In

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/MMPIinformationandGuidance/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.

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 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 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 for including member reference information