



Medicare-Medicaid Plan (MMP) Marketing Training



*Medicare-Medicaid
Coordination Office*

*Centers for Medicare
& Medicaid Services*

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MMP Marketing Training Overview

- General Marketing Requirements Overview
- MMP-Specific Marketing Requirements
- The HPMS Submission and Review Process



***General Marketing
Requirements Overview***

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Medicare Statutory Requirements

Social Security Act:

- Section 1852(c) – Medicare Advantage Disclosure Requirements
- Section 1860D-4 - Part D Dissemination of Information Requirements
- Section 1851(h) - Approval of Marketing Material and Application Forms
- Section 1851(j) - Marketing Prohibitions and Limitations

Medicare Regulations

- 42 CFR 422.111 - MA Disclosure Requirements
- 42 CFR 422 Subpart V - MA Marketing Requirements
- 42 CFR 423.128 - Dissemination of Part D Plan Information
- 42 CFR 423 Subpart V - Part D Marketing Requirements
- 42 CFR 422.2260 and 423.2260 – Definition of Marketing Materials

Marketing Guidance

- Medicare Marketing Guidelines (MMG), Chapter 3 of Medicare Managed Care Manual and Chapter 2 of the Prescription Drug Benefit Manual
- 3-way Contract
- Demonstration-Specific Marketing Guidance by State
- Demonstration-Specific Model Marketing Materials by State
- Annual Call Letters
- Health Plan Management System (HPMS) memoranda
- HPMS Users Guide
- CMS Training, Reports

Medicare Marketing Guidelines

Marketing Definition

- What is marketing?
 - Definition: Marketing is 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.
 - Guiding principles
 - Examples

Marketing Materials Definition

- Marketing materials are any materials targeted to Medicare beneficiaries that:
 - Promote the plan sponsor, or any MA plan, MA-PD plan, section 1876 cost plan, or PDP offered by the plan sponsor.
 - Inform Medicare beneficiaries that they may enroll, or remain enrolled in, an MA plan, MA-PD plan, section 1876 cost plan, or PDP offered by the plan sponsor.
 - Explain the benefits of enrollment in an MA plan, MA-PD plan, section 1876 cost plan, or PDP or rules that apply to enrollees.
 - Explain how Medicare services are covered under an MA plan, MA-PD plan, section 1876 cost plan or PDP plan, including conditions that apply to such coverage.

Marketing Guiding Principles (Section 10)

- Plan sponsors are responsible for ensuring compliance with CMS' current marketing regulations and guidance, including monitoring and overseeing the activities of their subcontractors, downstream entities, and/or delegated entities.
- Plan sponsors are responsible for full disclosure when providing information about plan benefits, policies, and procedures.
- Plan sponsors are responsible for documenting compliance with all applicable MMG requirements.

Marketing Definition Examples (Section 10)

- General circulation brochures, direct mail, newspapers, magazines, television, radio, billboards, yellow pages or the Internet
- Scripts or outlines for telemarketing or other presentation materials
- Presentation materials such as slides, charts
- Membership rules, subscriber agreements, member handbooks and wallet card instructions
- Communications about contractual changes, and changes in providers, premiums, benefits, plan procedures, etc.
- Membership activities, (e.g., plan policies, procedures, rules involving non-payment of premiums, confirmation of enrollment or disenrollment)
- Employees, independent agents or brokers, or other similar type organizations activities that are contributing to the steering of a potential enrollee toward plans

Materials Not Subject to Review (Section 20)

- Privacy notices
- OMB forms
- Press releases that don't include any plan specific information
 - e.g., benefits, premiums, co-pays, etc.
- Member newsletters, unless sections are used to enroll, disenroll, and communicate benefits with members
- Blank letterhead/fax cover sheets

Materials Not Subject to Review (Cont.)

- General health promotion materials that don't include MMP related information
- Non-Medicare/Medicaid beneficiary specific materials-billing statement, ID number incorrect notice
- Sales/marketing representative recruitment and training documents
- Medication therapy management materials
- Ad hoc enrollee communication materials
- Materials used at education events for the education of beneficiaries and others

Materials Not Subject to Review (Cont.)

- Coordination of benefits notifications
- Health risk assessments
- Mail order pharmacy election forms
- Member surveys
- Communicating preventive services to members
- Mid-year enrollee notifications

Limitations on Distribution of Marketing (Section 30.1)

- Cannot advertise outside of service area
- Where unavoidable must disclose service area
 - Broadcasting
 - Print media
- When changes or corrections to materials
 - Correct for prospective enrollees
 - May need to send errata sheets

Plan Sponsor Responsibilities for Subcontractors (Section 30.5)

- Plans responsible for all marketing materials used by their subcontractors
- Plans must submit subcontractor marketing materials for review and approval
- Plans will be held accountable for subcontractor failure to comply with marketing guidelines

Marketing ID Number (Section 40.1)

- Marketing materials must have an unique ID number
- ID consists of two parts:
 - Contract number followed by an underscore _
 - Any series of alpha-numeric characters
- Followed by status of approved, pending, or accepted
- Exceptions - ID card, envelopes, radio ads, outdoor ads, banners, social media posts

Other Marketing Requirements

- Font Size (Section 40.2)
- Hours of Operation (Section 40.8)
- Agents/Brokers (Section 120)- if applicable
- Use of TTY Numbers (Section 40.9)
- Materials Included w/ Required Post-Enrollment Materials (Section 40.10)
- Standardization of Plan Name Type (Section 40.13)

Other Marketing Requirements (Cont.)

- Using different media types (Section 40.12)
 - Must obtain consent prior to use
 - Must specify media type and documents sent
- Telephone activities and scripts (Section 80)
 - Customer service call center requirements (Section 80.1)
 - Scripts (Section 80.2-80.5)
- Template materials (Section 90.8)

Marketing Website Requirements (Section 90.2.2)

- Submit via website links in Word document
- Reviewer must review site as displayed in marketplace
- Screenshots not acceptable
- Once site approved, for any changes, submit a link to only changed site pages using unique marketing ID number
- Site may be public during review period
 - Include status of “pending” on site

Website Requirements (Section 100-100.2 Cont.)

- Sites maintained through December 31 each year
- No marketing for following contract year until October 1
- Web address must link directly to MMP program
- Maintain separate section of site for MMP

Website Requirements (Section 100-100.2 Cont.)

- Must Include:
 - All required disclaimers
 - Customer service number
 - hours of operation
 - TTY number
 - Physical address or PO Box
 - Date stamp at bottom of each page when last updated
- Notify when leaving MMP section of site
 - Ex. pop-up warning

Website Requirements (Section 100-100.2)

- Clearly label links
- Post links to actual marketing materials and include marketing ID rather than copying content
 - Summary of benefits (SB), formulary, pharmacy/provider directory
- Post all required translations
- Post all required content and documents (Section 100.2, 100.2.1, 100.2.2)
- Online provider directory (Section 100.4)
- Formulary and utilization management requirements (Section 100.5)

Part D Explanation of Benefits (EOB)

- Must be sent by the end of the month following the month in which enrollee used his/her prescription drug benefit
- If don't use model, must contain all model information and follow instructions
 - <http://cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html>

Surveillance Activities in MMP Service Areas

- In addition to current surveillance activities, CMS will implement State-specific surveillance plans in MMP service areas
- Focus on compliance with demonstration marketing requirements and marketplace trends
- This surveillance will include:
 - Secret shopping of Formal Marketing events
 - Clipping service to review advertisements in the marketplace
- Investigation of complaints received



***Medicare-Medicaid Plan (MMP)
Marketing Requirements***



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MMP Marketing Guidance

- Marketing requirements determined jointly by CMS and State
 - Standards to be at least as stringent as those applicable to Part D and Medicare Advantage plans under the Medicare Marketing Guidelines (MMG)
- Marketing guidance for each State implementing a demonstration
 - Based on MMG, MOU, and contract
 - Focuses on differences compared to MMG and additional State requirements

MMP Marketing Guidance (cont.)

- MMP-specific models developed for at least the following required documents:
 - Annual Notice of Change
 - Evidence of Coverage/Member Handbook
 - Summary of Benefits (SB)
 - Comprehensive formulary
 - Provider and pharmacy directory
 - Single ID card
 - Enrollment forms, as applicable to plan
 - Welcome letter for passively enrolled individuals
- Models to be further customized by each State
- Part D requirements unchanged under the demonstration
- Part D model materials (e.g., transition letter, Part D EOB, excluded provider letter) available

Marketing Review Team

- Contract Management Team (CMT)
 - Medicare regional office staff
 - CMT representative
 - Marketing Reviewer
 - Caseworker
 - Medicaid regional office staff
 - State staff

Marketing Review Process

- All marketing submitted in HPMS
 - HPMS Users Guide-
Monitoring/Marketing/Documentation/
Users Guide
- Must comply with MMP and Marketing requirements
- MMP State-specific marketing codes
 - Category 15,000
- Indicate if use of model in comments
- Must correct any errors or changes

Marketing Review Process

- File & Use Process
 - Must submit at least 5 calendar days prior to use
- Review process
 - Prospectively reviewed materials are reviewed by designated marketing reviewers
 - May conduct retrospective reviews
- Review Timeframes
 - 10 day review - Models without modification
 - 45 day review - Non-models or models with modification
 - Deeming - Waived for joint reviews and state-only reviews

Determining One-sided or Joint Review

- Joint review process except for:
 - Categories of materials that only the State or CMS will review
- Review HPMS submission code
- Use HPMS marketing code look up functionality in marketing module
- Submission code will indicate if one-sided or joint review

One-Sided Marketing Reviews

- Examples of one-sided reviews
 - CMS - Part D appeals/grievance notices (MA)
 - State – Advertising (MA)
- Deeming continues for CMS one-sided reviews

Joint Marketing Reviews

- Deeming waived per State MOU
- Marketing still reviewed timely
- Concurrent reviews with State

Material Dispositions in HPMS

- Approved
- Disapproved
- Withdrawn
- Resubmitting previously disapproved documents
 - Indicate any changes

Enrollment Differences

- Passive enrollment allowed subject to beneficiary protections
- Passive enrollment systems designed to maximize continuity of existing relationships and account for benefits and formularies

Enrollment Differences (cont.)

- In 2013 states, independent state enrollment broker handling enrollment/ disenrollment actions (except for San Mateo and Orange counties in CA)
 - In general, no enrollment/disenrollment notices sent by plans
 - Exception - Welcome Letter for Passively Enrolled Individuals
 - No enrollment/disenrollment notices submitted in HPMS when these functions are delegated to the State
 - Enrollment broker will use state-specific model enrollment notices
- No outbound enrollment verification requirement in states that don't permit enrollments by independent or plan-employed agents/brokers

Marketing Requirements Prior to Contract Effective Date

- MMPs permitted to begin marketing no sooner than 90 days prior to enrollment
 - May be less on a state-by-state basis
- Required pre-enrollment materials for opt-in enrollees:
 - Formulary
 - Combined Provider/Pharmacy Directory
 - ID Card
 - Member Handbook (EOC)

Initial Marketing Requirements

- Required pre-enrollment materials for passively enrolled individuals:
 - Welcome letter
 - Formulary
 - Combined Provider/Pharmacy Directory
 - Summary of Benefits
 - ID Card
 - Member Handbook (EOC)

Ongoing Marketing Requirements

- Annual requirements:
 - Formulary
 - Member Handbook (ANOC/EOC) or ANOC and SB – by September 30
 - Member Handbook (EOC) – by December 31 (if EOC not sent by September 30)
- ID Card - as requested
- Pharmacy/Provider Directory – every three years (plus change pages as needed)

Other Proposed MMP Marketing Differences

- Plan ratings requirements don't apply – plans too new to measure in CY 2013 and CY 2014
- Information with customer service numbers – requires addition of enrollment broker hours
- Modified disclaimers
- Some states may not permit the use of independent agents or brokers:
 - MA, IL, OH
- Call centers – permissible use of alternate phone technology

Other Proposed MMP Marketing Differences (cont.)

- State translation and multi-language insert requirements often more stringent so they apply in lieu of Medicare standards
 - HPMS material language look-up provides applicable translation standard
 - CMS will translate some key materials (ANOC/EOC, SB, directory, and formulary) into Spanish
- Some States not allowing nominal gifts

Additional Resources

- Financial Alignment Initiative Web Page:
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsinCareCoordination.html>

Additional Resources

- Draft Massachusetts marketing guidance

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/CY2013DraftMarketingGuidancefor20MAHPMS032913.pdf>

- Massachusetts marketing codes and models

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MAMMPModelsandCodesHPMSMemoFinal042413.pdf>

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/ModelMarketingMaterialsforMassachusettsMedicareMedicaidPlans.zip>

- April 10, 2013 HPMS memo: “Translation Requirements for CY 2013 Medicare-Medicaid Plans”

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/CY2013MMPTranslationHPMSMemoFinal041013.pdf>

Questions??

- Send marketing questions to marketing@cms.hhs.gov
- Send demonstration-specific questions to CMS MMCOCapsmodel@cms.hhs.gov
- Send questions about HPMS to HPMS@cms.hhs.gov