Medicare-Medicaid Plan (MMP) Marketing Training

Medicare-Medicaid Coordination Office

Centers for Medicare & Medicaid Services

April 24, 2013
MMP Marketing Training Overview

• General Marketing Requirements Overview

• MMP-Specific Marketing Requirements

• The HPMS Submission and Review Process
General Marketing Requirements Overview
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
• 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
• 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
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
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
• 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
• 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
• 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:
Additional Resources

• Draft Massachusetts marketing guidance


• Massachusetts marketing codes and models


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

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