

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

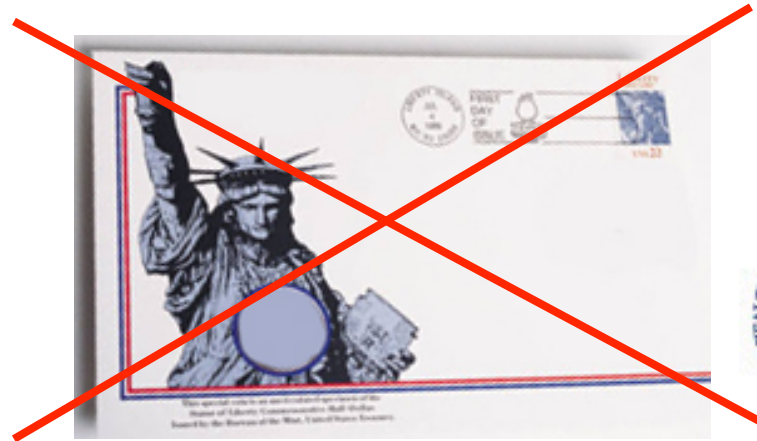
- Disclaimers
 - Restructured and consolidated in section 50
 - New Private-fee-for service (PFFS) disclaimers for full and partial network plans

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