MIPPA Marketing Implementation Tool

This tool is designed to enable Medicare Advantage Organizations (MAOs), Prescription Drug Plan Sponsors (PDPs) and Cost Plans to report to CMS on their compliance with the new marketing regulations for the 2009 marketing and contract year.

Section 1 should be completed by all contract plan types. Section 2 should be completed by all contract plan types EXCEPT Private Fee-for-Service. Depending on the plan type offered under the contract for which you are responding, you will be guided through the tool and will be presented only with those sections and questions that apply.

NOTE: Employer/union group plans are not subject to many of the new marketing provisions. Therefore, employer/union direct contracts should NOT complete the tool because their entire contract is not subject to many of the new marketing provisions. However, contracts with 800 series plans should complete the tool as it applies to their individual market plans. In addition, PACE organizations are NOT required to complete the tool.

Please be sure to complete all questions with the most accurate and up-to-date information at the time of your response. It is in the best interest of your organization to respond to the questions candidly and to solicit assistance as needed. If CMS has reason to believe that an organization may have responded in error, this will invite a focused audit or some other verification activity from CMS, with a possible compliance action as the end result.

Please submit the MIPPA Marketing Implementation Tool, as directed in the HPMS memo titled "Medicare Improvements for Patients and Providers Act (MIPPA) Marketing Implementation" **no later than January 30, 2009.** The last two questions of the tool will allow you to apply your responses in this submission to other contracts that meet specified criteria.

1) **Which plan type is offered under this contract?**

> Private Fee-for-Service (PFFS)
> Other (all other plan types)

SECTION 1: TO BE ANSWERED BY ALL CONTRACT PLAN TYPES

Elimination of File & Use Eligibility

2) Has your organization submitted the File & Use Certification form?

       Yes - Submitted, but still awaiting approval
       Yes - Submitted and approved
       No - Please explain and include your expected approval date below

Maximum of 250 characters
_____

3) Have you established a marketing material review process that ensures File & Use eligible materials are submitted to CMS five (5) calendar days prior to distribution?

       Yes
       No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Marketing through Unsolicited Contacts

4) Have sales agent staff and compliance staff been educated and trained regarding the new marketing requirements, such as the prohibition of outbound marketing calls and prohibition of calls to former members who have disenrolled?

       Yes - Please state below when this requirement was met
       No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

5) Do outbound call scripts meet ALL of the following requirements?

1. Contain the privacy statement described in the September 15, 2008 HPMS memo titled "Guidance for Regulations in CMS 4131-F and CMS 4138-IFC";

2. *Submitted to CMS for review and approval;*
3. *Do not request beneficiary identification numbers; and*
4. *Do not imply that your organization is endorsed by Medicare or is calling on behalf of Medicare*

Check NO if ANY of these requirements is NOT met.

> Yes
> No - Please list which requirements are not met (by number) and include your expected readiness date(s) for the listed requirements below

Maximum of 250 characters
_____

6) Does your organization have a process in place to ensure that the prohibition on door-to-door solicitation extends to other instances of unsolicited contact that may occur outside of advertised sales and educational events?

> Yes
> No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Cross-selling

7) Have you established and implemented policies and procedures to ensure that your contracted sales force does not sell non-health care-related products (such as annuities and life insurance) to prospective enrollees during MA or Part D sales activities?

> Yes
> No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

8) Do you currently market non-health care-related products such as annuities and life insurance during hold time messages or on your IVR systems?

> Yes - please explain below
> No

Maximum of 250 characters
_____

Scope of Appointments

9) Have you established and implemented policies and procedures to ensure that beneficiaries are informed of all products that will be discussed during an in-home appointment PRIOR to that appointment?

      Yes
      No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

10) Have all sales staff been trained and educated regarding the new requirement that prior to an appointment with a potential enrollee, the beneficiary must agree to the scope of the appointment and that agreement must be documented?

      Yes
      No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

11) Have you established and implemented a system to track and monitor the written or verbal agreement by which a beneficiary agrees to which products will be discussed during the appointment?

      Yes
      No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

12) Does your organization monitor appointments to ensure that any additional lines of business are not discussed during the initial appointment?

      Yes
      No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Sales/Marketing Events in Health Care Settings

13) Have you established and implemented an effective process to ensure that your advertising related to marketing events clearly reflects which products your sales force is marketing?

       Yes
       No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

14) Have you established and implemented an effective process to ensure that sales agents are not marketing in prohibited health care settings?

       Yes
       No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Educational Events

15) Have you established and implemented policies and procedures to ensure sales staff is trained, educated and compliant with the prohibition on conducting sales activities at educational events?

       Yes
       No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

16) Has your organization cancelled or modified noncompliant educational events?

       Yes
       No - Please explain below
       N/A - No educational events have been noncompliant

Maximum of 250 characters
_____

17) Do you have a process in place to ensure that all advertisements for educational events include the appropriate disclaimer information?

Yes
No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Co-branding

18) Have you ensured that an appropriate disclaimer appears on all marketing materials that includes the name and/or logo of a co-branded network partner?

Yes
No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

Prohibition on the Provision of Meals

19) Have you established and implemented an effective process to ensure that meals are not provided or subsidized during sales events and/or meetings?

Yes
No - Please explain and include your expected readiness date below

Maximum of 250 characters
_____

State Appointment of Agents/Brokers

20) Have you established and implemented a process to ensure that you comply with state appointment laws that require plans to give the state information about which agents are marketing the Part C and Part D plans?

Yes

No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

Plan Reporting of Terminated Agents

21) Have you established and implemented policies and procedures to ensure that an effective process is in place to comply with the reporting of terminated brokers or agents and the reasons for termination to the respective state?

Yes

No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

Broker/Agent Training and Testing

22) Have you established and implemented policies and procedures to ensure that all brokers, agents and sales representatives are trained annually on Medicare rules and regulations, and on plan-specific details regarding the products they sell?

Yes

No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

23) Have you established and implemented policies and procedures to ensure that all brokers, agents and sales representatives tested after September 18, 2008 have obtained a passing score of 85 percent or higher on tests?

Yes

No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

24) Have you established and implemented an effective process to handle brokers, agents and sales representatives who fail their initial exam?

Yes
No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

25) Does your organization contract with Field Marketing Organizations or other lead generator/sales organizations?

Yes - provide the names of the organizations below, separated by commas
No

Maximum of 250 characters

_____

Organizations that check "No" will be automatically skipped to Question 27.
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26) Does your organization have a mechanism in place to ensure that Field Marketing Organizations or other lead generator/sales organizations that you contract with are in compliance with CMS marketing rules?

Yes
No - Please explain and include your expected readiness date below

Maximum of 250 characters

_____

27) Does your organization conduct surveillance activities of your agents/brokers?

Yes - please describe the activity below
No - please explain and include your expected readiness date below

Maximum of 250 characters

_____

28) How does your organization ensure that contracted downstream entities are familiar with existing and new MIPPA marketing requirements and are in compliance?

_____Maximum of
250 Characters

29) What strategies does your organization employ to ensure that you can prevent, detect and respond to situations in which the agents/brokers may be inappropriately targeting or engaging in marketing misrepresentations with vulnerable beneficiaries (i.e., dual eligibles, low-income housing residents, the disabled, those with limited English proficiency, etc.)?

_____Maximum of
250 Characters

30) Does your organization utilize the National Insurance Producer Registry (NIPR) or similar tools to report on or oversee agents/brokers?

Yes - NIPR
Yes - other than NIPR (please specify below)
No

Maximum of 250 characters
_____

31) Please summarize below any best practices you currently employ in the area of marketing that you feel would be useful for other organizations/sponsors.

_____Maximum of
250 Characters

Organizations that check "Private Fee-for-Service" in Question 1 will be automatically skipped to Question 46.

SECTION 2: TO BE ANSWERED BY ALL CONTRACT PLAN TYPES <u>EXCEPT</u> PRIVATE FEE-FOR-SERVICE

Some organizations conduct Outbound Enrollment Verification (OEV) calls for plan types other than Private Fee-for-Service (PFFS), even though this is not required. The following questions are presented to gather information on these organizations' experiences with OEV calls for non-PFFS plan types.

32) Is your organization conducting Outbound Enrollment Verification (OEV) calls?

Yes
No

33) For which plan types do you conduct OEV calls? *(List these plan types below.)*

_____Maximum of 250 Characters

34) Why did you decide to conduct OEV calls for the plan types listed above? *(Explain your reasons below; responses need not be specific to the plan type.)*

_____Maximum of 250 Characters

35) Are the OEV calls conducted by your employees?

Yes - Please indicate the name of the department within your organization that conducts these calls below
No - Please indicate who outside your organization conducts these calls below
Other - Please indicate below (e.g., a combination of your employees and those outside your organization)

Maximum of 250 characters
_____

36) Please list the CMS Marketing approval numbers for all documents related to OEV. *(Separate the approval numbers by commas and indicate if your response requires more than 250 characters.)*

_____Maximum of 250 Characters

37) Do you conduct OEV calls for ALL enrollments made through a sales agent or only for a sample?

All sales agent enrollments
A sample of sales agent enrollments - specify sampling percentage below

Maximum of 250 characters
_____

38) How soon after the enrollment request is received by your organization is the OEV call made to an enrollee? *(Specify approximate number of days below.)*

_____Maximum of 250 Characters

39) Do you require that the sales agent NOT be present with the enrollee when the OEV call is made?

        Yes
        No

40) Do you have a policy regarding the number of OEV calls/attempts that are made to contact an enrollee to verify enrollment?

        Yes - Please specify the number of OEV calls/attempts below
        No

Maximum of 250 characters
_____

41) Does your organization use a letter of confirmation if it cannot verify the enrollment through telephone contact?

        Yes
        No

42) Do you record OEV calls?

        Yes - Please specify below how long the recorded calls are kept AND where they are kept/maintained
        No

Maximum of 250 characters
_____

43) How are the data from the OEV calls used (e.g., for training, for agent/broker evaluation, other)? *(Specify below.)*

_____Maximum of 250 Characters

44) Who within your organization receives the data on these calls (e.g., CSR and/or agent/broker training department, managers, etc.)? *(Specify below.)*

_____Maximum of 250 Characters

45) Please summarize below any best practices you use regarding OEV calls*.*

_____Maximum of 250 Characters

Apply Responses to Other Contracts

46) Organizations with more than one contract have the option of completing this MIPPA Marketing Implementation Tool online once and then applying the responses to their other contracts when:

1. The contract type is the SAME (e.g., PFFS, MA-PD, PDP, etc.) AND
2. ALL responses are IDENTICAL.

Apply the responses from the current online submission to other contracts (when conditions 1. and 2. above are met), OR
Complete INDIVIDUAL submissions by contract number when there is only one contract OR the responses differ by contract number

47) Please apply these Marketing Implementation Tool responses to the following contracts (for which the contract type is the SAME AND responses are IDENTICAL) *(List contract numbers below, separated by commas)***:**

_____Maximum of 250 Characters

When you have completed all responses, click "Submit."

NOTE: Once you click the submit button below, you cannot return to correct, update or print this set of responses.

Contact Joan.Peterson@cms.hhs.gov if you have questions.

Thank you for completing this MIPPA Marketing Implementation Tool.