



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 26, 2015

TO: Medicare-Medicaid Plans

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

SUBJECT: Illinois MMPs: Release of Final Contract Year 2016 Model Materials

Attached to this memorandum are the new model materials for CY 2016 developed jointly by CMS and Illinois for Medicare-Medicaid Plans (MMPs) operating in the Illinois Capitated Financial Alignment Demonstration. These models have been updated jointly by CMS and Illinois based on feedback received from plans, states, and other stakeholders and changes to CY 2016 Medicare Advantage and Part D model materials. Illinois 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 Medicare Marketing Guidance (MMG) and the Illinois 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.
- **Member Handbook/Evidence of Coverage (EOC) - Chapters 1-12:** As provided in the MMG and the Illinois MMP marketing guidance document, the Member Handbook must be received by current enrollees no later than September 30, 2015. In addition, 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.
- **Summary of Benefits (SB):** As provided in the MMG and the Illinois marketing guidance document, the CY 2016 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 Illinois 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**

- **Notice of Denial of Medical Coverage**
- **Delegated Enrollment Notices:**
 - Exhibit 4: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment
 - Exhibit 16: Model Notice to Confirm Voluntary Disenrollment from Medicare Services Following Receipt of Transaction Reply Report (TRR)
 - Exhibit 17: Model Notice for Denial of Disenrollment
 - Exhibit 27: Model Acknowledgement of Reinstatement
 - Exhibit 29: Model Notice for Enrollment Status Update
 - Exhibit 30: Model Notice to Research Potential Out of Area Status
- **Welcome Letter for Passively Enrolled Individuals (Exhibit 5a):** As provided in the Illinois marketing guidance document, this letter must be sent for enrollee receipt 30 days prior to the enrollee's effective date of enrollment.
- **Welcome Letter for Individuals Who Opt In (Exhibit 5b):** As provided in the Illinois 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.
- **Drug-Only MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Drug-Only MMP EOB to satisfy the requirement under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims. Use of this model is optional. Illinois MMPs may instead use the CY 2016 Part D EOB model provided to Part D sponsors at <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html>.
- **Fully Integrated MMP Explanation of Benefits (EOB):** Illinois MMPs may use the Fully Integrated MMP EOB, though use of this model is optional. Medicare Advantage Organizations and MMPs are currently exempted from the requirement at 42 CFR 422.111(b)(2) to send an EOB to Medicare-Medicaid enrollees about their Part C claims. However, Illinois MMPs may use this model to satisfy the Part D EOB requirements under 42 CFR 423.128(e) to send enrollees Part D claims information for each month in which they incur any drug claims.
- **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 Illinois 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.

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.