



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 23, 2019

TO: South Carolina Medicare-Medicaid Plans

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

SUBJECT: South Carolina 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 South Carolina capitated financial alignment model demonstration. The State-specific Marketing Guidance has been jointly updated by CMS and South Carolina 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 South Carolina; 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 South Carolina.

The following is a summary of the changes to the CY 2019 State-specific Marketing Guidance for South Carolina 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 80.1 – Customer Service Call Center Requirements and Standards:** Clarifies that hold time messages that include marketing content must be submitted in HPMS and South Carolina MMPs must use marketing material code 16961 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 MMPs with phone lines dedicated solely to marketing inquiries may operate these lines during business hours that are different from those defined in section 80.1, provided all other requirements in section 80.1 are met. Since MMPs are not allowed to market directly to individual potential enrollees and all enrollments into MMPs are submitted by the state’s enrollment broker, these phone lines will only be used for marketing inquiries.
- **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 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 notice 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.