DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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TO: All Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

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SUBJECT: Issuance of Contract Year 2022 Model Materials

This memo announces the release of Contract Year (CY) 2022 Model Materials. These include the following: Annual Notice of Change (ANOC); Evidence of Coverage (EOC); ANOC Errata Notice; EOC Errata Notice; Provider Directory; Part D Explanation of Benefits (EOB); Excluded Provider Model, Formulary (Comprehensive and Abridged); Low Income Subsidy (LIS) Rider; Pharmacy Directory; LIS Premium Summary Table; Prescription Transfer Letter; Notice of Formulary Change; Transition Letter; and new (optional) Member Request for Refusal notice.

CMS would like to highlight the following changes in the ANOC and EOC models:

Annual Notice of Change (ANOC):

All models

- Added language to existing plan instructions for member transitions from D-SNP look-alike plans in Section 1; and
- Updated language to list Medicare Advantage Organization (MAO) names with their Doing Business As (DBA) names in parenthesis only upon first mention.

All Part D models

- Added instruction for finding additional information on drug prices on the Medicare website in the "What to do now" section;
- Included language about drugs deemed unsafe by the Food and Drug Administration (FDA) in Section 2.6; and
- Added clarifying language as to when plans are allowed to make changes to the Drug List, as allowed by Medicare rules, in Section 2.6.

All models except PDP

- Added a section describing coverage of services for the Opioid Treatment Program (OTP) in Section 2.5.

PPO MAPD

- Updated language to clarify that prescription drugs are not counted toward the out-of-pocket amount in Section 2.2 under the "Combined maximum out-of-pocket amount" section within the cost table.

Cost Plan

- Replaced the word "cost" with "Medicare health," to clarify that any change in plan selection may affect beneficiary automatic enrollment, in Section 4.1.

Evidence of Coverage (EOC):

All models

- Removed the legal notices language that appears below the Chapter 11 Table of Contents;
- Updated the language regarding the Section 1557 notices and added instructions regarding Medicaid-related legal notices in Section 3 of Chapters 9 and 11;
- Added language explaining the coverage decision dismissal process in Chapter 9, Section 4.1; and
- Updated language to list MAO names with their DBA names in parenthesis only upon first mention.

All Part D models

- Updated language describing the Part D Explanation of Benefits (EOB) and the amount paid for Part D prescription drugs in Chapter 1, Section 3.5;
- Removed optional text "[Plans should include this section if they have a Drug Management Program.]" in Chapter 5, Section 10.2;
- Updated Drug Management Program (DMP) language to include "or if you had a recent opioid overdose" in Chapter 5, Section 10.2;
- Added "or sickle cell disease" to the list of medical conditions that may not apply under the DMP in Chapter 5, Section 10.2;
- Added clarifying language about taking medications in the DMP in Chapter 5, Section 10.3;
- Added language about the Medication Therapy Management (MTM) program in Chapter 5, Section 10.3;
- Updated language about drug pricing information in Chapter 6, Section 3.1;
- Removed "People with limited income and resources may qualify for 'Extra Help'" from a sentence in Chapter 2, Section 7;

- Added new text under "You can ask for an exception" to account for plan benefit designs involving no specialty tiers, or one or two specialty tiers, in Chapter 5, Section 5.3 and Chapter 9, Section 6.2;
- Replaced the word "can" with "must" in the sentence "…the plan must offer a temporary supply of a drug…" in Chapter 5, Section 5.2; and
- Changed "performance ratings" to "Star Ratings" in Chapter 8, Section 1.4.

All models except PDP

- Updated the "Medicare and Clinical Research Studies" publication link and removed the link to the Medicare website in Chapter 3, Section 5.2;
- Alphabetized the "Services not covered by Medicare" list for ease of reference in Chapter 4, Section 4.1;
- Added a table for State Health Insurance Assistance Program (SHIP) contact information in Chapter 2, Section 3; and
- Removed instructional language regarding Public Health Emergencies at the beginning of Chapter 4.

All models except PFFS, MSA, and PDP

- Added COVID-19 vaccinations to the list of vaccinations that can be received without advanced approval from a Primary Care Provider (PCP) in Chapter 3, Section 2.2.

All models except Cost Plan, MSA, and PDP

- Added instructional language for plans offering MA Uniformity Flexibility in Chapter 4, Section 2.1.

All models except Cost Plan, PFFS, MSA, and PDP

- Updated the Value Based Insurance Design (VBID) benefit information throughout Chapter 4, Section 2.1.

D-SNP

- Moved two paragraphs discussing Medicaid reimbursement from Chapter 7, Section 1.1 to Chapter 9B, Section 6.5; and
- Added instructional language to clarify that plans that do not use drug tiers may omit language referencing copayment or coinsurance amounts in Chapter 6, Section 5.2.

PDP

- Added section number 7.1 to the header "Many members are required to pay other Medicare premiums," in Chapter 1, renumbered all following sections, and updated the table of contents to include the heading; and

- Updated section heading to reflect appeal levels 3, 4, and 5 for Part D drug requests in Chapter 7, Section 6.1.

*Note: The location of changes may vary between the models referenced above.

All Part D Model Materials

- Updated footer instructions to include applicable disclaimers pursuant to 42 CFR § 423.2267; and
- Updated applicable references to the Medicare Communications and Marketing Guidelines to 42 CFR § 423.2267.

Formulary (Abridged and Comprehensive)

- Revised text under "How do I request an exception to the formulary?" to account for plan benefit designs involving no specialty tiers, or one or two specialty tiers;
- Removed "Part D" from the sentence "Plans that cover excluded drugs must use this column to indicate that certain drugs are available only through their benefit.";
- Added the missing word "tier" for plans offering multiple tiers; instructions now read as: "…formulary, [*insert if plan has multiple tiers:* <tier,>] or utilization restriction exception."; and
- Added the missing word "errata" to the instructions for updating print formularies. Instructions now read as: "*Insert information about plan's process for updating print formularies (e.g. via formulary errata sheets) in the event of mid-year non-maintenance formulary changes."*

Part D Explanation of Benefits (EOB)

- Updated benefit parameters throughout all Exhibits to reflect CY 2022 values; and
- Updated instructions to include the regulatory citation, 42 CFR § 423.128(e), for information concerning negotiated pricing increases and lower cost therapeutic alternatives.

Low Income Subsidy (LIS) Rider

- Updated the benefit parameters to reflect CY 2022 values.

Notice of Formulary Change

- Removed instructional note that referenced outdated guidance;
- Removed the <Member ID Number> from the address block in the notice;
- Clarified language under "What you and your prescriber can do," by rephrasing instructions so that Plan/Part D sponsors must indicate alternative drugs(s) and their respective cost-sharing tiers that are in the same therapeutic category or class as the drug subject to the formulary change; and

- Added language to reflect that the Evidence of Coverage may be provided electronically pursuant to 42 CFR § 423.2267.

Member Request for Refusal

- New for CY 2022, this optional notice confirms that the Plan/Part D Sponsor has processed a member request to stop receiving prescription drugs dispensed by a specific pharmacy or prescribed by a specific prescriber (sometimes referred to as a provider lock-out).

All models and standardized documents are located at: http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial.html and https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials

Organizations and sponsors must ensure that their CY 2022 documents are compliant with CMS requirements. Questions should be directed to your CMS Account Manager or Marketing Reviewer.