



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard
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TO: All Medicare Advantage, Medicare Advantage-Prescription Drug Organizations, Demonstrations and Prescription Drug Plans

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SUBJECT: Expedited Procedures for Approval of Marketing Materials

CMS is modifying the procedures for the approval of materials related to the annual renewal process, in order to ensure that organizations are able to submit information efficiently, with minimal burden, and to ensure that beneficiaries have the most complete, accurate and timely information to make decisions during the annual election period. While all organizations may participate in the expedited procedures, we especially encourage large organizations offering multiple plans to participate in this option. These new procedures will significantly reduce the time for CMS review and allow organizations the opportunity to provide beneficiaries with important information sooner.

While organizations may continue to submit materials under the current CMS marketing guidelines, based on conditional approval of initial bid information, the expedited review approach will permit organizations to have a second option that will allow the organization to submit templated materials without cost sharing information for review and approval by the regional office. The organization would be responsible for populating the appropriate cost-sharing and benefit information once the bid is approved. These populated materials would not need to be resubmitted to the appropriate CMS Regional Office (RO) for additional approval prior to use, but organizations should submit each variation of the template to the RO through HPMS within 30 days of populating the materials. If any changes or corrections to the bid occur after the template is approved, the organization will be responsible for correcting all marketing materials to reflect the changes.

The following documents qualify for an expedited review: Summary of Benefits (SB), Annual Notice of Change (ANOCs), Evidence of Coverage (EOC), Provider and/or Pharmacy directories, and the cover letter included with the pre-enrollment marketing package. This expedited process is effective immediately for the 2007 contract year renewal process.

Expedited Marketing Review

Eligibility for Participation in the Expedited Process

All organizations may submit information under the expedited process.

Submission of Templates

A “template material” is any marketing material that includes placeholders to be populated by variable elements. Variable elements can be specific to one plan or can apply to multiple plans within the same organization that utilize the same base materials. Examples of variable elements would include: date and location information for sales presentations, benefits that may vary between plans, cost sharing and premium.

Template materials must show how the placeholders will be populated (e.g., <date>), or populate the placeholder fields with all variables (e.g., <benefit x/benefit y>). Template materials will have only one marketing identification number regardless of the number and combination of variable elements.

Templates or models, such as the (1) SB, (2) ANOC, (3) EOC, (4) Provider and/or Pharmacy directories, (5) the cover letter included with the pre-enrollment marketing package, must be uploaded to CMS through the HPMS marketing module. The appropriate CMS RO will review the templates and either deny or approve them **within 10 or 45 days** of their filing in the HPMS marketing module, **depending on whether the organization has submitted model language, or non-model language**. If an organization chooses to submit a SB for review without section 3 and no hard copy changes, it will be treated as a standardized document and reviewed using the 10-day time frame. Model documents used as templates may not be modified.

Changes to the text in the templates once approved will require review and approval by CMS RO. Changes to placeholders populated by date or location, phone numbers, addresses, and other non-benefit or non-premium information are not required to be submitted as new material. Likewise, co-branding information added to previously approved template materials is not subject to an additional review, as long as the changes are limited to populating existing variable fields (e.g., organization name, logos, or contact information).

Multi-Regional organizations that submit templated materials are not required to send approved copies of the template to local regions, since this information is already available within the Health Plan Management System (HPMS).

Approval of Bid

After the bid is approved, each plan must populate the templates initially submitted with information from the bid. The material need not be approved again by CMS prior to use, but organizations must submit the materials through HPMS within 30 days of populating the materials with bid information. If the bid is revised at any

point, the organization is responsible for correcting all marketing materials to reflect these bid changes. Any organization that uses marketing materials containing errors (for example, the benefit or cost-sharing information differs from that in the approved bid) will be required to correct those materials for prospective members and send errata sheets/addenda/reprints to current members by a reasonable timeframe. In cases where non-compliance is discovered, the organization may be subject to penalties including intermediate sanctions and civil money penalties.

Quality Review and Reporting of Errors

CMS may conduct retrospective reviews, quality checks, or audits of the populated templates. We expect that organizations will perform quality reviews and testing as necessary to ensure that the means of populating and distributing templates with information from the approved bid is accurate. When errors are discovered, an organization must report these to the appropriate CMS RO and correct the error using RO-approved errata sheets or addenda.

If you have any questions about this guidance, please e-mail your questions to marketing@cms.hhs.gov.