DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 22, 2016

TO: Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

FROM: Lindsay P. Barnette
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SUBJECT: Revised Contract Year 2017 Member Material Model Updates for Medicare-Medicaid Plans and Minnesota Senior Health Options (MSHO) D-SNPs

On August 8, 2016, CMS issued an HPMS memorandum entitled "Model Notice Corrections/Policy Updates," which clarified or updated standardized language in Contract Year (CY) 2017 Medicare Advantage and Part D model materials previously issued on May 10, 2016. The purpose of this memorandum is to identify specific changes applicable to Medicare-Medicaid Plans (MMPs) and Minnesota Senior Health Options (MSHO) D-SNPs.

The Medicare-Medicaid Coordination Office will not issue revised CY 2017 state-specific member material models for these changes. Instead, we instruct MMPs and MSHO Plans to update their CY 2017 model materials based on the guidance provided in this memorandum. Below is a brief summary of each issue, a description of where in the applicable model the issue is located, and the required update.

Annual Notice of Change

1. **Section A, Think about Your Medicare and Medicaid Coverage for Next Year, second bullet under "About <plan name>":**

    a. All MMPs and MSHO Plans update the link to the Internal Revenue Service (IRS) website for information about minimum essential coverage (MEC) to be https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families.

Evidence of Coverage (EOC)/Member (or Participant) Handbook

2. **Chapter 3, How are your health care services covered when you are in a religious non-medical health care institution?, third bullet under "To be covered by our plan, the care you get from a religious non-medical health care institution must meet the following conditions":**

    a. Only MMPs in California, Ohio, and South Carolina delete from Section K, "[Our plan or <Plan name>] will cover the services you get from this institution in your home, as long as they would be covered if given by home health agencies that are not religious non-medical health care institutions."

b. Only MMPs in Illinois, Michigan, Texas, and Virginia and all MSHO Plans delete from Section L, "[Our plan *or* <Plan name>] will cover the services you get from this institution in your home, as long as they would be covered if given by home health agencies that are not religious non-medical health care institutions."

c. Only Massachusetts MMPs delete from Section L, "Services you get in your home must be services that we would normally cover. (That is, we would cover them if you got them from home health agencies that are not religious nonmedical health care institutions.)"

d. Only New York FIDA and FIDA-IDD MMPs delete from Section N, "[Our plan *or* <Plan name>] will cover the services you get from this institution in your home, as long as they would be covered if given by home health agencies that are not religious non-medical health care institutions."

3. Chapter 4, Section D, The Benefits Chart, under "Colorectal cancer screening":

a. Only MMPs in California and Illinois insert the following two bullets between the bullets for *Fecal occult blood test* and *Colonoscopy*:

- Guaiac-based fecal occult blood test *or* fecal immunochemical test, every 12 months
- DNA based colorectal screening, every 3 years

b. Only MMPs in Massachusetts insert the following two bullets between the bullets for *fecal occult blood test* and *screening colonoscopy*:

- guaiac-based fecal occult blood test *or* fecal immunochemical test
- DNA based colorectal screening

c. Only MMPs in Michigan, South Carolina, Texas, and Virginia and all MSHO Plans insert the following two bullets after *Fecal occult blood test* and before information *For people at high risk*:

- Guaiac-based fecal occult blood test *or* fecal immunochemical test, every 12 months
- DNA based colorectal screening every 3 years

d. Only New York FIDA and FIDA-IDD MMPs insert the following after the bulleted information about *Colonoscopy*:

- DNA based colorectal screening
  - » Covered once every 3 years if you're 50 or over.

and insert the following after the bulleted information about *Fecal occult blood test*:

- Guaiac-based fecal occult blood test *or* fecal immunochemical test
  - » Covered once every 12 months if you're 50 or over.

e. Only Ohio MMPs insert the following two bullets after *Screening colonoscopy*:

- Guaiac-based fecal occult blood test *or* fecal immunochemical test
- DNA based colorectal screening

4. Chapter 4, Section D, The Benefits Chart, in alphabetical order:

a. All MMPs and all MSHO Plans insert the following benefit and description:

Lung cancer screening

The plan will pay for lung cancer screening every 12 months if you:

- Are aged 55-77, *and*
- Have a counseling and shared decision-making visit with your doctor or other qualified provider, *and*
- Have smoked at least 1 pack a day for 30 years with no signs or symptoms of lung cancer *or* smoke now or have quit within the last 15 years.

After the first screening, the plan will pay for another screening each year with a written order from your doctor or other qualified provider.

[*List any additional benefits offered.*]

5. Chapter 8, Section C, We must treat you with respect, fairness, and dignity at all times:

a. Only Ohio MMPs insert "Color" and "Creed" in alphabetical order in the bulleted list of reasons after "We do not discriminate against members because of any of the following."

6. Chapter 11, Section B, Notice about nondiscrimination:

a. All MMPs (except those in Ohio) and all MSHO Plans update the second sentence in the paragraph to be:

You cannot be treated differently because of your age, claims experience, color, creed, ethnicity, evidence of insurability, gender, genetic information, geographic location, health status, medical history, mental or physical disability, national origin, race, religion, or sex.

Note: Updating the second sentence may cause some reasons to appear as duplicates in the paragraph's remaining sentences if states or plans previously included additional, customized reasons. All MMPs and MSHO Plans should delete any duplicate reasons from the third and subsequent sentences in the paragraph.

This guidance 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.

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