



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: May 18, 2011

TO: Medicare Advantage Organizations
Cost-Based Contractors
Prescription Drug Plan Sponsors
Employer/Union-Sponsored Group Health Plans

FROM: Danielle R. Moon, J.D., M.P.A., Director

SUBJECT: Issuance of the Final 2012 Medicare Marketing Guidelines

I am pleased to announce the release of the final 2012 Medicare Marketing Guidelines for Medicare Advantage organizations (MAOs), prescription drug plan (PDP) sponsors, section 1876 cost-based contractors, demonstration plans and employer and union-sponsored group plans, including employer/union-only group waiver plans. The final 2012 Medicare Marketing Guidelines are posted at: <http://www.cms.hhs.gov/ManagedCareMarketing/> and are also being issued as Chapters 3 and 2 of the Medicare Managed Care Manual and the Prescription Drug Benefit Manual, respectively.

We released the draft revised Medicare Marketing Guidelines for public comment on January 6, 2011 and received a total of 857 comments. These came from 83 entities, including MAOs, PDP sponsors, consumer advocacy groups, pharmacy associations, health plan associations, and State departments of health. After careful analysis of all comments received, we have made a number of important revisions and clarifications to the final document. See Attachment A for a high-level summary of the most significant changes made between the draft and final versions of the guidelines. We have also made minor editorial changes throughout the document. The final changes are also highlighted in red italicized font in the Guidelines.

CMS received numerous comments relating to Full Integrated Dual Eligible Special Needs Plans (FIDESNPs). As mentioned in the 2012 Call Letter, we are considering an initiative to promote enrollment of dual eligible beneficiaries into FIDESNPs. We will take the comments received into consideration in developing specific marketing policy for FIDESNPs, which we expect to issue through separate guidance in the future.

CMS also received numerous comments relating to the requirement that enrollees receive an Annual Notice of Change/Evidence of Coverage (ANOC/EOC) by September 30th. We intend to release the ANOC/EOC in May to ensure plan sponsors are able to meet CMS required deadlines. Plan sponsors are encouraged to begin populating their ANOC/EOC documents with

information from the June bid submission and update based on any changes resulting from final bid approval. Furthermore, for the 2012 AEP, plan sponsors may distribute the ANOC/EOC immediately following submission in HPMS; that is, we are waiving the 5-day requirement for File & Use Materials to support plan sponsors in their efforts to get these materials to enrollees within required timelines.

If you have further questions regarding the 2012 Medicare Marketing Guidelines, please contact your Account Manager.