



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: April 3, 2018

TO: Medicare-Medicaid Plans

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

SUBJECT: Applicability of CY 2019 Final Call Letter Provisions to Medicare-Medicaid Plans

This memorandum provides additional guidance regarding the applicability to Medicare-Medicaid Plans (MMPs) of the provisions of the Contract Year (CY) 2019 Final Call Letter issued on April 2, 2018. In the chart below, we specify whether a particular provision in the CY 2019 Final Call Letter is: (1) not applicable to MMPs; (2) applicable to MMPs; (3) partly applicable to MMPs; or (4) informational only. For some provisions, comments are provided as further background.

Any questions regarding the contents of this memorandum should be directed to the Medicare-Medicaid Coordination Office at nmmcocapsmodel@cms.hhs.gov.

CY 2019 Final Call Letter Provisions and Applicability to Medicare-Medicaid Plans

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
Section I – Parts C and D					
Annual Calendar			X		Applicable to MMPs where the “MMP” column is checked in the Call Letter.
Enhancements to the 2019 Star Ratings and Future Measurement Concepts: All Subsections			X		MMPs are required to report on all Part C and D quality measures, including SNP-only and display measures. To the extent that specification changes on individual measures impact plan reporting, MMPs must comply with the specified changes. CMS expects to post additional MMP performance data later this spring at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/CapitatedModel.html .

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
2019 CMS Display Measures: All subsections			X		MMPs are required to report on all Part C and D quality measures, including SNP-only and display measures. To the extent that specification changes on individual measures impact plan reporting, MMPs must comply with the specified changes.
Incomplete and Inaccurate Bid Submissions: All Subsections			X		Also refer to Section IV of the Final Call Letter.
Plan Corrections			X		Also refer to Section IV of the Final Call Letter.
Validation Audits: All Subsections		X			
Plan Finder Civil Money Penalty (CMP) Icon or Other Type of Notice				X	As discussed in the Final Call Letter, CMS is not implementing this provision.
Enforcement Actions for Provider Directories	X				Refer to Section IV of the Final Call Letter. CY 2018 MMP directory monitoring activities are intended to aid MMPs in preparing their CY 2019 directories.

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
Audit of the Sponsoring Organization's Compliance Program Effectiveness		X			
Innovations in Health Plan Design				X	
New Medicare Card Project (formerly the Social Security Number Removal Initiative, SSNRI)		X			
Section II: Part C					
Special Needs Plan (SNP) Legislative Sunset Provision	X				
Expanding use of Electronic Health Data for MA Enrollees		X			
Overview of CY 2019 Benefits and Bid Review	X				
Plans with Low Enrollment	X				
Meaningful Difference (Substantially Duplicative Plan Offerings)	X				

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
Total Beneficiary Cost (TBC)	X				
Maximum Out-of-Pocket (MOOP) Limits	X				
Per Member Per Month (PMPM) Actuarial Equivalent (AE) Cost Sharing Limits	X				
Part C Cost Sharing Standards	X				
Part C Optional Supplemental Benefits	X				
Employer Group Waiver Plans	X				
Tiered Cost Sharing of Medical Benefits	X				
Outpatient Observation Services	X				
Coverage of Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)			X		

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
Health Related Supplemental Benefits		X			MMPs should note the expanded scope and broader interpretation of plan-offered supplemental Medicare benefits.
Enhanced Disease Management (EDM) for Dual Eligible Special Needs Plans (D-SNPs) and Institutional Special Needs Plans (I-SNPs)	X				
Medicare Advantage (MA) Uniformity Flexibility		X			
Medicare Advantage (MA) Segmented Service Area Options	X				
Medicare Diabetes Prevention Program (MDPP) Services Clarification		X			
Special Needs Plan (SNP)-Specific Networks Research and Development	X				

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Rewards and Incentives for Completion of a Health Risk Assessment (HRA)		X			
Cost Plan Transition to MA under MACRA	X				
Cost Plan Competition Requirements	X				
Improving Beneficiary Communications and Reducing Burden for Integrated D-SNPs	X				
Parts A and B Cost-sharing for Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program		X			
Encounter Data Listening Forums, Monitoring and Compliance Activities		X			
Transparency & Timeliness with Prior Authorization Processes		X			

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Section III: Part D					
Formulary Submissions: All Subsections		X			For Part D sponsors offering an MMP, CMS will make the Additional Demonstration Drug (ADD) Validation File available via HPMS in advance of the ADD File submission deadline.
Expanding the Part D OTC Program				X	As discussed in the Final Call Letter, CMS is not implementing this provision.
Medication Therapy Management (MTM) Annual Eligibility Threshold		X			
Part D Benefit – Change in the Coverage Gap Discount Program	X				
Part D Benefit Parameters for Non-Defined Standard Plans	X				
Benefit Review	X				
Tier Composition	X				
Improving Access to Part D Vaccines		X			

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
Specialty Tiers	X				
Low Enrollment Plans (Stand-alone PDPs only)	X				
Improving Drug Utilization Review Controls in Medicare Part D: All Subsections		X			
Coordination of Benefits (COB) User Fee		X			
LIS Enrollee Cost-sharing for Out-of-Network Part D Drugs		X			
Timely Updates to LIS Status Based on Best Available Evidence		X			
Using the Best Available Information when making B vs D Coverage: All Subsections		X			
Part D Mail-Order Refill Consent Policy– Solicitation for Comments		X			

Final Call Letter Provisions (by section)	Not Applicable to MMPs	Applicable to MMPs	Partly Applicable to MMPs	Informational Only	Comments
<i>Section IV: Medicare-Medicaid Plans</i>					
Medicare-Medicaid Plan Annual Requirements and Timeline for CY 2019: All Subsections		X			
<i>Appendices</i>					
Appendix 1: Methodology for Plan Finder (PF) Composite Price Accuracy Display Measure				X	