

CY 2021 Part D Senior Savings Model

Communications and Marketing Guidance for Part D Sponsors

July 22, 2020

Introduction

This document serves as Model Guidance for Part D sponsors participating in the Part D Senior Savings Model (Model). This Model Guidance addresses Calendar Year 2021 additions and changes to the 2021 CMS Model Marketing Materials¹ for the Evidence of Coverage (EOC) and Annual Notice of Changes (ANOC) and the CY 2021 Part D Model Materials that Part D sponsors must make to reflect their participation in the Model. Part D sponsors should comply with guidance laid out in both the 2021 CMS Model Marketing Materials and the CY 2021 Part D Model Materials, as modified by this guidance.

Model Communications and Marketing Guidance

Participating Part D sponsors must also follow all applicable Centers for Medicare & Medicaid Services (CMS) guidelines, including following standard tracking and submission requirements, for communications and marketing material for Part D plans. Specifically, all Part D communications and marketing regulations and guidance issued by CMS, as well as other applicable laws, continue to apply to materials and activities of participating Part D sponsors, including regulations at 42 CFR part 423, Subpart V and the Medicare Communications and Marketing Guidelines (MCMG). Participating Part D sponsors must also comply with all guidance set forth in the Contract Addendum and in this Communications and Marketing Guidance. The guidance in this document is intended to supplement and modify existing guidance from both the 2021 CMS Model Marketing Materials and the CY 2021 Part D Model Materials for the context of the Model.² In the event of a conflict between the marketing requirements in the Underlying Contract or other marketing and communications guidance relating to Part D such that the Part D sponsor cannot comply with both, the Part D sponsor must comply with the CY 2021 Model Communications and Marketing Guidance included in this document.

Part D sponsors must provide information in their formulary which identifies all select insulins, defined as all drugs that are Plan-Selected Model Drugs or insulin drugs that are not Plan-Selected Model Drugs that are offered at the same cost-sharing as a Plan-Selected Model Drug during the Deductible, Initial Coverage, and Coverage Gap drug payment stages throughout the

¹ Further information on *CMS Model Marketing Materials* can be found at the following link:

<https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketingModelsStandardDocumentsandEducationalMaterial>

² This includes the CY 2021 Model EOCs, ANOCs, and formulary documents as relevant for each plan type.

Model contract period.³ Drugs that are not Plan-Selected Model Drugs may only be considered select insulins if the enrollee would be unable to distinguish those drugs from Plan-Selected Model Drugs based on the plan’s structure, rules, and cost-sharing in the Deductible, Initial Coverage, and Coverage Gap drug payment stages. Part D sponsors may use abbreviations or symbols to indicate select insulins, as described in the CY 2021 Part D Model Materials, but should clearly identify that the abbreviation indicates select insulins and otherwise use the term, select insulins, to refer consistently to the insulins contained in the plan’s formulary that meet the definition of select insulins.⁴ If all insulin drugs (including Plan-Selected Model Drugs and others) on the plan’s formulary have a cost-sharing in alignment with what is described for select insulins on the plan’s EOC and ANOC during the Deductible, Initial Coverage, and Coverage Gap drug payment stages throughout the Model Contract period, there is no need for Part D sponsors to include a distinction in the plan’s formulary.

Evidence of Coverage (EOC) Updates

Part D sponsors participating in the Model must make the following changes to the EOC for each Model PBP based on the CY 2021 CMS Model Marketing Materials, as modified by this guidance.

CY 2021—HMO, MA-PD, C-SNP, and I-SNP Model Evidence of Coverage and CY 2021—PPO, MA-PD, C-SNP, and I-SNP Model Evidence of Coverage model templates updates

Chapter 2, Section 7. Information about programs to help people pay for their prescription drugs

Under “Medicare Coverage Gap Discount Program”, add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $\$[amount\ or\ range\ of\ monthly\ copays\ for\ select\ insulins]$. Please go to Chapter 6, Section 2.1 for more information about your coverage during the Coverage Gap stage. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”). To find out which drugs are select insulins, review the most recent Drug List we [insert: sent you in the mail] OR [insert: provided electronically]. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

³ “Plan-Selected Model Drugs” has the meaning set forth at Article 2 of the Model Contract Addendum.

⁴ Further information on *CY 2021 Part D Model Materials* may be found at the following link in the 2021 Part D Model Materials, “CY 2021 Formulary Abridged and Comprehensive.June 2020”:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials>

[Plans may insert additional ways to find out what drugs are select insulins. Plans are encouraged to create additional resources to assist enrollees in identifying select insulins, and/or to describe in the EOC how select insulins may be identified in the formulary.]

Chapter 6, Section 2.1. What are the drug payment stages for *[insert 2021 plan name]* members?

Edit the Payment Stages Table to add the following to all stages **except** Stage 4: Catastrophic Coverage Stage.

During this stage, your out-of-pocket costs for select insulins will be *[\$[amount or range of monthly copays for select insulins].*

Chapter 6, Section 4.1. You stay in the Deductible Stage until you have paid *[\$[insert deductible amount]* for your *[insert drug tiers if applicable]* drugs

Add:

There is no deductible for *[insert 2021 plan name]* for select insulins. During the Deductible Stage, your out-of-pocket costs for these select insulins will be *[\$[amount or range of monthly copays for select insulins].* To find out which drugs are select insulins, review the most recent Drug List we *[insert: sent you in the mail]* OR *[insert: provided electronically].* If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

Chapter 6, Section 5.2. A table that shows your costs for a one-month supply of a drug.

Edit the table to add the copay for select insulins for each applicable tier/pharmacy type combinations.

Chapter 6, Section 5.4. A table that shows your costs for a *long-term ([insert if applicable: up to a] [insert number of days]-day)* supply of a drug

Edit the table to add the long-term copay for select insulins for each applicable tier/pharmacy-type combinations.

Chapter 6, Section 6.1. You stay in the Coverage Gap Stage until your out-of-pocket costs reach *[\$[insert 2021 out-of-pocket threshold]*

Add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be *[\$[amount or range of monthly copays for select insulins].* To find out which drugs are select insulins, review the most recent Drug List we *[insert: sent you in the mail]* OR *[insert: provided electronically].* If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

CY 2021—PDP Model Evidence of Coverage model template updates

Chapter 2, Section 7. Information about programs to help people pay for their prescription drugs

Under “Medicare Coverage Gap Discount Program”, add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $\$[amount\ or\ range\ of\ monthly\ copays\ for\ select\ insulins]$. Please go to Chapter 4, Section 2.1 for more information about your coverage during the Coverage Gap stage. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”). To find out which drugs are select insulins, review the most recent Drug List we [insert: sent you in the mail] OR [insert: provided electronically]. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

[Plans may insert additional ways to find out what drugs are select insulins. Plans are encouraged to create additional resources to assist enrollees in identifying select insulins, and/or to describe in the EOC how select insulins may be identified in the formulary.]

Chapter 4, Section 2.1. What are the drug payment stages for *[insert 2021 plan name]* members?

Edit the Payment Stages Table to add the following to all stages **except** Stage 4: Catastrophic Coverage Stage.

During this stage, your out-of-pocket costs for select insulins will be $\$[amount\ or\ range\ of\ monthly\ copays\ for\ select\ insulins]$.

Chapter 4, Section 4.1. You stay in the Deductible Stage until you have paid $\$[insert\ deductible\ amount]$ for your *[insert drug tiers if applicable]* drugs

Add:

*There is no deductible for *[insert 2021 plan name]* for select insulins. During the Deductible Stage, your out-of-pocket costs for these select insulins will be $\$[amount\ or\ range\ of\ monthly\ copays\ for\ select\ insulins]$. To find out which drugs are select insulins, review the most recent Drug List we [insert: sent you in the mail] OR [insert: provided electronically]. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).*

Chapter 4, Section 5.2. A table that shows your costs for a one-month supply of a drug.

Edit the table to add the copay for select insulins for each applicable tier/pharmacy type combinations.

Chapter 4, Section 5.4. A table that shows your costs for a *long-term* (*[insert if applicable: up to a] [insert number of days]-day*) supply of a drug

Edit the table to add the long-term copay for select insulins for each applicable tier/pharmacy-type combinations.

Chapter 4, Section 6.1. You stay in the Coverage Gap Stage until your out-of-pocket costs reach *[\$insert 2021 out-of-pocket threshold]*

Add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be *[\$amount or range of monthly copays for select insulins]*. To find out which drugs are select insulins, review the most recent Drug List we *[insert: sent you in the mail]* OR *[insert: provided electronically]*. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

Annual Notice of Changes (ANOC) Updates

Part D sponsors participating in the Model must make the following changes to the ANOC for each Model PBP based on the CY 2021 CMS Model Marketing Materials, as modified by this guidance.

CY 2021—HMO, MA-PD, C-SNP, and I-SNP Model Annual Notice of Changes and CY 2021—PPO, MA-PD, C-SNP, and I-SNP Model Annual Notice of Changes model templates updates

Summary of Important Costs for 2021

Edit the table to inform beneficiaries of the copays for select insulins.

Add the following language in the chart:

To find out which drugs are select insulins, review the most recent Drug List we [insert: sent you in the mail] OR [insert: provided electronically]. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

[Plans may insert additional ways to find out what drugs are select insulins.]

Section 2.6. Changes to Prescription Drug Costs

Stage 1: Yearly Deductible Stage

Edit the table to add the following:

There is no deductible for [insert 2021 plan name] for select insulins. You pay \$[amount or range of monthly copays for select insulins] for select insulins.

Stage 2: Initial Coverage Stage

Edit the table to add the following:

You pay \$[amount or range of monthly copays for select insulins] for select insulins.

Changes to the Coverage Gap and Catastrophic Coverage Stages

Add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$[amount or range of monthly copays for select insulins].

CY 2021—PDP Model Annual Notice of Change model template update

Summary of Important Costs for 2021

Edit the table to inform beneficiaries of the copays for select insulins.

Add the following language in the chart:

To find out which drugs are select insulins, review the most recent Drug List we [insert: sent you in the mail] OR [insert: provided electronically]. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).

[Plans may insert additional ways to find out what drugs are select insulins.]

Section 2.3. Changes to Prescription Drug Costs

Stage 1: Yearly Deductible Stage

Edit the table to add the following:

There is no deductible for *[insert 2021 plan name]* for select insulins. You pay *[\$[amount or range of monthly copays for select insulins]]* for select insulins.

Stage 2: Initial Coverage Stage

Add the following:

You pay *[\$[amount or range of monthly copays for select insulins]]* for select insulins.

Changes to the Coverage Gap and Catastrophic Coverage Stages

Add:

[Insert 2021 plan name] offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be *[\$[amount or range of monthly copays for select insulins]]*.