



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***

CENTERS FOR MEDICARE & MEDICAID SERVICES

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 a 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 model is not used, 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

1. CMT representative
2. Marketing Reviewer
3. 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 CY2013 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