



**MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** September 6, 2022

**TO:** Medicare-Medicaid Plans and Minnesota Senior Health Options Plans

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

**SUBJECT:** Additional Part D Updates to Contract Year 2023 Member Material Models for Medicare-Medicaid Plans and Minnesota Senior Health Options Plans

On September 6, 2022, CMS issued a memorandum through the Health Plan Management System (HPMS) entitled “Updates to Part D Member Materials for Contract Year 2023,” which announced changes to certain CMS required materials as a result of changes to the Part D benefit that will go into effect January 1, 2023 as a result of sections 11401 (Coverage of Adult Vaccines Recommended by the Advisory Committee on Immunization Practices Under Medicare Part D) and 11406 (Appropriate Cost-Sharing for Covered Insulin Products Under Medicare Part D) of the Inflation Reduction Act of 2022. The purpose of this memorandum is to identify specific changes applicable to CY 2023 Medicare-Medicaid Plan (MMP) and Minnesota Senior Health Options (MSHO) Plan model materials. In addition, this memo addresses changes to plan websites as required in the state-specific marketing guidance.

CMS will not issue revised CY 2023 state-specific model materials for changes included in this memorandum. We instruct MMPs and MSHO Plans to update their CY 2023 model materials based on the information provided in this memorandum. Plans should review all member materials, as defined in the state-specific marketing guidance, and not just the specific materials addressed in this memorandum to make sure information and guidance for enrollees related to coverage of vaccines is accurate in light of the changes under the Inflation Reduction Act of 2022. We note that the updates described in the September 6, 2022, HPMS memorandum regarding Section 11406 (Appropriate Cost-Sharing for Covered Insulin Products Under Medicare Part D) do not apply to MMPs and Minnesota MSHO plans since members do not pay more than the low-income subsidy (LIS) cost sharing for Part D services.

The following information outlines the materials that must be updated, where the issue appears in the applicable model material, the necessary update, and timing for implementation.

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1. **Evidence of Coverage (EOC)/Member (or Participant) Handbook** – Per the state-specific marketing guidance, plans are required to provide enrollees with their EOC by October 15<sup>th</sup> listing all of the benefits offered under the plan.

- **Issue location:** Chapter 6: What you pay for your Medicare and Medicaid Prescription Drugs, Section G. Vaccinations
- **Action required for all MMPs and MSHO plans:**
  - Replace the first paragraph in Section G with the following paragraph (bolded formatting should remain): **Important Message About What You Pay for Vaccines** - Our plan covers most Medicare Part D vaccines at no cost to you. There are two parts to our coverage of Medicare Part D vaccinations:
  - Plans must also update other instances, as applicable, where information or guidance related to coverage of vaccines is inconsistent with the benefits as outlined under section 11401 of the Inflation Reduction Act of 2022.
- **Timing**
  - EOCs delivered electronically, as permitted under §§ 422.2267(d)(2)(i) and 423.2267(d)(2)(i), must be updated before being made available to enrollees by October 15<sup>th</sup>.
  - Hard copy EOCs, as defined under §§ 422.2267(d)(1) and 423.2267(d)(1), must be updated before they are mailed to enrollees by October 15<sup>th</sup> whenever possible. If updates to the hard copy EOC are not practicable – for example, if they have already been printed – the model EOC errata may be used to communicate the updated and accurate information until current stock of outdated EOC documents is depleted. Where applicable, EOC errata intended to fix inaccurate or inconsistent information or guidance related to coverage of vaccines must be received by the enrollees by November 15<sup>th</sup>.

2. **Annual Notice of Changes (ANOC)** – Per the state-specific marketing guidance, plans are required to provide current enrollees with an ANOC no later than September 30<sup>th</sup> to notify enrollees of changes to their benefits that will take effect on January 1<sup>st</sup>.

- **Issue location:** Section E2. Changes to Prescription Drug Coverage
- **Actions required for all MMPs and MSHO plans:**
  - Add the following sentences at the end of the subsection (bolded formatting should remain): **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
  - Plans must also update other instances, as applicable, where information or guidance related to coverage of vaccines is inconsistent with the Medicare Part D benefits as

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outlined under section 11401 of the Inflation Reduction Act of 2022.

- **Timing:**

- ANOCs delivered electronically, as permitted under §§ 422.2267(d)(2)(ii) and 423.2267(d)(2)(ii), must be updated before they are provided to enrollees by no later than September 30<sup>th</sup>.
- Hard copy ANOCs, as defined under §§ 422.2267(d)(1) and 423.2267(d)(1), must be updated before they are mailed to enrollees by September 30<sup>th</sup> whenever possible. If updates to the hard copy ANOC are not practicable – for example, if they have already been printed – plans may use the CY 2023 ANOC errata model until current stock is depleted. Where applicable, ANOC errata intended to fix inaccurate or inconsistent information or guidance related to coverage of vaccines must be delivered to enrollees, as outlined in the model errata instructions, by November 15<sup>th</sup>.

**3. Formulary/List of Covered Drugs** – Per the state-specific marketing guidance, plans are required to provide current enrollees with a formulary by October 15<sup>th</sup>.

- **Issue location:** As applicable for the first bullet below or on the front cover for the second bullet.

- **Action required for all MMPs and MSHO plans:**

- Plans must update their formulary, as applicable, where information or guidance related to coverage of vaccines is inconsistent with the Part D benefits as outlined under section 11401 of the Inflation Reduction Act of 2022; **or**
- Directly following the text as described in the model instructions that begins with “In accordance with CMS formulary guidance and the Prescription Drug Benefit Manual, plans must indicate when the document was last updated...” must add the following sentences (bolded formatting should remain): **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
- Please see the website guidance in the section of this memorandum on required updates to searchable formularies.

- **Timing:**

- Formularies delivered electronically, as permitted under §§ 422.2267(d)(2)(i) and 423.2267(d)(2)(i), must be updated before they are made available to enrollees by October 15<sup>th</sup>.

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- Hard copy formularies, as defined under §§ 422.2267(d)(1) and 423.2267(d)(1), must be updated before they are mailed to enrollees by October 15<sup>th</sup>. If updates to the hard copy formularies are not practicable – for example, if they have already been printed – plans may send enrollees a notice of formulary change that reflects any changes to the formulary necessary to fix inaccurate or inconsistent information or guidance related to coverage of vaccines until current formulary stock is depleted. Enrollees must receive the notice of formulary change by November 15<sup>th</sup>.

**4. Summary of Benefits (SB)** – Per the state-specific marketing guidance, plans are required to provide enrollees who are passively enrolled with the SB by October 15<sup>th</sup>.

- **Action required for all MMPs and MSHO plans:** Plans must update their SB, as applicable, where information or guidance related to coverage of vaccines is inconsistent with the Part D benefits in section 11401 of the Inflation Reduction Act of 2022.
- **Timing:**
  - Electronic SBs, as required in the state-specific marketing guidance, must be updated, as needed, before they are made available, no later than October 15<sup>th</sup>.
  - Hard copy SBs, as required in the state-specific marketing guidance, must be updated, as needed, before they are mailed to enrollees. If SBs need to be updated, but have already been printed, plans are permitted to use an addendum to fix inaccurate or inconsistent information or guidance related to coverage of vaccines or guidance in conjunction with the SB until current stock is depleted.

**5. Website**

- **Action required for all MMPs and MSHO plans:**
  - Required website content, as defined under §§ 422.2265(b) and 423.2265(b), must be updated, as needed, where information or guidance related to coverage of vaccines is inconsistent with the Part D benefits as outlined under section 11401 of the Inflation Reduction Act of 2022.
    - Plans must update the required searchable formulary, as defined under §§ 422.2265(b)(5) and 423.2265(b)(5), to **either**:
      - Reflect the appropriate benefits as outlined under section 11401 of the Inflation Reduction Act of 2022; or
      - Prominently include – for example, as a header, footer, or pop up – the following sentences (bolded formatting should remain): **Important Message About What You**

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**Pay for Vaccines** - Our plan covers most Part D vaccines at no cost. Call Member Services for more information.

- Those required posted materials, as defined under §§ 422.2265(c) and 423.2265(c), that are specifically mentioned in this memorandum must be updated in accordance with these instructions.
  - Plans must update other instances, as applicable, where information or guidance related to coverage of vaccines is inconsistent with the Part D benefits as outlined under Sections 11401 of the Inflation Reduction Act of 2022 in required materials, as defined in the state-specific marketing guidance, that are not specifically mentioned in this memorandum.
- **Timing:**
    - Website content must be updated by October 15.

**Other Communications** – As provided by under §§ 422.2262(a)(1) and 423.2262(a)(1), plans must make sure that their statements and the terminology used in communications activities and materials do not provide information that is inaccurate or misleading. Accordingly, plans should review all marketing materials, as defined under the state-specific marketing guidance, where information or guidance related to coverage of vaccines is mentioned, and make updates as needed, to ensure they are not inconsistent with the Part D benefits as outlined under Sections 11401 of the Inflation Reduction Act of 2022.

We will post this memorandum to MMCO’s Information and Guidance for Plans webpage at [www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources).

Plans may combine updates and errata into a single mailing, provided the applicable dates for distribution of the required materials per the state-specific marketing guidance and as established in this memorandum are followed and the requirements for the multi-language insert (MLI) in the state-specific marketing guidance are met. For the 2023 plan year, plans are not required to resubmit any materials previously submitted to CMS through the HPMS marketing module, as required in the state-specific marketing guidance, that are edited based on the guidance set forth in this memorandum. Plans also are not required to resubmit any errata, notices, or addenda created for any of the materials mentioned in this memorandum based on the guidance set forth herein. CMS will not take any compliance action for the material changes required in this memorandum.

MSHO plans should not submit requests to reflect these new requirements in their bids that have been submitted for Contract Year 2023. MMPs and MSHO plans should not submit requests to correct their Plan Benefit Packages (PBPs) to reflect these new requirements. A future HPMS memorandum will provide CY 2023 program guidance related to the Inflation Reduction Act changes to Part D coverage of vaccines.

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

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