

CY 2014 CMS Medicare Marketing Guidelines (MMG) Summary

Released by CMS: 6/28/2013 – MMG is revised annually by CMS

CMS holds Coventry Health Care (CHC) responsible for ensuring compliance with CMS' current marketing regulations and guidance, including monitoring and overseeing the activities of subcontractors, downstream entities, and/or delegated entities marketing CHC Medicare products as noted in MMG, Section 10.

This document summarizes agent responsibilities when selling Medicare products, and is not intended to be all inclusive. Coventry recommends you refer to this listing often to remain compliant.

To view the full CMS Medicare Marketing Guidelines, go to: <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/index.html>.

DO	DON'T
Educational Events – MMG Section: 70.8	
<p>Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and does NOT include marketing (steering, or attempting to steer potential enrollees toward a specific plan or limited number of plans). DO NOT include any sales activities: <u>no distribution of marketing materials or distribution or collection of plan applications.</u></p> <ul style="list-style-type: none"> ▪ MUST be explicitly <u>advertised as “educational,”</u> otherwise, CMS will consider as sales/marketing events. ▪ DO NOT extend to in-home or one-on-one settings; held <u>only in public venues.</u> ▪ MEMBER ORIENTATION EVENTS: If a member-only event is held, enrollment forms CANNOT be available, and enrollment or sales activities MAY NOT be conducted. Any advertising of member-only events must be done in a way that reasonably targets only existing members (e.g., direct mail flyers), and not the mass marketplace (e.g., radio or newspaper ad). 	
<p>DO provide objective information about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans; materials available to beneficiaries must be free of plan-specific information (premiums, co-payments, or contact information), AND any bias toward one plan type over another.</p> <p>DO present a business card to a beneficiary <i>if the beneficiary requests</i> information on how to contact the plan or agent. Card must be free of plan marketing/benefit information.</p> <p>MAY provide promotional items, including plan name, logo and/or toll-free Customer Service number and/or website. MUST be free of benefit information and consistent with CMS' definition of Nominal Gift. Refer to <i>Promotional Activities, Nominal Gifts</i> heading below. MMG, Section 70.1.1.</p> <p>MEALS MAY be provided; must meet CMS definition of an educational event, AND comply with CMS Nominal Gifts requirement. MMG, Section 70.3</p> <p>DO display banner with plan name/and or logo.</p> <p>DO respond to questions asked; response to questions will not render event as sales/marketing provided responses do not go beyond questions asked.</p>	<p>DO NOT accept or have available enrollment forms. This includes collecting enrollment forms or helping beneficiaries complete an enrollment form and placing it in a stamped envelope for beneficiary to mail at a later date.</p> <p>DO NOT attach business cards or plan/agent contact information to educational materials, <i>unless requested by the beneficiary.</i></p> <p>DO NOT schedule individual sales appointments or get permission for an outbound call to a beneficiary.</p> <p>DO NOT distribute or display business reply cards, scope of appointment forms, enrollment forms, or sign-up sheets.</p> <p>DO NOT advertise an educational event and then have a marketing event immediately following in the same general location (ex: same hotel).</p> <p>DO NOT collect names, addresses, email addresses or phone numbers of potential enrollees.</p> <p>DO NOT solicit beneficiaries for individual appointments under the premise that appointment is for educational purposes.</p>
Health Care Settings – MMG Section 70.11 & Marketing / Provider-Based Activities – MMG Section 70.11.1	
<p><u>Only upon request by the beneficiary</u> are agents permitted to schedule appointments with beneficiaries residing in long-term care facilities, including nursing homes, board and care homes, assisted living facilities, etc.</p> <p>Plans and providers who they have a relationship with (contract or otherwise) who assist beneficiaries with plan selection MUST ensure provider assistance results in plan selection that is in the best interest of the beneficiary; this includes providers who have entered into co-branding relationships with CHC.</p>	
<p>MUST receive approval by CHC in advance prior to conducting sales activities in health care settings (hospitals, nursing homes) and/or residential health and assisted living facilities, or low income and subsidized housing units to ensure compliance with CMS and CHC policies.</p>	<p>DO NOT conduct sales presentations, distribute and accept enrollment applications, and solicit Medicare beneficiaries in areas where patients primarily intend to receive health care services. This also extends to activities planned <u>outside of normal business hours.</u></p>

DO

CONDUCT sales activities in **common areas** of healthcare setting; examples:

- hospital or nursing home cafeterias;
- community/recreational rooms;
- conference rooms;
- if pharmacy counter area is located within a retail store, space outside of where patients wait for services or interact with pharmacy provider and obtain medications (approximately 20 ft)

Providers **ARE PERMITTED** to display posters or other materials in common areas, such as the provider's waiting room.

Long-term care facilities **ARE PERMITTED** to provide materials in admission packets announcing all plan contractual relationships.

Providers **ARE PERMITTED** to make available and/or distribute plan marketing materials as long as the provider/facility distributes or makes available marketing materials for all plans with which the provider participates.

Provider-Based Activities:

Contracted providers **MUST** remain neutral when assisting with enrollment decisions; may engage in discussions with beneficiaries *should a beneficiary seek advice*.

Providers **MAY PROVIDE:**

- names of plans they contract with and/or participate;
- information and assistance in applying for LIS;
- plan marketing materials;
- sources of information, such as SHIPs, plan marketing representatives, State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov> or 1-800-MEDICARE;
- information from CMS' website, including "Medicare and You" handbook or "Medicare Options Compare," or other documents written by or previously approved by CMS

DON'T

RESTRICTED AREAS generally include, but are not limited to:

- waiting rooms, exam rooms;
- hospital patient rooms;
- dialysis center treatment areas (where patients interact with their clinical team and receive treatment);
- pharmacies/pharmacy counter areas

Provider-Based Activities:

Providers **MAY NOT:**

- offer scope of appointment forms;
- accept Medicare enrollment forms;
- make phone calls or direct, urge, or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider;
- mail marketing materials on behalf of plan;
- offer anything of value to induce enrollees to select them as their provider;
- offer inducements to persuade beneficiaries to enroll in a particular plan;
- conduct health screening as a marketing activity;
- accept compensation directly or indirectly from plan for beneficiary enrollment activities;
- distribute materials/applications within an exam room setting

Mailing Statements – MMG Section: 50.16 & Obtaining Prior Authorization – MMG Sections: 160.3 & 160.4

When mailing information to prospective or current Medicare beneficiaries, plan name or logo **AND** one of the four following statements **MUST** be prominently displayed on the front of the envelope or the mailing itself (if no envelope is being sent). This requirement may be met through ink stamps or stickers, in lieu of pre-printed statements.

- "This is an advertisement"
- "Important plan information"
- "Health and wellness or prevention information"
- "Non-health or non-plan related information"

Non-plan and non-health related content **CANNOT** be provided to members until after member's prior "opt-in" authorization is received; **MUST** keep evidence of authorization.

Once authorization is received:

- **Non-health related content CANNOT** be included with plan-related materials, including in mailings, on websites, or during outbound telephone calls related to current plan information.
- **Health-related content CAN BE** included with plan-related materials.
- **MUST** include disclaimer, "Medicare has neither reviewed, nor endorses this information."

Marketing Activities – MMG Sections: 10 Introduction & 30.4 Anti-Discrimination & 30.10 Star Ratings & MIPPA Ruling

DO begin marketing CHC Medicare Plans designated for AEP on **Oct. 1**. MMG, Section 10

ONLY SNPs & MMPs may limit enrollment due to dual-eligibles, institutionalized individuals, or individuals with severe or disabling chronic conditions and/or may target items and services to corresponding categories of beneficiaries. Basic services and information **MUST** be made available

DO NOT target beneficiaries from higher income areas or state or imply plans are available only to seniors rather than to all Medicare beneficiaries. MMG, Section 30.4

DO NOT discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information,

DO

upon request to individuals with disabilities. MMG, Section 30.4

MUST provide overall **Star Ratings** information through standardized Star Ratings information document. MMG, Section 30.10

DON'T

evidence of insurability or geographic location. MMG, Section 30.4

DO NOT intimidate, nor use high-pressure tactics (**aggressive marketing behavior**), or scare tactics to enroll a beneficiary into a plan or to acquire an in-home appointment; if told they are not interested, end visit/conversation immediately. MIPPA, Oct. 2008

Marketing Materials – MMG Sections: 30 & 40

CHC is responsible for ensuring **all** marketing materials used by subcontractors to market CHC Medicare plan(s) are consistent with CMS MMG and all other relevant issued guidance.

USE only marketing material and scripts that have been **previously reviewed** by CHC or any downstream organization that performs marketing activities on behalf of CHC prior to their use.

Marketing materials **MUST** contain required **CMS disclaimers** as outlined in MMG, Section 50.

DO NOT submit marketing materials directly to CMS; materials must be submitted directly by CHC to CMS for review and approval. MMG, Section 30.3

DO NOT use any marketing materials *unless* **CMS approval notation** is indicated on required materials. MMG, Section 40.1

DO NOT encourage enrollment based on argument that if enrollee is dissatisfied with the plan, an SEP can be requested later to change to a higher rated plan. MMG, Section 30.1

Meal Prohibition – MMG Section: 70.3

MAY provide **refreshments** or light snacks at **sales/marketing events** (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt).

MAY provide **meals at educational events** – must comply with CMS Nominal Gifts requirement with a **retail** value of no more than \$15, and event **MUST** meet CMS definition of an educational event.

DO NOT provide or subsidize meals at marketing/sales events.

DO NOT “bundle” multiple items and provide as if a meal at sales/marketing events.

Privacy & Confidentiality – MMG Section: Appendix 2

MUST follow **all** Federal and State laws regarding confidentiality and disclosure of patient information. This includes compliance with provisions of HIPAA Privacy Rule and its specific rules pertaining to disclosures of beneficiary information. Additional information on the **HIPAA Privacy Rule** can be found at <http://www.hhs.gov/ocr/privacy>.

Prohibited Terminology/Statements – MMG Sections: 40.4 & Appendix 2

CMS prohibits the distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations.

DO state CHC is **approved for participation in Medicare programs**; and/or CHC is contracted to administer Medicare benefits.

DO use term “**Medicare-approved**” to describe benefits and services within marketing materials.

DO NOT misrepresent yourself, CHC, or benefits/services covered by CHC plans.

DO NOT use words or symbols or state you **or** the product mentioned are **recommended or endorsed** by CMS, Medicare, or the Department of Health & Human Services (DHHS).

DO NOT use **absolute superlatives** (e.g., “the best,” “highest ranked,” “rated number 1”) *unless* substantiated with supporting data provided during CMS marketing review process.

DO NOT compare organizations/plans to another by name *unless* there is written concurrence from all organizations being compared; documentation must be included when material is submitted for CMS review.

Promotional Activities, Nominal Gifts, Rewards & Incentives – MMG Sections: 70.1 & 70.1.1 & 70.2

Promotional activities include nominal gifts; designed to attract attention of **prospective members** and/or **encourage retention of current members**.

Nominal gifts are used to attract the attention of **potential enrollees**.

Nominal gift value - worth \$15 based on fair market value of the item or less, with a maximum aggregate of \$50 per person, per year.

DO

Promotional Activities

MUST have a nominal gift value (see definition above).

SHOULD track and document items given to current members.

MUST be offered to all people regardless of enrollment and without discrimination.

Nominal Gifts

MUST have a nominal gift value (see definition above) and provided regardless of enrollment.

If **nominal gift is provided as one large gift enjoyed by all in attendance** (i.e., concert, raffle, drawing), total retail value must be \$15 or less when it is divided by the estimated attendance. (For planning purposes, anticipated attendance may be used, but must be based on actual venue size, response rate, or advertisement circulation.)

Refer to Office of Inspector General's website regarding advisory options on gift cards.

Rewards & Incentives

Rewards & Incentives may be offered only to **current members** for Medicare covered preventive services that **have a zero dollar cost-share**. Refer to links in MMG, Section 70.2, pg. 50, for services at zero dollar cost-share.

MUST be offered in connection with the whole service (i.e., reward for participating in smoking cessation program, but not offer multiple awards for attending each smoking cessation class).

MUST be offered to ALL eligible members without discrimination.

MUST have a monetary cap NOT to exceed \$15 per reward (based on retail value of item).

MUST be tracked and documented during the contract year.

MUST comply with all relevant fraud and abuse laws, including anti-kickback statute and civil monetary penalty prohibiting inducements to beneficiaries.

DON'T

Promotional Activities

CANNOT be considered a health benefit (i.e., free checkup).

DO NOT tie directly or indirectly to the provision of any other covered item or service.

NOT required to track pre-enrollment promotional items on a per person basis.

DO NOT willfully structure pre-enrollment activities with the intent to give people more than \$50 per year.

Nominal Gifts

DO NOT offer gift over \$15 based on the retail purchase price of the item; if more than one item is offered (ex: pen and flashlight), the combined value of all items offered must not exceed the nominal value of \$15.

CANNOT be in the form of **cash or other monetary rebates**. Cash gifts are prohibited even if worth is less than \$15. Cash gifts include charitable contributions made on behalf of potential enrollees, and gift certificates and gift cards that can be readily converted to cash, regardless of dollar amount.

Rewards & Incentives

NOT bound by the \$50 maximum when structuring reward and incentive programs.

Items **CANNOT** be considered a health benefit (i.e., free checkup).

CANNOT be items that consist of lowering or waiving co-pays.

DO NOT offer in the form of cash or other monetary rebates.

DO NOT target potential enrollees (i.e., used in pre-enrollment advertising, marketing, or promotion of plan).

DO NOT tie directly or indirectly to the provision of any other covered item or service.

Referral Programs (Members) – MMG Section: 30.9

Referral programs (solicitations for leads) **from members for new enrollees** – gifts offered for referrals must be available to all members that provide a referral; **CANNOT** be conditioned on actual enrollment of person being referred. Includes gifts used to thank members for devoting time to encourage enrollment.

DO ask for referrals from **members - names and mailing addresses** ONLY.

DO solicit potential new members by conventional MAIL ONLY.

MUST be of nominal gift value; review to *Promotional Activities, Nominal Gifts* section above.

DO NOT request phone numbers or email addresses.

DO NOT announce gifts will be offered for referrals in any solicitations for leads.

Scope of Appointment (SoA) – MMG Sections: 70.9.2 & 70.9.3 & 70.9.4 Walk-ins

Personal or Individual Marketing Appointments

ALL personal or individual appointments with Medicare beneficiaries are sales/marketing events; **MUST** follow SoA guidance. SoA must be agreed to and completed by Medicare beneficiary or existing member/client and secured by agent prior to any personal or individual marketing appointment (*48 hours in advance when practicable*). SoA's **MUST** be documented in writing via a **CMS-approved SoA Form** (refer to Broker Portal for forms). Only products that have been agreed upon by the beneficiary prior to appointment and documented on SoA can be discussed during the

DO**DON'T**

appointment. *Distinct lines of business include MA, MAPD and PDP products.*

COVENTRY'S POLICY:

ALL agents MUST attach a copy of the signed SoA to any application received from a personal or individual appointment BEFORE submitting the application to Coventry.

If it is **not feasible for the SoA form to be executed prior to the appointment**, agent may have beneficiary sign form at the beginning of marketing appointment; **MUST be listed on SoA in space provided** why SoA was not obtained prior to appointment.

Documentation must be in writing, in the form of a signed agreement (SoA) by the beneficiary.

When a **beneficiary visits or walks in to a plan or agent/broker office** or similar beneficiary-initiated face-to-face sales event, a SoA **MUST** be completed and secured with beneficiary's signature prior to discussing MA or PDP plans; **MUST** notate on SoA beneficiary was a **walk-in**.

Marketing/Sales events (*formal and informal*) **DO NOT** require SoA; scope of product to be discussed is to be indicated on event advertising.

A beneficiary may set a SoA at a marketing/sales event for a future appointment; but **SoA's are not to be distributed randomly**. Only secure a SoA from a beneficiary attending a formal or informal event *if a personal/individual appointment needs to be scheduled*.

MAY call to **confirm an appointment** that has already been agreed to by a beneficiary via a completed SoA.

MAY distribute, collect enrollment forms, and provide educational content.

DO request a beneficiary to sign a **second SoA form during a face-to-face meeting** if beneficiary wants to discuss other products not agreed upon for the initial appointment. **After second SoA is signed** for new product type, marketing appointment may continue.

DO keep all SoA documentation for at least **10 years**; includes initial and second SoA forms obtained at same appointment; **MUST** be available upon request of CMS or Coventry.

DO NOT return uninvited to a beneficiary home or place of residence even if an earlier appointment was not kept.

DO NOT solicit/accept enrollment applications for a Jan. 1 effective date **prior to the start of AEP** (Oct. 15) unless beneficiary is entitled to a Special Election Period (SEP) or is within their initial coverage election or initial enrollment period.

DO NOT leave **enrollment form or market** products the beneficiary did not agree to discuss on a signed SoA.

DO NOT market non-health care related products or leave brochures (i.e., annuities or life insurance) **unless** requested by the beneficiary during a one-on-one Medicare meeting.

DO NOT ask for referrals.

DO NOT provide meals or have meals subsidized.

Seminars – Marketing/Sales Events – MMG Sections: 70.9 & 70.9.1 & 30.6 Required Materials w/Enrollment Form

Designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans. Agents may discuss plan-specific information (e.g., premiums, cost-sharing, benefits); distribute health plan brochures and enrollment materials; distribute and collect applications; and perform enrollments.

Marketing of **non-health care** related products (i.e., annuities and life insurance) to beneficiaries during MA, MAPD, PDP marketing/sales seminars is considered cross-selling and prohibited.

Two main types of marketing/sales events:

Formal (*providing specific plan information via a presentation*)

- Typically structured in an audience/presenter style

Informal (*conducted with a less structured presentation OR in a less formal environment*)

- Typically utilizes a table, kiosk or recreational vehicle (RV)
- Allows an agent to proactively discuss specific plan material to interested parties
- Full presentation is not required

NOTIFYING CMS OF SCHEDULED MARKETING EVENTS:

Marketing/sales events (*both formal and informal*) **must be reported to CHC by the 18th** of each month for events scheduled for the following month.

DO**DON'T**

ALL events **MUST** be submitted to CHC Agent Oversight (AO) prior to **advertising the event** or **10 calendar days prior to the event's scheduled date**, whichever is earlier. *CHC reserves the right to reject last-minute event submissions which do not meet both CMS and CHC requirements.*

SUBMIT to Agent Oversight (AO):

1. Agents **licensed within a CHC health plan service area** submit events directly to health plan. Plan will submit events to AO; AO will upload events with CMS.
2. Agents **not licensed within a CHC health plan service area** submit events directly to MedicareSemi@cvtv.com mailbox; AO will upload events with CMS.

When submitting marketing/sales events to AO for upload to CMS, agents **MUST** use CMS revised **Seminar Reporting Template dated 6/17/2013 v1**. (Both *AO58a Sales Seminar Reporting Template Instructions* & *AO58 CMS Sales Seminar Reporting Template* are posted on Broker Portal.)

DO announce all products & plan types to be covered during marketing/sales event **at beginning of presentation** for both formal and informal events (e.g., HMO, PPO, etc.).

DO use only sales scripts, presentations, marketing/advertising materials that have been CHC and CMS approved prior to use.

DO USE CHC's **sign-in sheets** (posted on Broker Portal) when sign-in sheets are used.

- Sheets **MUST** state: **"You are not required to sign-in to attend this event. Providing information requested on this sign-in sheet is optional."**

MAY obtain a signed Scope of Appointment form at a marketing/sales event for a future appointment.

MAY provide **light snacks** and **refreshments** only.

MAY provide nominal gift to attendees with no obligation; **MUST** be of nominal gift value – refer to *Promotional Activities, Nominal Gifts* section above. MMG, Section 70.1.1

DO provide with enrollment form: 1) Star Ratings information; 2) Summary of Benefits; and 3) Multi-language Insert. MMG, Section 30.6

DO report all marketing/sales events. No commission will be paid for sales resulting from non-reported marketing/sales events; **MAY** result in contract termination.

DO save documentation for **10 years** related to sales seminars, cancellations, revisions and updates. Be prepared to provide copies to CMS or Coventry upon request.

CANCELLATIONS & UPDATES OF MARKETING/SALES EVENTS:

DO report cancellations and updates for formal and informal marketing/sales events, whenever possible, **more than 48 hours prior to event's originally scheduled date and time**.

DO report immediately any cancellations or revised events through same method used to report marketing/sales events. CHC AO will update CMS.

Seminars canceled LESS than 48 hours before originally scheduled date & time:

DO notify venue (if applicable) and **health plan of cancellation**; health plan will immediately notify CHC AO; AO will notify CMS.

DO have a representative present at site of canceled sales event at time event was scheduled to occur to inform attendees of cancellation and distribute plan information; **MUST** remain at least **30 minutes** (*Coventry standard*) after scheduled start time.

DO NOT solicit enrollment applications **prior to the start of Annual Enrollment Period** (AEP) - Oct. 15 *unless* the beneficiary is entitled to another enrollment period.

DO NOT conduct health screening or other like activities that could give the impression of "cherry picking."

DO NOT require beneficiaries to provide any contact information as a prerequisite for attending a formal or informal event. This includes requiring an e-mail address or any other contact information as a condition to RSVP for an event online or through the mail.

DO NOT use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose.

DO NOT provide meals.

DO NOT ask for referrals.

NOT REQUIRED to have representative present at canceled seminar site if **event is canceled due to inclement weather**; AO **MUST** be notified immediately of cancellation.

DO

DO before leaving canceled event try and leave signage stating event was either canceled, or due to non-attendance was canceled as a courtesy to any attendee arriving after agent leaves site.

Seminars canceled MORE than 48 hours before originally scheduled date & time:

DO notify venue (if applicable) and health plan of cancellation; health plan will immediately notify CHC AO; AO will notify CMS.

DO notify beneficiaries of canceled event using same means used to advertise event. Example of reasonable notification: if announcement of event was made in the newspaper, then announce the cancellation through the same newspaper.

DON'T

Representative **IS NOT** required when event is canceled more than 48 hours before event's originally scheduled date/time.

State Licensure & Appointments Laws: Agents/Brokers – MMG Section: 120.1

DO comply with applicable State licensure and/or appointment laws.

Training & Testing: Agents/Brokers – MMG Section: 120.3

DO take both annually **AHIP Training & Testing AND Coventry Core Module** on Medicare rules and regulations; **ACHIEVE Coventry's standard of 90% score or better within 3 attempts.**

- **MUST** complete Coventry Health Plan-Specific Advantra training for Medicare product(s) agents wish to sell after successfully passing AHIP Training and Coventry Core Module.

NOT PERMITTED to market, sell or retest for **remainder of contract year** if 90% score or better within 3 attempts is not achieved on both AHIP Training and Coventry Core Module.

Unsolicited Contacts: E-mail / Marketing / Telephonic – MMG Sections: 70.4 & 70.5 & 70.6 & Appendix 2

ALL types of marketing through unsolicited contact are prohibited by CMS. Referred beneficiaries MUST contact plan or agent/broker directly.

E-mails

DO provide an **opt-out process** for enrollees to no longer receive email communications for those who agreed to receive them.

Marketing Contacts

MAY leave information at a beneficiary's residence if **pre-scheduled appointment** at a beneficiary's residence becomes a "no-show."

DO use mail and other print media (e.g., advertisements, direct mail) to contact beneficiaries.

DO use permission given by beneficiary to be called or otherwise contacted as event-specific and **not** treat as open-ended permission for future contacts.

Telephonic Contacts

DO contact own clients and current members at any time to discuss plan business.

DO leave contact information such as business cards with beneficiaries for them to give to friends that they are referring you.

DO use only **CMS-approved call scripts** when conducting **permitted** outbound calls.

DO contact beneficiaries who submit enrollment applications to conduct quality control and

E-mails

DO NOT email individuals obtained through friends, family or referrals *unless* individuals have agreed to receive those emails.

DO NOT rent or purchase e-mail lists to distribute information about MA, MAPD or PDP plans.

Marketing Contacts

DO NOT leave information such as a leaflet or flyer at a residence or car, and **NO** door-to-door solicitation is permitted.

DO NOT approach beneficiaries in **common areas** (i.e., parking lots, hallways, lobbies, sidewalks, etc.).

DO NOT leave **telephonic or electronic** solicitation, including electronic **voice-mail** or **text messaging**.

Telephonic Contacts

DO NOT accept referrals of beneficiaries – referred individuals **MUST** contact plan or agent directly.

DO NOT use **bait-and-switch** strategies – making unsolicited calls about other business as a means of generating leads.

DO NOT call former members who have **disenrolled** or current members in the process of

DO

agent/broker oversight activities; scripts **MUST** be CMS approved.

DO contact own members or use third-parties to contact current members (ex: calls to members aging-in to Medicare from commercial products offered by the same sponsoring organization, or calls to an organization's existing Medicaid plan members to talk about its Medicare products).

DO contact members to promote other Medicare plan types (ex: may contact own PDP members to promote MAPD offerings; sponsors that are also Medigap issuers may market their MA and PDP products to their Medigap customers), discuss plan benefits or educational events.

- Individual meeting resulting from phone conversation requires signed SoA prior to meeting.

DO call existing members to conduct normal business related to enrollment in the plan, including calls to members who have been involuntarily disenrolled to resolve eligibility issues.

MAY under limited circumstances and subject to advance approval from CMS Regional Office, call **LIS-eligible members** that a plan is prospectively losing due to reassignment to encourage them to remain enrolled in their current plan.

DO call former members after disenrollment effective date to conduct disenrollment surveys for quality improvement purposes. Disenrollment surveys may be done by phone or mail; neither may include sales/marketing information.

DO return beneficiary phone calls or messages.

DO call individuals who expressly gave permission for an agent to contact them (ex: filling out a BRC or asking a Customer Service Rep to have an agent contact them). Permission applies **ONLY** to the entity from which the beneficiary requested contact, for the duration of that transaction, for the scope of the product previously discussed or indicated on the BRC.

- All **business reply cards** (BRC) **MUST** be submitted to CMS for review and approval.

DO contact own members via automated telephone notification to inform of general information such as AEP dates, availability of flu shots, upcoming plan changes, and other important information.

DO adhere to Federal Communication Commission rules and applicable State laws; Federal Trade Commission Requirements for Sellers and Telemarketers; National Do-Not-Call Registry; "Do not call again" requests; and Federal and State calling hours. MMG, Appendix 2

DON'T

voluntary disenrolling to market plans or products or request consent to further sales contacts.

DO NOT call or visit beneficiaries **who attended a sales event**, *unless* the beneficiary gave permission for a follow-up call or visit (including a completed SoA form).

DO NOT call beneficiaries to confirm receipt of mailed information.

Website & Social / Electronic Media – MMG Sections: 100 (Refer to MMG for detailed, required website content) & 100.3 – Online Enrollment & Appendix 2 – Related Laws & Regulations

CMS has strict website and social media guidelines. All **MUST** be **CHC and CMS approved**.

DO NOT include content on website or on social/electronic media (i.e., Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) for the next contract year prior to Oct. 1. Websites **MUST** maintain current contract year website for beneficiaries through Dec. 31 of each year.

MUST contain all applicable CMS explanatory disclaimers and maintain separate and distinct section for Medicare information if other lines of business are also marketed. All marketing materials that include a web address for CHC's website **MUST** link directly to CHC's Medicare specific pages.

Information posted to a CHC social media site, **MUST** be posted on CHC's official website. (Enrollees should be able to learn about Medicare requirements without having to join a third-party social media website.)

Websites **MUST** be compliant for people with disabilities as specified in *Section 508 of the Rehabilitation Act*. MMG, Appendix 2

DO**DON'T**

DO NOT provide links to foreign drug sales; this includes links from advertisements that may appear on website.

DO NOT speak on behalf of CMS.

DO NOT take CHC CMS-approved documents containing plan-specific information and add to non-CMS approved websites; **MUST** obtain CHC approval.

Online Enrollment:

Online enrollment is available through CHC's secure internet web site or CMS Online Enrollment Center (OEC). Third party entities (on behalf of CHC) may make online enrollment available only via CHC's electronic device or software (including website); **MUST** obtain CHC approval.

DO NOT submit enrollment via an agent/broker website.

DO NOT complete web enrollment **over the phone** under any circumstances.