



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 14, 2017

TO: South Carolina Medicare-Medicaid Plans

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

SUBJECT: South Carolina 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 South Carolina capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and South Carolina 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 South Carolina; 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 South Carolina.

Following is a summary of the changes to the CY 2018 State-specific Marketing Guidance for South Carolina 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 20 (Materials Not Subject to Marketing Review):** Clarifies that there are several types of materials that are not required to be submitted as marketing materials in HPMS but that the State must receive an electronic copy at least seven (7) business days prior to distribution. In the email, the MMP must certify that the materials comply with the MMG and the state marketing guidance.
- **Section 30.5 (Requirements Pertaining to Non-English Speaking Populations):** Clarifies that for more information on South Carolina's specific Section 1557 requirements MMPs should refer to the Section 1557 communication on September 29, 2016 and a Guidance Update memos from Healthy Connections Prime released to MMPs on December 6, 2016.
- **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 South Carolina 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 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.

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.