



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** August 24, 2023

**TO:** Michigan Medicare-Medicaid Plans

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

**SUBJECT:** Release of Revised Models for CY 2024

CMS and the state of Michigan have revised several CY 2024 models for use by Medicare-Medicaid Plans (MMPs) operating in the Michigan financial alignment model demonstration, including Chapter 4 of the Member Handbook, Notice of Denial of Medical Coverage, Notice of Receipt of Oral Appeal, and Notice of Receipt of Appeal/Grievance. The updated models, which accompany this memorandum, replace the models previously issued on June 7, 2023.

These updates include:

- Member Handbook Chapter 4 – the addition of a MI Diabetes Prevention Program (MiDPP) and Targeted Case Management (TCM) benefits in section D.
- Notice of Denial of Medical Coverage – Page 3, under “How to ask for an internal appeal...”, Step 1, last bullet, added the following sentence, “This information may be provided in person and in writing. **There is limited time available to provide additional information, especially in the case of a fast appeal.**”
- Notice of Receipt of Oral Appeal – Page 1, last paragraph, revise the third sentence to state, “If your appeal is for payment of a *[insert as applicable: medical service/item or Part B drug or Medicaid drug]* you’ve already received, we’ll give you a written decision within **30 calendar days.**”
- Notice of Receipt of Appeal/Grievance – Page 1, revise the paragraph under “WHAT THIS MEANS” to state, “We will review your grievance and respond to you in writing by <date received plus 30 calendar days> or as quickly as your health requires. A letter will be mailed to you after we complete our investigation telling you what we found and what (if any) action we will take or have taken.”

Hard copy Member Handbooks must be updated before they are mailed to enrollees by October 15<sup>th</sup> whenever possible. If updates to the hard copy Member Handbook are not practicable – for example, if they have already been printed – the model errata may be used to communicate the updated and accurate information until current stock of outdated Member Handbook documents is depleted.

Where applicable, errata intended to correct this information must be received by the enrollees by November 15<sup>th</sup>.

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](http://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.

If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at [MMCOCapsModel@cms.hhs.gov](mailto:MMCOCapsModel@cms.hhs.gov).