CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2014 Medicare Marketing Guidelines

National Training Webinar

July 19, 2013

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Information Tabs

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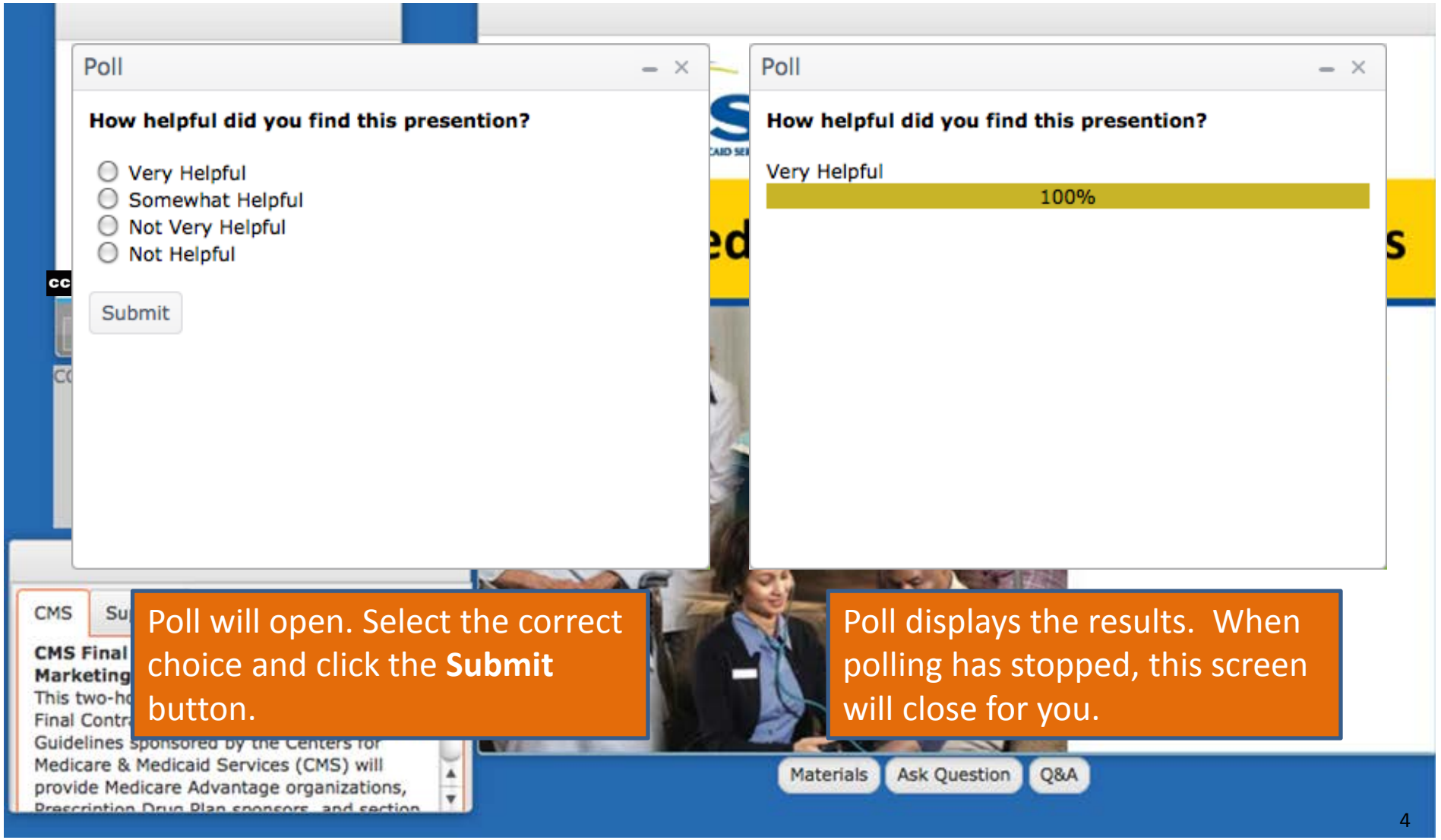
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Event Links

- Technical Support
  - cms_mmgtechsupport@provider-resources.com
- Survey available until 5PM EDT Monday, July 22, 2013
  - https://www.surveymonkey.com/s/CMS_2014_MMG_National_Survey

Agenda

Course Objectives

Course Introduction

Module 1: What's New?

Module 2: Part D Prescription Drug Benefit Marketing Materials

Module 3: Communication, Consent, Social Media, and Events

Module 4: Systems, Website Submission, HPMS Updates, and File & Use

Module 5: Agent Activities and Compensation

Module 6: Models, Multi-Plan Submissions, and Star Ratings

Course Objectives

By the end of this course, you will be able to:

1. Identify the changes in the 2014 Medicare Marketing Guidelines (MMG).
2. Comprehend the connections among sections of the 2014 Medicare Marketing Guidelines.
3. Apply the correct procedures for HPMS updates.

Your Guides to a Successful Training Experience

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Opening Remarks

Timothy Roe

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Scope of the 2014 Medicare Marketing Guidelines Training

Today's training will cover the following:

- Changes made to the Medicare Marketing Guidelines (MMG) for 2014 (highlighted as "*New!*" in the slides)
- Issues raised by stakeholders during the review of the draft MMG and through policy questions submitted to CMS that were determined to be appropriately addressed in training

Module 1: What's New for 2014

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Module 1:
Overview of Changes

2014 Medicare Marketing Guidelines (MMG) changes address:

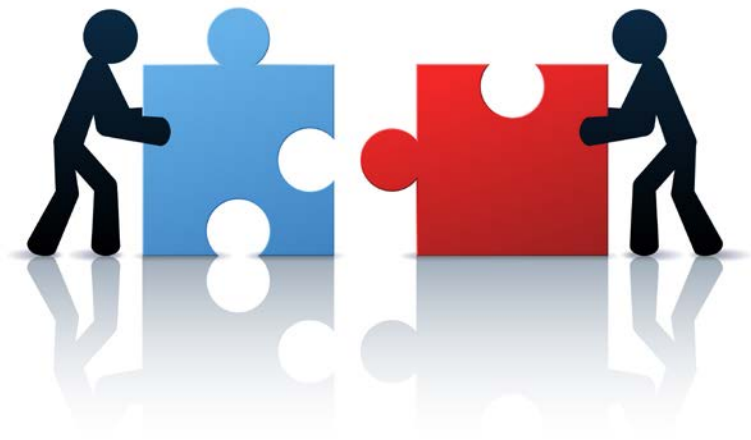
- Editorial changes for improved readability
- MMG updates
- Streamlined content for improved clarity

Module 1:
30.9 – Member Referral Programs

Plans cannot provide incentives for members that refer others to the plan.

Module 1: 50.1 – Federal Contracting Disclaimer

- Less prescriptiveness
- Provided parameters
- Removed examples



Module 1:
60.2.3 – Health Plan Identification Number (HPID)

- Regulations published by CMS Office of E-Health Standards and Services (OESS) require plans to obtain a National Health Plan Identifier (CMS-0040-F)
- This identifier is an important element of both the NCPDP and WEDI standards and will be used on the health plan identification cards that MAOs and Medicare cost-based contractors issue to plan members and the Part D identification cards issued by PDPs

Module 1:
60.2.3 – HPID (cont.)

- For now, plans are expected to comply with all of the ID card requirements found in the MMG and NCPDP/WEDI standards, except for the HPID and machine-readable technology requirements (magnetic strip or bar code) *New!*

Module 1:
100 – Websites and Social Electronic Media (addendum)

- If a Plan/Part D Sponsor posts information required in sections 100.1 (General Website Requirements) and 100.2 (Required Content) to a social media site, it should also be posted on the Plan's/Part D Sponsor's official website *New!*
- Events held through social media must adhere to the guidelines set forth in section 70.9 (Marketing/Sales Events) *New!*

Module 1:
70 – Promotional Activities, Rewards, Incentives, Events, and Outreach

- Included Nominal Gifts (70.1.1) as a subsection under Promotional Activities (70.1)
- Clarified that plans are responsible for implementing the guidance in 70.11 and its subsections

Other 2014 Medicare Marketing Guide Updates

30.3 – Disclosure of National Committee for Quality Assurance's (NCQA) Approval Information (2013)

Merged with…

50.5 – SNP Materials (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

30.4 – Use of Medigap Data to Market MA/PDP/Cost Plans (2013)

Merged with…

70.6 – Telephonic Contact (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

40.5 – Logos/Tag Lines (2013)

Merged with…

40.4 – Prohibited Terminology/Statements (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

40.8.1 – Agent/Broker Phone Number (2013)

Merged with…

30.3 – *Plan/Part D Sponsor* Responsibility for Subcontractor Activities and Submission of Materials for CMS Review (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

40.10 – Additional Materials Enclosed with Required Post-Enrollment Materials (2013)

Moved to…

60.3 – Additional Materials Enclosed with Required Post-Enrollment Materials (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

60.4.3 – Combined Provider/Pharmacy Directory (2013)

Merged with…

60.4 – Directories (2014)

Other 2014 Medicare Marketing Guide Updates (cont.)

90.2.3 – Service Area/Low Income Subsidy Materials Functionality (SA/LIS) Multiple Submissions of Materials (2013)

Merged with…

HPMS User Guide (2014)

Module 1: Knowledge Check #1

True or False:

As long as a Plan/Part D sponsor posts required information on their official website, it is optional if they post the required information on their social media site.

A. True

B. False

Module 2: Part D Prescription Drug Benefit Marketing Materials

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Module 2: Part D Prescription Drug Benefit Marketing Materials Overview

Module covers topics in order of MMG section.

Includes:

- Policy updates
- Clarifications
- Responses to:
  - Comments on 2014 MMG draft
  - Miscellaneous inquiries

This module covers issues unique to Part D. Part D sponsors are expected to follow applicable requirements discussed in the rest of the presentation. Many requirements apply to both Part C MAOs and Part D sponsors.

Module 2:
30.7 – Required Enrollment Materials Low Income Subsidy (LIS) Rider

No policy change

- Required annually
- Chapter 13 LIS provides more information, including timeframes: Prescription Drug Benefit Manual (PDBM), Chapter 13, Premium and Cost-Sharing Subsidies for Low-Income Individuals, Section 70.2, Member Notifications

Module 2:
50.15 – Pharmacy Directory Disclaimers Geographic Area

Contact information need not immediately follow disclaimers related to geographic area.

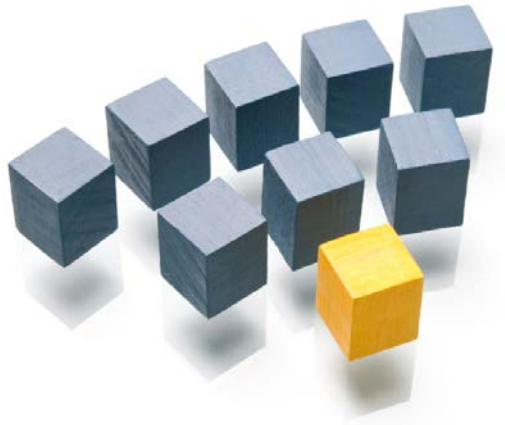
Module 2:
60.4.1 – Pharmacy Directories Contact Information

Policy update:

- Contact information is expected to appear on both the front and back cover pages

Module 2:
60.4.1 – Pharmacy Directories
Preferred Pharmacies

For networks with preferred pharmacies, indicate that members may save on cost-sharing at preferred pharmacies and clearly distinguish between **preferred** and other network pharmacies.



Module 2:
60.4.1 – Pharmacy Directories

Retail pharmacies category now includes chains.

- Phone numbers: If provided for all chains, consistency requires for all retail pharmacies
  - Includes accessibility numbers
  - Research not required for retailers: 711 is sufficient

Module 2:
60.5 – Formulary & Formulary Change Notices

Model:

- Combines Comprehensive and Abridged Formularies

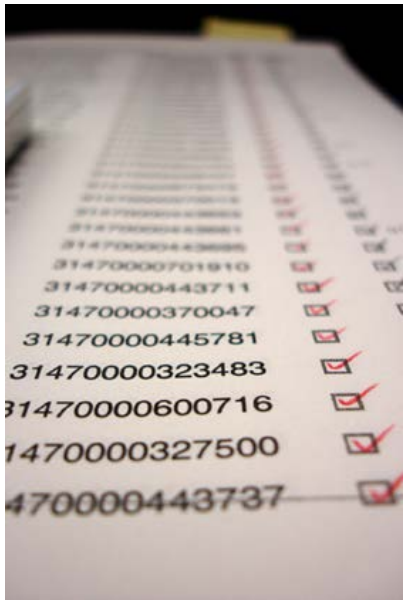
Policy update:

- Contact information is expected to appear on both the front and back cover pages

Module 2: 60.5
Formulary & Formulary Change Notice Requirements
Marketing Discrepancies

When a marketing discrepancy occurs:

- Drugs must be covered
  - At more favorable cost share; or
  - With less restrictive utilization management;
- For the affected enrollee (as defined in 42 CFR 423.100); and
- Through the end of the contract year



Module 2: 60.5
Formulary & Formulary Change Notice Requirements Enhancements

Prior to receiving CMS approval of formulary changes, Part D sponsors may market enhancements. *New!*

Module 2: 60.5 – Formulary & Formulary Change Notice Requirements Formulary Table

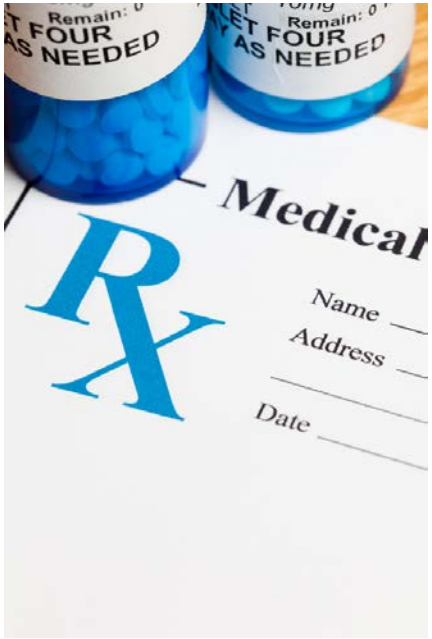
Formulary table is expected to:

- Reflect different restrictions for different formulations of the same drug. *New!*
  - Restrictions include: formulary status, tier, quantity limits, prior authorization, and step therapy
  - Formulations could vary in dosage form (e.g., pill, injection) or strength
- Includes identifiers, but not OTC drugs
  - Part D sponsors are expected to list OTC separately

Module 2: 100.5 – Online Formulary, Utilization Management (UM), and Notice Requirements
Formulary Website

Under MMG section 100.5, Part D sponsors are expected to post on the formulary website:

- Comprehensive online formulary
- Any applicable utilization management documents
  - Prior authorization
  - Step therapy criteria
- Transition policy
- Formulary change notices



Under MMG section 100.2.2, the Plan/Part D sponsor website is also expected to include:

- Pharmacy directory
- LIS premium summary chart

Module 2: 100.5 – Online Formulary, Utilization Management (UM), and Notice Requirements
Online Formulary vs. Online Search Tool

Online formulary:

- Required
  - Expected to be available as a downloadable document (for instance, a PDF)

Online search tool:

- Optional, but once sponsor decides to provide online search tool:
  - Search results produced by search tool are expected to meet same requirements as online formulary
  - E.g., “explain or link to an explanation of how to obtain an exception, including when search results indicate a drug is not covered”

Module 2: 100.5 – Online Formulary, Utilization Management (UM), and Notice Requirements Utilization Management (UM)

- Post entire UM document when applicable:
  - Including list of drugs covered by UM
- UM documents are separate from formulary tables which must identify any UM that applies
- Part B versus D disclaimer is expected to appear for the appropriate drugs in the online UM documents

Module 2: Appendix 1, Definitions Medication Therapy Management (MTM)

MTM Program Materials* Not Subject to Review

- Materials provided to members enrolled in their plan
- Materials that address issues unique to individual members
- The Part D MTM program comprehensive medication review summary in CMS standardized format that is provided to a beneficiary

*MTM Materials must not include any marketing messages or promotional messages

Module 2: Part D Resources

Part D Benefits

Chapter 5 of the PDBM, Benefits and Beneficiary Protections
Contact: PartDBenefits@cms.hhs.gov

Formularies, Change Notices, and Utilization Management

Chapter 6 of the PDBM, Part D Drugs and Formulary Requirements
Contact: PartDFormularies@cms.hhs.gov

Medication Therapy Management (MTM)

www.cms.gov > Medicare > Prescription Drug Coverage Contracting > Medication Therapy Management
Policy and Operations Help: PartD_MTM@cms.hhs.gov

Prescription Drug Benefit Manual (PDBM) available at

http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html

Module 2: Knowledge Check #1

Multiple Choice:

All of the below are expected to be posted on every sponsor website **except**:

A. Comprehensive online formulary
B. Any applicable utilization management documents
C. Transition policy
D. Formulary change notices
E. Prescription transfer letter
F. Pharmacy directory
G. LIS premium summary sheet

Module 2: Knowledge Check #2

True or False:

The formulary table is expected to reflect any restrictions for different formulations of the same drug.

A. True
B. False

Module 3: Communication, Consent, Social Media, and Events

Camille Brown

Technical Director, Division of Surveillance, Compliance, & Marketing, CMS Baltimore

Module 3: Communication

Plain Writing Act of 2010

P.L. 111-274, 124 STAT. 2861 (October 13, 2010)

Plans/Part D sponsors are required to write all publications, forms, and publicly distributed documents in a clear, concise, and well-organized manner.

- It is important that beneficiaries receive plan information in a way that they can understand it
  - Plain Language (Appendix 2)
  - Translations (Section 30.5)
  - Call Centers (Section 80.1)

Module 3: Communication (40.8 – Multiple Lines of Business)

Plans/Part D Sponsors that advertise multiple lines of business within the **same marketing document** must keep the organization's Medicare lines of business clearly and understandably distinct from the other products.

- Must **NOT** include enrollment applications
  - For competing lines of business
  - Other non-Medicare lines of business
- May include non-renewal notices
  - In separate enclosure, but with no enrollment application
  - Other Medicare products only (e.g., MA-PDs, etc.)

Module 3: Communication (100.1 – General Website Requirements)

For Plans/Plan Sponsors with service areas that meet the 5% language threshold, post all required translated materials including:

- Enrollment Instructions and Form (30.6)
- Low Income Subsidy, ANOC/EOC, Formulary Pharmacy Directory and Membership ID card (30.7)
- Star Ratings (30.10)
- Easy to understand plain Language

Module 3: Communication (50 – Disclaimers)

Disclaimers must be prominently displayed on the material and must be of similar font size and style.

- When to use which disclaimers?
- Alternate Language Disclaimer on all materials that meet the 5% primary language threshold
  - Both English and non-English
  - Non-English disclaimer placed below the English version

Module 3: Communication (50 – Disclaimers, cont.)

Federal contracting should include the legal or marketing name, the type of plan (e.g., HMO, PPO, PFFS, PDP), and who the contract is with (e.g., Medicare, Federal Government, State Medicaid program).

- Example:
  - "[Plan's/Part D Sponsor's legal or marketing name] is an HMO plan with a Medicare contract. Enrollment in [Plan's/Part D Sponsor's legal or marketing name] depends on contract renewal."

Module 3: Communication (40.4 – Prohibited Terminology/Statements)

CMS prohibits the distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations.

- **Do not use** absolute superlatives, (e.g., “the best,” “highest ranked,” “rated number 1”), unless they are substantiated with supporting data provided to CMS as a part of the marketing review processes or they are used in logos/taglines
- If the material is submitted via the file & use program, the supporting data must be included, along with the materials that use an absolute superlative

Module 3: Communication (40.6 – Call Center Hours of Operation)

Plan/Part D Sponsor hours of operation must be listed on every material where a customer service number is provided for current and prospective enrollees to call.

- *Similarly, Plan/Part D Sponsor must list the hours of operation for 1-800-MEDICARE on every material where 1-800-MEDICARE or Medicare TTY appears (i.e., 24 hours a day/7 days a week)*
- Include with language translation disclaimer information (30.5)

Module 3: Communication (80.2 – Transfer of Calls to Sales/Enrollment)

- When is it ok and when isn't it?
- Clarify whether all scripts listed are informational – (80.2)
  - Informational scripts may not ask the beneficiary if s/he wants to be transferred to a sales/enrollment department nor can the Plan's/Part D Sponsor's call center staff automatically transfer the call

Module 3: Communication (30.8 – Hold Time Messages)

Hold time messages that promote the plan or include benefit information must be submitted in HPMS.

- When do preventive services, submissions, advertising and other services need approval?
- How are hold time messages that include information about preventive services treated?

Module 3: Communication (70.11.2 – Provider Affiliation Information)

Any affiliation communication materials that describe plans in any way (e.g., benefits, formularies), must be approved by CMS and must include the appropriate disclaimer (50).

- Provider Affiliation communication materials that only list plan names or contact information do not require CMS approval before use
- Affiliation advertisements should be submitted in HPMS as advertisements
- Other affiliation communication materials should be submitted under the appropriate code for the type of material
- Provider created affiliation notices should not be submitted in HPMS unless they describe plan details (e.g., benefits, cost-sharing, policies/procedures)

Module 3: Communication (70 – Provider Affiliation, cont.)

Provider Affiliation – (distinguish between advertisements and other communications, when must they be submitted for review, plan created vs. provider created, 70.11.2).

Provider marketing in conference rooms – (physician office conference rooms, 70.11).

Module 3: Consent
(30.7.1 – Multiple Members at the Same Address)

- It is important that beneficiaries have opportunities to express their preferences about the types of information they receive and the format in which it is delivered
  - Combining member mailings
  - Using different media types
  - Ongoing or future contact

Module 3: Consent (30.7.1 – Multiple Members at the Same Address, cont.)

- Plans/Part D Sponsors may combine the mailing of these materials to members at the same address after receiving consent from all the members
  - Individuals in apartment buildings are only considered to be at the “same address” if the apartment number is the same
  - Individuals living in community residences (e.g., group homes or nursing facilities), must each receive their own materials, regardless of whether they have the same address
  - All enrollees must receive membership cards individually

Module 3: Consent (40.9 – Materials in Different Media Types)

- Plans/Part D Sponsors:

May provide materials using different media types (e.g., electronic or portable media like email, CD, or DVD).

Must receive consent prior to providing materials in this format (i.e., individuals must opt-in).

Must specify to the beneficiary the media type and the documents to be sent.

Module 3: Consent (70.4 and 70.5 – Email/Telephonic Contact)

- Plans/Plan sponsors may contact beneficiaries through email with consent (must have an opt-out process)

- When setting future appointments for sales activities, permission given to be called or otherwise contacted must be **event-specific** and may not be treated as open-ended permission for future contacts
  - Includes leaving voice mail messages and text messaging

Module 3: Social Media

Educational events - materials not subject to CMS review (20)

Marketing/Sales - materials require appropriate disclaimers – (50.2)

- Include customer service numbers vs. sales number – (40.6)

Module 3: Events (Educational vs. Marketing)

Educational events are designed **to inform** Medicare beneficiaries about Medicare Advantage, Prescription Drug, or other Medicare programs and do not include marketing activities.

Marketing/Sales events involve the **act of steering**, or attempting to steer, a potential enrollee towards a plan or limited number of plans, or promoting a plan or a number of plans.

Module 3: Events (70.9.1 – Scheduled Sales)

- For all formal and informal marketing/sales events, notify CMS via HPMS:
  - Prior to advertising the event; or
  - Seven (7) calendar days prior to the event's scheduled date, whichever is earlier

- If a sales event is cancelled with less than forty-eight (48) hours notice:
  - Cancel the event in HPMS
  - Have a representative at the site of the cancelled sales event in case beneficiaries did not get the notice

Module 3: Knowledge Check #1

True or False:

Social Media sites used for educational events are not subject to CMS review.

A. True

B. False

Module 3: Knowledge Check #2

Multiple Choice:

Which statements are true about media types of materials?

A. May be provided using different media types
B. Do not have to specify the media type as long as they have consent
C. Receive consent prior to providing materials of different media types
D. Choice A and C
E. Choice A and B

Module 4: Systems, Website Submission, HPMS Updates, and File & Use

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Module 4: Systems

- **Input any co-branding** relationships, including any changes in or newly formed co-branding relationships, prior to marketing its new relationship, in HPMS
- **Reference the HPMS** Bid Submission Users' Manual for instructions on entering co-branding information

Module 4: Systems (60.7 – ANOC/EOC Mail Dates)

- All Plans/Part D sponsors must send the ANOC/EOC for member receipt by September 30th of each year
- New enrollees with an effective date of October 1st, November 1st, or December 1st, should receive both an EOC for the current contract year and an ANOC/EOC for the upcoming contract year
- New enrollees with an effective date of January 1st or later must receive an EOC for the contract year of coverage
- Additional materials may not be included in the ANOC/EOC mailing unless otherwise specified. Stand-alone EOC's do not need to be resubmitted in HPMS

Module 4: Systems (40.1.1 – Marketing Material ID)

- Non-English or alternate format materials must be given a unique material ID
- When submitting these materials, *Plans/Part D Sponsors* must designate that they are non-English or alternate format versions in HPMS

Module 4: Website Submission (90.2.2 – Website Reviews & Updates)

- Submit all MA, 1876 cost plan and PDP websites for review
- Submit their websites via links in a Word document.
  - Submitting screen shots or text in a word document is not acceptable
  - Contact the Account Manager for permission to submit information other than through a live link
- CMS expects reviewers to have an opportunity to review the link(s) provided as the information will be displayed in the marketplace.
  - The reviewer should be able to conduct the review online using the links provided in the Word document

Module 4: Website Submission (90.2.2 – Website Reviews & Updates, cont.)

Once approved, updates to specific pages of this same website are allowable by submitting only the pages to be changed via links in a Word document.

- Any updates to pages should be submitted with their own unique material ID and date stamped accordingly
- The website can be made available for public use during the CMS review period, but must include the status of *pending* on the website until CMS has either approved/disapproved it

Module 4: Website Submission (90.2.2 – Website Reviews & Updates, cont.)

Use of the website under CMS review applies only to the website text and not documents contained on the website.

If any portion of a Plan's/Part D Sponsor's website is disapproved, the disapproved portion must be removed immediately.

Module 4: Website Submission (40.1 – Marketing Material Identification)

Plans/Part D Sponsors are required to place a unique marketing material identification number on all marketing materials.

- The material ID is made up of two parts:
  1) Plan's/Part D Sponsor's contract or Multi-Contract Entity (MCE) number
  2) Any series of alpha numeric characters chosen at the discretion of the Plan/Part D Sponsor

Module 4: Website Submission (40.1 – Marketing Material Identification)

- Use of the material ID on marketing materials must be immediately followed by the status of either approved, pending (for websites only), or accepted (e.g., Y1234_drugx38 Approved)

- Plans/Part D Sponsors should include approved or accepted statuses only after the material is approved or accepted and not when submitting the material for review

Module 4: Website Content and Review

Links

- Plan website or subcontractor sites

Marketing ID number

- Pending while under review
- If disapproved, content must be pulled down immediately

Module 4: File & Use (90 – Acceptable Criteria)

- Materials submitted as File & Use are retrospectively reviewed using the following criteria:
  - Misleading
    - Unsubstantiated claims
  - Incomplete
    - Missing language, requirements, variable information
  - Unclear
  - Incorrect
  - Submission error

HPMS System Updates

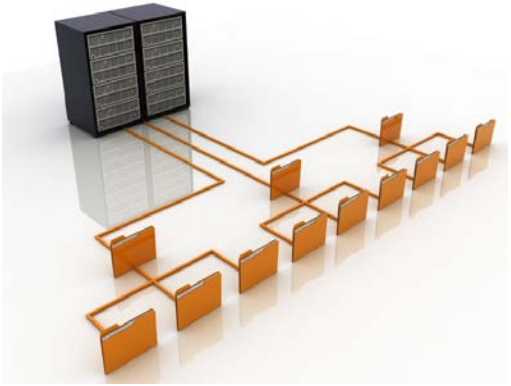
Tim Hoogerwerf

Senior Analyst, Health Plan Management System (HPMS), Division of Plan Data, CMS Baltimore

Module 4: HPMS System Updates

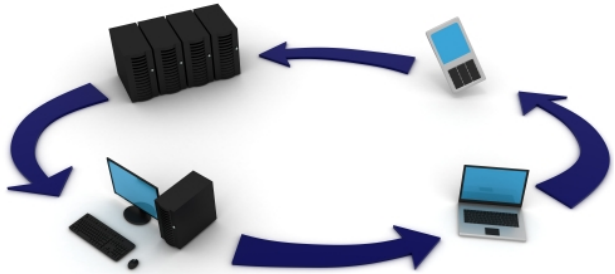
2013 Annual Release Updates

- "Marketing Material Code Details" lookup function
  - Usage and technical details
  - Available from "Marketing Code Lookup" and "New Material" functions
- Update AMD/Beneficiary Wave Data
  - Revisions
- Non-Renewal PBP functionality
  - Select Non-Renewal Code
  - Select PBP's (from current CY) using CY that they are non-renewing in (upcoming CY)

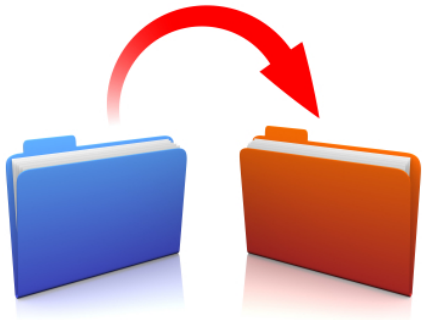


Module 4: HPMS System Updates

- Marketing Sales Events
  - Bulk Cancellation
  - Event Extract
  - 6 Month Submission Window



- Attestations now required for all submissions
- Annual Agent/Broker Compensation Updates
  - Discuss data-entry considerations
- User Guide Updates



Module 4: HPMS System Updates

- **General System Reminders and Notices**
  - MCE users **MUST** have contracts assigned to their User ID to access materials after submission
    - Send requests to: hpms_access@cms.hhs.gov
      - Include: User ID(s), Name(s), and Contract Number(s)
  - Report Contract Year selection requirement and details
  - Reminder/Use of “New Errata Material” function

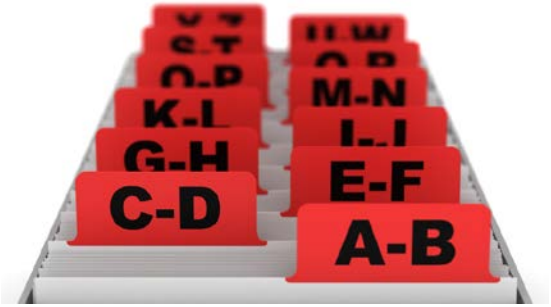
HPMS Codes

Vashti Whissiel-Wren

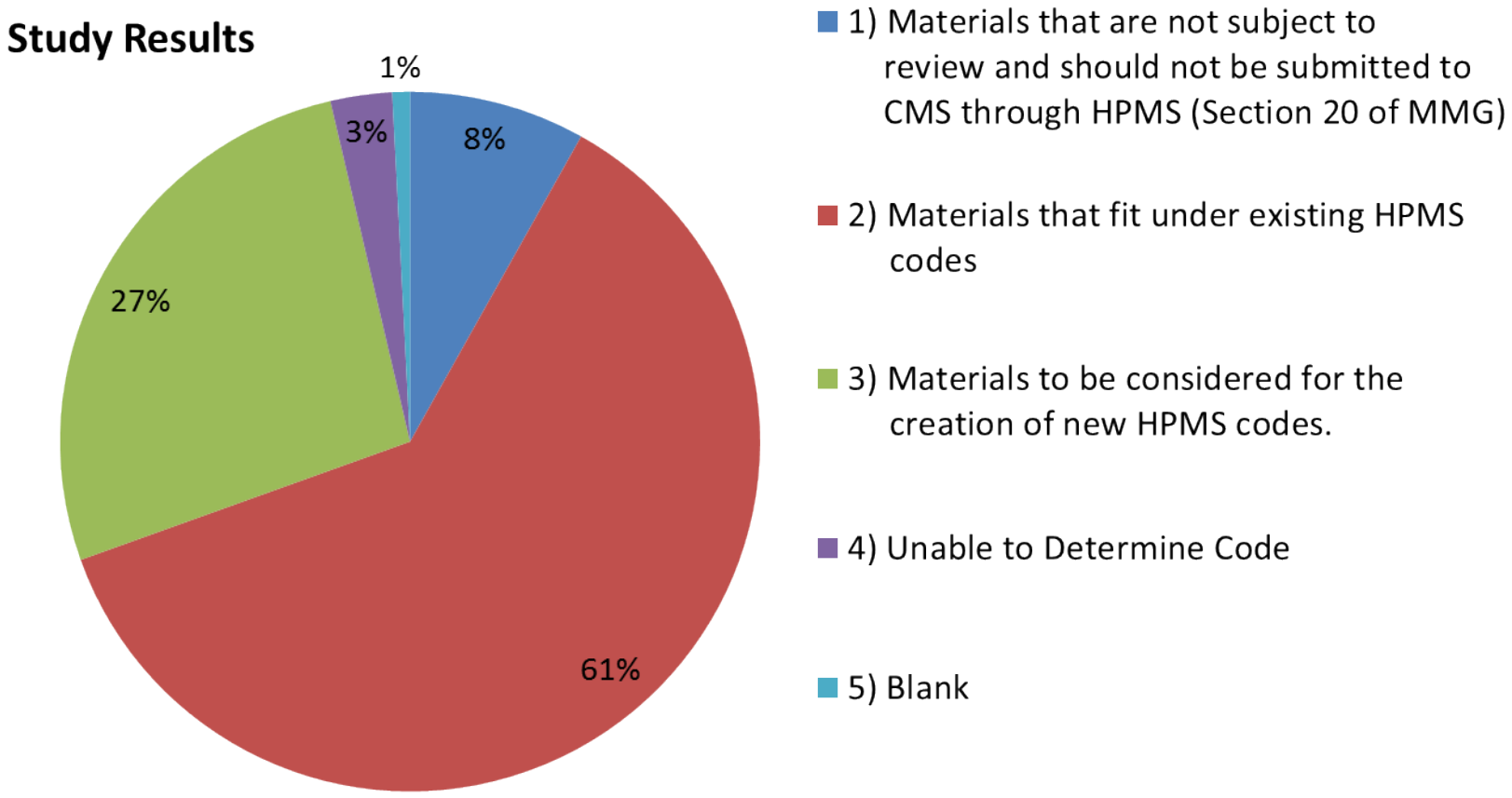
Health Insurance Specialist,
CMS Seattle Regional Office

Module 4: HPMS Marketing Codes

- Background
  - HPMS Code Consolidation
  - CMS Specified Categories
- Workgroup
  - Determine need for new codes
  - Determine need for “CMS Specified” Codes
  - Conduct Study of material submitted in “CMS Specified Codes”
    - 1097 Enrollment Kit-CMS Specified Documents
    - 2086 Enrollment/Disenrollment/Payment-CMS Specified Documents
    - 3032 Claims/Org. Det./Appeals/Grievances-CMS Specified Documents
    - 5041 Formulary/Drug- CMS Specified Documents



Module 4: HPMS Marketing Code Study Results



Module 4: Study Results (Cont.)

Material That Fit Under Existing Codes	% of total
1) 1097-Enrollment Kit – CMS specified documents	10.60%
2) 2086-Enrollment/Disenrollment/Payment – CMS specified documents	29.8%
3) 3032-Claims/Org. Determinations/Appeals/Grievances – CMS specified documents	47%
4) 5041-Formulary/Drug – CMS specified documents	13%
Grand total	100%

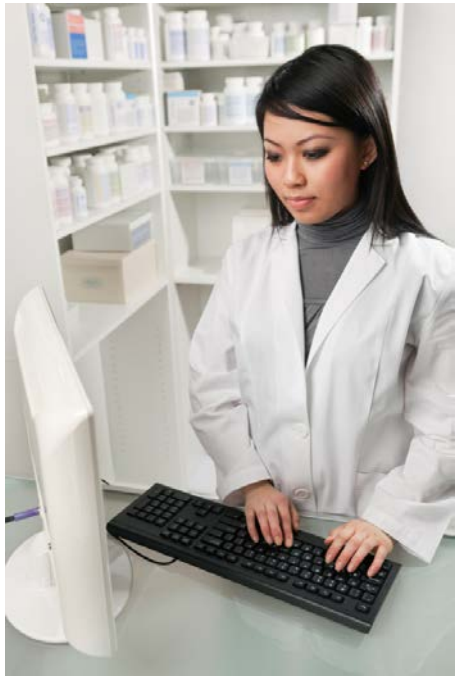
Module 4: Conclusion & Next Steps

Conclusion:

- No new codes are needed, however, there is a need for the "CMS Specified Codes"

Next Steps:

- Marketing Code Definitions listed in HPMS
- Provide Industry with Training
- Repeat HPMS Marketing Code Study



Module 4: Example Marketing Code Definitions

- **3025 – Appeals and Grievance Forms/Letters** – Model or non-model form or letter sent by a Plan/Part D sponsor regarding a beneficiary appeal or grievance that is not a status update or notice of final plan decision. Examples include: Model Notice of Right to an Expedited Grievance and Model Notice of Redetermination
- **3026 – Notice of Plan Decisions** – Model or non-model form or letter sent by a Plan/Part D sponsor when they have made a decision regarding a beneficiary appeal or grievance. Examples include: Notice of Plan's Decision to Extend the Deadline for Making a Decision Regarding a Grievance or other plan-created letter
- **3028 – Status Notices** – Model or non-model form or letter sent by a Plan/Part D sponsor when they need to update a beneficiary regarding their case. Generally, these letters are used to update the beneficiary when their case sent to the IRE, but Plan/Part D sponsors can submit other plan created A&G status notices under this code. Examples include: Notice of Case Status from the PDP manual and the Model Notice of Appeal Status from the MA manual

Module 4: Important Reminders when Submitting Material to HPMS

- Material should not be submitted under CMS Specified Codes just because it is non-model
- Check MMG Section 20 “Material Not Subject to Review” prior to submitting material
- Check the Marketing Code Look-up Tool in HPMS for code definitions
- Contact your RO Reviewer with questions

Module 4: Incorrect Submissions

- Material submitted under the incorrect code should be **denied** as an Incorrect Submission
- You must resubmit with the correct code
- If a marketing piece is submitted that is not subject to CMS Marketing Review (MMG Section 20), the Plan/Part D sponsor should withdraw the piece

Module 4: Knowledge Check #1

Multiple Choice:

While a website is under CMS review, it can be available to the public for use:

A. Only if approved

B. Only with a *pending* status indicator

CENTERS FOR MEDICARE & MEDICAID SERVICES

Module 5: Agent Activities and Compensation

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Module 5: Agent Activities (70 – Meals)

Plans/Part D sponsors may not provide meals (or have meals subsidized) at sales/marketing events.

- What is allowed?
  - Refreshments
  - Light snacks
- Use best judgment on the appropriateness of what food that could be reasonably considered a meal
- Meals may be provided at educational events (70.3) as long as the Plan/Part D sponsor complies with the nominal gift requirement (70.1.1)

Module 5: Agent Activities (20 – Sales/Marketing Documentation)

Materials created by agents or brokers that mention plan specific benefits must be submitted to CMS.

- Materials that include an agent's/broker's phone number should clearly indicate that calling the agent/broker number will direct an individual to a licensed insurance agent/broker
- Business cards are excluded from this requirement (30.3)

Module 5: Agent Activities (70 – Scope of Appointment)

An agent/broker may not market any health care related product during a marketing appointment beyond the scope that the beneficiary agreed to before meeting with the agent/broker.

- Document the scope before the appointment (i.e. MA, PDP and Cost Plan products)
- 48-hour notice is required (when practicable) when discussing additional products that the beneficiary did not agree to
- Document a second scope of appointment before continuing, if beneficiary agrees to discuss topics not covered under the first scope

Module 5: Compensation (120 – Initial Payments)

Initial compensation is offered for the beneficiary's **initial year** of enrollment in a plan.

Renewal compensation is equal to **fifty (50) percent** of the initial compensation amount and is paid in the five (5) years following a beneficiary's initial year of enrollment in a plan.

Also paid when a beneficiary enrolls in a different plan but one that is a **"like plan type"** following the initial year of enrollment.

Module 5: Compensation (120 – Initial Payments)

Plans may advance payments during the AEP for the coming plan year, but cannot otherwise make payments for more than one year at a time.

Initial compensation is either the full amount or a pro-rated amount, based on the number of enrolled months.

Renewal compensation must be pro-rated based on the number of enrolled months.

The compensation year ends on December 31st, regardless of when the enrollment starts.

Module 5: Knowledge Check #1

Multiple Choice:

To stay within the scope of an appointment, an agent is expected to:

A. Discuss non-Medicare lines of business during the appointment
B. Document which plan products will be discussed
C. Ensure 48-hour notice (when practicable) is given for discussing additional products
D. Choice A and C
E. Choice B and C

Module 5: Knowledge Check #2

True or False:

All materials created by agents (not excluding business cards) or brokers that mention plan specific benefits must be submitted to CMS.

A. True

B. False

Module 6: Models, Multiplan Submissions, and Star Ratings

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Module 6: Models
(90 – Submission of Final Populated Templates)

A standard template is a marketing material that includes placeholders for variable data (e.g., plan specific benefits, premiums, or cost sharing) to be populated and resubmitted in HPMS at a later time.

Within thirty (30) days of use, Plans/Part D sponsors must submit final, populated versions of standard templates in the HPMS Marketing Module using the associated "Final Expedited Review" code.

Plans/Part D sponsors must enter the Material ID of the standard template in the "Template Material ID" field.

Plan/Part D sponsors must indicate in the notes section in HPMS that the submission is a template. (Refer to the HPMS Users' Guide technical template submission instructions.)

Module 6: Models
(20 – Forms Not Submitted)

- OMB forms are materials that are not subject to review by CMS, should not be uploaded into HPMS, and do not require a material ID number
- Plans/Part D Sponsors are still responsible for maintaining such materials so as to make them available upon CMS request
- What happens if they are modified?

Module 6: Models (60.2 – Member ID Card Requirements)

- All Plans/Part D Sponsors must create ID cards following the National Council for Prescription Drug Program (NCPDP) or Workgroup for Electronic Data Interchange (WEDI) standards
- HPID and machine-readable technology requirements for ID cards are waived until further notice

Module 6: Models
(60.2 – Member ID Card Requirements, cont.)

Plans/Part D Sponsors must ensure that the member identification number on the ID card is not the SSN or Healthcare Insurance Claim Number (HICN) of the enrolled member.

- Plans/Part D Sponsors must include the CMS contract number and PBP number on the member ID card
- ID cards are not required to include:
  - The marketing material identification number
  - Hours of operation
  - Disclaimers noted in Section 50

Module 6: Models
(30 – Multi-Language Insert)

- The Multi-Language Insert is a document that contains information translated into multiple languages: (e.g., Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, and Japanese)

- It must be included with SB, ANOC/EOC, and the enrollment form

Module 6: Models
(30 – Multi-Language Insert)

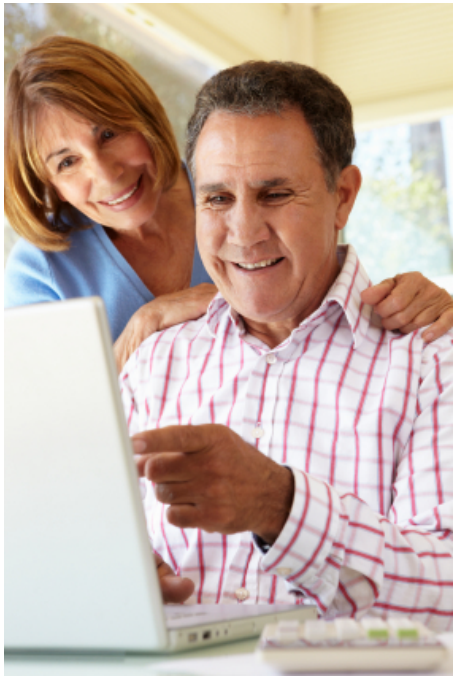
"We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxx-xxxx]. Someone who speaks [language] can help you. This is a free service."

- The Multi-Language Insert cannot be modified except to include additional languages *and/or inserting the Plan/Part D Sponsor logo/name*
- If including additional languages on the insert, the statement referenced above should be translated

Module 6: Models (60.7 – Additional Materials)

All Plans/Part D Sponsors must send the ANOC/EOC for member receipt by September 30th of each year.

- Additional materials may not be included in the ANOC/EOC mailing unless otherwise specified



Module 6: Models (50.16 – Mailing Statements, Envelopes)

- If a mailing is not advertisement or a health and wellness mailing, but is related to an enrollee's plan, it should be categorized as a plan information mailing
- If the mailing contains non-health or non-plan related information (see examples 160.4), use the "non-health or non-plan related information" mailing statement.
- Mailing statements may not be modified and must be used verbatim
- **NOTE:** Plans/Part D sponsors are not required to include the material ID on envelopes; however, all envelopes must be submitted with an associated marketing material ID number

Module 6: Models (50.16 – Submission of Envelopes)

- Envelopes that contain more than the required mailing statements and the plan name/logo/tagline must be submitted for review
- Example:
  - A Plan/Part D sponsor wishes to promote its prevention screening services for a certain period of time by including a reminder on the envelopes of all member mailings

Module 6: Models (30.10 – Star Ratings)

- Information about your contract's Overall Star Rating must be given to beneficiaries via CMS standardized document
  - Document must be given with any enrollment form and/or Summary of Benefits
  - Also must be posted on your plan's website
- Download this document:
  - HPMS Homepage >Quality and Performance > Part C Performance Metrics or Part D Performance Metrics and Reports > Part C or D Star Ratings Template

Module 6: Models
(30.10.1 – Star Ratings, cont.)

- References to performance in individual measures or areas must also include your contract's highest rating
  - MAPD – Overall Rating; MA only – Part C Summary Rating; PDP – Part D Summary Rating
- Star Ratings may not be used in marketing materials in a manner that may mislead beneficiaries into enrolling in plans based on inaccurate information

Module 6: 30.10.1 – Referencing Star Ratings (addendum)

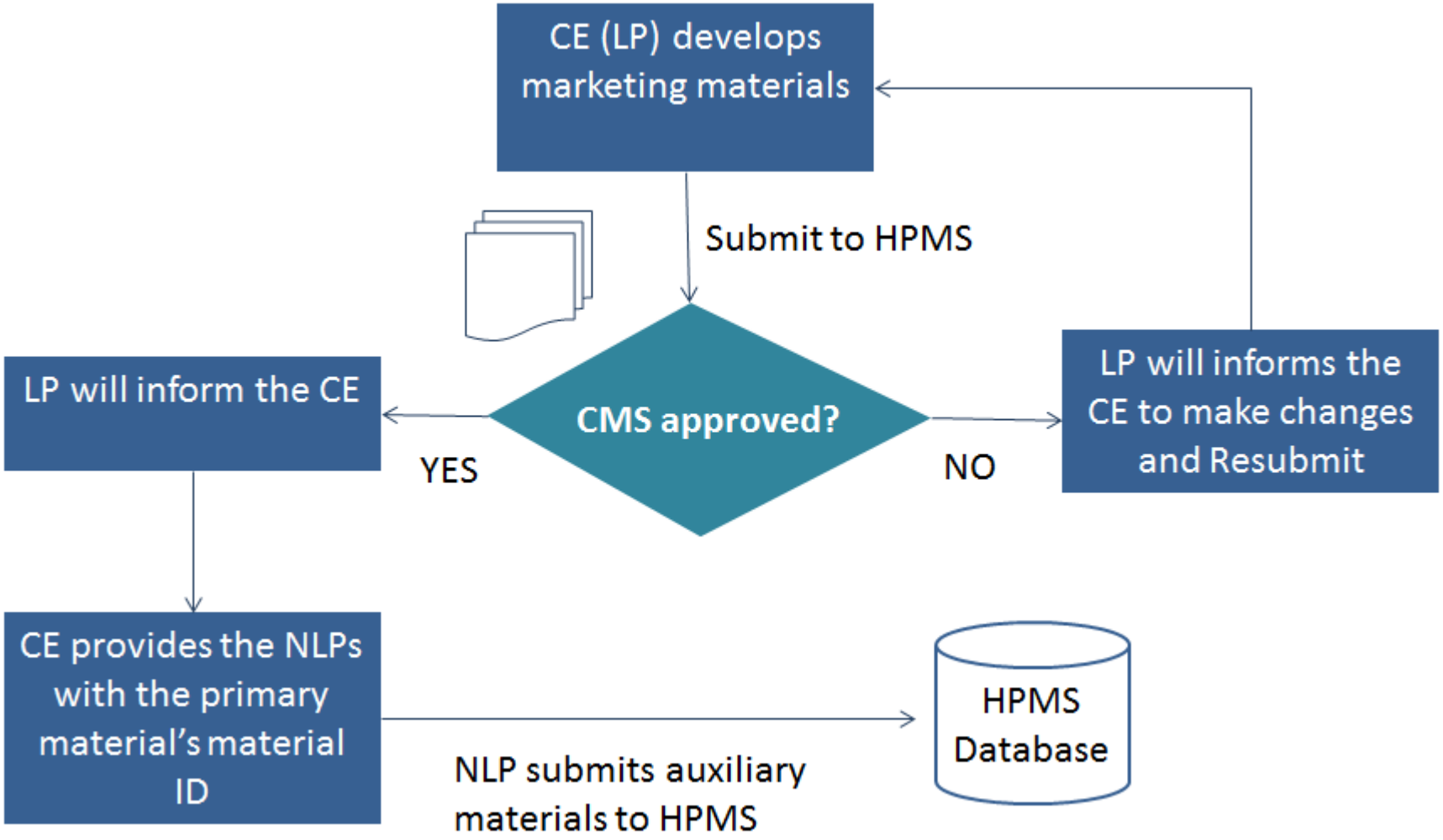
- If CMS assigns your MA-PD contract a Low Performer Icon (LPI), you may not refute your LPI status by showcasing a higher Overall Star Rating
  - You cannot encourage beneficiaries to enroll by stating if they are dissatisfied with your plan, they can request SEPs to change to higher rated plans
- Conversely – if you are a 5 star contract, you may not target marketing activities specifically to beneficiaries enrolled in poor performing plans nor encourage them to request SEPs

Module 6: Star Ratings Resources

Questions/Concerns

- Part C: PartCRatings@cms.hhs.gov
- Part D: PartDMetrics@cms.hhs.gov
- Marketing: marketing@cms.hhs.gov

Module 6: Multi-plan Submissions
Multi-plan Material Submissions



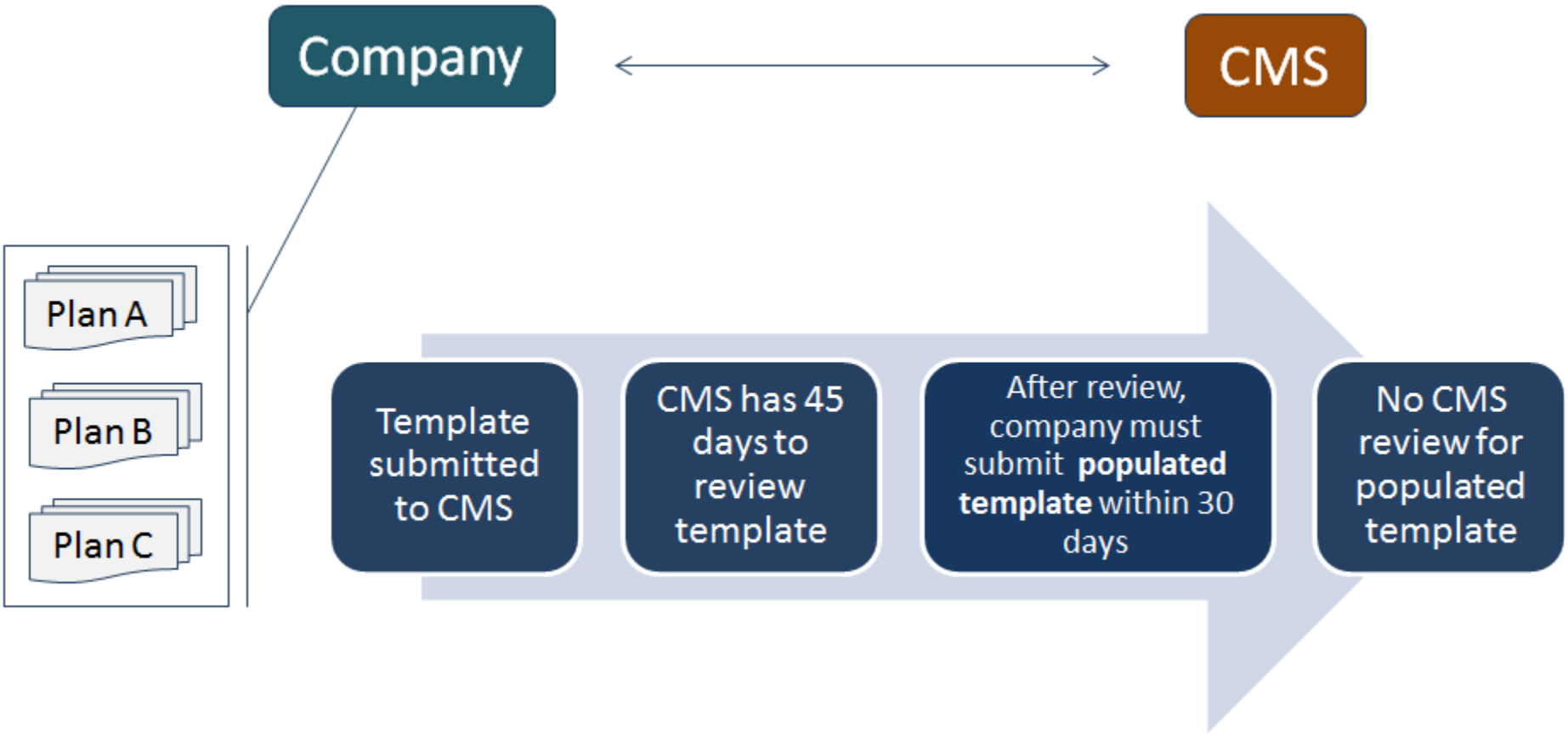
Module 6: Multi-plan Submissions (90 – Multi-plan Materials)

Multi-plan materials are materials that are submitted once for approval or acceptance, but may be used by more than one plan. An example would be a formulary created by a Pharmacy Benefit Management company that is used by more than one drug plan.

Examples:

- Template used for different PBPs under same Plan/ Part D sponsor
- Document used by different Plans/Part D sponsors

Module 6: Templates (90.8 – Marketing Materials)



Module 6: Templates (cont.)

- Templates can only be filed for codes that have a corresponding Final Expedited Review Code (e.g., Advertising, Member Handbook, Directories, & Formularies)
- Final Populated Templates must be submitted within thirty days of use

Module 6: Knowledge Check #1

Multiple Choice:

All is true about submitting final templates except:

A. Plans/Part D Sponsors must indicate in the notes section in HPMS that the submission is a template
B. A standard template is to be populated and resubmitted in HPMS
C. Within forty-five (45) days, Plans/Part D Sponsors may submit final, populated versions of standard templates in the HPMS
D. No CMS review of populated template required

Module 6: Knowledge Check #2

True or False:

Plans/Part D Sponsors are required to include the material ID on envelopes.

A. True

B. False

Final Thoughts and Questions

Questions & Answers

- MA/Part D/1876 cost plan marketing questions
  - Marketing@cms.hhs.gov
- Medicare-Medicaid Plan (MMP) questions
  - mmcocapsmodel@cms.hhs.gov

Course Evaluations

- Survey available until 5PM EDT Monday, July 22, 2013
  - https://www.surveymonkey.com/s/CMS_2014_MMG_National_Survey

Webinar Materials

- Webinar recording, transcript, and questions and answers will be available at:
  - http://cms.gov/Outreach-and-Education/Training/CTEO/Event_Archives.html

Thank you for attending!