

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 6, 2018

TO: Medicare-Medicaid Plans

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

SUBJECT: New York FIDA MMPs: Release of Final Contract Year 2019 Model Materials

Attached to this memorandum are the new model materials for Contract Year (CY) 2019 developed jointly by CMS and New York for the Medicare-Medicaid Plans (MMPs) operating in the New York Fully Integrated Duals Advantage (FIDA) Capitated Financial Alignment Model Demonstration. CMS and New York jointly updated these models as summarized in the June 6, 2018 HPMS memorandum, "Medicare-Medicaid Plan and Minnesota Senior Health Options Plan Member Material Model Updates for Contract Year 2019." New York FIDA MMPs may only use the CY 2019 models for CY 2019.

We note that 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>), there are a number of changes regarding the timing and format of required beneficiary communications materials that will be incorporated into the CY 2019 Medicare Communications and Marketing Guidelines (MCMG) and in the New York FIDA MMP marketing guidance document. This memorandum includes updated guidance related to those regulatory changes as applicable.

The following materials are included with this guidance:

- **Annual Notice of Change (ANOC):** The ANOC must be received by current Participants by September 30, 2018 and posted on plan websites by September 30, 2018.
- **Participant Handbook/Evidence of Coverage (EOC) - Chapters 1-12:** The Participant Handbook (or a separate notice to alert Participants how to access or receive the Participant Handbook) must be received by current Participants by October 15, 2018 and posted on plan websites by October 15, 2018. As provided under CMS-4182-F, CMS has flexibility to allow Medicare health plans to provide additional required beneficiary materials (such as the Evidence of Coverage (EOC) (Participant Handbook)) electronically

beginning in CY 2019, provided Participants receive a hard copy notice about the availability of this information and are mailed a hard copy version of the document upon request. New York has elected to extend this flexibility to New York FIDA MMPs with respect to their Participant Handbooks.

- **Summary of Benefits (SB):** The SB must be posted on plan websites by October 15, 2018.
- **Provider and Pharmacy Directory:** The directory (or a separate notice to alert Participants how to access or receive the directory) must be received by current Participants no later than October 15, 2018. The directory must be available to current and prospective Participants and posted on plan websites by October 15, 2018.
- **List of Covered Drugs (Formulary):** The formulary (or a separate notice to alert Participants how to access or receive the formulary) must be received by current Participants no later than October 15, 2018 and available to current and prospective Participants and posted on plan websites by October 15, 2018.
- **Participant ID Card**
- **Integrated Denial Notices**
 - Instructions for the Integrated Coverage Determination Notice (ICDN) Models
 - ICDN Model 1: Coverage Determination Notice (Service Plan Update)
 - ICDN Model 2: Coverage Determination Notice (Service Plan Update)
 - ICDN Model 3: Coverage Determination Notice
- **Appeals and Grievance Notices**
 - Appeal Notice 1: Acknowledgment of Appeal
 - Appeal Notice 2: Expedited Appeal Request Denial
 - Appeal Notice 3: In-Person Appeal Review
 - Appeal Notice 4: Appeal Decision Notice (Approval)
 - Appeal Notice 5: Appeal Decision Notice (Denial)
 - Appeal Notice 6: Acknowledgment of Auto-Forward of Appeal
 - Appeal Notice 7: Notice of Appeal Decision Delay
 - Appeal Notice 8: Request for Additional Information
 - Grievance Notice 1: Grievance Decision Notice
 - Grievance Notice 2: Notice of Grievance Delay
- **Plan-Delegated Enrollment Notices**
 - P1 Notice: Exhibit 5a/5b (Plan Welcome Letter)

In addition, we expect to issue the following model materials separately:

- **Plan-Delegated Enrollment Notices**
 - P2 Notice: Exhibit 30 (Address Verification Form)
 - P3 Notice: Model Advance Notice of Disruptive Behavior
 - P4 Notice: Model Notice of Request for Involuntary Disenrollment Due to Disruptive Behavior

- P5 Notice: Model Involuntary Disenrollment Denial Notice

- **Part D Notices**
 - Excluded Provider Model Letter
 - Transition Model Letter
 - Prescription Transfer Model Notice

- **Drug-only Explanation of Benefits:** New York FIDA MMPs are required to meet the Part D Explanation of Benefits (EOB) requirements under 42 CFR 423.128(e) to send Participants Part D claims information for each month in which they incur any drug claims. New York FIDA MMPs must meet this requirement by using the New York FIDA MMP-specific Drug-only EOB model provided by CMS and New York.

The attached guidance and models will also be posted to the Financial Alignment Initiative website at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.html>.

We encourage the plans to work closely with their marketing reviewers and Contract Management Team to ensure timely submission and approval of all required CY 2019 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.