



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 31, 2017

TO: Ohio Medicare-Medicaid Plans

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

SUBJECT: Ohio MMPs: Release of Final Contract Year 2018 State-specific Marketing Guidance

Attached to this memorandum is the final Contract Year (CY) 2018 State-specific Marketing Guidance for Medicare-Medicaid Plans (MMPs) operating in the Ohio capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and Ohio as summarized below and will be applicable to all marketing done for CY 2018 benefits.

We remind MMPs that the State-specific Marketing Guidance provides information only about those sections of the MMG that are not applicable or that are modified for MMPs in Ohio; therefore, this guidance document should be considered an addendum to the CY 2018 MMG. MMPs should carefully review the recently released CY 2018 MMG (see <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>), in conjunction with the State-specific Marketing Guidance, as the requirements of the MMG that are not otherwise modified by this document apply to MMPs in Ohio.

Following is a summary of the changes to the CY 2018 State-specific Marketing Guidance for Ohio MMPs:

- General updates and streamlining:
 - Addition of a table of contents for easier navigation.
 - Edits to section numbers, titles, and references, consistent with changes to the CY 2018 MMG.
 - Updates to web links.
 - Streamlining of the language throughout the document to ensure greater consistency across all State-specific Marketing Guidance.
 - Updates to required disclaimer language consistent with changes made to disclaimer language in CY 2018 model marketing materials.
 - Inclusion of resources for additional information on Section 1557 requirements.

- **Introduction/Provider and Pharmacy Directory Requirements:** Clarifies that county-specific Provider and Pharmacy Directories must include information indicating that a complete directory is available on the plan's website. Clarifies the online directory update requirements for provider types not on the Ohio Department of Medicaid list of required provider types specified in the three-way contract.

Section 30.5.1 (Multi-Language Insert): Removes this section from the guidance consistent with changes to the CY 2018 MMG.

- **Section 60.1 (Summary of Benefits):** Clarifies that Appendix 4 of the MMG does not apply to MMPs and that a non-model Summary of Benefits is not permitted.
- **Section 60.2 (ID Card Requirements):** Clarifies that a non-model Member ID Card is not permissible.
- **Section 60.4 (Formulary and Formulary Change Notice Requirements):** Clarifies that a non-model formulary (List of Covered Drugs) is not permitted. Clarifies that the new option available to all Part D sponsors in section 60.4 of the MMG to send either a hard copy formulary (List of Covered Drugs) or a distinct and separate notice (in hard copy) describing where enrollees can find the formulary (List of Covered Drugs) online and how enrollees can request a hard copy formulary (List of Covered Drugs) also applies to Ohio MMPs starting with CY 2018.
- **Section 60.6 (Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) (Member Handbook)):** Clarifies how MMPs should upload the ANOC and EOC (Member Handbook) in HPMS. Clarifies the rules regarding entry of Actual Mail Date information in HPMS. Clarifies that the HPMS errata submission process should not be used for mid-year changes to ANOC/EOC (Member Handbook) materials that are not due to plan error.
- **Section 70.1 (Electronic Communications):** Clarifies that MMPs are only allowed to initiate electronic communications to current enrollees and that MMPs must include a disclaimer regarding messaging rates in electronic communications.
- **Section 90.6.1 (Restriction on the Manual Review of File & Use Eligible Materials):** Removes this section from the guidance consistent with changes to the CY 2018 MMG.

For any questions about the contents of this memorandum, please contact your Contract Management Team or the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.