DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 29, 2024

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette

Director, Models, Demonstrations & Analysis Group

SUBJECT: Revisions to Contract Year 2025 Member Handbook for Medicare-Medicaid

Plans (MMPs)

The purpose of this memorandum is to provide updates to the Contract Year (CY) 2025 Member Handbook for all Medicare-Medicaid Plans (MMPs) based on updates to the CY 2025 Medicare Advantage models that were released as described in the Health Plan Management System (HPMS) memorandum, "Model Notice Corrections" on August 22, 2024.

MMCO will not issue revised CY 2025 state-specific model materials for changes included in this memorandum. We instruct MMPs to update their CY 2025 model materials based on the information provided in this memorandum. The information below includes updates to the Member Handbook (Evidence of Coverage) Chapters 4 and 9.

Hard copy Member Handbooks must include this information before they are mailed to enrollees by October 15th whenever possible. If updates to the hard copy Member Handbook are not practicable – for example, if they have already been printed – the model errata may be used to communicate the updated and accurate information until current stock of outdated Member Handbook documents is depleted.

We will post this memorandum to MMCO's Information and Guidance for Plans webpage at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-and-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.

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

CY 2025 Model Updates

EOC

Chapter 4

• Section D, for Physician/provider services including doctor's office visits, delete the following bullet:

telehealth services provided by qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists

Chapter 9

• Section F3, update the third bullet as follows:

We can accept an appeal request without the form, but we can't begin or complete our review until we get it. If we don't get the form before our deadline for making a decision on your appeal: