

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

DATE: May 18, 2016

TO: Medicare-Medicaid Plans

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

SUBJECT: Illinois MMPs: Release of Final Contract Year 2017 Model Materials

Attached to this memorandum are the new model materials for CY 2017 developed jointly by CMS and Illinois for Medicare-Medicaid Plans (MMPs) operating in the Illinois Capitated Financial Alignment Model Demonstration. These models have been updated jointly by CMS and Illinois based on feedback received from plans, states, consumers, and other stakeholders and changes to CY 2017 Medicare Advantage and Part D model materials. Illinois MMPs may only use the CY 2017 models for CY 2017.

The following materials are included with this guidance:

- **Member Handbook/Evidence of Coverage (EOC) - Chapters 1-7 and 11-12:** 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, 2016. 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, 2016.
- **Summary of Benefits (SB):** As provided in the MMG and the Illinois marketing guidance document, the CY 2017 SB must be available to current and prospective enrollees and posted on plan websites on September 30, 2016.
- **Provider and Pharmacy Directory:** As provided in Chapter 4 of the Medicare Managed Care Manual and the Illinois MMP marketing guidance document, the directory (or a separate notice to alert enrollees how to access or receive the directory) must be received by current enrollees no later than September 30, 2016. The directory must be available to current and prospective enrollees and posted on plan websites on September 30, 2016.

- **List of Covered Drugs (Formulary):** As provided in the MMG and the Illinois MMP marketing guidance document, the formulary must be received by current enrollees no later than September 30, 2016, and available to current and prospective enrollees and posted on plan websites on September 30, 2016.
- **Member ID Card**
- **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 2017 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.

In addition, we expect to issue the following model materials later this spring:

- Chapters 8, 9, and 10 of the Member Handbook/Evidence of Coverage (EOC)
- Annual Notice of Change
- Welcome Letter for Passively Enrolled Individuals (Exhibit 5a)
- Welcome Letter for Individuals Who Opt In (Exhibit 5b)
- Plan-delegated Enrollment Notices
- Notice of Denial of Medical Coverage
- Appeal Decision Notice (Medicare-Medicaid Overlap Services)
- Notice of Further Appeal Rights (Medicare-Medicaid Overlap Services)
- Appeal Decision Notice (Medicaid Only (Non-Waiver) Services)
- Appeal Decision Notice (DRS Waiver Services)
- Appeal Decision Notice (Aging Waiver Services)

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 2017 materials, as well as timely and complete entry of Actual Mail Dates for ANOCs and Member Handbooks/EOCs. If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.