



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 9, 2019

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

FROM: Lindsay P. Barnette
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SUBJECT: Revised Contract Year 2020 Member Material Model Updates for Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

On August 5, 2019, CMS issued an HPMS memorandum entitled “Model Notice Corrections and Updates,” which announced corrections to Contract Year (CY) 2020 model templates previously issued on May 24, 2019. The purpose of this memorandum is to identify specific changes applicable to Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) D-SNP model materials for CY 2020.

The Medicare-Medicaid Coordination Office (MMCO) will not issue revised CY 2020 state-specific member material models for changes in this memorandum. MMCO will issue revised CY 2020 state-specific versions of Evidence of Coverage (EOC)/Member (or Participant) Handbook Chapter 9 later in August and subsequently provide revised Spanish translations of Chapter 9.

MMCO will not provide guidance on updates to MMP materials that are based on Medicare Advantage or Part D model materials. We instruct MMPs and MSHO Plans to update their CY 2020 model materials based on the guidance 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. Global (e.g., Annual Notice of Changes (ANOC), Evidence of Coverage (EOC)/Member (or Participant) Handbook Chapter 1, Summary of Benefits, List of Covered Drugs (Drug List), Provider and Pharmacy Directory, Explanation of Benefits (EOB), plan-delegated enrollment and disenrollment notices, appeals and grievance notices)**
 - a. Revising language in the disclaimer instruction**

- **Summary of issue:** The current plan instruction includes a reference to the Medicare Communications and Marketing Guidelines.
- **Issue location:** “Disclaimers” section or instructions at the end of notices.
- **Action required:** All MMPs must revise the language and adhere to the instruction as follows: *[Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.]*

2. Annual Notice of Changes (ANOC)

a. Revising date for changing plans

- **Summary of issue:** The current language specifies making a decision to change plans by December 31.
- **Issue location:** Section G1, “How to stay in our plan,” second paragraph on page 17.
- **Action required:** All MSHO Plans must revise the current sentence as follows: If you want to stay in our plan and you do not make a change by December 7, you will automatically stay enrolled in our plan.

b. Adding optional crosswalk language

- **Summary of issue:** The current language about ending membership during the Annual Enrollment Period does not include the optional crosswalk language.
- **Issue location:** Section G2, “How to change plans,” the “Annual Enrollment Period” bullet toward the bottom of page 17.
- **Action required:** All MSHO Plans must add the following language as a plan instruction after the existing language: *[If the plan is being crosswalked, replace previous sentence with: If you don’t choose another plan by December 7, your enrollment in <crosswalked plan name> will start on January 1.]*

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

a. Updating instructions for plans with Part B drugs subject to step therapy

- **Summary of issue:** The current plan instructions for Part B drugs do not include all of the language required.
- **Issue location:** Chapter 4, Benefits Chart, “Medicare Part B prescription drugs”
- **Action required:** All MMPs and MSHO Plans must revise the current plan

instruction as follows: *[Plans that will or expect to use Part B step therapy should indicate the Part B drug categories below that will or may be subject to Part B step therapy as well as a link to a list of drugs that will be subject to Part B step therapy. The link may be updated throughout the year and any changes added at least 30 days prior to implementation per 42 CFR 422.111(d).]*

AND

- **Action required: All MMPs and MSHO Plans** must add the following plan instruction as a separate paragraph between the “IV immune globulin” bullet and the “Chapter 5” paragraph: *[Insert if applicable: The following link will take you to a list of Part B drugs that may be subject to step therapy: <hyperlink>.]*

b. Correcting formulary change rule language

- **Summary of issue:** The current language on formulary changes includes errors.
- **Issue location:** Chapter 5, Section E, “Changes in coverage for your drugs”
- **Action required: All MMPs and MSHO Plans** must revise the following bullet as follows: a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**

AND

- **Action required: ALL MMPs and MSHO Plans** must revise only the following sentences related to immediate changes to the Drug List as indicated:
 - Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same *[insert if applicable, for example, if the plan’s Drug List has differential cost-sharing for some generics: or will be lower.]*
 - When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.

AND

- **Action required: ALL MMPs and MSHO Plans** must revise only the following bullets related to generic drug substitutions as indicated:

- *[Plans that want the option to immediately substitute a new generic drug, insert: We add a generic drug that is new to the market **and...**]*

4. List of Covered Drugs (Drug List)

a. Correcting formulary change rule language

- **Summary of issue:** The current language about making changes to the Drug List does not include a reference to Medicare and Medicaid rules.
- **Issue location:** Drug List, Frequently Asked Questions, B2, “Does the Drug List ever change?”
- **Action required:** All MMPs and MSHO Plans must revise the first and second sentences as follows: Yes, and <plan name> must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

b. Correcting formulary change rule language

- **Summary of issue:** The current language on formulary changes includes an error.
- **Issue location:** Drug List, Frequently Asked Questions, B3, “What happens when there is a change to the Drug List?”
- **Action required:** ALL MMPs and MSHO Plans must revise only the following bullet related to generic drug substitutions as indicated:
 - *[Plans that are not making immediate generic substitutions insert: We add a generic drug **and...**]*

This guidance 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>.

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