



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 25, 2017

TO: Illinois Medicare-Medicaid Plans

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

SUBJECT: Illinois MMPs: Release of Final Contract Year 2018 State-specific Marketing Guidance

Attached to this memorandum is the final Contract Year (CY) 2018 State-specific Marketing Guidance for Medicare-Medicaid Plans (MMPs) operating in the Illinois capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and Illinois as summarized below and will be applicable to all marketing done for CY 2018 benefits.

We remind MMPs that the State-specific Marketing Guidance provides information only about those sections of the MMG that are not applicable or that are modified for MMPs in Illinois; therefore, this guidance document should be considered an addendum to the CY 2018 MMG. MMPs 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 MMPs in Illinois.

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

- 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 30.9 (Enrollee Referral Programs):** Clarifies that this section of the MMG is not applicable to MMPs.
- **Section 40.8.1 (Multiple Lines of Business – General Information):** Clarifies that marketing to current non-MMP enrollees to promote MMP offerings is not considered direct contact and, therefore, is permissible.
- **Section 60.1 (Summary of Benefits):** Clarifies that Appendix 4 of the MMG does not apply to MMPs and that a non-model Summary of Benefits is not permitted.
- **Section 60.2 (ID Card Requirements):** Clarifies that a non-model Member 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 to Illinois MMPs starting with CY 2018.
- **Section 60.6 (Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) (Member Handbook)):** Clarifies how MMPs should upload the ANOC and EOC (Member Handbook) in HPMS. 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.
- **Section 70.1 (Electronic Communications):** Clarifies that MMPs must include clear opt-out instructions within any email, direct message, or text sent to current and prospective enrollees.
- **Section 70.2 (Marketing Through Unsolicited Contacts):** Clarifies that direct mail should be submitted to HPMS for state review only.
- **Section 70.3 (Prospective Enrollee Educational Events):** Clarifies that MMPs may provide contact information directly to an individual at an educational event if the individual asks for such information. Clarifies that at educational events, MMPs may not offer nominal gifts, but they may provide promotional items that include the plan name, logo, toll-free customer service number, and website, provided they otherwise meet the guidance provided in this section of the MMG.

- **Section 70.4 (Marketing/Sales Events and Appointments):** Clarifies that information about multiple plan products can be available at the same physical table at a marketing/sales event, as long as all information has previously been appropriately approved by CMS and the State.
- **Section 70.4.3 (Scope of Appointment):** Clarifies that the requirements of this section do not apply to MMPs.
- **Section 70.5.1 (Provider-Based Activities):** Clarifies that MMPs also may allow contracted providers to assist MMP enrollees with Medicaid redeterminations prior to disenrollment.
- **Section 80.2 (Informational Scripts):** Clarifies that MMPs may do a warm transfer to the State's enrollment broker as long as MMP staff drop off the line once the transfer is complete.
- **Section 80.4 (Telephone Sales Scripts (Inbound or Outbound):** Clarifies that MMPs may do a warm transfer to the State's enrollment broker as long as MMP staff drop off the line once the transfer is complete.
- **Section 80.4.1 (Telephonic Contact):** Clarifies that MMPs may call current MMP enrollees to assist with Medicaid redeterminations prior to disenrollment. Clarifies that MMPs may place phone calls to disenrolling members to conduct disenrollment surveys for quality improvement services up to the last day of their coverage in the plan, but they may not call former enrollees after the disenrollment effective date. Further clarifies that MMPs may mail a disenrollment survey at any time, including after the disenrollment effective date.
- **Section 90.3.3 (Deemed):** Clarifies that, for purposes of MMP materials, there is no "deeming" of materials requiring either a dual review by CMS and the State or a one-sided State review, and materials remain in a "pending" status until the State and CMS reviewer dispositions match.
- **Section 90.6.1 Restriction on the Manual Review of File & Use Eligible Materials):** Removes this section from the guidance consistent with changes to the CY 2018 MMG.
- **Section 110.1 (Promotional Activities):** Clarifies that while MMPs are not permitted to offer nominal gifts, promotional activities or items are permitted consistent with the requirements of Section 110.1 of the MMG.
- **Section 110.2 (Marketing of Rewards and Incentives Programs):** Clarifies that any value added or supplemental benefits that the MMP wants to be considered for inclusion in the State's plan comparison tool, including gift cards as wellness incentives, must be submitted to the State at HFS.HLTHPlnOutreach@illinois.gov.

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.