



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 10, 2020

TO: Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) Plans

FROM: Lindsay P. Barnette
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SUBJECT: Revised Contract Year 2021 Member Material Model Updates for Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) Plans

On July 29, 2020, CMS issued a memorandum through the Health Plan Management System (HPMS) entitled “Model Notice Corrections and Updates,” which announced corrections to Contract Year (CY) 2021 model templates previously issued on June 12, 2020. The purpose of this memorandum is to identify specific changes applicable to Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) Plan model materials for CY 2021.

MMCO will not issue revised CY 2021 state-specific member material models for changes included in this memorandum. MMCO will not provide guidance on updates to MMP and MSHO Plan materials that are based on Medicare Advantage or Part D model materials.

We instruct MMPs and MSHO Plans to update their CY 2021 model materials based on the information provided in this memorandum.

Below is a brief summary of each issue, a description of where in the applicable models the issue is located, and the required update.

1. Evidence of Coverage (EOC)/Member (or Participant) Handbook

a. Adding information about home infusion therapy

- **Summary of issue:** Chapter 4 currently does not include the new home infusion therapy benefit.
- **Issue location:** Chapter 4, Benefits Chart
- **Action required:** All MMPs and MSHO Plans must insert the following benefit in alphabetical order in the Benefits Chart in Chapter 4 with the description provided:

Home infusion therapy

The plan will pay for home infusion therapy, defined as drugs or biological substances administered into a vein or applied under the skin and provided to you at home. The following are needed to perform home infusion:

- The drug or biological substance, such as an antiviral or immune globulin;
- Equipment, such as a pump; and
- Supplies, such as tubing or a catheter.

The plan will cover home infusion services that include but are not limited to:

- Professional services, including nursing services, provided in accordance with your care plan;
- Member training and education not already included in the DME benefit;
- Remote monitoring; and
- Monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier.

[List any additional benefits offered.]

b. Updating information about additional telehealth benefits

- **Summary of issue:** The current language about additional telehealth benefits is incomplete.
- **Issue location:** Chapter 4, Benefits Chart, “Physician/provider services, including doctor’s office visits”
- **Action required:** All MMPs and MSHO Plans must revise language in the “Physician/provider services, including doctor’s office visits” benefit as indicated below:

Delete the following three bullets:

- Brief virtual check-ins
- Remote evaluation of pre-recorded video and/or images
- Consultation your doctor has with other doctors by phone, the Internet, or electronic health record if you’re not a new patient

Replace the entire bullet that begins “Insert if providing any additional telehealth benefits” with:

- *[Insert if providing any additional telehealth benefits consistent with 42 CFR §422.135 in the plan’s approved Plan Benefit Package submission: Certain telehealth services, including [insert general description of covered additional telehealth benefits (i.e., the specific Part B service(s) the plan has identified as clinically appropriate for offering through electronic exchange when the provider is not in the same location as the member). Plans may refer members to their medical coverage policy here].]*

Add the following plan instruction at the end of the sub-bullet that begins “You have the option of getting these services:”

[Plans may modify as necessary if benefits include out-of-network coverage of additional telehealth services as mandatory supplemental benefits.]

Add the following information after the sub-bullet that begins “[List the available means of electronic exchange...]:

- *[Insert if the plan’s service area and providers/locations qualify for telehealth services under original Medicare requirements in section 1834(m) of the Act: Some telehealth services including consultation, diagnosis, and treatment by a physician or practitioner, for members in certain rural areas or other places approved by Medicare]*
- Telehealth services for monthly end-stage renal disease (ESRD) related visits for home dialysis members in a hospital-based or critical access hospital-based renal dialysis center, renal dialysis facility, or the member’s home
- Telehealth services to diagnose, evaluate, or treat symptoms of a stroke
- Virtual check-ins (for example, by phone or video chat) with your doctor for 5-10 minutes if:
 - you’re not a new patient **and**
 - the check-in isn’t related to an office visit in the past 7 days **and**
 - the check-in doesn’t lead to an office visit within 24 hours or the soonest available appointment
- Evaluation of video and/or images you send to your doctor and interpretation and follow-up by your doctor within 24 hours if:
 - you’re not a new patient **and**
 - the evaluation isn’t related to an office visit in the past 7 days **and**

- the evaluation doesn't lead to an office visit within 24 hours or the soonest available appointment
- Consultation your doctor has with other doctors by phone, the Internet, or electronic health record if you're not a new patient

2. List of Covered Drugs (Drug List)

a. Revising plan instruction for over-the-counter drugs

- **Summary of issue:** One sentence incorrectly references over-the-counter drugs in a plan instruction.
- **Issue location:** Drug List, Introduction
- **Action required:** All MMPs must revise the second sentence in the first paragraph as follows: It tells you which prescription drugs [*insert if applicable:* and over-the-counter drugs] [*insert if applicable:* and items] are covered by <plan name>.

This guidance will also be posted to MMCO'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.html.

We also remind MMPs and MSHO Plans that additional information about state-specific marketing guidance and model materials for CY 2021 is in the memorandum issued through HPMS on August 3, 2020, entitled "State-specific Marketing Guidance and Model Materials for Medicare-Medicaid Plans and Minnesota Senior Health Options Plans for Contract Year 2021."

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