



## **MEDICARE-MEDICAID COORDINATION OFFICE**

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**DATE:** August 29, 2019

**TO:** Ohio Medicare-Medicaid Plans

**FROM:** Lindsay P. Barnette  
Director, Models, Demonstrations, and Analysis Group

**SUBJECT:** Ohio MMPs: Release of Final Contract Year 2020 State-specific Marketing Guidance

Attached to this memorandum is the final CY 2020 State-specific Marketing Guidance for Medicare-Medicaid Plans (MMPs) operating in the Ohio capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and Ohio and will be applicable to all marketing for CY 2020 benefits.

The State-specific Marketing Guidance provides information only about those sections of the Medicare Communications and Marketing Guidelines (MCMG) that are not applicable or that are modified for MMPs in Ohio; therefore, this guidance document should be considered an addendum to the CY 2019 MCMG and the August 6, 2019, Health Plan Management System (HPMS) guidance memorandum, "Medicare Communications and Marketing Guidelines." MMPs should carefully review the CY 2019 MCMG (see <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>) and the August 6 memorandum, in conjunction with the State-specific Marketing Guidance, as the requirements of the MCMG that are not otherwise modified by this document apply to MMPs in Ohio.

The following is a summary of the changes to the CY 2019 State-specific Marketing Guidance for Ohio MMPs.

- General updates and streamlining:
  - Edits to section numbers, titles, and references, consistent with changes in the August 6, 2019, HPMS guidance memorandum, "Medicare Communications and Marketing Guidelines."
  - Updates to web links.
  - Updates to marketing codes.
  - Adds website required posting dates to section 100.4 tables as applicable.
  - Streamlining the language throughout the document to ensure greater consistency across all State-specific Marketing Guidance.

- Updates to required disclaimer language consistent with disclaimer language in CY 2020 model marketing materials and the August 6, 2019, HPMS guidance memorandum, “Medicare Communications and Marketing Guidelines.”
  - Deletes the term TDD throughout since it is no longer in use.
- **Section 30.3 – Non-English Speaking Population:** Clarifies that section 30.3 of the MCMG applies with the modifications included in this section. Clarifies that for standing requests to receive materials in a non-English language, the process should include how the MMP will keep a record of the member’s information and utilize it as an ongoing standing request.
- **Section 30.4 – Hours of Operation Requirements for Materials:** Clarifies that MMPs must provide hours and days of operation when a customer service number is provided on all marketing and communications materials.
- **Section 40.2 – Marketing Through Unsolicited Contacts:** Clarifies that if a prospective enrollee provides permission to be contacted, the contact must be event-specific, and may not be treated as open-ended permission for future contacts.
- **Section 40.3 – Marketing Through Telephonic Contact:** Deletes language stating that MMPs may not call current MMP enrollees to promote other Medicare plan types.
- **Section 80.1 – Customer Service Call Center Requirements and Standards:** Clarifies that hold time messages that include marketing content must be submitted in HPMS and Ohio MMPs must use marketing material code 16563 for this purpose.
- **Section 80.1.1 – Customer Service Call Center Hours of Operations:** Updates language to describe usual business hours for customer service call centers.
- **Section 80.2 – Hours of Operation for Telephone Lines Solely Designated For Sales and Enrollment:** Clarifies that since Ohio MMPs are not allowed to market directly to individual potential enrollees, this section does not apply.
- **Section 90.1 – Material Identification:** Clarifies that when a third party, such as a pharmacy benefit manager (PBM), creates and distributes member-specific materials on behalf of multiple organizations, it is not acceptable to use the material ID for another organization for materials the third party provides to MMP enrollees. The material must be submitted in HPMS using a separate material ID number for the MMP, and that material ID number must be included on the material.
- **Section 90.3 – Submission of Non-English and Alternate Format Materials:** Deletes language stating that MMPs should use state-specific MMP errata codes for submission of Non-English and alternate format materials.
- **Section 100.4 – List of Required Materials, Mid-Year Change Notifications to Enrollees Table:** Clarifies that if the mid-year change affects a document that the MMP has not sent to the member in hard copy, the MMP is not required to send a hard copy mid-year change notification.

- **Section 100.4 – List of Required Materials:** Adds a non-renewal and termination notices table.
- **Appendix 2 – Disclaimers, Table 2:** Adds a note stating that disclaimers are not required on the following material types: ID cards, call scripts, banners and banner-like ads, envelopes, outdoor advertising, text messages, and social media. Also clarifies that for model materials, MMPs must continue to include disclaimers where they currently appear. For non-model materials, MMPs may include disclaimers as footnotes or incorporate them into the body of the material.

For any questions about the contents of this memorandum, please contact your Contract Management Team or the Medicare-Medicaid Coordination Office at [MMCOCapsModel@cms.hhs.gov](mailto:MMCOCapsModel@cms.hhs.gov).