



## **MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

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DATE: June 7, 2012

TO: Medicare Advantage Organizations  
Medicare Advantage-Prescription Drug Organizations  
Section 1876 Cost Plans  
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 2013 Medicare Marketing Guidelines

We are pleased to announce the release of the final 2013 Medicare Marketing Guidelines (MMG) for Medicare Advantage organizations (MAOs); prescription drug plan (PDP) sponsors; section 1876 cost-based contractors; and employer and union-sponsored group plans, including employer/union-only group waiver plans. Marketing guidance for Financial Alignment Demonstration contracts will be issued separately. The 2013 MMG is available on the marketing page of the CMS website at: <http://www.cms.hhs.gov/ManagedCareMarketing/>. The MMG will also be issued as Chapters 3 and 2 of the Medicare Managed Care Manual and the Prescription Drug Benefit Manual, respectively.

This year, we conducted a comprehensive review of the MMG with a focus on streamlining, consolidating, and removing outdated requirements. We released the draft MMG for public comment on February 16, 2012, and received approximately 1,775 comments. These came from 106 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 guidance and provide a high-level summary below.

The 2013 MMG centers around three guiding principles:

- Plan sponsors are responsible for ensuring compliance with CMS' current marketing regulations and guidance, including monitoring and overseeing the activities of their subcontractors, downstream entities, and/or delegated entities;
- Plan sponsors are responsible for full disclosure when providing information about plan benefits, policies, and procedures;

- Plan sponsors are responsible for documenting compliance with all applicable MMG requirements.

The sections which received the most comments include those related to referencing Plan Ratings Information, the Multi-Language Insert, the Annual Notice of Change/Evidence of Coverage (ANOC/EOC) member receipt date, Reward and Incentive items for current members, and Website Submissions. Changes to these areas are highlighted below.

- Referencing Plan Ratings in Marketing Materials –The Final MMG clarifies that individual measures may be marketed, as long as they are communicated in conjunction with a contract’s overall performance rating.
- Multi-Language Insert – The final MMG clarifies that plan sponsors will have the option to include this information as part of the ANOC/EOC and Summary of Benefits (SB) documents or to distribute as a separate insert. Additionally, the MMG expanded guidance to allow the inclusion of additional languages on the insert.
- ANOC/EOC – The final MMG clarifies that Dual Eligible Special Needs Plans (D-SNPs) have the option to send the ANOC with the SB for member receipt by September 30th and then send the EOC for member receipt by December 31st. D-SNPs that send a combined ANOC/EOC for member receipt by September 30th are not required to send an SB to current members.
- Rewards and Incentives – The final MMG removed the \$50 annual limit related to reward and incentive items and allows nominal reward and incentive programs to be structured based on covered preventive services that have zero dollar cost share.
- Submission of Websites for Review – Revised guidance clarifies that only the portion(s) of a plan sponsor’s website that is disapproved must be removed immediately.
- Outreach to Dual Eligible Members – Removed from Section 70.10 from the MMG. CMS does not believe the intent of this section meets our definition of marketing as it focuses on identifying current plan members who may be eligible for Medicaid and other social service programs. As such, updated guidance related to the outreach to dual eligible members has been renamed and will be included as a new section within the updated Chapter 4 Benefits and Beneficiary Protections, which was released in final on May 25, 2012 (For further information see our HPMS memo, “Update to Chapter 4 of the Medicare Managed Care Manual.”)

CMS will host its 2013 MMG training on June 20, 2012 from 11:00 am to 1:00 pm EST. Additional information for the training is forthcoming. If you have further questions regarding the 2013 Medicare Marketing Guidelines after the training, please contact your Account Manager and/or Marketing Reviewer.