

# 2011 Medicare Marketing Updates

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# Overview of Training

- What's New in Medicare Marketing?
- Marketing Policy Clarifications
- Model Documents (Provider Directory, ANOC/EOC and Part D models)

# What's New in Medicare Marketing?

# New Regulatory Provisions- 4085-F

- Application of MA marketing requirements (Part 422, Subpart V, Medicare Advantage Marketing requirements) to section 1876 cost plans
- New definition of ad-hoc communication materials §422.2260 and §423.2260
  - Informational materials targeted to current enrollees,
  - Are customized or limited to a subset of enrollees, or
  - Apply to a specific situation and do not include information about the plans benefit structure

# New Regulatory Provisions- 4085-F

- Ad-hoc communications (cont'd)
  - Are not considered marketing materials
  - Must be submitted as File & Use
  - May be retrospectively reviewed by CMS
  - Examples include:
    - Member-specific claims processing letters
    - Shortage of formulary drugs due to a manufacturer recall letter
    - Refund information

# New Regulatory Provisions - 4085-F

- Standardization of marketing materials  
§422.2262 and §423.2262
  - Mandatory use, without modification, wherever CMS provides standardized language and formatting
  - Mandatory standardized models:
    - Summary of Benefits
    - Annual Notice of Change/Evidence of Coverage

# Section 40 - General Marketing Requirements – Material ID

- Marketing Material Identification Requirement
  - Material ID must be entered into HPMS exactly as it appears on the marketing material submission
  - File & Use Materials must include the actual accepted date
    - The date that material is eligible for use in the marketplace
    - Actual date is entered onto the marketing material after it has been accepted in HPMS

# Section 50 - Marketing Material Types and Applicable Disclaimers

- Disclaimers
  - Restructured and consolidated in section 50
  - New Private-fee-for service (PFFS) disclaimers for full and partial network plans

# Section 50.2 – Plan Sponsor Mailing Statements

- Plan sponsor mailing statements
  - “This is an advertisement”
  - “Important Plan Information”
  - “Health or wellness or prevention information”
  - “Non-health or non-plan related information”
- Mailing statement must be prominently displayed on all mailings

# Section 50.2 – Plan Sponsor Mailing Statements (cont' d)

- Envelopes that contain information other than one of the four mailing statements require 45-day review
- Envelopes should not resemble government mailings
- Plan name or logo must be on all mailings
- Delegated or sub-contracted entities and downstream entities that conduct mailings must comply with the requirement



# Section 70 - Promotional Activities, Events, and Outreach

- Outbound enrollment verification
  - Calls must be made for all enrollments effectuated by agents and brokers (independent & employed) except when:
    - Plan switches within same MA or Part D parent organization with the same plan type (e.g., HMO to HMO)
    - Not acting as sales agent and carrying out customer service duties (e.g., providing factual information, taking demographic information to complete enrollment)



# Section 100.0 – Plan Sponsor Website Requirements

- Special Guidance on Social Networking Sites
  - Plan sponsors may use social networking sites to promote their plans
    - CMS intends to monitor sites as part of marketing surveillance activities
    - Plan materials, including advertisements, must be submitted via HPMS

# Policy Clarifications

# Section 30 - Plan Sponsor Responsibilities

- Use of Medigap data
  - Medigap issuer/plan sponsors may not conduct outbound calls to market their MA, MA-PD, 1876 cost plan or Part D Plan
  - Marketing must be to all current enrollees, not just a subset
  - MA, MA-PD, cost plan or Part D products may be discussed during an outbound call if initiated by the beneficiary

# Section 30 - Plan Sponsor Responsibilities

- Requirements for non-English speaking or special needs populations:
  - Make all materials noted in sections 30.9, 30.10, and 30.11 available in any language that is the primary language of >10% of plan sponsor's PBP service area
  - Translated versions must be placed on the plan sponsor's website
  - Regardless of percentage of non-English speakers in a service area, call centers must be able to accommodate non-English speaking beneficiaries

# Section 60 - Guidance on Required Documents

- Summary of Benefits (SB)
  - SB is required in the enrollment kit
  - Dual Eligible Special Needs Plans must include the SB in their enrollment kit to fulfill the comprehensive written statement requirement
  - SB that contains section 4 will require a 45-day review

# Section 80 – Guidance on Telephonic Activities and Scripts

- Customer service number requirements for plan sponsors
  - Must operate from 8am - 8pm:
    - November 15 - December 31 in 2010 for CY 2011
    - October 15 - December 7 in 2011 and beyond for CY 2012 and beyond
    - Sixty days past the beginning of the following calendar year (January 1 to March 1)

# Section 120 - Compensation Policy

- In addition, plan sponsors must withhold or recover agent/broker payments in the following situations:
  - Rapid Disenrollment
  - Change of agent
  - At any other time when the member is not in the plan

# Third-Party Marketing Organizations (TMOs)

- Third-Party Marketing Organizations (TMOs)
  - Field Marketing Organizations (FMOs), General Agents (GA), Brokers
    - Plan sponsors are responsible for ensuring that the compensation requirements (e.g., 6-year cycle, initial and renewal compensation payments, training and testing) are followed by third-parties

# Questions