



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: June 12, 2015

TO: Medicare-Medicaid Plans

FROM: Sharon Donovan
Director, Program Alignment Group, Medicare-Medicaid Coordination Office

SUBJECT: California MMPs: Release of Final Contract Year 2016 Model Materials for Medicare-Medicaid Plans in California

Attached to this memorandum are new model materials for CY 2016 developed jointly by CMS and California for Medicare-Medicaid Plans (MMPs) operating in the California Capitated Financial Alignment Demonstration. These models have been updated jointly by CMS and California based on feedback received from plans, states, and other stakeholders and changes to CY 2016 Medicare Advantage and Part D model materials. California MMPs may only use the CY 2016 models for CY 2016.

The following materials are included with this guidance:

- **Annual Notice of Change (ANOC):** As provided in the MMG and the California MMP marketing guidance document, the CY 2016 ANOC must be received by current enrollees no later than September 30, 2015, and available to current and prospective enrollees and posted on plan websites on September 30, 2015. We note that there are three versions of the ANOC for: (1) County-Operated Health System (COHS) plans; (2) non-COHS plans; and (3) plans operating in Los Angeles County.
- **Member Handbook/Evidence of Coverage (EOC) - Chapters 1-12:** As provided in the MMG and the California MMP marketing guidance document, the Member Handbook must be approved and on the plan's website, and ready to be mailed upon request to current or prospective members by September 30, 2015 (if it is not sent with the ANOC to current members by September 30, 2015). If the plan elects not to send the Member Handbook with the ANOC for current member receipt by September 30, 2015, it must be mailed and received no later than December 31, 2015. We note that there are two versions of Chapter 9 for: (1) plans subject to Knox-Keene licensure requirements; and (2) plans not subject to Knox-Keene licensure requirements. We also note that there are three versions of Chapter 10 for: (1) COHS plans; (2) non-COHS plans; and (3) plans operating in Los Angeles County.

California is developing standardized language for transportation services that may result in changes to Chapters 3 and 4 of the Member Handbook. Guidance will be forthcoming this summer once the revisions are finalized.

- **Summary of Benefits (SB):** As provided in the MMG and the California marketing guidance document, the CY 2016 SB must be received by current enrollees no later than September 30, 2015 when the plan chooses to send an ANOC without the Member Handbook/Evidence of Coverage (EOC). The SB must be available to current and prospective enrollees and posted on plan websites on September 30, 2015.
- **List of Covered Drugs (Formulary):** As provided in the MMG and the California MMP marketing guidance document, the CY 2016 formulary must be received by current enrollees no later than September 30, 2015, and available to current and prospective enrollees and posted on plan websites on September 30, 2015.
- **Member ID Card**
- **Integrated Denial Notices:** We note that there are two versions of this model for: (1) plans subject to Knox-Keene licensure requirements; and (2) plans not subject to Knox-Keene licensure requirements.
- **Welcome Letter for Passively Enrolled Individuals (Exhibit 5a):** As provided in the California marketing guidance document, this letter must be sent for enrollee receipt 30 days prior to the enrollee's effective date of enrollment. We note that there are three versions of Chapter 10 for: (1) COHS plans; (2) non-COHS plans; and (3) plans operating in Los Angeles County.
- **Welcome Letter for Individuals Who Opt In (Exhibit 5b):** As provided in the California marketing guidance document, this letter must be sent for enrollee receipt by the later of the last day of the month prior to the member's effective date of enrollment, or 10 calendar days from receipt of the CMS confirmation of enrollment. We note that there are three versions of Chapter 10 for: (1) COHS plans; (2) non-COHS plans; and (3) plans operating in Los Angeles County.
- **Delegated Enrollment Notices:**
 - Exhibit 22: MMP Model Notice for Period of Deemed Continued Eligibility Due to Loss of Medicaid
 - Exhibit 30a: MMP Model Notice to Research Potential Out of Area Status
- **Provider and Pharmacy Directory:** We have made modifications to this model document as described in an April 29, 2015 HPMS Memorandum, "Final CY 2016 Medicare-Medicaid Plan Provider and Pharmacy Directory National Model Template." Please refer to that memorandum for additional detail on the changes to this model, as well as our intent to leverage existing oversight and monitoring resources to more systematically address compliance with the contractual requirements related to the Provider and Pharmacy

Directory. As provided in the MMG and the California MMP marketing guidance document, the CY 2016 directory must be approved, on the plan's website, and ready to be mailed upon request to current or prospective members by September 30, 2015.

In addition, we expect to issue modifications to Chapters 3 and 9 of the Member Handbook/Evidence of Coverage (EOC) and the Provider and Pharmacy Directory for California MMPs soon. As detailed in our April 29, 2015 HPMS Memorandum, "Final CY 2016 Medicare-Medicaid Plan Provider and Pharmacy Directory National Model Template," we have made changes to the national MMP template and are working with the State to finalize State-specific changes prior to release of the model for California MMPs.

The attached guidance and models 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>.

We encourage all plans to work closely with their marketing reviewers and Contract Management Team to ensure timely submission and approval of all required CY 2016 materials.

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