CY2013 Annual Election Period Marketing Surveillance Summary Report

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Medicare Drug & Health Plan Contract Administration Group
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1 INTRODUCTION AND BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) provides oversight of plan sponsor entities, Medicare Advantage Organizations (MAOs), Medicare Advantage-Prescription Drug Plans (MA-PDs), and Prescription Drug Plans (PDPs) that have entered into contracts with CMS to offer private Medicare coverage. Plan sponsors must ensure that marketing representatives and agents and brokers comply with CMS marketing requirements and guidelines. CMS has been providing this oversight by directly monitoring plan compliance for the past seven years. Through the market surveillance program, CMS strives to:

- Ensure agents, brokers, and plan sponsors appropriately market their health plan products;
- Identify areas of non-compliance and take appropriate action to correct the deficiencies;
- Analyze trends across MAOs, MA-PDs, and PDPs with respect to marketing practices; and,
- Ensure agents, brokers, and plan sponsors are adhering to CMS requirements.

Currently, market surveillance efforts include three oversight activities: Public Event Secret Shopping (secret shopping), Unreported Marketing Events (clipper service review), and Surveillance Marketing Allegation Response Team (SMART) activities. The following sections present the findings from these activities conducted during the Contract Year 2013 (CY2013) Annual Election Period (AEP) and beyond.

2 CY2013 MARKET SURVEILLANCE PREPARATIONS

CMS focused most of its CY2013 surveillance activities during the AEP, which took place between October 15 and December 7, 2012 but CMS' market surveillance and compliance efforts continue throughout the year. Each section below highlights selected pre-season preparatory and prioritization activities that shaped CMS' CY2013 surveillance efforts.

2.1 Risk Assessment Methodology

Since CY2011, CMS has implemented a risk assessment methodology to prioritize shopping of the highest risk plan sponsors. This assessment is based on plan sponsors' status and previous agent marketing behaviors that put beneficiaries at varying levels of potential harm. This methodology assists CMS in allocating resources by targeting plan sponsors according to their assigned risk levels. The CY2013 methodology took into account the following criteria:

- Marketing misrepresentation complaint performance;
- CY2012 secret shopping results;
- Receipt of marketing-related compliance notices;
- Length of time as a Medicare private health plan;
- Explosive growth plans;
- Marketing related intermediate sanctions; and,
- Plan size.

Based on analysis of the data related to these criteria, CMS categorizes each plan sponsor as high, medium, or low risk. Plan sponsors with higher risk scores are shopped more frequently.

2.2 Market Surveillance Training, Communications, and Outreach

CMS performed training, outreach, and communication activities throughout the year to better educate stakeholders on marketing requirements and compliance efforts. Stakeholders included: CMS Regional Office (RO) and Central Office (CO) staff, as well as Medicare stakeholders and partners, including State Departments of Insurance (DOIs), State Health Insurance Assistance Programs (SHIPs), Senior Medicare Patrol (SMP), advocacy groups, plan sponsors, and agent and broker trade associations.

2.2.1 Training

Extensive stakeholder and contractor secret shopper training sessions were conducted to prepare for CY2013 market surveillance activities. CMS directly provided secret shopping training and oversight to DOIs and RO staff in the weeks preceding the CY2013 AEP. This training provided participants with opportunities to ask questions, respond to surveys, and discuss local shopping priorities.

CMS contractors provided comprehensive shopper training for their shopping staff and clarified changes in marketing guidelines for shoppers who participated in previous years. Training included basic information about the secret shopper project and shopping techniques, a review of marketing requirements and regulations, and a full description of the Public Marketing and Sales Events Secret Shopping (PESS) Tool, the secret shopping scorecard, with instructions about completing each question. Training incorporated lessons learned from previous years and continued throughout the shopping season to keep shoppers current on newly established oversight clarifications and compliance trends.

2.2.2 Communications and Outreach

CMS continued to engage key government stakeholders to strengthen Medicare marketing surveillance efforts, particularly with DOIs. CMS ROs also played a major role in surveillance for CY2013. Together, the DOIs and ROs not only helped publicize the market surveillance program, but also voluntarily attended 153 shops this year (54 by DOIs and 99 by ROs). This supplemented shopping was conducted by contractors. Various tools were developed and disseminated to maximize DOI and RO participation in CY2013 secret shopping, enabling CMS to better address local surveillance concerns and quickly identify events.

CMS reached out to agent and broker trade associations to remind them of CMS' marketing requirements. CMS also sent many of these associations an article entitled *Medicare Marketing Reminders and Expectations for Medicare Advantage & Medicare Prescription Drug Plans for 2012/2013* to share with their members. In all, CMS contacted 122 agent and broker trade associations, representing 72,000 agents and brokers, and encouraged them to share the Medicare Marketing Guidelines (MMG) at the local level.

Furthermore, CMS ROs contacted 104 high and medium risk MA and PDPs to reiterate the importance of following the MMG and ensuring marketing compliance among their agents and brokers working with vulnerable Medicare beneficiaries. These communication activities consisted of a scripted outbound call and follow-up email to each of the 104 plans.

3 SECRET SHOPPING

Secret shopping provides undercover surveillance of formal MA, MA-PD, and PDP marketing events. Plan sponsors report formal sales/marketing events to CMS through CMS' Health Plan Management System (HPMS) from which contractors and CMS identify a sampling of events to secret shop. Shoppers use the PESS Tool to facilitate and electronically record their evaluations of marketing events' compliance with CMS requirements. The PESS Tool is designed to capture various compliance aspects of the representatives' or agents' presentations, actions, and provided materials. Additionally, it collects general information about the event, such as the number of people in attendance, the type of venue where the event was held, and the language in which the agent presented the event. Appendix A provides a mapping of PESS questions to assigned categories and the number of deficiencies identified in each group. For questions that could not be categorized into a major topic, CMS assigned a category of "Miscellaneous Deficiency."

For CY2012, CMS identified nine deficiency categories to organize the PESS Tool findings. While the PESS Tool remained largely unchanged from the previous year, the CY2013 Tool was updated to include two new deficiency measuring questions:

- Q8B: Was the plan's Plan Ratings (Star Ratings) document provided or available?
- Q8D: Was the Multi-Language Insert provided or available?

These additions were due to revisions made to the MMG from the previous year. Additionally, a new "Ad-Hoc Deficiency" category was added to capture deficiencies shoppers noted in PESS Tool Q17: *Additional concerns regarding the event*.

3.1 Secret Shopping Findings

During the CY2013 AEP, secret shoppers shopped a total of 1,918 public marketing events held by 114 plan sponsors. This included no-show events (i.e., the sales agent was not present without adequate measures taken to inform attendees) and events where shoppers were unable to complete the PESS Tool as a result of logistical complications (e.g., shoppers were denied access to the venue,[1] duplicate agents[2] were encountered, or the presentation language was unknown by the shopper). Excluding no-show and other incomplete events, shoppers completed 1,781 shops in their entirety.

Forty-five, or approximately 2.4%, of the completed shops, were presented in a language other than English, including:

[1] Marketing guidelines prohibit agents from denying access to any individual wishing to attend a sales event. However, in some instances, shoppers were prevented from attending events because they were unable to access the venue itself. For instance, some shoppers were denied access to nursing homes because visitors were required to have immediate family members in residence at the facility. Shoppers marked all such events as an "incomplete shop" and included a summary of the circumstances.

[2] "Duplicate Agents" refer to instances where the sales agent(s) present at a marketing event is the same one that an individual shopper encounters at a previous event. Since an agent might suspect that an attendee present at multiple events of the same plan may be a secret shopper, shoppers were advised not to complete a shop if a duplicate agent is present.

- 24 events presented in Spanish,
- 15 events presented in Cantonese or Mandarin,
- 2 events presented in Armenian,
- 2 event presented in Korean,
- 1 event presented in Russian, and
- 1 event presented in Vietnamese.

Of the 1,781 completed shops in CY2013, 1,176 (65.7%) had no validated deficiencies (i.e., considered "clean shops") and were entirely compliant with Medicare regulations. Of the 114 parent organizations shopped, 23 (or 20.2%) had no validated deficiencies noted. These 23 parent organizations represented 605 shops or approximately 33% of the total completed shops.

Exhibit 1 provides a breakdown of the deficiencies observed by category for CY2012 and CY2013. Since the shops selected for these years were not drawn from comparable samples, quantitative cross-year comparisons cannot be made.

Exhibit 1. CY2012 and CY2013 Deficiencies by Category

CY2012

Categories	Number of Deficiencies/ Category	Percentage Deficiencies/ Category
Special Needs Plan (SNP) Information	153	23%
Drug Coverage	140	21%
Event Did Not Take Place	99	15%
Misc. Deficiencies	80	12%
Absolute Marketing Statements	75	11%
Contact Information	51	8%
Inappropriate Statements/ Inaccurate Statements/ Scare Tactics	50	8%
Food/ Gifts	6	1%
PFFS Information	5	1%
Total (CY2012)	**659**	**100%**
Total Completed Shops (CY2012)	*1,562*	

CY2013

Categories	Number of Deficiencies/ Category	Percentage Deficiencies/ Category
Special Needs Plan (SNP) Information	2	0.29%
Drug Coverage	14	2.05%
Event Did Not Take Place	83	12.13%
Misc. Deficiencies	85	12.43%
Absolute Marketing Statements	52	7.60%
Contact Information	38	5.56%
Inappropriate Statements/ Inaccurate Statements/ Scare Tactics	32	4.68%
Food/ Gifts	14	2.05%
PFFS Information	0	0.00%
Star Rating (Plan Rating)*	163	23.83%
Multi-Language Insert*	48	7.02%
Ad-Hoc Deficiencies*	31	4.53%
Sign-In Sheet	122	17.84%
Total (CY2013)	**684**	**100%**
Total Completed Shops (CY2013)	*1,781*	

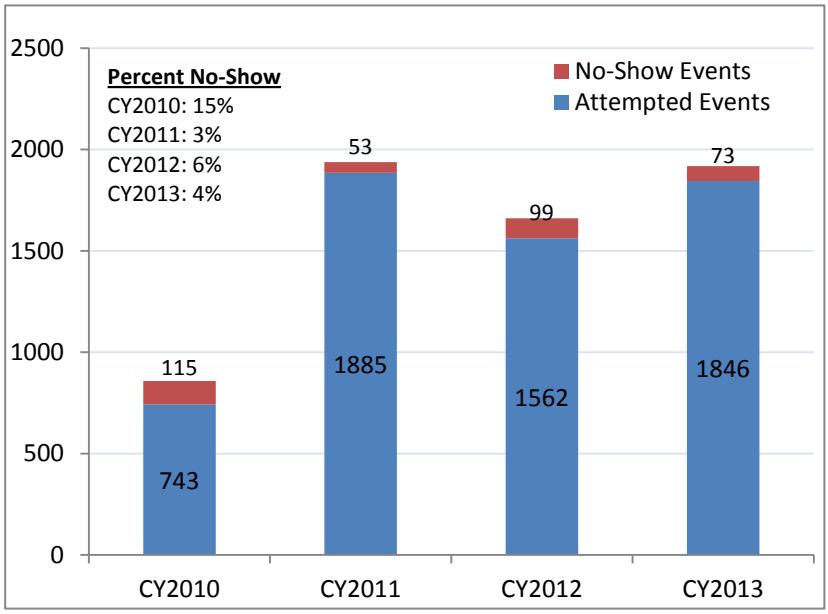
*New deficiency category for CY2013

Additionally, since the PESS Tool was modified for the CY2013 shopping season, deficiencies are not comparable for all categories. However, several marked differences in general trends can be observed by comparing year-to-year surveillance results. For example, ***Special Needs Plan (SNP) Information*** had the highest number of observed deficiencies in CY2012 but among the lowest in CY2013. ***SNP Information*** includes SNP specific questions regarding the specific eligibility requirements, enrollment and disenrollment requirements and time periods, and drug coverage details.

During the secret shopping season, there were only 14 validated deficiencies for the ***Drug Coverage*** category. These PESS Tool questions pertain to plans' prescription drug coverage including information regarding the coverage gap, beneficiary cost sharing, and drug formulary details. Drug coverage is a particularly complicated aspect of the privately-offered Medicare program and it is critical that beneficiaries are well informed of plans' prescription drug coverage to ensure appropriate coverage for beneficiary-specific needs. When an agent does not adequately explain a plan's drug coverage or the cost associated with the coverage, a beneficiary may be unable to make an educated decision regarding his or her drug coverage.

Events that Did Not Take Place represents a sizeable percentage of observed deficiencies for CY2013 (12% of observed deficiencies). These events failed to occur as scheduled in HPMS and were not canceled, as required by CMS policy, which can greatly inconvenience or even harm a beneficiary who may rely on these events to make important enrollment decisions. Predominantly, this category reflects "no-show events," where the agent is not present at his or her scheduled event. For the 83 observed events that did not take place, 73 were due to agent no-shows. Exhibit 2 illustrates a comparison of CY2013 no-shows compared to CY2010, CY2011 and CY2012.

Exhibit 2. Event No-Show Comparison (Total Scheduled Events 1,918[3])



Attempted Events: CY2010 = 743; CY2011 = 1885; CY2012 = 1562; CY2013 = 1846
No Show Events: CY2010 = 115; CY2011 = 53; CY2012 = 99; CY2013 = 73

The use of ***Absolute Statements*** by agents and brokers at marketing events continued to be noted by secret shoppers; nearly 8% of deficiencies resulted from agents making an unqualified superlative when discussing their plan. To ensure accurate and fair marketing, agents are not permitted to make such claims unless they are substantiated with data. ***Inappropriate/Inaccurate Statements and Scare Tactics*** were also observed at marketing events. Although this category

[3] The 1,918 events included no-shows, incomplete shops, and completed shops.

accounted for only 5% of observed deficiencies, this type of deficiency is particularly concerning because it places undue pressure on individuals and can result in beneficiaries enrolling in plans that are unsuited to their medical needs.

Some of the absolute, inappropriate, inaccurate statements, or scare tactics observed by shoppers during CY2013 included:

- ***"MA plans had to be better than original Medicare or they would not be approved."***
- ***"Next week is going to be terrible. All agents will be so busy that you need to enroll today."***
- ***"You can apply online but good luck getting a computer to answer your questions when you're sick…you can apply by mail and the mailman will come by everyday but he can't help you when you're sick…if you sign up with me, I'll be there when you need me."***

Failure to provide the ***Plan Rating (Star Rating***) worksheet during formal shopping events accounted for the highest deficiency category in CY2013 with 163 observed deficiencies at secret shopping events. This PESS Tool question was new for CY2013 due to revisions made to the MMG, which require plans to distribute the standardized plan rating document whenever beneficiaries are provided an enrollment instruction form (MMG 30.12; 42 CFR 422.2268).

The ***Multi-Language Insert*** was also a newly assessed category for CY2013. Plan Sponsors must include the CMS created Multi-Language Insert with the Summary of Benefits, the Annual Notice of Change (ANOC), and Evidence of Coverage (EOC) during formal shopping events (MMG 30.7.1; 42 CFR 422.2268). Given the complexity of Medicare Advantage plans, it is important that Limited English Proficiency (LEP) beneficiaries understand the full range of health and financial implications of the health plans they are considering. Forty-eight shops failed to provide the Multi-Language Insert to attendees.

As noted previously, ***Ad-hoc Deficiencies*** was also a newly assed category for CY2013 and included 31 deficiencies which were captured by shoppers in the additional comments section of the PESS Tool which did not map to any of the other PESS Tool questions. These deficiencies predominantly corresponded to events which did not proceed per the plan sponsor's event designation in HPMS (i.e., Formal, Informal, Educational events). Because secret shopping is conducted primarily of formal marketing activities, events which proceed informally (such as at a booth or kiosk and did not include a formal presentation) were recorded as a non-compliant ad-hoc deficiency.

There were additional findings that did not map directly to one of the defined deficiency categories and were grouped together as ***Miscellaneous Deficiencies.*** This category included deficiencies related to plans' marketing materials, enrollment kits, inaccurate statements related to enrollment periods, event room set-up, or recorded events. Failure to include the requisite CMS marketing identification (ID) number on distributed material accounted for 43 of the 85 observations, the highest deficiency within this category.

3.2 Secret Shopping Compliance Actions

CMS CO analyzed the deficiencies identified in each PESS Tool entry to determine the appropriate compliance action. In order of increasing severity, potential compliance action options consisted of:

- Technical Assistance Letters (TALs)—not actual compliance notices,
- Notices of Non Compliance (NONC),
- Warning Letters with a Request for Business Plan (WLs), and
- Ad-hoc Corrective Action Plans (CAPs).

CMS sent TALs to plan sponsors that were shopped below the minimum six shop threshold, regardless of the number of deficiencies identified. TALs carry no penalty for the sponsor. Compliance notices were not issued to plans shopped fewer than six times because resulting compliance findings may not accurately reflect the plan's overall marketing behaviors.

Exhibit 3. Compliance Actions Taken by Risk Level for Secret Shopping[a]

Action [b]	High	Medium	Low	Total
Technical Assistance Letter	105	72	13	183
Notice of Non-Compliance	2	1	1	4
Warning Letter	2	0	0	2
Total Actions Taken	109	73	14	189

[a] This does not include plan sponsors under referral/enforcement.
[b] Risk level designation was missing for one shop where a compliance action was taken.

CMS took 189 actions involving 114 plan sponsors: 97% (n=183) were TALs;[4] 2% were NONCs; and 1% were WLs. High risk plan sponsors received 56% of CMS' notifications, while medium and low risk plan sponsors received 37% and 7%, respectively. It is important to note that CMS shopped far more high risk plans (1,459, or 76% of all shops conducted) as opposed to medium (388, or 20% of all shops conducted) and low risk plans (68, or 4% of all shops conducted). The majority of shopping occurred during the AEP, but surveillance continued through December 31, 2012 to capture after-season deficiencies. Exhibit 3 details compliance actions taken by CMS as a result of secret shopping.

3.3 One-on-One Secret Shopping Findings

One growing trend observed during secret shopping was that shoppers would attend events and no other participants besides the agent(s) would be present. CMS realized that one-on-one appointments are handled differently than public group sales events and needed to be evaluated differently. Therefore, CMS created a specialized "one-on-one tool" that offered flexibility in capturing the deficiencies unique to these situations. Results were compiled separately from other shopping activities and indicated one-on-one meetings were generally compliant.

During the CY2013 AEP and beyond,[5] secret shoppers completed 74 one-on-one events with 41 different plan sponsors. Nearly 75% (n=56) of secret shoppers either "agreed" or "strongly

[4] CMS sent TALs to plan sponsors that were shopped but either did not meet the minimum number of shops, no matter how many deficiencies were found, or had minimal findings.
[5] Two one-one-one events occurred outside the AEP: one was conducted on Oct. 2, 2012 and another was conducted March 11, 2013.

agreed" the one-on-one event was helpful in making enrollment decisions. One shopper noted in the one-on-one tool that marketing materials did not contain the requisite CMS Marketing ID number, while another observation noted the sales agent placed "undue pressure" to enroll in the plan. The most prevalent compliance finding was undue pressure to complete the sign-in sheet, although this finding was limited in scope. Of the 15 one-on-one events where a sign-in sheet was present, 3 shoppers noted pressure by the agent to fill out the sheet.

4 UNREPORTED MARKETING EVENTS (CLIPPER SERVICE)

Through the use of a clipper service, CMS conducted searches for advertisements that contained information on plan sponsors' marketing events.

4.1 Unreported Marketing Event Findings

CMS reviewed daily and weekly print publications in U.S. domestic markets nationwide, including advertisements in several non-English languages. CMS conducted reviews of 4,846 Medicare advertisements representing 8,699 total advertised events. These advertisements represented events hosted by 36 plan sponsors.

Of those advertisements reviewed, CMS identified 406 marketing events that were unreported in HPMS, indicating a deficiency for each plan sponsor. Plan sponsors are required to submit all formal and informal marketing/sales events via HPMS prior to advertising the event or seven calendar days prior to the event's scheduled date, whichever is earlier.[6]

4.2 Clipper Compliance Actions

CMS based its clipper-related compliance actions on activities conducted during the AEP season only. Based on its analysis, CMS issued 18 TALs and 4 NONCs to plan sponsors related to unreported marketing events. NONCs were issued to plan sponsors that incurred deficiency rates of 5% or higher. CMS based this rating on the number of events unreported in HPMS as a percentage of the plan's total number of formal and informal events. For example, if a plan held a total of 40 public marketing events, 4 of which were not reported to CMS, the plan incurred a deficiency rate of 10% and received an NONC.

5 SURVEILLANCE MARKETING ALLEGATION RESPONSE TEAM (SMART)

The SMART program reviews ad hoc complaints and allegations of inappropriate marketing activities and tracks and resolves these allegations by investigating the claims and ensuring appropriate action is taken for incidents deemed actionable. The SMART program compliments other CMS surveillance programs by working with stakeholders to obtain information about improper marketing activity. Complaints and allegations are referred to SMART from a variety of sources including, but not limited to: ROs; DOIs; SHIPs; SMPs; advocacy groups' plan sponsors; agents; caregivers; and beneficiaries. These complaints differ from 1-800-Medicare,

[6] 2014 MMG, Section 70.9.1, "Notifying CMS of Scheduled Marketing Events."

primarily a beneficiary resource, because SMART offers a way for other state and local stakeholders to submit allegations related to potential marketing violations witnessed or experienced in the field. Complaints may take the form of specific allegations involving named agents, MAOs, MA-PDs, and PDPs, or they may be non-specific to either an agent or plan. CMS was able to take action on some of the allegations, such as reported cold-calling, enrollment without consent, or door-to-door solicitation**,** based on the information provided in a SMART referral.

Upon receipt of allegations, CMS directs appropriate referrals to SMART for tracking and investigation. If a case is determined to be actionable, it is assigned to an appropriate entity for further investigation (e.g., health plan Account Managers [AMs], Medicare Drug Integrity Contractors [MEDICs]). All referrals submitted to SMART are tracked via a database with open and closed cases reported weekly. Additionally, referral category and information on actionable allegation trends are identified and reported monthly.

5.1 SMART Findings

While complaints and allegations are received throughout the year, this section presents SMART findings gathered throughout the CY2013 AEP. During this timeframe, SMART received 22 allegations from various sources. Exhibit 4 displays the number and percentage of allegations resulting from each referring source: 7 allegations (31.8%) were due to CMS RO or CO staff facilitation; 6 allegations (27.3%) resulted from insurance plans and brokerages competing in the market place; and 4 allegations (18.2%) were submitted by SMPs.

SMART also tracked referrals by behavioral category (as shown on the X axis of Exhibit 5) to monitor trends or patterns of agent conduct. The greatest number of allegations made by the referring sources (10 of 22, or 45.5%) fell into the broad agent and broker conduct category, which includes marketing misrepresentation, aggressive marketing, potential steering to a specific plan, and other non-compliant practices. Exhibit 5 identifies the referral categories in greater detail.

Exhibit 4. Sources of SMART Referrals
(N = 22)

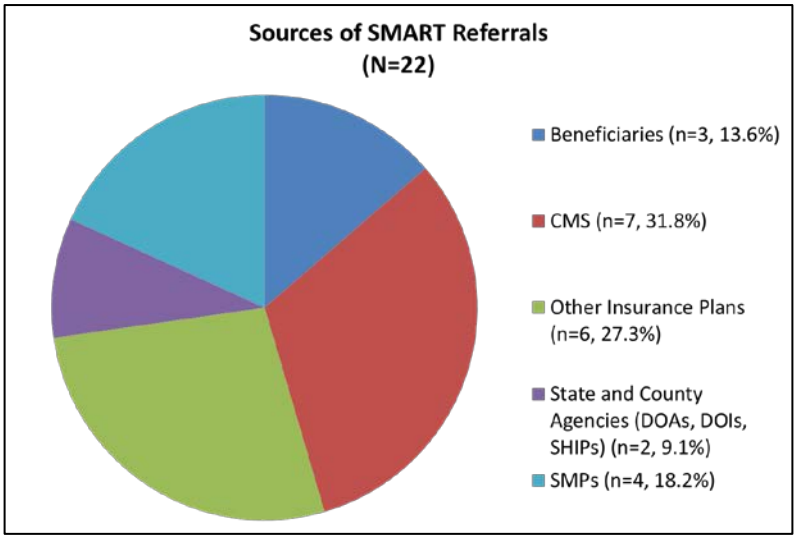
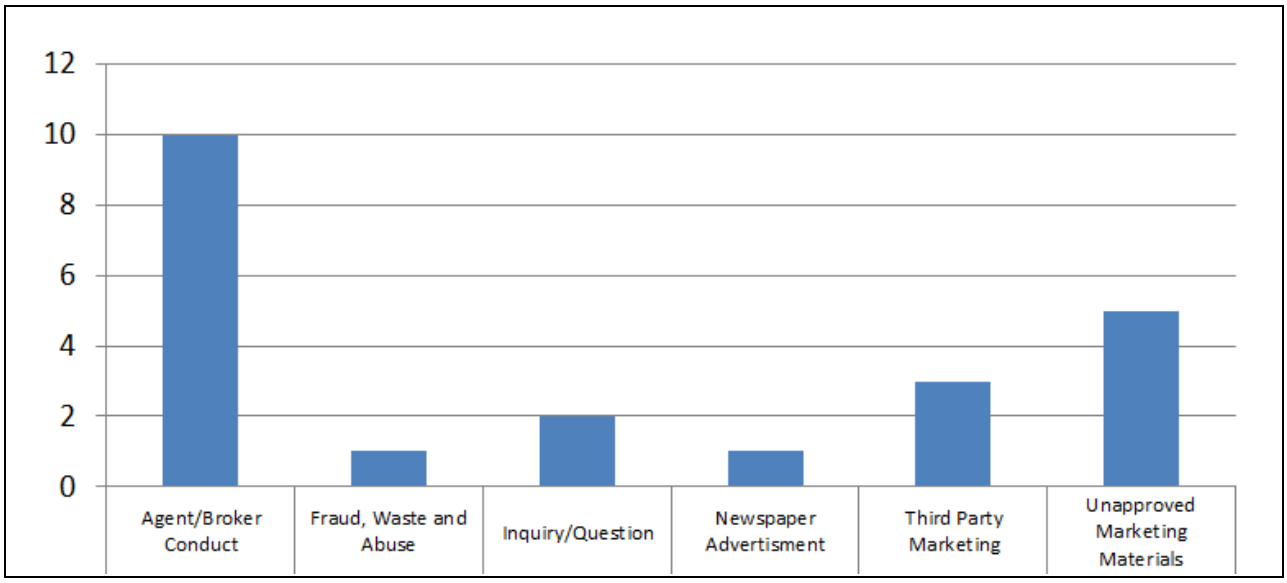


Exhibit 5. SMART Referrals by Behavioral Category
(N=22)



5.2 SMART Referrals and Compliance Actions

Of the 22 referrals received by SMART, 13 allegations were deemed "actionable." The majority of actionable allegations were sent to CMS AMs for further investigation, and the rest were referred to compliance entities such as the CMS Center for Program Integrity and MEDICs. Upon receipt of a complaint, the AM typically interfaced with the related plan sponsor to alert them of the allegation. Plans then investigated and took appropriate action and reported back to the AM following the plan sponsor's review.

In certain circumstances, CMS referred SMART allegations to a surveillance contractor for either secret shopping or a Targeted Observation (TO). A TO consisted of contacting agents via telephone and asking them targeted questions about their practice in order to verify the allegation or further glean potential misconduct. SMART surveillance reported on four TOs during the AEP based on allegations involving:

- Three marketing violations where plans marketed prior to the October 15th open enrollment date; and
- An agent cold-calling beneficiaries.

CMS issued one WL and two NONCs for marketing prior to October 1; the earliest health plans are permitted to market for the upcoming AEP, according to the MMG. The TO findings related to agent cold-calls were not validated, resulting in no compliance action being taken.

6 CY2013 MARKET SURVEILLANCE SUMMARY

CMS works to consistently grow and adapt the market surveillance program to meet the changing needs of the Medicare population, build on program successes, and mitigate oversight challenges. As a result, the program continues to be a highly effective mechanism to protect Medicare beneficiaries and ensure they receive accurate information that complies with the MMG.

In CY2013, CMS continued to enhance the market surveillance program. CMS conducted outreach activities to engage state DOIs to perform shopping in addition to contractors and CMS staff. The DOIs provided access to additional events and venues. CMS also reached out to plan sponsors and trade associations informing them of CMS' secret shopping activities. Additionally, CMS built on SMART activities to monitor allegations of inappropriate marketing activities and received 22 allegations, 13 of which were actionable and sent to AMs, MEDICs, or SMART Surveillance.

CY2013 also achieved many market surveillance successes. In secret shopping, 66% of all shops in CY2013 had no validated deficiencies. Although this is a decrease from the 78% of shops in CY2012, the difference is largely attributable to the two new deficiency categories measured in CY2013 (Star Rating and Multi-Language Insert), which comprised a large proportion of observed deficiencies seen during the shopping season. While CMS issued 189 compliance actions letters to 114 plans, 183 (or 97%) of these letters were TALs, indicating minimal findings or that plans did not meet the minimum threshold of six events shopped. Of the events CMS reviewed as part of the clipper service, only 4.7% of events were found to have not been reported in HPMS as required.

CMS will build on CY2013 marketing surveillance successes in CY2014 in a number of ways. First, CMS will continue outreach to stakeholders, such as DOI staff, as secret shoppers. Second, given that agent no-shows at marketing events is an ongoing deficiency, CMS will closely monitor this trend and issue compliance actions as necessary. Third, CMS will also continue to investigate and monitor new ways plans and agents reach Medicare beneficiaries and ensure that beneficiaries at all event venues receive accurate information that complies with CMS' marketing guidance regulations. Finally, CMS plans to further tailor the market surveillance program by focusing on areas most vulnerable to inappropriate marketing, such as areas that are affected by non-renewing plans or those areas which have experienced higher compliance issues during the CY2013 AEP.

APPENDICES

Appendix A. Mapping observed deficiencies (n=684) to Assigned Deficiency Categories

Assigned Deficiency Category	Description	Number of CMS-validated Deficiencies
Event Did Not Take Place	Shopper was unable to complete the event (e.g., agent "no-show").	83
Sign-In Sheet or Roster	The sign-in sheet and/or the presenter did not clearly indicate that providing personal contact information was optional.	122
Contact Information / Event Registration	Attendees were told they had to provide their contact information or complete a registration form in order to attend the event.	38
Food / Gifts	Food / Gifts offered at the event did not comply with marketing restrictions.	14
Multi-Language Insert	The Multi-Language Insert was not provided or available.	48
Drug Coverage	The presenter inaccurately described prescription drug benefit coverage, such as elements related to costs, network coverage, exception process, or the coverage gap/donut hole.	14
Special Needs Plans (SNP) Information	The presenter inaccurately described or failed to describe how drug coverage works with the SNP marketed (only assessed for events where a SNP was marketed).	2
Plan Rating (Star Rating)	The presenter did not discuss and/or provide information on the plan's overall Plan Rating. These deficiencies also account for instances where the Plan Rating worksheet was provided but did not include the requisite information (i.e., plan name, contract number, CMS marketing ID).	163
Absolute Marketing Statements	The presenter made an absolute statement about their plan that did not include a reference to the source of the information (Examples of absolute statements are statements such as the plan is "the best," "the highest-rated," or "provides more than any other plan"? Examples of reference sources are Medicare.gov, JD Power, US News & World Report, etc.).	52
Inappropriate Statements/ Inaccurate Statements / Scare Tactics	The presenter made inappropriate or inaccurate statements, or used "scare tactics" in order to pressure beneficiaries to enroll in their plan.	32
Miscellaneous Deficiencies	Deficiencies that could not be categorized into a major topic area (e.g., plan being marketed was unclear, election period was not accurately described, marketing material did not include required CMS ID number).	85
Ad-Hoc Deficiencies	Additional deficiencies or concerns from the event (an example of an ad-hoc deficiency is that the event did not take place per the 'Type of Event' HPMS designation).	31
Total		**684**