
CMS Manual System

Pub. 100-16 Medicare Managed Care

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 93

Date: June 4, 2010

SUBJECT: Chapter 3.” Medicare Marketing Guidelines”

I. SUMMARY OF CHANGES: As part of CMS’ implementation of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, CMS has revised the Medicare Marketing Chapter to include the latest provisions in the current guidance. In addition, we are also providing clarification to the existing guidance. This revision replaces Chapter 3, “Medicare Marketing Guidelines for Medicare Advantage, Medicare Prescription Drug Plans, Prescription Drug Plans and 1876 Cost plans” with a new revised Chapter 3. This chapter contains revisions in most of the sections within the manual chapter, however, there are some sections that have not been revised, but are included in this instruction as well.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: June 4, 2010

IMPLEMENTATION DATE: June 4, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/ Table of Contents
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R	3/ 20/Definitions
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R	3/30/30.2 /Co-branding Requirements
R	3/30/30.2.1/ Co-branding with Network Providers
R	3/30/30.2.2/ Co-Branding with State Pharmaceutical Assistance Programs (SPAP)
R	/30/30.3/ Provider Name in Plan’s Name or Downstream Entity’s Name
R	3/30/30.4/ Use of Data from Medigap Issuers
R	3//30/30.5/ Plan Sponsors Responsibility for Subcontractor Activities and Submission of Mateirals for CMS review
R	3/30/30.5/30.5.1/ Multiple Organization Marketing Pieces Created by Agents
R	3/30/30.6/ Anti-Discrimination
R	3/30/30.7/ Requirements for Plan Sponsors with Non-English Speaking Populations or Populations with Special Needs

R	3/30/30.9/ Required Materials in Enrollment Kit
R	3/30/30.10/ Required Materials for New and Renewing Members at Time of Enrollment and Annually Thereafter
R	3/30/30.12/ Hold Time Messages
R	3/30/30.14/ Referral Programs
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R	3/40/40.1/Marketing Material Identification Number
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R	3/40/40.6/ Statements Related to Claim Forms and Paperwork
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R	3/40/40.8/ Identification of All Plans in Materials
R	3/40/40.9/Marketing to Beneficiaries of Non-Renewing Medicare Plan
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R	3/40/40.14.6/ Multiple Lines of Business- Non-Benefit/Service-Providing Third Party Marketing Materials
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R	3/40/40.16/ Standardization of Plan Name Type
R	3/50/ Marketing Material Types and Applicable Disclaimers
R	3/50/50.1.1/ Guidance and Disclaimers Applicable to Explanatory Materials
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R	3/50/50.1.3/ Disclaimers When Benefits Are Mentioned
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R	Appendix 1/ Summary of Benefits
R	Appendix 3/ Plan Sponsor Website Chart

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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IV. ATTACHMENTS:

	Business Requirements
x	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**