



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** May 25, 2022

**TO:** Medicare-Medicaid Plans

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

**SUBJECT:** Illinois MMPs: Release of Final Contract Year 2023 Model Materials

Accompanying this memorandum are the new model materials for Contract Year (CY) 2023 developed jointly by CMS and Illinois for Medicare-Medicaid Plans (MMPs) operating in the Illinois capitated financial alignment model demonstration. There were minimal updates to the CY 2023 models. Illinois MMPs may only use the CY 2023 models for CY 2023.

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 Illinois Medicare-Medicaid Plans:

- **Annual Notice of Changes (ANOC):** The ANOC must be received by current enrollees by September 30, 2022 and posted on plan websites by October 15, 2022.
- **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, 2022 and posted on plan websites by October 15, 2022.
- **Summary of Benefits (SB):** The SB must be available by October 15, 2022, but can be released as early as October 1, 2022, and posted on plan websites by October 15, 2022.
- **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, 2022. The directory must be available to current and prospective enrollees and posted on plan websites by October 15, 2022.
- **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, 2022 and available to current and prospective enrollees and posted

on plan websites by October 15, 2022.

- **Drug-only MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Drug-only MMP EOB to satisfy the requirement under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims. Use of this model is optional. Illinois MMPs may instead use the CY 2023 Part D EOB model provided to Part D sponsors at [www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials).
- **Fully Integrated MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Fully Integrated MMP EOB, though use of this model is optional. Medicare Advantage Organizations and MMPs are currently exempted from the requirement at 42 CFR 422.111(b)(2) to send an EOB to dually eligible beneficiaries about their Part C claims. However, Illinois MMPs may use this model to satisfy 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.
- **Member ID Card**
- **Integrated Denial Notice**
- **Plan-Delegated Enrollment and Disenrollment Notices**
  - Exhibit 4: MMP Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment
  - Exhibit 5a: Welcome Letter for Passively Enrolled Individuals
  - Exhibit 5b: Welcome Letter for Individuals Who Opt In
  - Exhibit 16: MMP Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR)
  - Exhibit 17: MMP Model Notice for Denial of Disenrollment
  - Exhibit 27: MMP Model Acknowledgement of Reinstatement
  - Exhibit 29: MMP Model Notice for Enrollment Status Update
  - Exhibit 30: MMP Model Notice to Research Potential Out of Area Status
- **Appeal Decision Notices**
  - Medicare-Medicaid Overlap Services
  - Notice of Further Appeal Rights (Medicare-Medicaid Overlap Service)
  - Aging Waiver Services (Medicaid Only)
  - DRS Waiver Services (Medicaid Only)
  - Non-Waiver Services (Medicaid Only)

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](https://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 2023 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](mailto:MMCOCapsModel@cms.hhs.gov).