



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** July 25, 2017  
**TO:** Michigan Medicare-Medicaid Plans  
**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations, and Analysis Group  
**SUBJECT:** Michigan 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 Michigan capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and Michigan 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 Michigan; 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 Michigan.

Following is a summary of the changes to the CY 2018 State-specific Marketing Guidance for Michigan 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 10 (Introduction):** Clarifies that all materials must use the term "care coordinator(s)" when discussing the individual who coordinates members' care.
- **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 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 Michigan 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 80.4.1 (Telephonic Contact):** Clarifies that MMPs may not call current members to promote other Medicare plan types. Clarifies that calls made by the MMP to current members are not considered unsolicited direct contact and that organizations that offer non-MMP products may call their current non-MMP members to promote MMP offerings.
- **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 promotional activities for current members provided at targeted educational events consistent with sections 110.1 and 110.1.1 of the MMG. Clarifies that promotional activities may not be given in connection with enrollment. Clarifies that rewards and incentives are permitted consistent with section 110.2 of the MMG and Chapter 4 of the Medicare Managed Care Manual.
- **Section 110.1.1 (Nominal Gifts):** Clarifies that MMPs may offer nominal gifts consistent with section 110.1.1 of the MMG. Clarifies that MMPs may offer a nominal gift to the general population provided that they are directed at the entire population of

the MMP's approved demonstration region and are not given in connection with enrollment.

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](mailto:mmcocapsmodel@cms.hhs.gov).