Attachment A

Medicare Managed Care Manual

Chapter 3 Medicare Marketing Guidelines & Chapter 2 Medicare Prescription Drug Plan Benefit Manual

High Level Summary of Final 2012 Medicare Marketing Guidelines Updates

Chapter Section	Update
Throughout Document	1. General typos/edits, syntax, verb tense changes, etc. 2. Changed section references (if, applicable) due to new or changed section numbering. 3. Added new sections or moved sections for clarity. 4. Included clarifications from August 17, 2010 memorandum-Clarification of Medicare Marketing Guidelines and Outbound Enrollment Verification policy. 5. Included new regulatory provisions from 4144-F.
TOC	1. Changed to reflect new and deleted sections as necessary.
10	Added to included cost contracts and appropriate cost regulatory cites.
20	1. Added additional bullet to “ad hoc materials” 2. Defined “alternate formats” 3. Revised “Educational Event” 4. Clarified “marketing” definition 5. Clarified “marketing/sales event” 6. Added definition for marketing appointments 7. Clarified “nominal value” 8. Added additional bullet to definition of post enrollment materials to clarify EOB 9. Added definition for provider 10. Clarified “standardized language” 11. Clarified “template materials” 12. Deleted “FMO” definition and revised to “Third Party Marketing Organizations”

Chapter Section	Update
30	Plan Sponsor Responsibilities-added regulatory citations.
30.1	Record Retention Requirements added guidance on maintaining federal records for 10-year requirement.
30.2	Limitations on Distributing Marketing Materials – new location – previously section 30.1.
30.3	Co-Branding Requirements-added a new note to reflect attestation for co-branding in CY2012. New location – previously section 30.2
30.3.1	Co-branding with Network Providers – new location- previously section 30.2.
30.3.2	Co-branding with State Pharmaceutical Assistance Programs (SPAP) – new location – previously section 30.2.2.
30.4	Provider Name in Plan's Name or Downstream Entity's Name – clarified position of disclaimer and statement "other plans may be available in the service area.
30.5	Use of Date from Medigap Issuers – new location – previously section 30.4.
30.6	Plan Responsibility for Subcontractor Activities and Submission of Materials for CMS Review – new location – previously section 30.5.
30.7	Anti-Discrimination – clarified anti discrimination to include national origin, age, mental or physical. New location – previously section 30.6.
30.8	Requirements for Plans with Non-English Speaking Populations – revised to include additional requirements for marketing materials and requirement for interpreter services. New location – previously section 30.7.
30.9	New Requirements for Plans with Special Needs Populations – section renumbered – previously section 30.7.
30.10	Compliance with Section 508 of the Rehabilitation Act—added website for 508 compliance *http://www.section508.gov/. New section – previously section 30.9.*
30.11	Required Materials in Enrollment Kit – updated requirements for pre-enrollment kit. New location – previously 30.10.
30.12	Required Materials for New and Renewing Members at Time of Enrollment and Annually Thereafter – section renumbered. New location – previously section 30.10.
30.13	Required Ongoing Materials for New and Renewing Members – clarified requirements for Part C plans. New location – previously section 30.10.
30.14	Hold Time Messages – new section – previously section 30.12.
30.15	Use of Medicare Name – new location – previously section 30.13.
30.16	Referral Programs –clarified nominal value individually and in aggregate. New location – previously section 30.14.
30.17	Privacy and Confidentiality – updated link for HIPAA. New location – previously section 30.15.
30.18	Plan Ratings Information from www.medicare.gov – provided additional guidance on plan logo and material ID for materials for plan mailing statements. New location – previously section 30.16.

Chapter Section	Update
30.19	New section — Extended Marketing Period for Plans with Five-Star Ratings.
40.1.1	Marketing Material Identification Number for Non-English or Alternate Format Materials — added a new note to clarify material ID.
40.4	Reference to Studies or Statistical Data—clarified relationship with plan sponsor.
40.9	Marketing to Beneficiaries of Non-Renewing Plans – clarified mailing dates of notices to beneficiaries.
40.11.1	Agent/Broker Phone number — clarified that TTY number be included. Also added note that business cards are not required to include a statement that calling the number will direct the individual to a licensed insurance agent/broker.
40.12	Use of TTY Numbers — clarified that plan sponsor TTY number be included with customer service number.
40.13	Additional Materials Enclosed with Required Post Enrollment Materials — clarified that additional document that cannot be included in ANOC/EOC.
40.14.6	Non-Benefit /Service-Providing Third Party Marketing Materials — revised title and section for clarity.
40.15	Providing Materials in Different Media Types – clarified to address other electronic media types.
50.1.1	Guidance and Disclaimers Applicable to Explanatory Materials – revised disclaimer on "sales person." Added "urgent" to PPO information. Added under Part D benefit disclaimer that the bracketed language is optional for those US territories that the LIS program does not apply.
50.1.2	Federal Contracting Statement – added SNP contracting disclaimers.
50.1.4	Explanatory Materials that Mention Plan Benefit and Premium Information – changed to reflect current 75% or more for additional assistance.
50.1.6	Availability of Non-English Translations — revised requirements for translating documents into non-English.
50.1.13	Disclaimer When Using Third Party Marketing Materials – modified section to address marketing via third party marketing materials.
50.1.20	Television Advertisements — clarified that TTY number be included.
50.1.22	Enrollment and Marketing Materials after Non-Renewal or Service Area Reduction (SAR) Notice to CMS — provided additional guidance for marketing after SAR or Non-Renewal.
50.2	Plan Sponsor Mailing Statements – clarified the submission of envelope sizes, material ID and included "prospective and current."
60.2	Part D ID Card Requirements – clarified that plans must include the CMS contract # and PBP # in addition to the hours of operation.
60.4	Directories — clarified requirements for EGWPs.
60.4.5	Mailing the Provider/Pharmacy Directory to Addresses with Multiple Members — clarified who at group homes and nursing facilities should receive the directory.

Chapter Section	Update
60.5	Formulary and Formulary Change Notice requirements — clarified change of notice formulary requirements.
60.5.3	Changes to Printed formularies — added language on use of errata sheets.
60.6	Part D EOB – added requirements for retroactive changes.
60.7	ANOC/EOC – updated to reflect date of September 30th for receipt of ANOC/EOC and included guidance for corrected errors. Also clarified that the LIS rider and formulary is required.
60.8	Mid-Year Changes Requiring Enrollee Notification — clarified requirements for NCDs.
70.1	General Guidance about Promotional Activities — added a sub bullet to reflect VAIS and clarified requirements for promotional activities with the ANOC/EOC.
70.1.2	General Guidance about Rewards/Incentives — clarified qualifying for a reward and distinguished nominal value for individual and aggregate. Included adult wellness visit to targeted activities also provided additional guidance on targeted activities (e.g., adult wellness).
70.2	Nominal Gifts — clarify that nominal value apply to rewards and incentives including individual and aggregate amounts, and address pre and post enrollment activities.
70.2.1	Exclusion of Meals as a Nominal Gift – clarified these not to be offered at sales events.
70.4	Marketing Through Unsolicited Contacts — added guidance to address business reply cards and clarify types of messages that can be left.
70.5	Specific Guidance on Telephonic Contact – clarified the distinction of new relationship versus existing relationship. Clarified existing bullets on what is and is not allowed.
70.5.1	Specific Guidance on Third Party Contact — clarified and added additional guidance on specific third party contacts (including agents/brokers).
70.6	Outbound Enrollment and Verification Calls to New Enrollees – incorporated language of 15 days to conduct the OEV calls. Also provided guidance for AEP enrollment requests and denying enrollment to completing the OEV process.
70.7	Educational Events — clarified and added language on educational events.
70.8	Marketing/Sales Events — clarified and added language on marketing/sales events including adding an additional bullet that plan sponsor may not solicit enrollment applications prior to AEP.
70.8.1	Notifying CMS of Scheduled Marketing Events – added that formal and informal events must be entered into HPMS, clarified that changes to events be updated as soon as possible, and clarified guidance on cancellation of events. ,
70.9	Personal/Individual Marketing Appointments – added guidance to follow scope of appointment guidance.
70.9.1	Scope of Appointment — clarified scope of appointment guidance.
70.10.3 – 70.10.6	Minor word changed in title — added “Dual Eligibility” instead of Dual Eligible.
70.12	New location for Marketing Guidance for Provider Setting – previously section 70.8.1.

Chapter Section	Update
70.12.1	New location for Plan Activities and Materials in the Health Care Setting – previously section 70.8.2.
70.12.2	New location for Provided Based Activities – previously section 70.8.3.
70.12.3	New location on Provider Affiliation – previously section 70.8.4.
70.12.4	New location on SNP Provider Affiliation – previously section 70.8.5.
70.12.5.	New location on Comparative and Descriptive Plan Information — previously 70.8.6.
70.12.6	New location on Comparative and Descriptive Plan Information Provided by Non-Benefit/Non-Servicing Provider – previously section 70.8.7.
70.12.7	New location on Provider Groups/Provider Group Websites – previously section 70.8.8.
80.1	Customer Service Call Center Requirements – clarified dates for AEP, added touch tone response and interprer and Limited English Proficiency (LEP).
80.1.1	Pharmacy Technical Help Call Center Requirements — added touch tone response.
80.1.3	Required Scripts for Inbound Informational Calls – added BAE policy to additional bullet.
80.1.4	Requirements for Inbound Informational Scripts – clarified the reference to privacy statement to indicate that it is only required to determine eligibility or other plan related information.
80.1.6	Requirements for Enrollment Scripts/Calls – included guidance on confirmation of enrollment request and tracking number, acknowledging receipt of acknowledgement or disenrollment letter and added that scripts must be submitted for review but not in bullet form.
80.1.8	Requirements for Telephone Sales Scripts – clarified requirements on privacy statement.
80.1.9	Requirements for all other Inbound/Outbound scripts –clarified requirements on privacy statement.
90.2.1	Ad Hoc Enrollee Communications Submission –added note to advise to include disclaimer for ad hoc enrollee communications translator services.
90.3.5	Section deleted and moved to 90.19 – Additional Service Area (SA)/Low Income Subsidy (LIS) Materials
90.6.2	Materials Not Qualified for File & Use Submission – deleted draft addition of bullet of template materials except for model materials under file & use.
90.7.1	Standardized Language – added language on the material ID.
90.7.2	Required Use of Standardized Model Materials – added two additional bullets to include: errata ANOC/EOC and plan ratings.
90.7.3	Model Materials – clarified non-model document must ensure all model elements are incorporated.
90.8	Template Materials – revised to define what is a static and standard template for clarity including variable text.
90.8.1	New Section – Standard Templates.

Chapter Section	Update
90.8.2	New Section – Static Templates.
90.10	Submission of All Templates – revised titled and added process for submission.
90.11	Submission of Non-English (Alternate Format) Materials – clarified attestation and process for non-English materials.
90.18	Specific Guidance on the Submission of Websites for Review – added language on use of website while under CMS review.
90.19	Renamed and combined section/ guidance. Guidance was also previously 90.3.5 – Service Area/Low Income Subsidy Materials/Functionality (SA/LIS) – Special Guidance on Multiple Submissions of Materials, clarify process for submission.
100.1	Plan Sponsor Website Requirements – revised requirements for 12 point font. Also provided expectations for plans that design their Medicare-related websites.
100.2	Required Websites—revised title, added bullet on non-English materials and incorporated text from section 100.3 in this section.
100.2.3	Specific Guidance Regarding Grievance, Coverage Determination and Appeals Website Requirements – clarified coverage determinations to include oral requests for payment.
100.3	Deleted section 100.3 – Required Links and moved to section 100.2 – Required Website Content; new section is titled "Prohibited Links."
100.5	Enrollment via Internet – added note on online enrollment center by third party entities. Also updated to include reference to Chapter 2 Medicare Managed Care Manual.
120.2	Plan Reporting of Terminated Agents – revised to require agent/broker termination if unqualified to sell and allow beneficiary other plan options to enroll.
120.3	Agent/Broker Training and Testing-revised to include brokers and agents employed by the plan.
120.4	Agent Broker Use of Marketing Materials – clarified language on materials used by multiple plan sponsors.
120.5.4	Specific Guidance for Developing and Implementing Compensation Strategy – revised requirements when a contracted agent represents a single plan sponsor and is paid a fixed amount of money.
120.5.8	Third Party Marketing Entities – clarified amount paid to the third party for enrollment must be consistent with CMS. compensation rules and changed FMO to TMO throughout MMG.
120.6	Activities That Do Not Require the Use of State-Licensed Marketing Representatives – clarified requirements for when a licensed representative is required when calling into a customer service department.
150	Use of Medicare Mark for Part D Plans – clarified language regarding HPMS for the use of the Medicare mark and electronic signature.
150.3	Approval to Use the Medicare Prescription Drug Benefit Program Mark – added language on countersigned contracts.

Chapter Section	Update
Appendix 1	1. Clarified that plan sponsors may only include similar plan types when describing several plans. 2. Clarified that side-by-side comparisons should be submitted to the regional office for review and approval. 3. Revised note to include: This document may available in other formats such as Braille, large print or other alternate formats." 4. Added language on SB for Regional Copay/Premium Table – with plan sponsors offer plans with identical benefits in multiple regions. 5. Added language on hard copy requests to be used in the HPMS module.
Appendix 2 , 3	Deleted renumbered other remaining appendices.