



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 2, 2017

TO: Minnesota Senior Health Options Dual Eligible Special Needs Plans (MSHO Plans)

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

SUBJECT: Release of Final Contract Year 2018 State-specific Marketing Guidance for MSHO Plans

Attached to this memorandum is the final Contract Year (CY) 2018 State-specific Marketing Guidance for the Minnesota Senior Health Options Dual Special Needs Plans (MSHO plans) operating in the Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience. The State-specific Marketing Guidance has been jointly updated by CMS and Minnesota as summarized below and will be applicable to all marketing done for CY 2018 benefits.

We remind MSHO plans that the State-specific Marketing Guidance provides information only about those sections of the MMG that are not applicable or that are modified for MSHO plans; therefore, this guidance document should be considered an addendum to the CY 2018 MMG. MSHO plans should carefully review the recently released CY 2018 MMG (see <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>), in conjunction with the State-specific Marketing Guidance, as the requirements of the MMG that are not otherwise modified by this document apply to MSHO plans.

Following is a summary of the changes to the CY 2018 State-specific Marketing Guidance for MSHO plans:

- General updates and streamlining:
 - Addition of a table of contents for easier navigation.
 - Edits to section numbers, titles, and references, consistent with changes to the CY 2018 MMG.
 - Updates to web links.
 - Streamlining of the language throughout the document to ensure greater consistency across all State-specific Marketing Guidance.
 - Updates to required disclaimer language consistent with changes made to disclaimer language in CY 2018 model marketing materials.

- Inclusion of resources for additional information on Section 1557 requirements.
- **Introduction/Provider and Pharmacy Directory Requirements:** Clarifies that county-specific Provider and Pharmacy Directories must include information indicating that a complete directory is available on the plan's website.
- **Section 30.5.1 (Multi-Language Insert):** Removes this section from the guidance consistent with changes to the CY 2018 MMG.
- **Section 60.1 (Summary of Benefits):** Clarifies that Appendix 4 of the MMG does not apply to MSHO plans and that a non-model Summary of Benefits is not permitted.
- **Section 60.2 (ID Card Requirements):** Clarifies that a non-model Participant ID Card is not permissible.
- **Section 60.4 (Formulary and Formulary Change Notice Requirements):** Clarifies that a non-model formulary (List of Covered Drugs) is not permitted. Clarifies that the new option available to all Part D sponsors in section 60.4 of the MMG to send either a hard copy formulary (List of Covered Drugs) or a distinct and separate notice (in hard copy) describing where enrollees can find the formulary (List of Covered Drugs) online and how enrollees can request a hard copy formulary (List of Covered Drugs) also applies MSHO plans starting with CY 2018.
- **Section 60.6 (Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) (Member Handbook)):** Clarifies the rules regarding entry of Actual Mail Date information in HPMS. Clarifies that the HPMS errata submission process should not be used for mid-year changes to ANOC/EOC (Member Handbook) materials that are not due to plan error.

For any questions about the contents of this memorandum, please contact your Contract Management Team or the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.