

**Corrections and Clarifications to the  
Medicare Marketing Guidelines for  
Medicare Advantage, Medicare Advantage Prescription Drug Plans,  
Prescription Drug Plans, and 1876 Cost Plans**

This document includes corrections and clarifications that have occurred after the release of the Marketing Guidelines on August 15, 2005. CMS has identified the appropriate page number, guidelines section and heading for each item changed. Corrections (COR) and Clarifications (CLAR) and New guidance (NEW) are noted in the “Type of Change” column and the “Date of Change” is noted for each item. Information included in this document has been incorporated into the Medicare Marketing Guidelines.

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
2		1. Introduction: MMA and Part D	Acceptable Plan Names (A)	Replace fourth bullet with:  Organizations may use the term “Medicare” in their names. <u>For Plan names submitted to CMS after August 15, 2005, if an Organization chooses to utilize the term “Medicare” it must insert the Plan name before “Medicare” (i.e., Acme Medicare Plan). Regardless of when the Plan name is submitted to CMS, the Plan name must not be misleading and must otherwise comply with applicable laws and CMS policies, including these Marketing Guidelines.</u>	CLAR	11/1/05
3		1. Introduction: MMA and Part D	Acceptable Plan Names (A) – Note	Replace NOTE with new bullet point:  <del>NOTE:</del> <u>Existing MA organizations may use the term “Medicare” or the term “Advantage” in their plan names. Furthermore, all plans in existence as of January 1, 2004, who had the name “MA Medicare Advantage organization”, may continue to use that name indefinitely. However, effective with the implementation of the new Medicare Prescription Drug Benefit, new Medicare Advantage plans are not allowed to do business under the name “Medicare Advantage.” If an organization chooses to retain the Medicare Advantage plan name it must insert the</u>	CLAR	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				company name before “Medicare Advantage” (e.g., Acme Medicare Advantage plan).		
8		5. Overview: Definitions	Assisting in Enrollment (A)	Adjust definition as follows:  Assisting a potential enrollee with the completion of an application and/or objectively discussing characteristics of different Plans to assist a potential enrollee with appraising the relative merits of all available individual Plans, based solely on the potential enrollee’s needs. The individual <u>or entity</u> performing these activities must not receive compensation directly or indirectly from the Plan for such assistance in enrollment.	CLAR	11/1/05
19, 27, and 45	19, 28, and 47	6. Marketing Material Development	Reference to Studies or Statistical Data (A)	Adjust first paragraph as follows:  Organizations may refer to the results of studies or statistical data, in relation to customer satisfaction, quality, cost, etc., as long as specific study details are given. At a minimum, study details <del>that</del> need to be included <u>on the material (either in the text or as a footnote)</u> are the source and date. Upon submitting material to CMS for review, unless the study that is referenced is a CMS study, the Organization must provide the study sample size and number of Plans surveyed <u>to CMS</u> .  Add the following after the fourth paragraph:  <u>Organizations referencing a CMS study should include reference information (publication, date, page number, etc.) in the HPMS Marketing Material Transmittal comments field. For non-CMS sponsored studies, Organizations are to</u>	COR	11/1/05

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				<p><u>submit the study sample and number of plans surveyed to the following addresses:</u></p> <p><u>For Manually Submitted information mail to:</u></p> <p style="text-align: center;"><u>MPDB Marketing Review</u> <u>1676 International Drive</u> <u>McLean, VA 22102</u></p> <p><u>For Electronically Submitted information email to:</u></p> <p><u>PDP.MARKETING.DOCUMENTS@CMS.HHS.GOV</u></p> <p><u>MA and MA-PD Organizations should submit signed attestations to the appropriate CMS Regional Office.</u></p>		
21, 28, 46	22, 29, 48	6. Marketing Material Development	Product Endorsements/ Testimonials (A)	<p>Adjust the fourth bullet as follows:</p> <ul style="list-style-type: none"> <li>• If an individual is paid to portray a real or fictitious situation, the ad must clearly state it is a "Paid Actor Portrayal." <del>However, non-members cannot say they belong to the Plan. This requirement only applies to product endorsements / testimonials.</del></li> </ul>	COR	11/1/05
27	27	6. Marketing Material Development	Availability of Alternative Formats (A)	<p>Adjust the paragraph as follows:</p> <p>To ensure that beneficiaries have access to beneficiary materials in alternative formats (e.g. Braille, foreign languages, audio tapes, large print), Organizations must provide a disclosure on pre-enrollment materials <u>and</u> post-enrollment Evidence of Coverage (EOC).</p>	CLAR	11/1/05

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29	31	6. Marketing Material Development	Eligibility Requirements (B)	<p>Adjust as follows:</p> <p><b>Eligibility Requirements <del>(B)</del> (A)</b></p> <p><u>Organizations</u> <del>Both PDPs and MA PDs</del> must clearly state in their pre-enrollment materials that an individual is eligible to enroll in the plan if the individual:</p> <ul style="list-style-type: none"> <li>• Is entitled to Medicare benefits under Part A or enrolled in Part B <u>(for MA organizations, individuals must have both Part A and Part B)</u>; and</li> <li>• Resides in the service area of the <del>Part D</del> Plan.</li> </ul>	CLAR	11/1/05
32	34	6. Marketing Material Development	Online Enrollment Center (B)	<p>Adjust parenthetical at the end of 4<sup>th</sup> paragraph as follows:</p> <p>(See <del>Part D</del> PDP Eligibility, Enrollment &amp; Disenrollment Guidance; <u>MA organizations, see Chapter 2 of the Medicare Managed Care Manual</u>).</p>	CLAR	11/1/05
33	34	6. Marketing Material Development	Availability of Medicare Subsidy Information (B)	<p>Adjust this section as follows:</p> <p><b>Availability of Medicare Subsidy Information (B)</b></p> <p>All Part D Plan pre-enrollment marketing materials detailing eligibility for Part D benefits must include the following language:</p>	CLAR	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p>“Beneficiaries interested in <u>qualifying for extra help with Medicare Prescription Drug Plan costs should call: in available Medicare Part D subsidies may contact</u> &lt;Plan Name&gt; customer service at &lt;Plan toll-free telephone number and TTY/TDD and hours of operation&gt;</p> <ul style="list-style-type: none"> <li>• 1-800-MEDICARE (1-800-633-4227). (TTY/TDD users should call 1-877-486-2048 (24 hours a day/7days a week) or</li> <li>• <del>Their</del> <u>Your</u> State Medicaid Office, or</li> <li>• the Social Security Administration at 1-800-772-1213 <del>or on the toll-free</del> <u>between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call number, 1-800-325-0778.”</u></li> </ul>		
33	35	6. Marketing Material Development	Limited Income Subsidy Premium Disclaimer (C)	<p>Revise information in this section as follows:</p> <p><del>Limited</del> <u>Low</u> <b>Income Subsidy Premium Disclaimer (C)</b></p> <p>In all pre-enrollment materials where <del>PDP</del> <u>Part D</u> monthly premiums and other member costs are described, the <del>PDP Sponsor</del> <u>Part D organization</u> must include the following language with any discussion</p> <p><u>If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and drug costs will be lower. When you join &lt;name of PDP Plan&gt;, Medicare will tell us how much extra help you are getting. Then, we will let you know the amount you will pay. If you aren't getting any extra</u></p>	CLAR	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p><u>help, you can see if you qualify by calling:</u></p> <ul style="list-style-type: none"> <li>• <u>1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, or</u></li> <li>• <u>your State Medicaid Office, or</u></li> <li>• <u>the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.</u></li> </ul>		
36	38	6. Marketing Material Development	Summary of Benefits General Instructions (B, E)	<p>Add the follow as # 18 under the general instructions</p> <p><u>If the MA organization includes additional information about covered benefits in Section 3, the MA organization may include a page reference to this information in the appropriate box in the benefit comparison matrix using the following sentence: See page &lt; &gt; for additional information about (Enter the benefit category exactly as it appears in the left column).</u></p>	CLAR	11/1/05
37	39	6. Marketing Material Development	Specific Guidance for the Summary of Benefit (B, E) – Instructions for Section 3 – Plan Specific Features	<p>Adjust the third paragraph as follows:</p> <p>Organizations may provide additional information in Section 3 about covered benefits described within the benefit comparison matrix. <del>The information in Section 3 must include a reference to the information in the benefit comparison matrix</del> <u>If the organization chooses to further describe their covered benefits in Section 3, they may reference the information in the relevant section of the benefit comparison matrix using the following sentence: “See page&lt; &gt;_for additional information about &lt;benefit category&gt;. The benefit must</u></p>	CLAR	11/1/05

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				<del>be populated exactly as it appears in the benefit comparison matrix. (Enter benefit category exactly as it appears in the left column.)”.</del>		
41	43	6. Marketing Material Development	Summary of Benefits for 1876 Cost Plans – Instructions for Section 1 – Beneficiary Information Section (F)	Adjust second paragraph as follows:  The CMS requires the Summary of Benefits (SB) to be used in both pre-enrollment and annual notice of change (ANOC) functions. <del>Plan member receiving the SB should disregard all pre-enrollment language.</del>	COR	11/1/05
42	44	6. Marketing Material Development	Required Disclaimers (A)	Adjust as follows:  <b>Language Requirements (A)</b> The below requirements must be included on all <del>pre</del> post-enrollment materials, unless noted otherwise or if model language is available. If model language is available and not used, Plans must include all elements of the model language and all required disclaimers.  <b>Lock-In Statement (D, E)</b> The concept of “lock-in” must be clearly explained in the SB, the EOC, and Member Handbooks. For Medicare cost plans, all <del>pre</del> post-enrollment materials must clearly explain that members may use plan and non-plan providers, and also explain the benefit/cost sharing differentials between use of plan and non-plan providers.	COR	11/1/05
50	52	6. Marketing Material Development	ID Card Requirements (B)	Adjust third bullet as follows:  If a machine-readable ID card is issued, the physical characteristics of the ID card are defined by the INCITS 284 standard. If a non-machine-readable ID card is issued, the physical characteristics of the ID card are at the discretion of	COR	11/1/05

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				the card issuer, provided that the card is not smaller than 3-1/8” by 2”and not larger than <u>3-5/8”</u> by 2-3/8”. Please refer to Addendum 1 for more information on machine-readable ID cards. <u>Plans must list the exact membership ID card measurements within the HPMS Marketing Materials Transmittal screen comment field.</u>		
51	53	6. Marketing Material Development	ID Card Requirements (B) – Front of Card # 7	Add the following: CMS Part D Contract and Plan Benefit Package numbers. This information must be right justified. <u>For Plans that have multiple PBP numbers for a single “S” number, list the PBPs in the comment field of the HPMS Marketing Material Transmittal screen. Also include in the placeholder field for the PBP “see transmittal comments”.</u>	CLAR	11/1/05
51, 52	53, 55	6. Marketing Material Development	ID Card Requirements (B) – Back of Card #3 Back of Card Image	Change # 3 as follows: <del>Provider Line</del> , Customer Service Numbers, and Customer Service TTY/TDD number.	COR	11/1/05
70	72	6. Marketing Material Development	Limited Income Subsidy Premium Disclaimer (C)	Adjust section as follows: Limited Income Subsidy Premium Disclaimer (B) In all <u>pre-enrollment marketing</u> materials where <del>PDP</del> <u>Part D</u> monthly premium and other member costs are described, the <del>PDP</del> <u>Part D organization sponsor</u> must include the following language with any such discussion:  “If you <del>have qualified for additional assistance for</del> <u>extra help with your Medicare Prescription Drug Plan costs, the amount of your premium and costs at the</u>	CLAR	11/1/05



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				<p>pharmacy will be <u>lower</u> less. <del>Once</del> <u>When</u> you have <del>enrolled in</del> join &lt;name of <u>Plan DP</u>&gt;, Medicare will tell us how much <del>assistance</del> <u>extra help</u> you are <del>receiving</del> <u>getting</u>, <del>and</del> <u>Then</u> we will <del>send</del> let you <u>know</u> <del>information on</del> the amount you will pay. If you are <del>not</del> <u>aren't</u> <del>receiving</del> <u>getting</u> this additional <del>assistance</del> <u>extra help</u>, you can see if you qualify by <u>calling</u>: <del>should</del> contact 1-800-MEDICARE (TTY/TDD users call 877-486-2048), your State Medicaid Office, or the Social Security Administration at 1-800-772-1213 or on the toll free TTY/TDD number, 1-800-325-0778, between 7 a.m. and 7 p.m., Monday through Friday to see if you <u>might qualify.</u>"</p> <ul style="list-style-type: none"> <li>• 1-800-MEDICARE (1-800-633-4227). (TTY/TDD users <u>should</u> call 1-877-486-2048 (24 hours a day/7days a week) <u>or</u></li> <li>• <del>Their</del> <u>Your</u> State Medicaid Office, or</li> <li>• the Social Security Administration at 1-800-772-1213 <del>or on the toll free</del> <u>between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call</u> <del>number</del>, 1-800-325-0778."</li> </ul>		
68-70	70-72	6. Marketing Material Development	Limited Income Subsidy for Part D Plans (C)	<p>All references in this section to "limited income subsidy" are changed to "Low Income Subsidy".</p> <p>Change code for header from "C" to "B"</p>	COR	11/1/05
70	72	6. Marketing	Specific Guidance on	Adjust the second sentence in the first paragraph as	CLAR	11/1/05

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		Material Development	Marketing Activity for MA Special Needs Plan (SNP) (for MA and MA-PD only) (D, E)	<p>follows:</p> <p>The MMA (Medicare Modernization Act of 2003) allows MA organizations to offer plans that serve special needs individuals. The legislation designates <del>two</del> <u>three</u> specific segments of the Medicare population as special needs individuals. <u>These are:</u></p> <ol style="list-style-type: none"> <li>1. <u>Institutionalized individuals;</u></li> <li>2. <u>Those entitled to Medical Assistance under a State Plan under Title XIX, and;</u></li> <li>3. <u>Other chronically ill or disabled beneficiaries who would benefit from a specialized MA plan.</u></li> </ol>		
70	73	6. Marketing Material Development	Dual Eligible (D,E) SNP	<p>Adjust 1<sup>st</sup> bullet under Dual Eligible (D,E) SNP as follows:</p> <ul style="list-style-type: none"> <li>• Dual eligible SNP may work with their respective states to market exclusively to special needs individuals, <del>so they can limit to whom they market, but within that group of special needs individuals, can't limit.</del> As with any MA organization, the SNP must market to all eligible individuals.</li> </ul>	CLAR	11/1/05
74	76	6. Marketing Material Development	URL Guidelines (B)	<p>Adjust the third sentence in the first paragraph as follows:</p> <p>All marketing materials <del>must</del> <u>can</u> include a Web address that connects the beneficiary either to the corporate Web site or directly to the Plan's Part D Web page.</p>	CLAR	11/1/05

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74	76	6. Marketing Material Development	URL Guidelines (B)	<p>Adjust the last paragraph as follows:</p> <p>All Web sites must be submitted to the appropriate entity for review. Part D Plans may submit their <u>entire Web site (home pages with links to other Part D pages)</u> through HPMS, either as links to test sites or as screen shots <u>that are copied and pasted into a consolidated Microsoft Word document or PDF.</u> <u>In addition, the Web site must be submitted as one marketing piece, rather than submitting each page as its own piece.</u> <u>Plans that submit test links for review must include the test site link with the instructions on how to access the test site.</u> <u>Marketing material reviewers will be instructed to print the test site in order to have a static record of what was submitted to CMS. When changing Web site content or including previously approved materials, Part D Plans are required to submit the Web site to CMS in accordance with the Marketing Guidelines. Formulary drug changes, changes to provider/pharmacy listing, and other non-material changes are not required to be submitted to CMS for marketing material review.</u></p> <p><u>Plans can continue displaying their existing approved or accepted Web site in its entirety, while submitting changes to CMS for review (Note: the Web site must be submitted as one marketing piece, rather than submitting each page as its own piece). Once CMS approves or accepts Plan Web site changes, Plans may replace their existing Web site with the changes along with the appropriate date stamp in accordance with the marketing guidelines.</u></p>	CLAR	11/1/05
74	77	6. Marketing Material Development	Part D Plan Web site Content Requirements	<p>Adjust the first paragraph as follows:</p> <p>The following information must be included on all Part D Plan Web sites. <u>Web site content should use language from</u></p>	CLAR	11/1/05

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			(B)	<p><u>marketing materials that have been reviewed and approved and/or appropriately submitted to CMS under File and Use Certification, in accordance with the marketing guidelines (e.g., advertising, Summary of Benefits, formulary, pharmacy/provider directory, and EOC).</u> Plans may provide this information via links off of their Part D Plan Web pages; however, the navigational icons used to access these links must clearly describe the information contained on each informational link. Links can consist of numerous pages as long as the navigational icons used within the linked pages clearly describe the information being accessed.</p> <p><u>To facilitate the marketing review process, Part D Plans should include the materials ID of approved materials that will be displayed on the Web sites, on the transmittal form and the appropriate status. For example:</u></p> <p><u>Formulary HXXXXX_XX – File &amp; Use certified</u></p> <p><u>Pharmacy Directory_SXXXXX_XX – Approved.</u></p>		
75	78	6. Marketing Material Development	Required Links (B)	<p>Adjust this area as follows:</p> <p>The following information must be accessible via a link. <u>If the specific marketing material has not been reviewed and approved or appropriately submitted to CMS under File &amp; Use Certification, in accordance with the Marketing Guidelines, an inactive link must be included on the Web site with a notation (e.g., coming soon).</u></p> <ul style="list-style-type: none"> <li>▪ Summary of Benefits</li> <li>▪ Enrollment Instructions and Forms</li> <li>▪ Evidence of Coverage</li> <li>▪ Privacy Notice</li> </ul>	CLAR	11/1/05

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				<p><u>Plans should be aware that additional links to documents may be required in the future.</u></p>		
NEW	79	6. Marketing Material Development	Enrollment via the Internet (B, E)	<p>Insert new section following:</p> <p><b><u>Enrollment via the Internet (B, E)</u></b></p> <p><u>Beginning November 15, 2005, PDP, MA, and MA-PD organizations are allowed to conduct enrollment via the Internet using enrollment forms and screens that have been submitted to CMS or its designee for review and received approval. PDP and MA-PD organizations may also participate in the CMS Online Enrollment Center (OEC). The following information applies to internet enrollment conducted by an organization directly.</u></p> <p><u>PDP organization enrollment forms and screens must follow the guidance provided in Section 30.1.2 of the PDP Eligibility, Enrollment and Disenrollment Guidance.</u></p> <p><u>MA and MA-PD organization enrollment forms and screens must follow the guidance provided</u></p>	NEW	11/1/05

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				<p><u>in Chapter Two, Section 20.4.3 and 40.1.3 of the Medicare Managed Care Manual.</u></p> <p><u>Plans are not permitted to market or enroll beneficiaries in other lines of business as part of the enrollment forms and screens, or request or collect credit card numbers or bank account information for any purpose within or during this process.</u></p> <p><u>In developing and submitting enrollment forms and screens, Plans must:</u></p> <ul style="list-style-type: none"> <li>• <u>Provide question(s) that requires the beneficiary to acknowledge receiving and reviewing pre-enrollment materials.</u></li> <li>• <u>Include all requirements for pre-enrollment marketing materials.</u></li> <li>• <u>Include all elements from the applicable model enrollment form, as well as requirements in the appropriate eligibility, enrollment and disenrollment guidance.</u></li> <li>• <u>Offer to send a confirmatory email to the beneficiary to denote receipt of the application. The email must contain:</u> <ul style="list-style-type: none"> <li>○ <u>A summation of the program that the beneficiary has enrolled in.</u></li> <li>○ <u>A statement that enrollment will be confirmed by CMS and the beneficiary will receive a confirmation letter in the mail.</u></li> <li>○ <u>Contact information for questions, including toll free telephone and TDD/TTY numbers.</u></li> </ul> </li> </ul>		

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76	80	6. Marketing Material Development	Internet Guidelines Must Use Chart– URL Guidelines	All marketing materials <del>must</del> <u>can</u> include a Web address that connects to either a corporate Web site or to the Plan’s Part D Web page.	CLAR	11/1/05
89	93	7. Required Marketing Materials	Materials Required for Program Start-up (A)	<p>Adjust the following dates:</p> <ul style="list-style-type: none"> <li>▪ <del>Pre-Enrollment</del> Web site content (<u>see Section 6 for specific Web site content requirements</u>)– Prior to <del>October 1, 2005</del> November 15, 2005 (<u>To ensure the organization’s Web site is posted by November 14, 2005, organizations are encouraged to submit this material under File &amp; Use Certification by November 9, 2005.</u></li> <li>▪ <del>Evidence of Coverage (EOC) – Prior to November 1, 2005</del></li> </ul> <p>Insert the following after the second paragraph:</p> <p><u>Organizations must submit the Evidence of Coverage (EOC) documents using model language without modification to CMS by December 1, 2005. Organizations must submit non-model EOC documents requiring 45-day CMS review by November 15, 2005. The final date for Organizations to mail the 2006 Evidence of Coverage (EOC) to enrollees with a January 1, 2006 effective date is January 31, 2006. All subsequent enrollees must receive their EOCs within 30 days of their enrollment effective date.</u></p>	COR	11/1/05
89	93-94	7. Required Marketing Materials	Required Pre-enrollment Materials (A)	<p>Adjust lead in sentence to bulleted section as follows:</p> <p>Pre-enrollment materials <u>packages</u> must include the following:</p>	COR	11/1/05

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				<p>Combine the first and second bullet points as follows:</p> <ul style="list-style-type: none"> <li>• A cover letter that includes the Plan’s toll-free customer service telephone number, a TTY/TDD telephone number, <del>Web site URL</del>, customer service hours of operation, and physical or post office address, <u>and may include Web site URL</u>. The letter must also indicate that beneficiaries may contact 1-800-MEDICARE (1-800-633-4227) and TTY/TDD users should call 1-887-486-2048 <u>24 hours a day/7 days a week</u> for more information about Medicare benefits and services including general information regarding the health or Part D benefit.</li> </ul>		
91	96	7. Required Marketing Materials	Availability of Alternative Formats (A)	<p>Adjust first sentence in the first paragraph as follows:</p> <p>To ensure that beneficiaries have access to beneficiary education materials in alternative formats (e.g., Braille, foreign languages, audio tapes, large print), Organizations must provide a disclosure on pre-enrollment <del>and post-enrollment materials</del> <u>and the post-enrollment Evidence of Coverage (EOC)</u>, indicating the document is available in alternative formats.</p>	COR	11/1/05
99	104	9. Marketing Review Process	File & Use Certification – Retrospective Monitoring Reviews (A)	<p>Adjust first paragraph as follows:</p> <p>Once an Organization is in the File and Use Certification Process, CMS will monitor compliance on a retrospective basis. CMS will select a random sample of qualified materials that the Organization submitted to CMS for review under the File &amp; Use Certification Process and conduct a retrospective review of the materials. CMS will conduct this review semi-annually for materials submitted for the previous six months. In addition, CMS <u>may conduct periodic evaluations of any marketing materials and will investigate</u></p>	CLAR	11/1/05



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				any marketing complaints <del>and/or potential that are received to verify if they are valid or invalid</del> marketing violations.		
107	112	9. Marketing Review Process	PDP Submission of Marketing Materials to CMS Designee (C)	Adjust first sentence as follows:  PDPs must use the HPMS to enter all pertinent information related to a material submission and attach the material in electronic format to this entry. <u>When submitting material, include within the comments field on the Marketing Materials Transmittal screen, the Plan number and PBP, for which materials are being submitted.</u> The following are acceptable electronic formats for submitting these materials:	CLAR	11/1/05
109	114	9. Marketing Review Process	Marketing Material Identification System – PDP (C)	Adjust first paragraph as follows:  Each approved PDP is assigned a contract number to allow CMS or its Designee to track the PDP’s marketing material within the marketplace. CMS requires a specific format for this identifier to allow immediate recognition of the document and/or advertisement as an approved PDP marketing material. The Material ID can be any series of alphanumeric characters but must begin with the PDP’s contract number, also known as the “S” number, plus an <del>hyphen</del> <u>underscore</u> , for example “S1234_” followed by numbers or letters chosen at the discretion of the PDP. This system allows each material to be identified by the specific PDP, while also allowing the Plan freedom to develop its own filing system for its materials. <u>The Material ID must be entered into HPMS in the same manner that it appears on the marketing material (i.e., “S1234_XXXX”).</u>	COR	11/1/05
118	123	10. Special Guidelines	Marketing Material Requirements	Insert new paragraph after second paragraph as follows:  <u>PDP Organizations are to mail signed letters of attestations</u>	CLAR	11/1/05

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			for Non-English Language Populations or Populations with Special Needs (A)	<p><u>using overnight or priority mail to:</u></p> <p style="text-align: center;"><u>MPDB Marketing Review</u> <u>1676 International Drive</u> <u>McLean, VA 22102</u></p> <p><u>MA and MA-PD Organizations should submit signed attestations to the appropriate CMS Regional Office.</u></p>		
133-134	138-139	11. Guidelines for Promotional Activities	Unsolicited E-mail Policy (A)	<p>Adjust NOTE as follows:</p> <p>NOTE: Since the Medicare beneficiary is conducting business with the <del>PDP</del> Organization, permission to send e-mails must be received by the <del>PDP</del> Organization. Only then may the <del>PDP</del> Organization e-mail that beneficiary.</p>	COR	11/1/05
NEW	78-79	6. Marketing Material Development	Insert New Heading: Required Disclaimers on Web sites (B)	<p>Insert new heading and language after Required Links:</p> <p><b><u>Required Disclaimers on Web sites (B)</u></b></p> <p><u>Marketing materials that include enrollment forms are considered pre-enrollment marketing. Plans providing enrollment forms on their Web site must include all pre-enrollment disclaimers on the Web site in such a manner as to allow beneficiaries the ability to read the disclaimers prior to accessing the enrollment form. Plans that allow enrollment via the Internet must also follow these instructions, as well as instructions outlined in the Eligibility, Enrollment, and Disenrollment Guidelines.</u></p> <p><u>These disclaimers must be included on both the Web site homepage as well as the Web page where the Enrollment form resides.</u></p>	CLAR	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
NEW	140-142	11. Guidelines for Promotional Activities	Informational Inbound Telephone Scripts (A)	<p>Insert new section with following Outbound Telemarketing section:</p> <p><b><u>Informational Inbound Telephone Scripts (A)</u></b></p> <p><u>Inbound telephone scripts are considered marketing materials and are subject to all requirements in this section and other relevant sections of the marketing guidelines. Plans can develop and submit frequently asked questions and answers or situational guidance for Customer Service Representatives (CSR). At a minimum, Plans must develop scripts for the following situations and submit to CMS or its designee for review:</u></p> <ul style="list-style-type: none"> <li>• <u>Request for advertising information</u></li> <li>• <u>Request for benefit information (must include required pre-enrollment information)</u></li> <li>• <u>Request for post-enrollment information</u></li> <li>• <u>Situational response guidance for specific questions</u></li> </ul> <p><u>NOTE: Telephone enrollment scripts are not considered “Informational Inbound Telephone Scripts” but are discussed under “Enrollment via Inbound Telephone”</u></p> <p><u>Plans are not permitted to:</u></p> <ul style="list-style-type: none"> <li>• <u>Request beneficiary identification numbers (e.g., Social Security Number, bank account numbers, credit card number, HICN, etc.) as part of pre-enrollment inbound informational scripts. Post-</u></li> </ul>	NEW	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p><u>enrollment scripts can request a beneficiary's member ID number.</u></p> <ul style="list-style-type: none"> <li>• <u>Include information about other lines of business as part of the inbound script. However, scripts can ask if the caller would like to receive information about other lines of business offered by the organization.</u></li> <li>• <u>Direct the caller to the enrollment area, unless specifically requested by the caller.</u></li> </ul> <p><u>Informational inbound telephone scripts must be submitted for review and approval as an entire script, talking points, or bullet points. If scripts are submitted as talking points or bullet points, the material must clearly delineate acceptable language and practices from prohibited language and practices. In developing and submitting scripts, Plans must:</u></p> <ul style="list-style-type: none"> <li>• <u>Include the purpose of the script on the transmittal form (e.g., advertising, benefit information, post-enrollment information, or situational responses).</u></li> <li>• <u>Include a contracting statement, but cannot use language that implies that they are endorsed by Medicare or are answering on behalf of Medicare.</u></li> <li>• <u>Include all required language contained in the marketing guidelines that is appropriate to the purpose of the script (e.g., pre-enrollment scripts must have all required pre-enrollment language).</u></li> <li>• <u>Include a privacy statement clarifying that the beneficiary is not required to give any information</u></li> </ul>		

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p><u>other than contact information to the CSR and that the information provided will not affect the beneficiary's ability to enroll in the Plan.</u></p> <ul style="list-style-type: none"> <li>• <u>Use verbal responses to questions that follow the same guidelines required for similar printed materials in the same situation.</u></li> <li>• <u>Provide TTY numbers in conjunction with all other phone numbers.</u></li> <li>• <u>Include a greeting that can be delivered by either a Customer Service Representative (CSR) or an Interactive Voice Response (IVR). Greetings must:</u> <ul style="list-style-type: none"> <li>○ <u>Clearly state the Plan name, the name of the programs being represented, and a brief description of the Plan (e.g., Prescription Drug Plan, a Medicare Advantage plan, etc.). If voice prompts are used for this purpose, all choices and access directions must be clearly stated. Options should include a re-play option and an opt-out to a CSR option. In addition, an after-hours voice mail prompt must be provided.</u></li> <li>○ <u>Provide options to access general information, enrollment information, or customer service. These options can be provided by either a CSR or an IVR. These options must be made available immediately after the plan name announcement. Under no circumstances can callers be connected directly to an enrollment specialist.</u></li> </ul> </li> </ul>		

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<ul style="list-style-type: none"> <li>○ <u>Repeat the option that is selected by the caller (e.g., “Thank you for selecting general information” or “I can help you with general information”). If an IVR is used, opt-out options must be noted immediately after this announcement (e.g., “If this is not the information you want, press or say 1 to return to the main menu. Or, if you would like to speak to a customer service representative, press or say 4”).</u></li> <li>● <u>Clearly request the caller’s consent when advocating follow-up calls. Use of phrases such as “would you like” or “may we” are acceptable. Phrases such as “we will” are not acceptable.</u></li> <li>● <u>Use the appropriate disclaimer preceding Value-Added Items (VAIS) information; if applicable (see Section 10, Relationship of VAIS and Services to Benefits and Other Operational Considerations).</u></li> <li>● <u>Always close by offering to send follow-up materials (published information). Directing callers to the plan’s Web site is optional.</u></li> </ul>		
NEW	142-143	11. Guidelines for Promotional Activities	Enrollment via Inbound Telephone (B, E)	<p>Insert new section following Informational Inbound Telephone Scripts (A):</p> <p><b><u>Enrollment via Inbound Telephone (B, E)</u></b></p> <p><u>Beginning November 15, 2005, PDP, MA, and MA-PD organizations are allowed to conduct inbound telephone</u></p>	NEW	11/1/05

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p><u>enrollment with scripts and enrollment tools that have been submitted to CMS or its designee for review and which have received approval.</u></p> <p><u>MA, MA-PD and PDP organizations can enroll all eligible individuals via an inbound call. Enrollment scripts, forms, and processes must follow the guidance provided by CMS. MA and MA-PD organizations must follow the guidance provided in the October 5, 2005 CMS memo updating enrollment policy for Chapter 2 of the Medicare Managed Care Manual (note that this guidance will be incorporated into Chapter 2, Section 40.4.1 in a future update to Chapter 2). PDP organizations must follow the guidance provided in Section 30.1.3 of the PDP Eligibility, Enrollment and Disenrollment Guidance.</u></p> <p><u>Plans are not permitted to:</u></p> <ul style="list-style-type: none"> <li>• <u>Conduct outbound telephone enrollment.</u></li> <li>• <u>Transfer outbound calls to inbound lines for enrollment.</u></li> <li>• <u>Market or enroll other lines of business as part of the enrollment script.</u></li> <li>• <u>Request or collect credit card numbers or bank account information for any purpose during the enrollment call.</u></li> </ul>		

Original Page(s)	New Page	Section and Title	Heading	Change	Type of Change	Date of Change
				<p><u>Telephone enrollment scripts must be submitted for review and approval as an entire script, talking points, or bullet points. If scripts are submitted as talking points or bullet points, the material must clearly delineate acceptable language and practices from prohibited language and practices. In developing and submitting scripts, Plans must:</u></p> <ul style="list-style-type: none"> <li>• <u>Clearly state that the individual is enrolling into [Plan Name].</u></li> <li>• <u>Provide question(s) that requires the beneficiary to acknowledge receiving and reviewing pre-enrollment materials.</u></li> <li>• <u>Include all requirements for post-enrollment marketing materials.</u></li> <li>• <u>Include, at minimum, all required elements from the appropriate model enrollment form, as well as verbal attestation of intent to enroll.</u></li> <li>• <u>Close with:</u> <ul style="list-style-type: none"> <li>○ <u>A summation of the program that the beneficiary has enrolled in;</u></li> <li>○ <u>A statement that enrollment will be confirmed by CMS and the beneficiary will receive a confirmation letter in the mail;</u></li> <li>○ <u>Contact information for questions including toll free telephone and TTY/TDD numbers.</u></li> </ul> </li> </ul>		