

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 4, 2017

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

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

SUBJECT: Contract Year 2018 Member Material Model Updates for Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

On July 27, 2017, CMS issued an HPMS memorandum entitled "Model Notice Corrections/Policy Updates," which clarified or updated standardized language in Contract Year (CY) 2018 Medicare Advantage and Part D model materials previously issued on May 16, 2017. The purpose of this memorandum is to identify specific changes applicable to Medicare-Medicaid Plans (MMPs) and Minnesota Senior Health Options (MSHO) D-SNPs, as well as additional flexibilities in materials related to new policies articulated in the Medicare Marketing Guidelines issued on July 20, 2017 and posted here: <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>.

The Medicare-Medicaid Coordination Office will not issue revised CY 2018 state-specific member material models for these changes. Instead, we instruct MMPs and MSHO Plans to update their CY 2018 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 model the issue is located, and the required update.

1. Annual Notice of Change

- **Summary of issue:** The current language regarding receipt of a List of Covered Drugs (formulary) is inaccurate for plans choosing not to send a hard copy formulary to enrollees except as requested, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document.
- **Issue location:** "Changes to prescription drug coverage" section, "Changes to our Drug List" subsection
- **Action required:** All MMPs and MSHO Plans may update the language as follows based on this new plan instruction "[Plans that did not include a List of Covered Drugs in the envelope and will not mail it separately unless requested, insert: An updated *List of Covered Drugs* is located on our website at <web address>. You may also call Member Services at <phone number> for updated provider information or to ask us to mail you a *List of Covered Drugs*.]"

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

a. Reference to List of Covered Drugs

- **Summary of issue:** The current language regarding receipt of a List of Covered Drugs (formulary) is inaccurate for plans choosing not to send a hard copy formulary to enrollees except as requested, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document.
- **Issue location:** Chapter 1, “What other information will you get from us?” section.
- **Action required:** All MMPs and MSHO Plans may update the reference to the List of Covered Drugs as follows: “[insert if applicable: information about how to access] a List of Covered Drugs.”

b. Cervical and Vaginal Cancer Screening Benefit

- **Summary of issue:** The cervical and vaginal cancer screening benefit does not reflect the current policy.
- **Issue location:** Chapter 4, Benefits Chart, *Cervical and vaginal cancer screening*
- **Action required:**
 - **Only MMPs in California, Michigan, New York FIDA and FIDA-IDD, South Carolina, and Texas and MSHO Plans:** Update the second bullet as follows: “For women who are at high risk of cervical or vaginal cancer: one Pap test every 12 months”.
 - **Only MMPs in California, Michigan, New York FIDA and FIDA-IDD, and Texas:** Update the third bullet as follows: “For women who have had an abnormal Pap test within the last 3 years and are of childbearing age: one Pap test every 12 months”.

c. Information about Transplant Locations Outside the Community Pattern of Care

- **Summary of issue:** Plans should update language to include a location outside the pattern of care for transplants in the community.
- **Issue location:** Benefits Chart, *Inpatient hospital care* (all MMPs except those in NY-FIDA and NY-FIDA IDD and MSHO plans) or *Inpatient acute hospital care, including substance abuse and rehabilitative services* (MMPs in NY-FIDA and FIDA-IDD only):
- **Action required:** All MMPs and MSHO Plans update as follows: “[Plans should include the following, modified as appropriate: Transplant providers may be local or outside of the service area. If local transplant providers are willing to accept the Medicare rate, then you can get your transplant services locally or outside the pattern of care for your community. If <plan name> provides transplant services outside the pattern of care for your community and you choose to get your transplant there, we will arrange or pay for lodging and travel costs for you and one other person.]”

3. Exhibit 5a, Exhibit 5b, Combined Exhibits 5a and 5b, and Exhibit 4 (as applicable)

- **Summary of issue:** The current language regarding receipt of a List of Covered Drugs (formulary) at the time of enrollment is inaccurate for plans choosing not to send a hard copy formulary to enrollees except upon request, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document.
- **Issue location:** List describing the contents of the new member/Participant kit.
- **Action required:**
 - **MMPs in California, Illinois, Massachusetts, Michigan, Rhode Island, South Carolina, and Texas** may update based on the following revised instruction: “List of Covered Drugs (Formulary) [*Plans may delete and replace with the following sentence if they elect not to send List of Covered Drugs to enrollees: Instructions for getting more information about the drugs on our List of Covered Drugs]*”
 - **MMPs in New York FIDA and New York FIDA-IDD** may update based on the following revised instruction: “[*Plan must insert: List of Covered Drugs (Formulary) or A notice telling you how to get a List of Covered Drugs or access it online.*]”
 - **MMPs in Ohio** may update based on the following revised instruction: “A List of Covered Drugs (Formulary). We call it the “Drug List” for short. It tells which prescription drugs are covered by <plan name>. The Drug List also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. [*For plans that send a printed List of Covered Drugs to all new members, insert as applicable: Each year, we will send you a copy of the Drug List, but some changes may occur during the year.*] [*For plans that do not send a printed List of Covered Drugs to all new members insert: If you asked for a printed Drug List when you called the Medicaid Hotline to select a My Care Ohio managed care plan, [*insert as applicable: enclosed is or we have sent*] the Drug List. If you did not contact the Medicaid Hotline to select a plan and you want a printed Drug List, you can call Member Services at <phone and TTY/TDD numbers>, <days and hours of operation>.*] [*Plans may insert any additional ways members can request a printed List of Covered Drugs – for example return enclosed post card, through on-line website, etc.*] To get the most up-to-date information about which drugs are covered, visit <web address> or call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>.”

4. Drug-Only Explanation of Benefits

- **Summary of issue:** The current language regarding receipt of a List of Covered Drugs (formulary) is inaccurate for plans choosing not to send a hard copy formulary to enrollees except upon request, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document.
- **Issue location:** “About the Drug List” section
- **Action required:**
 - **Only MMPs in Illinois, Michigan, New York (FIDA and FIDA-IDD), Ohio, South Carolina, and Texas** may update based on the following new and

updated instructions: “[*Plan must insert if it sends a hard copy List of Covered Drugs: <Plan name> sent you a “List of Covered Drugs,” or “Drug List” for short.*] [*Plan must insert if it only sends a hard copy List of Covered Drugs upon request: <Plan name> sent you a notice telling how to get a List of Covered drugs or access it online.*] The Drug List tells which drugs are covered by our plan. It also tells which [*plans with cost sharing, insert: cost sharing*] tier each drug is in and whether there are any restrictions on coverage for a drug.”

5. Integrated Explanation of Benefits

- **Summary of issue:** The current language regarding receipt of a List of Covered Drugs (formulary) is inaccurate for plans choosing not to send a hard copy formulary to enrollees except upon request, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document.
- **Issue location:** “About the Drug List” section
- **Action required:** Plans that choose not to send a hard copy formulary to current enrollees, as specified in section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the appropriate State-specific Marketing Guidance document, must add the following language.
 - **Only MMPs in Illinois** may update based on the following new and updated instructions: “[*Plan must insert if it sends a hard copy List of Covered Drugs: <Plan name> sent you a “List of Covered Drugs,” or “Drug List” for short.*] [*Plan must insert if it only sends a hard copy List of Covered Drugs upon request: <Plan name> sent you a notice telling how to get a List of Covered drugs or access it online.*] The Drug List tells which drugs are covered by our plan. It also tells which [*plans with cost sharing, insert: cost sharing*] tier each drug is in and whether there are any restrictions on coverage for a drug.”

This guidance will also be posted to the Financial Alignment Initiative website at <http://cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>.

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