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General Marketing Questions

Number	Question	Response
1.	There are several instances within the CY 2014 MMG where verbiage was changed from "must" to "expected to." How does CMS expect Plans/Part D Sponsors to interpret this guidance?	CMS' policy has not changed. Plans/Part D Sponsors must continue to meet the requirements in Parts 417, 422, and 423 of Title 42 of the Code of Federal Regulations. In parts of the CY 2014 MMG, CMS provides guidance as to how Plans/Part D Sponsors are expected to meet these requirements.
2.	When does the CY 2014 MMG become effective?	The CY 2014 MMG was effective as of June 28, 2013 for all CY 2014 marketing materials and activities. It will be issued as Chapters 3 and 2 of the Medicare Managed Care Manual and the Prescription Drug Benefit Manual, respectively.
3.	Why was the File & Use certification form removed from the MMG?	The information is included in the Medicare Advantage (MA) Coordinated Care Plan (CCP) contract. The requirement didn't change.



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Section 30 – Plan/Part D Sponsor Responsibilities

Number	Question	Response
1.	Is the Plan's/Part D Sponsor's customer service number required when an agent's number is listed on material?	No. The Plan's/Part D Sponsor's customer service number is not required on materials where an agent's number is listed. This helps address situations in which agents who represent a number of different Plans/Part D Sponsors would have to list many numbers, which could potentially frustrate beneficiaries as they try to determine which one to call.
2.	The CY 2014 MMG indicates that co-branding relationships must be entered into HPMS before marketing the relationship. Where can Plans/Part D Sponsors enter co-branding relationships in HPMS?	Instructions for entering co-branding information in HPMS can be found in the "Bid Submission Users' Guide." Please note that Plan/Part D Sponsor marketing staff may not have access to the Bid Submission Functions in HPMS. Therefore this may have to be entered by the Plan/Part D Sponsor benefit/bid staff.
3.	If a Plan/Part D Sponsor meets the 5% language threshold, what materials must be translated?	The materials that are required to be translated in areas that meet the 5% language threshold are found in sections 30.6, 30.7, and 30.10 of the MMG.
4.	Are Plans/Part D Sponsors that meet the 5% language threshold required to translate ID cards?	No. Per section 30.5 of the MMG, ID cards are excluded from the translation requirement.
5.	Do hold time messages have to be submitted in HPMS?	Hold time messages that include information specific to the Plan's/Part D Sponsor's benefits and services must be submitted in HPMS.
6.	Are agents' business cards required to be submitted for review?	Per section 30.7, materials created by agents or brokers that mention plan specific benefits must be submitted to CMS. Therefore, if a business card mentions plan specific benefits, and then it must be submitted. Business cards that do not mention plan specific benefits do not need to be submitted to CMS.



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7.	If multiple materials are packaged together, does the multi-language insert need to be included more than once?	No. The multi-language insert must be included with the SB, ANOC/EOC, and the Enrollment form when distributed separately, but only one multi-language insert must be included when these documents are packaged together.
8.	Can a Plan/Part D Sponsor with an overall star rating of more than 3 stars target marketing towards members of a low performing plan and encourage them to use a special enrollment period to switch to a higher rated plan?	No.
9.	Can Plans/Part D Sponsors send a postcard to all members in a household notifying that one set of materials will be mailed to the household as opposed to each individual member in the household, unless the Plan/Part D Sponsor is notified otherwise?	No. A Plan/Part D Sponsor can send a postcard asking the beneficiary to specify his/her preference for receiving information. If all beneficiaries in the household agree to one set of materials being sent, the Plan/Part D Sponsor may then send one set of materials. Each beneficiary must receive their own materials until consent is expressly given.
10.	If a Plan/Part D Sponsor does not have a star rating because it is too small, does it still have to reference its star rating?	No.



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Section 40 – General Marketing Requirements

Number	Question	Response
1.	What is the difference between "Approved" and "Accepted" statuses?	The status "Approved" indicates that a material has been prospectively reviewed by CMS or has been deemed. The status of "Accepted" indicates that a material was submitted through File & Use and was "Accepted" on the 5th calendar day based on the initial HPMS submission date. Accepted materials are reviewed retrospectively.
2.	What materials does CMS mandate be available in alternate formats (e.g., large print, CDs) and languages other than English?	CMS requires that the marketing materials identified in sections 30.6, 30.7, 30.10, and the Part D Transition Letters be available in any language that is the primary language of at least five (5) percent of a Plan/Part D Sponsor's plan benefit package service area. In addition, Plans/Part D Sponsors must be able to accommodate individuals with severe or disabling chronic conditions.
3.	Can physicians provide endorsements for the Plan/Part D Sponsor?	No. Physician and health care provider endorsements/testimonials not permitted, per section 40.5.
4.	Can Plans/Part D Sponsors send the ANOC electronically with consent from the member?	Yes. Plans/Part D Sponsors can send the ANOC electronically once it has obtained consent from the member.
5.	Can Plans/Part D Sponsors combine the mailing of other marketing materials to members at the same address (e.g., newsletters, postcards)?	Yes. Plans/Part D Sponsors can combine the mailing of other marketing materials with express consent from members to do so.
6.	Is plan type required to be listed after the Plan/Part D Sponsor name?	Yes. Per section 40.10, plan type label is required to be placed at the end of Plan/Part D Sponsor name.



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7.	If an MAO offers PPO, HMO, PDP, and HMO_SNP and occasionally creates materials that are generic and apply to all plans, can these be submitted using the MCE number?	Yes. Plans/Part D Sponsors with multiple MA/PDP plans are permitted to use MCE numbers.
8.	CMS added the following to Section 40.1: "Please note that 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." Often when developing marketing materials, it is useful to use a placeholder (e.g., CMS Approved xx-xx-xxxx) to ensure the marketing ID can be updated without reformatting after approval/acceptance. Can Plans/Part D Sponsors continue to include a placeholder in the files that are uploaded into HPMS?	Plans/Part D Sponsors may use placeholders for marketing IDs in their marketing materials. For prospective reviews, Plans/Part D Sponsors may not use the term "approved" in the placeholder. However, for File & Use, Plans/Part D Sponsors may use the term "accepted" in the placeholder.
9.	If a Plan/Part D Sponsor has a document in English, would the Non-English version have the same Material ID?	No. The Material ID for non-English materials should be unique; it should not be the same number as the English version.



Section 50 – Marketing Material Types and Applicable Disclaimers

Number	Question	Response
1.	Section 50.1 states that enrollment in [Plan's/Part D Sponsor's legal or marketing name] depends on contract renewal. Does this have to be part of the disclaimer?	Yes.
2.	In previous guidance CMS provided example language for the Federal Contracting Statement. In the recently released MMG, CMS only gave one example of a Federal Contracting Statement. Should we continue using the statements contained in last year's guidance?	This year's disclaimer requirement is clarified to include the language on contract renewal as per 42 C.F.R. §§422.2264(c) and 423.2264(c). Plans/Part D Sponsors may use the examples from last year. However, Plans/Part D Sponsors must develop disclaimer language understandable to the enrollee (i.e., plain language) that acknowledges that enrollment is conditional on contract renewal or termination of the contract.
3.	If a Plan/Part D Sponsor has existing marketing materials that will have no changes, can we use the material accepted/or approved last year with the old contracting statement?	CMS expects Plans/Part D Sponsors to begin using the revised contracting disclaimer as quickly as possible. Plans/Part D Sponsors may use existing marketing materials with the old disclaimer until December 31, 2013. All marketing materials must have the correct disclaimer beginning January 1, 2014.
4.	90.8.2 Newly lists Federal Contracting Statement as an exempt variable. Does this mean Plans/Part D Sponsors can file materials with Federal Contracting Disclaimer as a placeholder <Federal Contracting Statement> and the field is exempt from resubmission once populated?	Yes. The Federal Contracting Disclaimer is a variable data field that is exempt from the template resubmission requirement.
5.	Do Plans/Part D Sponsors have to include disclaimers on model documents if the model does not already include them?	No. However, if a model does not include disclaimers, Plans/Part D Sponsors may include appropriate disclaimers with no other modifications.
6.	Do disclaimers, including the Federal Contracting Disclaimer, need to be included on generic sales agent materials	Materials that only indicate the products an agent sells are not required to be submitted to CMS. In this instance, the disclaimers in



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	that do not mention any Plan/Part D Sponsor names (even if they mention Medicare Advantage)?	section 50, including the Federal Contracting Disclaimer, are not required. However, materials that list specific Plan/Part D Sponsor information must be submitted for CMS review and include the applicable disclaimers in section 50.
7.	CMS develops the star rating document as a PDF; however CMS requires Plans/Part D Sponsors to add the Federal Contracting Disclaimer. Can CMS consider releasing this as a Word document to allow Plans/Part D Sponsors to add the Federal Contracting Disclaimer?	For 2014, Plans/Part D Sponsors will have an option to include the Federal Contracting Disclaimer on the star rating document. CMS will consider the suggestion to provide a Word document.
8.	Do we have to use the alternate language disclaimer in model materials and scripts?	No. However, Plans/Part D Sponsors may choose to include the disclaimer with no other modifications to the model document. Please note the disclaimer in 50.4 is required on non-model materials in service areas that meet the 5% language threshold.
9.	Are you required to resubmit all pieces in use when adding the required disclaimers?	CY 2014 materials already submitted without the updated disclaimer language do not have to be resubmitted for that reason alone.
10.	For the Federal Contracting Disclaimer, can Plans/Part D Sponsors use "Medicare Advantage Organization" instead of the type of plan (e.g., HMO, PPO, PFFS)?	Yes. Plans/Part D Sponsors may refer to all of their combined plan types as Medicare Advantage, if applicable.
11.	We have several marketing pieces that will advertise our HMO, PPO, MSA plans in one document. Can we combine these into one Federal Contracting Statement?	Plans/Part D Sponsors may combine the plan types where appropriate on new submissions.
12.	What is the CMS interpretation of "prominently" as it relates to Mailing Statements?	"Prominently" means that the disclaimer should be highly visible on the front of the envelope or through the window. All text on materials should be printed with a 12-point equivalency or larger than Times New Roman 12. Note that CMS does not



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		prohibit the placement of the logo, name, or disclaimer in an envelope window. Plans/Plan Sponsors should make sure to comply with the United States Postal Services guidelines.
13.	The health and wellness mailing statement changed from "Health or wellness" to "Health and wellness." Can Plans/Plan Sponsors use existing stock and, once exhausted, print envelopes with the "and" version of the statement?	Yes. Plans/Plan Sponsors may use existing stock until exhausted.
14.	Do the requirements on mailing statements apply to the Plan's/Part D Sponsor's delegated provider network or other entity where the Plan/Part D Sponsor delegates administrative functions or benefits (e.g., Dental, Hearing, Vision, acupuncture benefits)?	Yes. Any delegated or sub-contracted entities and downstream entities that conduct mailings on behalf of a Plan/Part D Sponsor must comply with the mailing statement requirement in section 50.16 of the MMG.
15.	The example in 50.1 of the Medicare Marketing Guidelines does not include an option that highlights a contract with Medicaid. Do D-SNP Plans still need to include information in their Federal Contracting Statement about contracts with the State Medicaid Program?	Yes. Section 50.1 was modified to be less prescriptive in order to give plans more flexibility in wording the disclaimer. However, the guidelines still state that "The statement 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)." So, if a Plan/Part D Sponsor has a contract with the State Medicaid program, it should be reflected in the contracting statement.
16.	If a D-SNP Plan has \$0 cost-share, can the Plan conclude that the disclaimer in MMG 50.6 would not apply to its marketing materials? It states, "[premiums], [co-pays], [co-insurance], and [deductibles] may vary based on the level of Extra Help you receive. Please contact the plan for further details."	No. D-SNP Plans with a \$0 cost-share must use the disclaimer because there may be some beneficiaries who lose their Medicaid eligibility. Not all \$0 cost-share D-SNPs are continuing coverage for people who have lost Medicaid eligibility at zero cost.
17.	In Section 50.13.1, what does the term "Third Party" mean?	Third parties are non-benefit/non-health service providing entities that do not have a



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		direct contract with CMS.

Section 60 – Required Documents

Number	Question	Response
1.	Please clarify if Plans/Part D Sponsors have to comply with HPID requirements now.	No. Plans/Part D Sponsors are not required to comply with the HPID and machine-readable technology requirements. However, as of August 2013, Plans/Part D Sponsors are expected to comply with the ID requirements in the MMG, section 60.2.3, and the NCPDP/WEDI standards.
2.	If Part D Sponsor Pharmacies are included in the comprehensive Provider Directory, do we still need to produce a separate Pharmacy Directory?	No. Per MMG section 60.4, MA-PD plans and section 1876 cost plans that offer prescription drug coverage may combine the model provider and model pharmacy directories in one document; this is not considered a modification to the model, as long as no other changes are made.
3.	Please define "front and back cover pages" as it relates to 60.4.1 and 60.5.1.	Part D Sponsors are required to include contact information in formularies and pharmacy directories on the first and last pages of the documents.
4.	What is CMS' stance on Plans/Part D Sponsors who choose to mail provider directories every 3 years as opposed to every year? Are there additional measures the Plans/Part D Sponsors must take if they choose not to send annually?	No additional measures must be taken. Per MMG 60.4, Plans/Part D Sponsors must send a Provider and Pharmacy Directory (as applicable) at the time of enrollment and at least every three years after that. Additionally, Plans/Part D Sponsors must make directories available upon beneficiary request and ensure that websites contain current directories at all times.
5.	If directories are combined (Provider/Pharmacies) can we include disclaimers for pharmacy on cover/back page of the pharmacy section instead of cover and back page of combined document?	Yes. We generally do not specify where disclaimers must appear provided the disclaimer is prominent.
6.	Can Plans/Part D Sponsors include the LIS, formulary, and provider directory in	Yes. According to the ANOC/EOC instructions, these items can be included in



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	the ANOC/EOC mailing?	the mailing. Please refer to the 2014 ANOC/EOC instructions document posted in the link 2014 Model Materials: http://cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketingModelsStandardDocumentsandEducationalMaterial.html .
7.	Can Plans/Part D Sponsors use a read receipt as documentation of mailing ANOC materials electronically if a member has requested to receive these materials through email?	Yes. Email confirmation is acceptable.
8.	Do Plans/Part D Sponsors need to post the ANOC to their websites?	Yes. Plans/Part D Sponsors do need to post the ANOC to their website. Section 100.1 of the MMG requires translated material to be posted on the website and that includes the ANOC/EOC in section 30.7. CMS expects the English version to be consistent with the translated version.
9.	Can the Plan/Part D Sponsor include in the ANOC Mailing the current OHI (Other Health Insurance) COB record specifics for a member using the Model Letter for Reporting Other Coverage to communicate the COB information on the required annual basis to each enrollee?	No. Plans/Part D Sponsors may not include any additional materials with the ANOC/EOC mailing other than what is allowed in the ANOC/EOC instructions. Please refer to the instructions posted with the ANOC/EOC templates.
10.	Can Plans/Part D Sponsors include a sentence in addition to the required disclaimer on their ANOC/EOC envelope to get member's attention of the importance of opening the piece?	No. Per MMG 50.16, Plans/Part D Sponsors may not modify these mailing statements and must use them verbatim.
11.	Can you please indicate where the CY 2014 model formulary documents are available?	You can find the formulary and all the other model documents unique to Part D on the Part D Model Marketing website: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html . The materials applicable to all Plans/Part D Sponsors, as well as those unique to Part C, are available at: http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/MarketingModelsStandardDocumentsandEducationalMat



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12.	What is an example of a Formulary enhancement?	<p>erial.html</p> <p>Because some Part D marketing materials involve other policy areas, CMS suggests that if Part D Sponsors cannot find an answer about formulary drugs in the marketing materials, they may look at policy sources, including chapter 6 of the Prescription Drug Benefit Manual, Part D Drugs and Formulary Requirements (available at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html) for issues related to formularies and change notices. Regarding the request for examples of formulary enhancements, section 30.3 of PDBM chapter 6 discusses formulary related changes, while section 30.3.3.1 specifically details the policies related to formulary changes. As noted in that section, Part D sponsors may expand formularies by adding drugs to their formularies; reduce copayments or coinsurance by placing a drug on a lower cost-sharing tier, or delete utilization management requirements at any time during the contract year. These types of changes would be consistent with a formulary enhancement.</p>
13.	Is the advanced notice to beneficiaries that will be impacted by a formulary change required to be submitted in HPMS as a marketing material?	<p>No. Section 30.3.4 of chapter 6 of the Prescription Drug Benefit Manual, Part D Drugs and Formulary Requirements, requires sponsors to provide 60 days advance written notice of changes as specified. This requirement is specific to particular enrollees and this notice is not submitted as a marketing material. Please note that the 60 days advance notice is separate and cannot substitute for information regarding changes that must be provided in marketing documents (formularies and explanation of benefits).</p>



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Section 70 – Promotional Activities, Rewards, Incentives, Events, and Outreach

Number	Question	Response
1.	Does the Provider Affiliation Information guidance apply to materials being distributed by the Plan/Part D Sponsor? For example, a letter that says "XX hospital is now in our network."	Yes. Although the guidance at 70.11.2 only refers to providers announcing affiliations, CMS permits Plans/Part D Sponsors to announce affiliations in accordance with the requirements at 70.11.2.
2.	How should Plans/Part D Sponsors submit materials about a provider affiliation for CMS review?	If a Plan/Part D Sponsor is just announcing a provider affiliation and not discussing benefits, the material is not subject to CMS review. If an advertisement includes benefit information, then it must be submitted in HPMS as File & Use.
3.	Can Plan's/Part D Sponsor's sales flyers include the logo of a provider group?	Whether the logo can be displayed depends on the relationship with the provider. If the Plan/Part D Sponsor has a co-branding relationship, logos may be used on sales flyers, in accordance with Sections 30.2, 30.2.1, and 50.9. If the Plan/Part D Sponsor does not have a co-branding relationship, the provider may only announce newly affiliated providers within the first 30 days of the new contract agreement per section 70.11.2.
4.	If the provider affiliation material lists the Plan/Part D Sponsor name and its star rating, does the material need to be filed in HPMS?	Yes. Please see section 70.11.2 of MMG.
5.	Can you have marketing materials (like product brochures) in a waiting room?	Yes. Plans/Part D Sponsors may provide materials for providers to display posters or other materials in common areas such as the provider's waiting room.
6.	Where can Plans/Part D Sponsors conduct sales activities in a healthcare setting?	Plans/Part D Sponsors may only conduct sales activities in a healthcare setting in common areas. Common areas where marketing activities are allowed include hospital or nursing home cafeterias, community or recreational rooms, and conference rooms.



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7.	How should a Plan/Part D Sponsor handle a request to enroll at an educational event?	If a beneficiary requests to enroll at an educational event, the Plan/Part D Sponsor representative may provide a business card. Please refer to MMG section 70.8.
8.	Section 70.9.1 requires Plans/Part D Sponsors to have a representative on site in the event of a marketing event cancellation. Does the representative need to be from the Plan/Part D Sponsor, or can they use a venue representative?	A representative must be available for the cancellation, whether the representative is from the venue or the Plan/Part D Sponsor.
9.	Does the definition of Educational Events include those that provide information about health-related topics, but not about Medicare-related topics?	No. "Educational events" are designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and do not include marketing (i.e., the event sponsor does not steer, or attempt to steer, potential enrollees toward a specific plan or limited number of plans).
10.	Are seminars for current members to inform them about their benefits and plan services considered educational?	Section 70.8 states that educational events should not discuss plan specific premiums and/or benefits or distribute plan specific materials. CMS recognizes the need for Plans/Part D Sponsors to educate their current members about their benefits and plan services. Although these member events discuss plan specific information, CMS does not consider them to be true marketing/sales events. Therefore, these events can be considered educational. However, it is the responsibility of the Plan/Part D Sponsor to ensure the event conforms to all other aspects of 70.8.
11.	If an event was cancelled less than 48 hours beforehand, but the event was never advertised, does a Plan/Plan Sponsor have to ensure a representative is present at the site of the cancelled sales event, at the time that the event was scheduled to occur, to inform attendees of the cancellation and distribute information about the Plan/Part D Sponsor?	Yes. The Plan/Part D sponsor must ensure a representative is present at the site.



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12.	Can we attend events (like a Senior Expo) where there is food available for the attendees as long as we (the health plan) are not the ones providing the food?	Yes. As long as Plans/Part D Sponsors are not the ones providing or subsidizing the meals.
13.	Does CMS require a Plan/Part D Sponsor representative to be present at an informal event when the event is cancelled under 48 hours?	Yes. If a sales event is cancelled less than forty-eight (48) hours before its originally scheduled date and time, the Plan/Part D Sponsor must ensure a representative is present at the site of the cancelled sales event, at the time that the event was scheduled to occur, to inform attendees of the cancellation and distribute information about the Plan/Part D Sponsor. The representative should remain on site at least 15 minutes after the scheduled start of the event.
14.	Are health fairs considered educational events or sales events?	Health fairs can be considered educational if they do not include any sales activities such as the distribution of marketing materials or the distribution or collection of plan applications. Materials distributed or made available at an educational event must be free of plan-specific information.
15.	If a Plan/Part D Sponsor holds a member-only event to review the benefit changes, can they also conduct a health fair that provides health services?	Yes. Plans/Part D Sponsors may conduct health fairs at member only events that review benefit changes. If rewards or incentives are provided, Plans/Part D Sponsors must follow the requirements in 70.2.
16.	Does CMS still expect that at least 90% of all formal and informal events will be uploaded at least seven (7) calendar days prior to the event's schedule date? It is no longer in the 2014 MMG. Would a Plan/Part D Sponsor receive a notice of non-compliance if they had ten events in one month, but only uploaded eight seven days before the event?	Yes. CMS expects 90% of all events be uploaded at least 7 calendar days prior to the event or when the event is advertised, whichever is earlier. CMS does currently use a 90% threshold for marketing events. However, CMS reserves the right to modify this threshold if necessary. Using the 90% threshold, if CMS reviewed monthly, only uploading 8 out of 10 events timely would be considered non-compliant and a NONC would be issued. Please note that CMS does not review monthly. CMS review has been quarterly or less frequent in the past. However, if CMS determines Plans/Part D Sponsors are non-compliant, we reserve the right to review more often.



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17.	If a Plan/Part D Sponsor cancels an event in HPMS, does it count negatively against the Plan/Part D Sponsor?	No. Cancellations do not count negatively against the Plan/Part D Sponsor, provided they are cancelled according to our requirements in section 70.9.1. However, if the MMG requirements are not met, CMS may take compliance actions, if necessary.
18.	If a prospective member wants to consider his options after an appointment and asks an agent to return at a later time, does the agent have to complete another scope of appointment for the follow-up meeting?	No. A new scope of appointment is not needed as long as the follow-up meeting adheres to the agreed upon scope.
19.	If a standalone dental product is going to be sold at the same appointment as an MA plan, does it need to be included on the scope of appointment form?	Yes. The Plan/Part D Sponsor must document the scope of the agreement before the appointment. Distinct lines of plan business include MA, PDP and Cost Plan products.
20.	Are non-health care related products required to be documented on a scope of appointment?	Yes. Non-health care related products must be documented on a scope of appointment form. Plans/Part D Sponsors must follow section 160.
21.	Do Plans/Part D Sponsors have to submit a scope of appointment 48 hours prior to the initial appointment?	Yes. A scope of appointment should be submitted 48 hours before the initial appointment, when practicable.
22.	Does the scope of appointment have an expiration date?	No. The scope of appointment does not have an expiration date, but the meeting must remain specific to the agreed upon scope.
23.	Is a scope of appointment needed for telephone enrollments?	No.
24.	If a beneficiary completes a Scope of Appointment form during the lock-in period and is not eligible for enrollment, may beneficiary be contacted in the AEP for a sales presentation?	Yes. Although the scope of appointment form does not have an expiration date, CMS recommends a new scope be documented to ensure the most up-to-date information is discussed.
25.	Can a Scope of appointment be completed by a non-agent Plan/Part D sponsor representative to schedule an appointment for a beneficiary with an agent?	Yes. As long as the scope of the agreement is completed before the appointment.



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26.	When can Plans/Part D Sponsors begin advertising 2014 sales events? For example, we plan to hold sales events beginning October 1st - can we advertise them in September?	Plans/Part D Sponsors may not begin advertising before October 1, even for an October 1 sales event.
27.	If a beneficiary sends a Plan/Part D Sponsor a reply card indicating they want more information, but doesn't provide their phone number, what method can the Plan/Part D Sponsor use to contact the beneficiary?	If a beneficiary does not provide a phone number, Plans/Part D Sponsors may contact the beneficiary using the same method that was used to initiate the contact. For example, if the beneficiary mails a reply card saying they want more information, but doesn't provide their phone number, the Plan/Part D Sponsor should contact the beneficiary by mail.
28.	Section 70.7 states "Plans/Part D Sponsors are expected to make a minimum of three documented attempts to contact the applicant by telephone within fifteen (15) calendar days of receipt of the enrollment request; the first two attempts are expected to be made within the first 10 days." How many calls can be made in one day to a member to complete the OEV process?	CMS strongly advises Plans/Part D Sponsors to make no more than 2 of the 3 calls on the same day.
29.	CMS expects that both the telephone script and the enrollment verification letter will inform beneficiaries that they are expected to notify the Plan/Part D Sponsor of their intent to cancel the processing of their enrollment within seven (7) calendar days from the date of the letter or phone call or by the day before the enrollment effective date, whichever is later. For AEP enrollment requests, the cancellation date is December 31. When the 3rd OBC is made after the letter is generated due to the 2nd Unsuccessful attempt, should the cancellation date be changed to 7 calendar days from the date of the 3rd OBC? The letter would have already been generated with a cancellation date which will differ from the date calculation of the phone	The official cancellation date should be the latest date. Since the third call is made after the letter, the cancellation date would be either 7 days following the third call, or the day prior to the enrollment effective date, whichever is later.



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	call, when the OEV process occurs will take place beyond the day before the enrollment effective date for Non-AEP requests.	
30.	Can Plans/Part D Sponsors use 2014 outbound enrollment verification model letter and script?	Yes. Plans/Part D Sponsors should use the scripts that are currently posted to cms.gov.
31.	The 2014 MMG indicate that Part D Sponsors are expected to conduct OEV calls for enrollment requests in which an agent provided plan-specific information to the individual, thus influencing the individual's plan choice and/or assisting in a subsequent enrollment request. The 2013 MMG indicate that OEV is required when enrollment is effectuated by an agent. In a situation where a Plan/Part D Sponsor effectuates enrollment through a call center which is manned by licensed agents, but enrollment is effectuated only after the enrollee has requested the enrollment and there is no marketing involved, it is our understanding that for 2014, the OEV process would not be necessary as the agent has not influenced the enrollee's decision. Is this understanding correct?	No. Since the agent provided plan specific information to the individual, the Plan/Part D Sponsor must conduct the OEV call.
32.	Does CMS have generic educational seminars that agents and brokers can access?	You may find training materials here: http://cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html .



Section 80 – Telephonic Activities and Scripts

Number	Question	Response
1.	Can a beneficiary be transferred to an insurance broker if the beneficiary requests to be transferred?	Yes. CMS expects that informational calls will only lead to sales/enrollment calls (or transfer to the appropriate sales/enrollment department) at the request of the beneficiary.
2.	What defines a Member Service phone number which requires hours of operation to be 7 days a week 8AM-8PM Local time?	Please refer to section 80.1 of the MMG.
3.	If an agent has permission to call a potential member, and the potential member makes a request to enroll over the phone, does the Plan/Part D Sponsor have to ask the potential member to hang up and call back to continue the request?	If a beneficiary requests enrollment over the phone, the agent can assist the beneficiary by providing the information for how the beneficiary can enroll in the plan telephonically, since enrollment by phone is limited to calls initiated by the beneficiary (i.e., "inbound" calls). Alternatively, the agent may set up a face-to-face appointment with the beneficiary for application assistance.
4.	Are disclaimers required on call scripts?	No.

Section 90 – The Marketing Review Process

Number	Question	Response
1.	Do Utilization Management (UM) documents have to be submitted as marketing materials before publication on the website?	No. UM documents should be consistent with the approved formulary. Therefore it does not require a separate submission.
2.	In Section 90.7 Model Materials, allowable alterations include "correcting grammatical errors." Can Plans/Part D Sponsors exchange a word to another with a similar meaning?	No. If Plans/Part D Sponsors modify or replace words with synonyms in model materials, they must be submitted for 45-day review. These types of alterations go beyond "correcting grammatical errors." Many CMS models have been put into plain language and consumer tested for readability and ease of understanding.
3.	Can Multi-Plan marketing materials be submitted under File & Use?	Multi-Plan materials should be submitted according to the HPMS material code. Please refer to the HPMS Marketing Code



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		Look-up Module.
4.	What is the difference between an alternate format and a non-English format?	Alternate format materials are materials like large print, audio file, non-English materials, or Braille. Non-English format are a subset of alternative format materials and have other requirements such as the translation of information for call centers for the Non-English speaking population.
5.	Which code should Plans/Part D Sponsors use to submit hold time messages?	Hold time messages should be submitted as an advertisement.
6.	What does the "Y" and "N" mean under File & Use column in the marketing code look-up chart?	The "Y" indicates that a material can be submitted for File & Use and "N" indicates that a material cannot be submitted for File & Use.
7.	If a Plan/Part D Sponsor is expanding its service area, does it have to re-submit operational materials (e.g., model letters) for the new service areas?	No. Materials do not require re-submission unless there are changes to the approved models.
8.	Will there be any new updates to the event submission template before AEP?	No. As of August 2013 changes were made to the event upload process and reflected in the most recent release of the marketing module.
9.	Does the attestation apply to the English version submission or the alternate version only?	The attestation is general and applies to all marketing materials submitted in HPMS.
10.	Q: What is the definition of a CMS Specified Code?	CMS created these general category codes to enable Plans/Part D Sponsors to submit operational communications and other materials not already assigned a formal code. For example, an Account Manager or Marketing Reviewer may advise a Plan/Part D Sponsor to submit a specific marketing material under a CMS Specified code, or CMS may release an HPMS memorandum that directs Plans/Part D Sponsors to



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		submit specific documents under a specific code.
11.	Will CMS be moving forward with allowing third parties to submit post-enrollment materials, like the EOB, using the Multi-Plan Submission process on the Plan's/Part D Sponsor's behalf?	The third party entity may be responsible for development of the material. However, Plans/Part D Sponsors are responsible for submitting and attesting. Plans/Part D Sponsors should refer to section 90.2.3 of the MMG for additional information on the submission of multi-plan materials.
12.	Is there a code for the Part D or Part C EOB?	Yes. Please use the Marketing Code Look-up link in HPMS to identify specific codes.
13.	What material code should Plans/Part D Sponsors use to submit in HPMS a Business Reply Card?	Plans/Part D Sponsors should use code 4011 to submit the business reply cards (BRC). Only BRCs used for documenting beneficiary scope of appointment or agreement to be contacted must be submitted to CMS for review and approval.
14.	Can a standard template be submitted under File & Use?	Whether or not a standard or static template is eligible for File & Use is determined by the HPMS category code of the piece. Please refer to the HPMS Marketing Code Look-up Module.
15.	When submitting template material can the font be changed from Times New Roman?	Yes. A Plan/Part D sponsor may use a font of its choosing provided it is easy to read and at least 12 point.
16.	Why must Plans/Part D Sponsors indicate in the "notes" section of HPMS that a submission is a Template, when there is already a Template designation coding in HPMS?	The note in the Notes section is for informational purposes and helps the reviewer know the material is being submitted as a template.
17.	As indicated in the HPMS User Guide "Final Submission for Populated Templates," does the additional content to the material ID when submitting the final versions into HPMS have to be printed on the material that is used in the market place (e.g., XXXX_FINAL_1, XXXX_FINAL_2)?	No. It is not required. It is only required for the submission process and does not need to be on the submission of the final version.
18.	Do we have to resubmit envelopes each year?	No. As long as nothing has changed, Plans/Part D Sponsors do not need to resubmit envelopes yearly.



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19.	Must a Non- Lead Plan (NLP) wait for CMS approval of the document before using it or can a NLP use the material because it has been approved through the LP?	No. The NLP may not use the materials until they have been approved by CMS and the NLP has submitted populated versions of the materials. The populated versions may be used following either approval or after the five calendar day waiting period has passed if submitted under File & Use. See section 90.2.3 for additional information on the NLP process for approved materials.
20.	In the final Material ID that is included on approved, accepted, or deemed material can Plans/Part D Sponsors include "CMS" prior to approved, accepted or deemed? And, can Plans/Part D Sponsors include MMDDYY at the end of the material ID?	Yes. Plans/Part D Sponsors may add CMS prior to the approved, accepted or deemed portion of the material ID. Plans/Part D Sponsors may add the date if so desired.
21.	If a Plan/Part D Sponsor sponsors a health fair and markets all of their lines of business including Medicare, does the advertising have to include a material id on it?	Yes. With the exception of the items noted in 40.1 of the MMG, the marketing material ID must be listed on all Medicare marketing materials.
22.	Please provide clarification on Section 90.8.1 – Standard Templates. CMS stipulates populated versions must be submitted to HPMS within 30 days of “use.” Does “use” mean when the final is in circulation and viewable by prospects/members?	Yes. Standard Templates that must be populated within 30 days of “use” means that the final piece is in circulation and viewable by prospects/members.
23.	90.3.3 Deemed: If a material is "deemed" on either the 11th or 46th day, would the marketing material ID indicate "CMS Deemed," or would it say "CMS Accepted/Approved" depending on the material?	Although the status in HPMS may indicate “deemed,” the term “deemed” should never appear on the marketing material. Rather, they should indicated "Approved." "Accepted" is only used for materials submitted through File & Use. Deeming is not a factor for materials submitted through File & Use.
24.	Section 90.8.1 of the Medicare Marketing Guidelines defines a Standard Template as “...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.” Can a Plan/Part D Sponsor file a marketing material that	CMS has identified the documents that may be submitted as standard templates by creating Expedited Review Codes for them. If a code doesn't have an accompanying Expedited Review Code, it cannot be submitted as a standard template. These documents must be populated will all the variable data before submission in HPMS.



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	contains a placeholder for variable data (e.g., premium information) for expedited review?	
25.	Section 90.7 – Model Materials says “Plans/Part D Sponsors are required to include the disclaimers from section 50 in their modified model documents.” If there are no other changes to the model, will it be considered a model document?	Yes. If there are no other changes, it will still be considered a model document.

Section 100 – Plan Sponsor Websites and Social/Electronic Media

Number	Question	Response
1.	If a website is disapproved does the entire website need to be removed or only the disapproved items/pages?	Disapproved items/pages must be removed immediately. The entire website does not need to be removed.
2.	If a Plan/Part D Sponsor has a social media site, does the required information have to be on the social media site as well?	No. The guidance in section 100.1 and 100.2 of the MMG applies to the Plan's/Part D Sponsor's website only.
3.	Do websites need to be 508 compliant?	Yes. All Plans/Part D Sponsors are required to have an internet website that is compliant with web-based technology and information standards for people with disabilities as specified in section 508 of the Rehabilitation Act. For additional information, please go to the following website address: http://www.section508.gov .
4.	If a Plan/Part D Sponsor has a social media site and wants to post its current television ad, can they post that commercial to their social media site without CMS approval?	Yes. As long as the television commercial is CMS-approved, Plans/Part D Sponsors may post it to their websites and/or social media pages.
5.	Are FMO/Broker websites subject to the Marketing Guidelines?	Yes. Materials created by agents or brokers that mention plan specific benefits must be submitted by the Plan/Part D Sponsor to CMS.
6.	Are agents allowed to post approved Plan/Part D Sponsor materials on their	Yes. The website content should be reviewed monthly and updated as



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	web site?	necessary.
7.	Should all web pages and links display the approval ID Number and Revision date?	Plans/Part D Sponsors are required to place a marketing material identification number on all marketing materials, which include websites. Plans/Part D Sponsors are expected to include a date/stamp on the bottom of each Web page with the date the page was last updated. Once a Plan's/Part D Sponsor's website is reviewed and approved in its entirety, a Plan/Part D Sponsor may update specific pages of this same website. These updates should be submitted with their own unique material ID and date stamped accordingly.
8.	Can Plans/Part D Sponsors allow FMO/Brokers to use mobile devices to complete and submit enrollment applications back to the Plan/Part D Sponsor for routine processing?	Yes. As long as the mobile pages are CMS approved.
9.	Does section 100.3 apply to mobile websites?	Yes. Plans/Part D Sponsors using enrollment software on mobile devices (e.g., smartphones or tablets) must submit the mobile pages following the website submission guidance (see 90.2.2).
10.	This section states that all Plan/Part D Sponsor website content should be reviewed monthly and updated as necessary. Does this indicate the Plan/Part D Sponsor should review themselves monthly or that the Plan/Part D Sponsor is required to submit the website monthly for review?	This means that the Plan/Part D Sponsor should review monthly. If any data is out of date, the Plan/Part D Sponsor should submit revisions as necessary.
11.	CY 2013 MMG Section 100.1 indicated that "all required disclaimers in Section 50" must be posted to the website. However there is no mention of this for CY 2014. Are Plans/Part D Sponsors no longer required to post all disclaimers in Section 50?	Appropriate disclaimers from Section 50 are required on websites.
12.	If a Part D Sponsor has an online formulary search tool - could a PDF of the print comprehensive formulary be sufficient to provide as our "online	Yes. We require that the online formulary be a downloadable document and a PDF document is acceptable, assuming it meets all other requirements of section 100.5. For



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	formulary"?	instance, enrollees must be able to search the PDF document by drug name. Please note that the requirement for a downloadable, searchable PDF must be distinguished from the option to also provide a search tool. If a Part D Sponsor chooses to provide a search tool, it still must meet the requirements in section 100.5.
13.	Please confirm that it's only the LIS premium summary chart that needs to appear on the Part D Sponsor's website and not the LIS Rider letter, as this is member specific with respect to their level of extra help and plan they are enrolled in.	Yes, that is correct.
14.	MMG section 100.5 requires Part D Sponsor to list a Web address as part of the Web site formulary. Could CMS confirm that it intends for Part D Sponsors to list a Web address even though online users have already accessed the online formulary?	Yes. CMS does intend for plans to list a web address. Section 100.5 requires sponsors to provide the web address in the website formulary for the convenience of enrollees who, for instance, want to copy the address down or print out the page so they can return to it on another computer or share it with someone else.
15.	Can CMS please clarify whether Plans/Part D Sponsors should post a translated transition policy or translated transition letter on their web sites?	Section 30.5 of the MMG, which describes all the marketing materials that must be translated, specifically lists the Transition Letter. This Letter is separate from the Transition Policy referenced in section 100.2.1. There is no requirement to translate the Transition Policy, which is reviewed and approved as part of the HPMS formulary review.
16.	Are prior authorization and step therapy documents required to be submitted as marketing materials since they must be posted to the web site?	No. Part D Sponsors are not required to submit prior authorization and step therapy documents as marketing materials for review. To receive the required approval, Part D Sponsors must follow a separate procedure which they initiate by uploading utilization documents (the prior authorization and step therapy criteria files) and formularies (which include quantity limit information) into the HPMS Formulary Submission Module. CMS will review these documents and communicate approval through HPMS. Sponsors are, however,



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		expected to follow the MMG guidelines, including section 100.5, in posting these documents to their websites.

Section 120 – Agent/Broker Compensation

Number	Question	Response
1.	Can Plans/Part D Sponsors change the amount of broker compensation throughout the year without exceeding the amount submitted?	No. Once compensation amounts are finalized, including compensation schedules, Plans/Part D sponsors may not change those amounts.
2.	Does the CEO/CFO see the attestation only after the compensation Agent/Broker has been submitted? If a Plan/Part D Sponsor submit the rates today, can they continue to refine and resubmit, up to the due date, and with the last submission have the CEO/CFO attest?	The CEO/CFO/COO will only see the submitted information once it is submitted. Plans/Part D sponsors may edit the information prior to the deadline. If the data has already been attested to, Plans/Part D Sponsors must contact CMS to have the attestation removed. Once the attestation has been removed, then the data can be edited, resubmitted, and re-attested to.
3.	Do Plans/Part D Sponsors have to submit in HPMS the compensation to be paid to a referring broker?	Yes. The referral fee amount is required as part of the compensation information submission.
4.	Is the initial year defined as the first initial enrollment into a MA, MAPD, or a PDP plan?	The initial year occurs when one of the following happens: a beneficiary ages in to Medicare and enrolls in a MA plan, cost plan or PDP; a beneficiary enrolls from Original Medicare into a MA plan, cost plan or PDP; or a beneficiary enrolls from one plan type to a different plan type (e.g., MA or MAPD to cost or PDP, cost to a PDP or MA or MAPD, or PDP to a MA or MAPD or cost). Please refer to section 120.4.2.
5.	If they make a switch from one Plan/Part D Sponsor to another, that new Plan/Part D Sponsor would not be considered the initial year, correct?	Whether the switch is considered an initial year or a renewal year depends on whether the plan was a like plan move or an unlike plan move. The initial year occurs when a beneficiary enrolls from one plan type to a different plan type (e.g., MA or MAPD to cost or PDP, cost to a PDP or MA or MAPD, or PDP to a MA or MAPD or cost). Changes from one plan type to a like plan



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		type (MA-PD to MA-PD, PDP to PDP, MA to MA-PD) would be defined as renewal years. Please refer to section 120.4.2.
6.	Can a Plan/Part D Sponsor pay renewals after the 6 year cycle expires for an indefinite period of time?	Yes. Per section 120.4.3, compensation can be paid at the renewal rate beyond the 6-year cycle.
7.	Can renewal compensation be rounded up to the nearest whole dollar amount even if it slightly exceeds 50%?	Yes. Plans/Part D Sponsors may round renewal compensation to the nearest dollar.
8.	Does the compensation amount need to follow the current year's schedule in which it is paid, or the schedule that was in place when the member originally enrolled in the Plan/Part D Sponsor plan?	The compensation amount should be tied to the initial year's rate.
9.	To clarify the compensation first year, if a new enrollee joins a Plan/Part D Sponsor and is new to Medicare effective 6/1/12, even if compensation is paid lump sum first month, it would be 6 months at the initial level of commission and 6 months at the renewal level of commission? It should not be the 12 months of the initial level of commission, correct?	CMS defines a year from January 1 through December 31. CMS provides Plans/Part D Sponsors the choice to pay either the full initial compensation or a pro-rated initial compensation for initial enrollments effective other than January 1st of each year. However, regardless of whether a full initial compensation was paid or a pro-rated compensation was paid, the full renewal rate would be applicable for January 1st of the following year. In the example provided, the Plan/Part D Sponsor could pay the agent either the full initial compensation or 7/12's of the full compensation to account for June 1st through December 31st. The renewal rate would be applicable beginning January 1 of the following year.
10.	If a member is not new to Medicare or MA/MAPD, would the compensation be at the renewal level of commission?	Yes. If a member is continuing in a plan beyond the initial year or has enrolled from another "like" plan, the associated agent would be paid at the renewal rate. If member changed from a plan to an unlike plan (MA-PD to PDP) then a new initial payment would be made.
11.	If a Medicare beneficiary joins a MAPD plan in October 2013, the agent receives	Yes. The member would receive an initial year compensation for October through



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	the initial year compensation for the October through December 2013. As of January 1, 2014, would the member would be in the first year of the renewal cycle so that commission would be the renewal amount?	December 2013. Even though the member has only been in the plan for three months (October 2013 through December 2013), the member would be in the first renewal year as of January 1, 2014.
12.	If a Plan/Part D Sponsor has agents employed by a downstream provider and those agents are only salaried, does the Plan/Part D Sponsor submit \$0 on the agent compensation schedule?	Plans/Part D Sponsors do not enter compensation information agents employed by a downstream provider in the Agent/Broker Compensation Information Submission.

Appendix 3 – Multi-Language Insert

Number	Question	Response
1.	Where can Plans/Part D Sponsors find the 2014 Multi-Language Insert in Word Format?	It is in the zip file in the CY 2014 Medicare Marketing Guidelines link. http://cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html