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**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** August 3, 2018

**TO:** Minnesota Senior Health Options Plans

**FROM:** Lindsay P. Barnette  
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**SUBJECT:** Contract Year 2019 Marketing and Beneficiary Communications Guidance for Minnesota Senior Health Options Plans

On July 20, 2018, CMS issued the Medicare Communications and Marketing Guidelines (MCMG) for Contract Year (CY) 2019, which is available on this webpage: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>. As a result of the implementation of CMS-4182-F, Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE program, which may be found in the Final Rule published April 16, 2018 (see <https://www.federalregister.gov/documents/2018/04/16/2018-07179/medicare-program-contract-year-2019-policy-and-technical-changes-to-the-medicare-advantage-medicare>) as well as feedback from stakeholders, there were a number of updates to guidance and to the timing and format of communications and marketing materials for enrollees and prospective enrollees for CY 2019. Over the coming months, we will work with Minnesota to jointly update and issue CY 2019 State-specific Marketing Guidance for Minnesota Senior Health Options (MSHO) Plans.

In this memorandum, we provide information to MSHO Plans needed to address the most critical issues related to the submission of materials and the Annual Election Period (AEP). Guidance in this memorandum is organized sequentially to correspond with sections as numbered in the CY 2019 MCMG. In addition, where appropriate, we refer MSHO Plans to specific sections of the CY 2018 State-specific Marketing Guidance document for MSHO Plans that are still applicable or are being modified based on MCMG guidance.

The following sections of the CY 2019 MCMG are modified as follows for MSHO Plans.

## **Section 20 - Communications and Marketing Definitions**

**(See section 20 of the CY 2018 State-specific Marketing Guidance)**

CMS has developed a joint review process for beneficiary materials for MSHO Plans operating in the Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience that combines state and CMS review requirements and parameters. Given these differences, CMS will continue to consider all CY 2019 MSHO Plan materials to be marketing materials as defined prior to the implementation of CMS-4182-F. We provide additional detail about materials subject to submission in the guidance related to section 90.1.1 of the MCMG below.

### **Section 90.1 - Material Identification**

MSHO Plans must continue to follow the guidance on marketing material identification (ID) numbers as described in section 40.1 of the CY 2018 MMG. As a result, the second paragraph of this section of the MCMG is modified as follows for MSHO Plans:

The material ID is made up of two parts: (1) MSHO Plan contract number, (i.e., H number) followed by an underscore; and (2) any series of alpha numeric characters chosen at the discretion of the MSHO Plan. Use of the material ID on marketing materials must be immediately followed by the status of either approved or accepted (e.g., H1234\_drugx38 Approved). Please note that MSHO Plans should include an approved status only after the material is approved and not when submitting the material for review.

The remainder of section 90.1 of the MCMG applies to MSHO Plans, including the requirement that non-English and alternate format materials based on previously created materials may have the same material ID as the material on which they are based.

#### **Section 90.1.1 - Materials Subject to Submission**

As described previously in this memorandum, CMS will continue to consider all MSHO Plan materials to be marketing materials as defined prior to the implementation of CMS-4182-F. Consequently, MSHO Plans must continue to submit all CY 2019 beneficiary materials in the Health Plan Management System (HPMS) Marketing Module.

We note that, effective August 2, 2018, CMS has revised and streamlined a number of State-specific marketing codes in the HPMS Marketing Module for CY 2019. Code revisions include the following:

- Addition of material replacement functionality for certain materials (see section 90.2 of the MCMG and this memorandum for more detail).
- Retirement of combined Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) (Member Handbook) codes. We note that starting in CY 2019, ANOCs and EOCs (Member Handbooks) must be submitted separately. Actual Mail Dates (AMDs) will be entered only for ANOCs as described in section 100.4 of the MCMG.

- Updates to the code usage instructions for the ANOC and EOC (Member Handbook) codes.
- Changes in review parameters of some codes (e.g., a number of CMS-only review codes have been changed to forced file and use status, and a number of dual review codes have been changed to state-only review status).
- Updates to the code that was previously used for Provider and Pharmacy Directory and Formulary notices to allow MSHO Plans to use it for EOC (Member Handbook) notices. MSHO Plans may use this code for single or combined notices to members about the availability of the directory, formulary, and handbook.

We encourage MSHO Plans to familiarize themselves with the specific review parameters and timeframes for their materials using the Marketing Code Look-up functionality in the HPMS Marketing Module.

The Provider and Pharmacy Directory should continue to be submitted in HPMS, but we note that the code type for MSHO plans remains forced file and use. Directories will therefore not be prospectively reviewed by CMS or State reviewers. We also clarify that updates to the directory should not be submitted in HPMS, but rather be sent directly to the State for review.

#### **Section 90.6 - HPMS Material Statuses**

We note that the “Non-Marketing” status is not available for Joint Review Process (JRP) marketing codes in HPMS.

#### **Section 100.4 - List of Required Materials**

**(See Introduction and sections 60.1, 60.4, and 60.6 of the CY 2018 State-specific Marketing Guidance)**

MSHO Plans must follow the guidance in section 100.4 of the MCMG with the following modifications:

- For CY 2019, CMS will continue to consider all MSHO Plan materials to be marketing materials as defined prior to the implementation of CMS-4182-F. Consequently, MSHO Plans must continue to submit all beneficiary materials – regardless of their designation as marketing or communications materials in section 100.4 of the MCMG – in the HPMS Marketing Module. We encourage MSHO Plans to familiarize themselves with the specific review parameters and timeframes for their materials using the Marketing Code Look-up functionality in the HPMS Marketing Module since CMS recently implemented a number of changes to those codes (see section 90.1.1 of this memorandum for more detail).
- MSHO Plans must continue to use standardized State-specific models (see <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.html> for CY 2019 versions) for the following materials:

- ANOC
- Member Handbook (EOC)
- List of Covered Drugs (Formulary)
- Provider and Pharmacy Directory
- Summary of Benefits (SB) (**Note:** The guidance in Appendix 5 of the MCMG does not apply to MSHO Plans.)
- Enrollment Form
- Low Income Subsidy (LIS) Rider
- ANOC and Member Handbook (EOC) Errata

The Member Handbook (EOC) may be provided electronically as detailed in section 100.2.1 of this memorandum.

In addition, we note that MSHO plans are no longer required to send the SB with the ANOC. This is now optional per section 100.4 of the MCMG.

MSHO Plans should carefully consult the MCMG as well as previous HPMS guidance memoranda accompanying the release of their CY 2019 State-specific model materials since timelines for enrollee receipt and posting of certain materials on plan websites have changed (see section 70.1 of the MCMG for more information about required website posting dates for new and renewing plans). MSHO Plans are required to follow the MCMG enrollee receipt timelines and plan website requirements, with the additional flexibility regarding provision of the Member Handbook (EOC) noted in section 100.2.1 of this memorandum.

We also note that requirements related to translation of materials into non-English languages have changed in the MCMG and are detailed in section 100.4.

## **Appendix 2 – Disclaimers** (See Appendix 5 of the CY 2018 State-specific Marketing Guidance)

The CY 2018 State-specific Marketing Guidance document provides guidance on variations in disclaimer requirements relative to the CY 2018 MMG. As a result of changes in required disclaimers in the MCMG applicable to CY 2019 materials, we clarify in the chart below how MSHO Plan disclaimers will be applied relative to current guidance in the MCMG as well as previous modifications made in the State-specific Marketing Guidance document.

**Note:** If a disclaimer is not specifically referenced in the chart below, MSHO Plans should follow the MCMG guidance on disclaimers in Appendix 2. Any additional State-specific disclaimers in CY 2018 State-specific Marketing Guidance documents will continue to apply in CY 2019.

<b>Disclaimer</b>	<b>Required MSHO Plan Disclaimer Language</b>	<b>MSHO Plan Disclaimer Instructions</b>
Federal Contracting	MSHO Plans must use the Federal-State contracting disclaimer language in their CY 2018 State-specific Marketing Guidance.	Required on materials as described in the applicable documents and notes column in Appendix 2 of the MCMG
Benefits – “This is not a complete list...”	MSHO Plans must use the disclaimer language in their CY 2018 State-specific Marketing Guidance.	Required on the SB and all materials with 10 or more benefits except the Member Handbook (EOC)
Benefits – “Limitations, [, copays,] and restrictions may apply...”	This disclaimer is no longer required to be included in MSHO Plan materials starting in CY 2019.	N/A
Benefits – “Benefits [and/or copayments] may change on January 1 of each year.”	This disclaimer is no longer required to be included in MSHO Plan materials starting in CY 2019.	N/A
Availability of Non-English Translations	MSHO Plans must use the disclaimer language in their CY 2018 State-specific Marketing Guidance with the addition of “ATTENTION:” at the beginning of the disclaimer.	Required on materials as described in the “Applicable Documents and Notes” column in Appendix 2 of the MCMG
NCQA SNP Approval	MSHO Plans must use the disclaimer language in their CY 2018 State-specific Marketing Guidance.	Required on materials as described in the “Applicable Documents and Notes” column in Appendix 2 of the MCMG
Plan Online Enrollment Center	This disclaimer does not apply to MSHO Plans.	N/A
Extra Help	This disclaimer is no longer required to be included in MSHO Plan materials starting in CY 2019.	N/A
Provider and Pharmacy Network and Formulary Change	This disclaimer is no longer required to be included in MSHO Plan materials starting in CY 2019.	N/A

In addition to the areas discussed above, we encourage MSHO Plans to familiarize themselves with the rest of the CY 2019 MCMG since it has been significantly modified relative to the CY 2018 MMG.

Again, we note that this memorandum contains the most crucial information MSHO Plans need to address issues related to the submission of materials and the AEP. Additional guidance will be provided at a later date. For any questions about the contents of this memorandum, please contact your Account Manager or the Medicare-Medicaid Coordination Office at [MMCOCapsModel@cms.hhs.gov](mailto:MMCOCapsModel@cms.hhs.gov).