



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 26, 2023

TO: Medicare-Medicaid Plans

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

SUBJECT: Michigan MMPs: Release of Final Contract Year 2024 Model Materials

Accompanying this memorandum are the new model materials for Contract Year (CY) 2024 developed jointly by CMS and Michigan for Medicare-Medicaid Plans (MMPs) operating in the Michigan capitated financial alignment model demonstration. There were minimal updates to the models for CY 2024. Michigan MMPs may only use the CY 2024 models for CY 2024.

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 Michigan Medicare-Medicaid Plans:

- **Annual Notice of Changes (ANOC):** The ANOC must be received by current enrollees by September 30, 2023 and posted on plan websites by October 15, 2023.
- **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, 2023 and posted on plan websites by October 15, 2023.
- **Summary of Benefits (SB):** The SB must be available by October 15, 2023, but can be released as early as October 1, 2023, and posted on plan websites by October 15, 2023.
- **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, 2023. The directory must be available to current and prospective enrollees and posted on plan websites by October 15, 2023.
- **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, 2023, and available to current and prospective enrollees and posted

on plan websites by October 15, 2023.

- **Drug-only Explanation of Benefits (EOB):** Michigan MMPs are required to meet the Part D EOB requirements under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims. Michigan MMPs must meet this requirement by using the Michigan MMP-specific Drug-only EOB model provided by CMS and Michigan.
- **Member ID Card**
- **Plan-Delegated Enrollment and Disenrollment Notices**
 - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals
 - Exhibit 5b: Welcome Letter for Individuals Who Opt In
 - Exhibit 16: Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR)
 - Exhibit 19: Model Notice for Disenrollment Due to Out of Area Status (No Response to Request for Address Verification)
 - Exhibit 21: Model Notice for Disenrollment due to Loss of Medicaid Status or Other State-Specific Eligibility Status - Notification of Involuntary Disenrollment
 - Exhibit 22: Model Notice for Period of Deemed Continued Eligibility due to Loss of Medicaid
 - Exhibit 23: Model Notice to Offer Beneficiary Services, Pending Correction of Erroneous Death Status
 - Exhibit 29: Model Notice for Enrollment Status Update
 - Exhibit 30: Model Notice to Research Potential Out of Area Status - Address Verification Form Included
 - Exhibit 32: Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services due to Incarceration
- **Integrated Denial Notice**
- **Appeals and Grievance Notices**
 - Notice of Appeal Decision
 - Notice of Our Failure to Make a Coverage Decision
 - Appeal Approval Notice
 - Notice of Receipt of Appeal/Grievance
 - Notice of Receipt of Oral Appeal
 - Final Response to Grievance

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 Contract Management Team to ensure timely submission and approval of all required CY 2024 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.