



Distribution of this document is for Care1st’s First-Tier, Downstream, and Other Related Entities (FDRs) ONLY

2011 Care1st/CMS Medicare Marketing Guidelines: Do’s and Don’ts
(As it pertains to Agents & Providers’ Oversight)

Reference: Medicare Marketing Guidelines, Chapter 3, Revised 05/17/2011

Not for Distribution to Medicare Beneficiaries

DO’s	DON’Ts
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1. Personal/Individual Marketing Appointments (70.9); VAIS (110.1) ; & Sending Non-plan and Non-health Information Once Prior Authorization is Received (170.4)

Definitions:

- **Non-health related care products** are any insurance products not involving medical/health coverage (i.e., annuities, life insurance, VAIS).
- VAIS is defined as "value added items and services," such as fitness programs. VAIS are non-benefit items and services provided to all plan members where the cost, if any, incurred to the Plan for the items and services are solely administrative. VAIS information may only appear in the ANOC, SB and/or EOC. These services must be offered to all plan members for the entire contract year.
- Personal individual/marketing appointments must also follow the scope of appointment (SoA) guidance.

<p>DO inform beneficiaries on how to get Care1st plan/benefit information (e.g., mail, website, customer service number). DO discuss plan options agreed to by the beneficiary.</p> <p>DO request a separate second appointment to discuss additional non-health care related products (annuities, life insurance or VAIS) requested by the beneficiary, which may not be rescheduled until 48 hours after the initial appointment (cooling-off period).</p> <p>DO schedule a second appointment 48 hours after the initial appointment if no signed Scope of Appointment (SOA) form or Recording was obtained prior to meeting with a beneficiary to discuss a Medicare Supplement product and now the beneficiary is requesting to discuss MA or PDP product.</p> <p>DO market Dental, Vision, and Hearing Coverage/Benefits during any Medicare Advantage (MA) or MA Prescription Drug Plans (PDP) or stand-alone PDP sales activity or presentation in which a signed Scope of Appointment had been obtained as it is considered medical/health coverage (if benefits are offered by Care1st).</p> <p>DO make note that marketing to current plan members of non-MA plan covered health care products and/or non-health care products, is subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules.</p> <p>DO make sure that any non-plan related content provided as a result of beneficiary authorization is accurate and not confusing or misleading, and does not inappropriately imply Medicare's approval.</p>	<p>DO NOT market non-health care related products (i.e., annuities, life insurance or VAIS) unless requested by beneficiary, which may not be rescheduled until 48 hours after the initial appointment (cooling-off period).</p> <p>DO NOT market non-health care related products (annuities and life insurance) to prospective enrollees during any MA or PDP sales activity or presentation as this is considered cross-selling and is a prohibited activity. This eliminates confusion and the implication that the health and non-health products are marketed as a package.</p> <p>DO NOT leave brochures of non-health care related products during any MA, MAPD, or Part D sales and/or presentation.</p> <p>DO NOT leave an enrollment form for products the beneficiary did not agree to discuss when the appointment was set up.</p> <p>DO NOT intermix non-health related materials with Care1st Health Plan health-related materials when conducting mailings on behalf of Care1st Health Plan.</p> <p>DO NOT ask a beneficiary for referrals.</p> <p>DO NOT discuss plan options that were NOT agreed to by the Medicare beneficiary.</p> <p>DO NOT solicit/accept an enrollment request (application) for a January 1 effective date prior to the</p>
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<p>or suggest that the content includes official information from the Medicare program. These materials should include the disclaimer, "Medicare has neither reviewed, nor endorses this information." DO submit all such materials to Care1st Health Plan for approval.</p> <p>DO stamp envelopes with "This is an advertisement" when conducting mailings on behalf of Care1st Health Plan to ensure that beneficiaries can quickly and easily identify the contents of Care1st Health Plan's mailing.</p> <p>DO make note that the cross-selling marketing provision is applicable for the transaction between the agent/broker selling the plan to the employer/union, (if applicable).</p>	<p>start of the Annual Election Period (AEP) unless the beneficiary is entitled to a Special Election Period/Initial Enrollment Period.</p>
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2. Educational Events' Disclaimers (50.1.7) & Educational Events (70.7)
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CMS guidance is to ensure that events advertised as "educational" comply with CMS' requirements, Agent/Care 1st Health Plan may provide education at a sales/marketing event, but may not market or sell at an educational event.

Educational events are defined by the way in which an event is described to Medicare beneficiary. An event hosted by Care1st Health Plan or an outside entity is considered an educational event if the event is advertised to the beneficiaries as "educational" **Educational events MAY NOT include any sales activities such as the distribution or marketing materials or the distribution or collection of plan applications.**

The CMS definition of education: informing a potential enrollee about MA or other Medicare programs but not steering, or attempting to steer a potential enrollee towards a specific plan or limited number of plans. Educational events are not required to be reported to CMS, and must follow strict CMS guidelines.

<p>DO include on all materials of educational events: "This event is only for educational purposes and no plan-specific benefits or details will be shared" (This is not required when Care1st Health Plan is invited to be a participant in an educational event sponsored, organized or promoted by an entity other than Care1st Health Plan.)</p> <p>DO provide objective information about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans – any materials made available to beneficiaries must be free of plan specific information (this includes plan-specific premiums, co-payments, or contact information), or any bias toward one plan type over another.</p> <p>DO present a business card to a beneficiary if the beneficiary requests information on how to</p>	<p>DO NOT accept enrollment forms. This includes collecting enrollment form or helping beneficiaries complete and enrollment form and then placing the form in a stamped envelope for the beneficiary to mail at a later date.</p> <p>DO NOT schedule personal sales appointments or get permission for an outbound call to the beneficiary.</p> <p>DO NOT have available or discuss plan-specific information (includes: plan-specific premiums, benefits, co-payments, or contact information), or any bias toward one plan type over another.</p> <p>DO NOT attach business cards or plan/agent contact information to educational materials, nor</p>
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<p>contact the plan/agent for additional information, as long as the business card is free of plan marketing/benefit information.</p> <p>DO provide promotional items, including those with plan name, logo and toll-free Customer Service number and/or website, but must be free of benefit information and consistent with CMS' definition of nominal gift (currently define as an item worth \$15 or less, based on the retail purchase price or the item).</p> <p>DO provide meals at educational events provided they meet CMS' strict definition of an educational event and comply with the nominal gift requirement.</p> <p>DO display a banner with the plan name (Care1st Health Plan) and or logo.</p> <p>DO advertise an educational event and distribute to either enrollees, non-enrollees or both.</p> <p>DO participate in educational health fairs and health promotional events as either a sole sponsor or co-sponsor of an event hosted by multiple organizations, as long as event is billed as educational and does not include a sales presentation, and follows CMS educational guidelines.</p> <p>DO respond to questions asked at an educational event. A response by plan sponsor's representative to questions will not render the event as sales/marketing provided that the scope of the response does not go beyond the question asked and no enrollment forms are neither distributed, nor accepted.</p> <p>DO clearly indicate on any sign-in sheets that completion of any contact information is optional.</p> <p>DO report an event as sales/marketing if you are invited to attend a <u>community-sponsored health fair</u>, but will be distributing plan-specific benefits information, or giving a brief presentation that mentions plan-specific premiums and/or copayment amounts.</p> <p>DO report an event as sales/marketing if you plan to go to a senior housing complex to talk about original Medicare and/or Medigap policies, but will be discussing an MA or PDP plan.</p> <p>DO report any event as a sales/marketing event if at any time during a meeting you will be offering a beneficiary enrollment in one of our Medicare plans, or discussing plan-specific options.</p>	<p>include benefit information on the business card.</p> <p>DO NOT present a business card, unless the beneficiary requests one.</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 include a sales presentation at any educational health fair or health promotional event.</p> <p>DO NOT hold an educational event where participants are asked if they want information about a specific plan or limited number of plans.</p> <p>DO NOT collect names, addresses or phone numbers or potential enrollees.</p> <p>DO NOT solicit prospective beneficiaries for individual appointments under the premise that the appointment is for educational purposes.</p>



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3. Plan Activities and Materials in the Health Care Settings (70.12.1) & Provider-Based Activities (70.12.2) & Comparative and Descriptive Plan Information (70.12.5)

Only upon request by the beneficiary and approval by Care1st Health Plan in advance are agents permitted to schedule any educational or sales/marketing appointments with beneficiaries which will be conducted in health care settings (hospitals, nursing home, and long-term care facility) and/or residential health and assisted living facilities, or low income and subsidized housing units. The prohibition against conducting marketing activities in a healthcare setting extends to activities planned in health care settings outside of normal business hours.

In addition, agents (and subcontractors, including providers) are prohibited from steering, or attempting to steer an undecided potential enrollee toward a particular provider, or limited number of providers, offered either by the plan sponsor or another plan sponsor, based on the financial interest of the provider or agent (or their subcontractors or agents). While conducting a health screening providers may not distribute plan information to their patients since this is a prohibited marketing activity.

DO receive approval by Care1st Health Plan in advance.

DO conduct sales activities in common areas of healthcare settings. Examples of common areas:

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

DO make available and/or distribute plan marketing materials as long as the provider and/or facilities distribute or make available plan sponsor marketing materials for ALL plans with which the providers participate.

DO display posters or other materials in common areas within the Long-Term Care (LTC) facility. LTC staff are permitted to provide residents that meet the Special Needs Plan (SNP) criteria an explanatory brochure for each SNP with which the facility contracts. The brochure can explain about the qualification criteria and the benefits of being enrolled in a SNP. The brochure may have a reply card or telephone number for the resident or responsible party to call to agree to a meeting or request additional information.

DO NOT conduct sales activities in healthcare settings except in common areas **only after receiving approval by Care1st Health Plan in advance.**

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. These 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 (where patients interact with pharmacy providers and obtain medications)

PROVIDERS:

[Providers are PROHIBITED from conducting/performing marketing/sales to Medicare beneficiaries]

DO NOT offer sales/appointment forms.



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DO provide the names of plan sponsors with which they contract and/or participate.

DO provide information and assistance in applying for the Low Income Subsidy (LIS).

DO provide objective information on Care1st Health Plan's (& other contracted health plans') specific plan formularies, based on a particular patient's medications and health care needs.

DO provide objective information regarding Care1st Health Plan's (& other contracted health plans') benefits/plans such as covered services, cost sharing, and utilization management tools.

DO refer the patients to other sources of information, such as State Insurance Health Plans' (SHIPs) plan marketing representative/agent/Broker, the State Medicaid Office (Medi-Cal), local Social Security Office, CMS' website at <http://www.medicare.gov/> or 1-800-MEDICARE.

DO print out and share information with patients from CMS' website.

DO distribute the "Medicare and You" Handbook or "Medicare Options Compare" (from <http://www.medicare.gov/>) without additional CMS approvals.

DO distribute printed information provided by Plan Sponsors, or Care1st Health Plan, comparing the benefits of all of the different plans with which the agents and/or providers contract with. Materials may not "rank order" or highlight specific plans and should include only objective information. **Such materials must have the concurrence of all plan sponsors involved in the comparison and must be approved by CMS prior to distribution (these are not subject to File & Use). A lead plan to coordinate submission of these materials should be identified.**

DO provide links to Care1st Health Plan's (& other contracted health plans') enrollment applications and/or downloadable enrollment applications. The site must provide the links/downloadable formats to enrollment applications for all plan sponsors with which the provider and/or agents / Brokers participate. A link to CMS Online Enrollment Center (OEC) may also be included.

DO NOT accept enrollment applications for MA/MA-PD.

DO NOT make phone calls or directing, urging or attempting to persuade beneficiaries to enroll in a specific plan based on financial or any other interest.

DO NOT mail marketing materials on behalf of Care1st Health Plan (unless approved by Care1st).

DO NOT offer anything of value to induce plan enrollees to select you as their provider.

DO NOT offer inducements to persuade beneficiaries to enroll in a particular plan or organization.

DO NOT conduct health screening in a marketing/sales activity.

DO NOT accept compensation directly or indirectly from Care1st Health Plan (or any health plan) for beneficiary enrollment activities.

4. Privacy & Confidentiality (30.17); Limitations on Distribution of Marketing Materials (30.2); & Specific Guidance on Telephonic Contact (70.5)

CMS clarified the scope of restriction on unsolicited contact. CMS makes a distinction between contact with beneficiaries to establish a new relationship with an independent sales agent (or with a plan sponsor), and contact that is with a plan member or a beneficiary where a business relationship already exists (e.g., the agent has sold the beneficiary non-Medicare products in the past). When



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contacting beneficiaries to establish new relationships, a consent for future contact must be limited in scope, short-term, and event specific. **The consent to contact MAY NOT be treated as open-ended permission for future contacts. For agents/contracted agents contacting their own clients, consent for each specific contact is not required to discuss plan benefits. As a caveat, this consent MAY NOT be treated as an open-ended permission for future contacts.**

<p><u>DO</u> ensure that HIPAA Privacy Rule and other State laws are followed regarding confidentiality disclosure of members' / patients' information for marketing purposes.</p> <p><u>DO</u> provide contact information such as a business card to give to individuals who would like to refer a friend or a relative to an agent or plan sponsor. <u>In all cases, referred beneficiaries need to contact agent/broker or plan sponsor directly. A call from an agent or plan sponsor to a beneficiary who was referred would be considered an unsolicited contact.</u></p> <p><u>DO</u> call beneficiaries who have expressly given permission for a sales agent (or a plan sponsor) to contact them, for example by filling out a business reply card (BRC) or asking a customer service representative (CSR) to have an agent contract them This permission applies only to the entity from which the beneficiary requested contact, for the duration of that transaction, for the scope of product (e.g., MA-PD plan or PDP) previously discussed or indicated in the reply card.</p> <p><u>DO</u> return beneficiary phone calls or messages, as these are not unsolicited.</p>	<p><u>DO NOT</u> advertise outside Care1st Health Plan's defined service area unless such advertising is unavoidable. For situations in which this cannot be avoided (e.g., advertising in print or broadcast media with a national audience or with an audience that includes some individuals outside of the service area, such as Metro Statistical Area that covers two regions), <u>plan sponsors, or Care1st Health Plan and its first-tier, downstream, or related entities (FDRs), are required to clearly disclose Care1st's, or the Plan's, service area(s).</u></p> <p><u>DO NOT</u> make unsolicited outbound calls to beneficiaries about other business as a means of generating leads for Medicare plans (examples of other lines of business include, but not limited to: a discount prescription drug card, a Medigap plan, a needs assessments, and educational event, or a review of the Medicare coverage options, or any other service or product that is not an MA Plan or PDP).</p> <p><u>DO NOT</u> make calls to beneficiaries based on referrals resulting in an unsolicited contact (e.g., referrals from friends, relatives, neighbors, or companies that collect, buy, or sell contact information).</p> <p><u>DO NOT</u> make calls to beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call (including a completed scope of appointment).</p> <p><u>DO NOT</u> call beneficiaries who voluntarily disenrolled from a Plan for sales purposes or be asked to consent in any format to further sales contacts.</p> <p><u>DO NOT</u> market any Care1st Health Plan services/benefits designated as AEP until October 1st of any year.</p> <p><u>DO NOT</u> use providers, provider groups or pharmacies to distribute printed information comparing benefits or different Medicare Advantage (MA) plans, unless the materials have the concurrence of all MA plans and materials have been received prior approval from CMS.</p> <p><u>DO NOT</u> use providers to accept enrollment applications or offer inducements to persuade</p>
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	<p>beneficiaries to join plans or to select them as a provider.</p> <p>DO NOT engage in any discriminatory marketing practices, such as targeted marketing to Medicare beneficiaries from higher-income areas without making comparable efforts to enroll Medicare beneficiaries from lower-income areas, focusing on aged beneficiaries only and not the disabled, or focusing on healthy vs. non-healthy individuals; "cherry-picking" is prohibited.</p> <p>DO NOT intimidate, nor use high-pressure tactics (aggressive marketing behavior), or scare tactics during a sales call to enroll a beneficiary into a plan or to acquire an in-home appointment – if a prospect says they are not interested, end the visit/conversation immediately.</p> <p>DO NOT state or share any member information, financial or otherwise, specific to the low-income subsidy with any entity not directly involved in the outreach process.</p> <p>DO NOT infer in any written materials or other contact with Plan/Care1st members that the Plan or Care1st Health Plan has authority to determine the member's eligibility for low-income subsidy programs.</p> <p>DO NOT ask for personal information (i.e., Medicare number, bank account or credit card numbers) during sales presentations.</p>

5. Scope of Appointment/SOA (70.9.1); Beneficiary Walk-ins to a Plan or Agent/Broker Office or Similar Beneficiary-Initiated Face-to-Face Sales Events (70.9.2) & Personalized/Individual Marketing Appointments (70.9)

Personal/individual marketing appointments (face-to-face meetings) are defined by the intimacy of the appointment's location (i.e., the setting or environment). Personal/individual marketing appointments typically take place in the Medicare Beneficiary or existing member/client's home. However, these appointments can also take place in other venues, such as a library or coffee shop.

A **beneficiary or existing member/client must agree on the SOA prior to the agent scheduling a face-to-face sales/marketing appointment.** Agents must have a signed CMS-approved SOA form **prior** to any face-to-face meeting. In conducting marketing activities, an MA or Part D plan sponsor may not market any health care related product during a marketing appointment beyond the scope agreed upon by the beneficiary, and documented by the plan **prior** to the appointment. Distinct lines of plan business include Medigap, MA, PDP Products.

ALL agents must attach a copy of the signed SOA to any application received from a personal/individual face-to-face meeting BEFORE submitting the application to Care1st Health Plan.

NOTE: If not feasible to obtain the SOA form prior to the appointment, the agent may have the beneficiary sign the form at the beginning of the appointment.



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<ul style="list-style-type: none"> <u>Agent must record in writing and maintain documentation on why it was not feasible to obtain the SOA prior to the appointment.</u> This information is to be documented, maintained and upon request of either CMS or Care1st Health Plan must be produced. <p><u>Recorded SOA's are required to be recorded by the carrier / Care1st / health plan only. Agent/Agency recordings of SOA are not permitted.</u></p> <ul style="list-style-type: none"> All SOA must be secured on the CMS-approved SOA forms. A beneficiary cannot agree to the scope over the phone. An SOA must be obtained as written documentation <u>prior</u> to the appointment, unless not feasible. 	
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<p><u>DO</u> have a pre-set agreed appointment with an individual to market MA and/or Part D products (includes both beneficiary or existing member/client). The SOA must clearly identify the types of products which will be discussed during the appointment (i.e., Medigap, MA, PDP products). <u>The Agent is bound to only discuss during an appointment the products agreed upon the scope by the beneficiary prior to the appointment.</u></p> <p><u>DO</u> secure a signed SOA form required for any face-to-face meeting marketing appointment. The signed form must be <u>returned by the beneficiary/existing client prior to the appointment.</u></p> <p><u>DO</u> utilize a variety of technological means to fulfill and obtain the CMS-approved SOA form, including fax machines, designated recording lines, pre-paid envelopes and e-mail, etc.</p>	<p><u>DO NOT</u> discuss plan products not agreed upon by the beneficiary prior to the appointment.</p> <p><u>DO NOT</u> meet with a beneficiary if a SOA Form documenting the products to be discussed was not obtained.</p> <p><u>DO NOT</u> obtain the SOA Form immediately prior to the face-to-face sales appointment.</p> <p><u>DO NOT</u> participate in door-to-door solicitation of Medicare beneficiaries (exception for Medicare Supplement plans in some states).</p> <p><u>DO NOT</u> conduct MA or PDP outbound marketing calls unless the beneficiary requested the call. This includes calls to scheduled appointments with potential enrollees.</p>
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<p><u>Business Reply Cards:</u> <u>DO</u> discuss at appointment ONLY the product/s included in the advertisement.</p> <p><u>YOU MAY</u> contact the beneficiary via the phone in response to a CMS-approved business reply card (BRC) that you have received from them requesting information or to set-up an appointment.</p> <p><u>Other Specific SOA Guidelines:</u> <u>DO</u> request beneficiary to sign a second SOA form during a face-to-face meeting if the beneficiary wants to discuss other products not agreed upon for the initial appointment (i.e., MA or PDP product). After the second SOA form is signed for new product type, then the marketing appointment may continue.</p>	<p><u>DO NOT</u> return uninvited to a beneficiary home or place or residence, even if you had a earlier appointment that was not kept.</p> <p><u>DO NOT</u> document the SOA agreement by using any other means other than the CMS-approved SOA forms. All contracted and employed agents must secure all SOA on the CMS-approved SOA forms.</p> <p><u>Business Reply Cards:</u> <u>DO NOT</u> use a business reply card that has <u>not been</u> reviewed and approved by Care1st Health Plan and/or CMS.</p> <p><u>Other Specific SOA Guidelines:</u> <u>DO NOT</u> ask beneficiaries for referrals during a sales presentation or face-to-face meeting.</p> <p><u>DO NOT</u> solicit/accept an enrollment application for January 1st effective date prior to the start of</p>
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<p>DO schedule a second appointment 48 hours after the initial appointment if no signed SOA form was obtained prior to meeting with the beneficiary to discuss a, for example, Medicare Supplement product, and now the beneficiary is requesting to discuss MA or PDP products.</p> <p>DO request a separate second appointment 48 hours after the initial appointment to discuss additional non-health care related products (annuities, life insurance or VAIS) requested by the beneficiary (cooling-off period).</p> <p>DO leave materials/brochures, but <u>no enrollment applications related to the other product lines during the initial appointment.</u></p> <p>Additional Beneficiaries Present at a Pre-Set Appointment: DO request additional beneficiaries who are present at a pre-set individual appointment sign an SOA form if they were unexpected.</p> <p>Public Sales Presentations/Seminars: DO obtain a signed SOA form from a beneficiary at a sales presentation/seminar if the beneficiary is interested in discussing MA and/or Part D plans <u>after the seminar</u>. The appointment does not need to be held 48 hours later; it may be held at the venue immediately following the sales presentation.</p> <ul style="list-style-type: none"> • If non-health care products are being requested to be discussed, then the 48 hours would be required. • SOA form should not be completed until a meeting has been scheduled. The SOA form is specific to a scheduled face-to-face meeting. <p>Record Keeping: DO maintain all SOA records and recordings of all your appointments for 10 years (i.e., retain all appointment books, calendars, etc.). This includes initial and second SOA Forms obtained at the</p>	<p>the Annual Enrollment (AEP) unless the beneficiary is entitled to a Special Election Period (SEP), or they are within their initial coverage election period/initial enrollment period.</p> <p>DO NOT conduct an appointment with another beneficiary if the beneficiary was not identified when the initial appointment was scheduled.</p> <p>DO NOT market non-health related products (i.e., annuities, life insurance or VAIS) Unless requested by beneficiary, and that you schedule a second appointment 48 hours after the initial appointment.</p> <p>DO NOT leave an enrollment form for products the beneficiary did not agree to discuss when the appointment was set up.</p> <p>Additional Beneficiaries Present at a Pre-Set Appointment: DO NOT conduct an appointment with another beneficiary if the beneficiary was not identified when the initial appointment was scheduled unless an SOA is signed prior to the start of the meeting and documented.</p> <p>Public Sales Presentations/Seminars: DO NOT obtain an SOA form from a beneficiary attending a public sales presentation, the scope of products to be discussed at the event must be indicated on all event advertising materials.</p> <p>DO NOT call or visit a beneficiary who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call or visit.</p> <p>Record Keeping: DO NOT discard any SOA forms for at least 10 years.</p>
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**2011 Care1st/CMS Medicare Marketing Guidelines: Do's and Don'ts
(As it pertains to Agents & Providers' Oversight)**

Reference: Medicare Marketing Guidelines, Chapter 3, Revised 05/17/2011

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<p>same appointment. You must be able to produce upon Care1st Health Plan (CHP)/CMS request, any documentation pertaining to SOA Forms.</p>	
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<p><u>Beneficiary Walk-ins:</u> DO have beneficiary walk-ins to a plan, agent/broker office or other similar beneficiary-initiated face-to-face sales event, complete the SOA Form and obtain the beneficiary's signature prior to discussing MA or PDP plans (<i>indicate on the form that the beneficiary was a WALK-IN</i>). There is <u>no waiting period; you may discuss the plans agreed upon at that time.</u></p> <p><u>Other Types of Enrollment:</u> An SOA is <u>not</u> required for the following:</p> <ul style="list-style-type: none"> • Online Enrollment; • Inbound calls – plans can enroll a beneficiary if the beneficiary makes a request to enroll via an inbound phone call; • Beneficiary chooses to enroll on their own; 	<p><u>Beneficiary Walk-ins:</u> DO NOT begin discussing MA or PDP plans for a beneficiary WALK-IN prior to the beneficiary signing the SOA form.</p>
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6. Plan Sponsor Responsibility for Subcontractor Activities and Submission of Materials for CMS Review (30.6); Submission of Multiplan Materials (90.22) & Agent/Broker Use of Marketing Materials (120.4)

<p>DO ensure disclaimers are present on all advertising and explanatory materials as directed in the MMG, Chapter 3, and Section 50.</p> <p>DO use Care1st Health Plan marketing materials that have been approved by CMS or approved by Care1st Health Plan to facilitate a sale.</p>	<p>DO NOT submit marketing materials directly to CMS; rather materials must be submitted directly by Care1st Health Plan for review and approval to CMS.</p> <p>DO NOT use any materials unless the approval notation and an actual date of approval or use are indicated; approval is indicated on each piece with a notation that states the date it was CMS approved or allowed for use.</p>
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DO inform and submit to Care1st Health Plan when creating or using a marketing material that has not been previously submitted to CMS.

DO use materials that are generic on nature and do not discuss content specific to plan benefits, cost-sharing or include the plan names as they will not require review and approval. Generic materials may reference the different product types (e.g., MA Plan, MA-PD Plans, Cost Plan, PDPs) offered by the agent. **Materials that mention MEDICARE or plan specific benefits MUST BE SUBMITTED to CMS for review and approval or File & Use, if applicable.**

DO submit materials that you would like to use as they must be provided to Care1st Health Plan for review and possible CMS filing/approval; review requests and final produced copy of all marketing materials must be sent to Care1st Health Plan at MedicareOperations@care1st.com

DO use only the pre-approved sales kit provided, which has the following items: Cover Letter/CEO Welcome Letter, Summary of Benefits, Enrollment Application, Provider Directory, and Formulary

DO ensure that agents and brokers who wish to use materials containing plan information from multiple plan sponsors can either have the piece submitted and approved by CMS for each plan sponsor mentioned prior to use. **Multiplan materials must follow CMS' guidance under Section 90.22 related to primary material, Auxiliary Material, Coordinating Entity (CE), Lead Plan Sponsor (LP), Non-Lead Plan Sponsor (NLP). Section 90.22 is attached with this document.**

DO NOT make erroneous misleading written or oral statements, including any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials.

7. Exclusion of Meals as a Nominal Gift (70.2.1)

DO provide **refreshments** and light snacks at a **sales/marketing event**, such as coffee, soft drinks, fruit, raw vegetables, pastries, cookies or other small dessert items, crackers, muffins, cheese chips, yogurt, nuts.

DO provide **meals at educational events** only – must comply with CMS nominal gift requirement with a **retail** value of no more than \$15.

DO NOT provide meals or have meals subsidized for prospective enrollees at promotional and/or sales events at which plan benefits are being discussed and/or plan materials are being distributed.

DO NOT bundle light snacks or provide like meals.

DO NOT market any MA or Part D plans where meals are being provided (i.e., soup kitchens, senior centers, etc.).

8. Use of the Medicare Name (30.15)



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<p>DO advise the beneficiary that Care1st Health Plan is a Medicare Advantage (MA) organization that contracts with Medicare (CMS) to sell MA and MA-Prescription Drug Plans (MA-PD).</p>	<p>DO NOT use words or symbols, including "Medicare," "Centers for Medicare and Medicaid Services," "Department of Health and Human Services," or "Health and Human Services" in a manner that would convey the false impression that the business or product is approved, endorsed, or authorized by Medicare or any other government agency.</p>
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9. General Guidance about Promotional Activities (70.1); General Guidance about Rewards and Incentives (70.1.2); and, Nominal Gift (70.2)

Marketing representatives must clearly identify the types of products that will be discussed before marketing to a potential enrollee. This includes all sales presentations, events, appointments, and outbound calls that are permissible under CMS' unsolicited contacts guidance.

<p>Promotional Activities: DO offer promotional gifts/door prizes/raffles to potential enrollees at marketing activities as long as such gifts are of nominal value and are provided whether or not the individual enrolls in the plan.</p> <p>DO offer free gifts (GIFT, ENTERTAINMENT) that do not exceed nominal value which is \$15 per attending person, based on the <u>retail</u> purchase price of the item.</p> <p>DO follow this ruling when a nominal gift is provided as one large gift enjoyed by all in attendance (i.e., concert/magician) – the total retail cost 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 venue size, response rate, or advertisement circulation).</p> <p>DO offer a door prize that exceeds \$15 limit if the organization contributes to a pool cash for prizes or contributes to a pool or prizes such that the prize(s) is not individually identified with the organization, but is identified with a list of contributors.</p> <p>DO include written statement on all advertising & explanatory materials promoting drawings, prizes or any promise of a free gift that there is no obligation to enroll in the plan, Examples:</p> <ul style="list-style-type: none"> "Eligible for a free drawing and prizes with no obligation." "Free drawing without obligation." <p>DO track and document gifts/prizes during contract year.</p>	<p>DO NOT provide individual gifts with a retail value of more than \$15.</p> <p>DO NOT offer a prize 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.</p> <p>DO NOT offer gifts and prizes as an inducement to enroll.</p> <p>DO NOT provide cash or other monetary rebates (i.e., rebates, lowering or waiving co-pays).</p> <p>DO NOT provide cash gifts, including charitable contributions on behalf of potential enrollees, gift certificates and gift cards that can readily be converted to cash, regardless of dollar amount. Gift cards must be used in their entirety and the balance can not be issued in cash.</p> <p>DO NOT provide gift cards or gift certificates to a restaurant or any place where food is served.</p> <p>DO NOT offer post enrollment promotional items to compensate beneficiaries based on their utilization or services.</p> <p>DO NOT offer to lower or waive co-pays should the person enroll.</p> <p>DO NOT offer items to steer enrollees to a particular provider, practitioner, or supplier or tied directly to the provision of any other covered item or service.</p>
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<p><u>DO</u> know any promotional activities or times offered are subject to grievances by the enrollee.</p> <p><u>Rewards and incentives:</u> Rewards and incentives may only be offered to promote specific target activities as outlined in MMG, Chapter 3, Section 70.1.2; are subject to disclosure requirements and enrollee must be clearly informed what target activities are rewarded, what limitations, if any apply; how to claim the reward items; and must comply with all relevant fraud and abuse laws, including when applicable, anti-kickback statute and civil monetary penalty prohibiting inducements to beneficiaries.</p> <p><u>DO</u> offer to all eligible members without discrimination.</p> <p><u>DO</u> offer reward items that have retail monetary cap of \$15 per item of Less, or \$50 in the aggregate on an annual basis per member per year.</p> <p><u>DO</u> follow all guidelines referenced in this section.</p>	<p><u>DO NOT</u> offer items that are considered a health benefit (i.e., free checkup).</p> <p><u>DO NOT</u> offer items that are otherwise available, to the general public for free.</p>
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10. Referral Programs – 30.16

Solicitation of leads from members for new enrollees.

<p><u>DO</u> ask for referrals from active members, including names and address ONLY.</p> <p><u>DO</u> use member provided referral names and addresses to solicit potential new members BYMAIL ONLY.</p> <p><u>DO</u> offer "Thank You" gifts for referrals to all members that provide a referral (cannot be conditioned on actual enrollment of the person being referred).</p> <p><u>DO</u> limit one gift per member per calendar year.</p> <p><u>DO</u> keep gifts of nominal value (\$15 or less, based on RETAIL purchase price of item).</p>	<p><u>DO NOT</u> request phone numbers.</p> <p><u>DO NOT</u> announce that a gift will be offered for a referral in any solicitation for leads, including letters sent from health plan to members.</p> <p><u>DO NOT</u> as part of a referral program use cash promotions.</p>
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11. Marketing/Sales Events (70.8)
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Marketing/sales events are events designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans. Marketing events are defined by both the range of information provided and the way in which the content is presented to Medicare beneficiaries. In addition, marketing/sales events are **defined by the plan's ability to distribute specific health plan brochure, enrollment**



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advertising materials, collect applications & enroll Medicare beneficiaries during the event. All sales events are open to the general public and to all Medicare beneficiaries. **All marketing/sales events (both formal and informal) must be reported to CMS within seven (7) calendar days (whichever is earlier) before the scheduled event date.** Care1st Health Plan's Medicare Operations Department submits/uploads the sales events to CMS. **Amendments to marketing/sales events (cancellations, revisions, new events) must be provided/updated to Care1st Health Plan at least 72 hours prior to the scheduled event to allow Care1st time to review and submit timely to CMS. Care1st Health Plan will then update the event in CMS/HPMS system.**

There are two main types of marketing/sales events:

Formal (*where a presentation is provided*)

- Typically structured in an audience/presenter style with a sales person or representative formally providing specific plan information via presentation.
- Generally, the audience was previously invited to attend.
- Marketing/sales event information may be handed out, including enrollment applications, which may be collected at the events.
- **Presenters must announce all products/plans that will be covered during the format presentation at the beginning of the presentation** (e.g., HMO, PPO, etc.)

Informal (*where agents only distribute health plan brochures and pre-enrollment materials*)

- Typically uses a table or kiosk manned by an agent/plan sponsor or sales person who can discuss plan products when approached by a Medicare beneficiary or someone on Medicare beneficiary's behalf.
- Informal marketing/sales events allow a sales person to prospectively discuss specific plan material to interested parties. (Health fair and health promotional events classified as educational only permit an agent/plan sponsor to reactively answer questions posed by an interested party.)

DO review the CMS Surveillance Tool <2012> and familiarize yourselves with the areas that CMS' Secret Shoppers are going to cover during AEP Secret Shopping Activities.

DO report all marketing/sales events (both formal and informal) to Care1st Health Plan prior to advertising the event (or prior to the event's scheduled date if there is no advertisement)

DO submit to Care1st Health Plan , Marketing Department

- Telephone: 1-323-889-6638, ext.6533
- Email: CYim@care1st.com

DO report all marketing/sales events. No commission will be paid to an agent for a sale that was a result of a marketing/sales event not being reported. Failure to report these events may result in termination of agent's contract.

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

DO NOT compare Care1st Health Plan to another Managed Care Organization by name unless both plan sponsors have concurred.

DO NOT use prohibited statements at marketing/sales events (as stated in the Medicare Marketing Guidelines)

DO NOT require beneficiaries to provide any contact information as a prerequisite for attending the event. Plans should clearly indicate on any sign-in sheets that completion of any contact information is optional).

DO NOT market non-health care related products (annuities and life insurance) to prospective enrollees during any MA or PDP sales activity or presentation (cross selling).



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DO sell non-health related products on inbound calls when a beneficiary requests information on other non-health products. Marketing to current plan members of non-MA plan covered health care products, and/or non-health care products is subject to HIPAA rules – **(not applicable to Care1st)**.

DO report immediately any cancellations or revised events to Care1st Health Plan through the same method used to report marketing/sales events.

DO meet marketing/sales event requirements, even if only one person is in attendance at the event.

DO distribute health plan brochures and enrollment advertising materials, including enrollment forms.

DO accept and perform enrollments.

DO formally present benefit information to the audience via a scripted talk, electronic slides, handouts, etc., for **formal marketing/sales events**.

DO announce all products/plans which will be covered during a **formal event presentation at the beginning of the presentation** (e.g., HMO, PPO, etc.).

DO obtain a signed Scope of Appointment form from a beneficiary at a sales presentation/seminar **if the beneficiary is interested in discussing MA and/or Part D plans after the seminar**. The appointment does not need to be held 48 hours later; it may be held at the venue immediately following the sales presentation.

DO provide **light snacks and refreshments** (refer to Meal Prohibition Section).

DO provide educational content to the audience or passerby.

DO provide nominal gift to attendees with no obligation. Note that the value of any give-away, including entertainment must be consistent with CMS's definition of nominal gift **(which is currently defined as an item/s worth, or a combined total of \$15 or less, based on**

NOT REQUIRED to present a full presentation to a beneficiary attending an **informal Marketing event** before an enrollment application can be accepted, if a beneficiary wants to enroll at an informal marketing event.

DO NOT provide, subsidize or serve meals.

DO NOT ask beneficiaries to provide personal contact information in the order to participate in a raffle or drawing. Agent should use other mechanisms (e.g., raffle tickets, random numbers) for conducting the drawings.

DO NOT claim to be sole donor of a prize and it must be clear that the prize is attached to the event and not the individual organization.

DO NOT have representative present at cancelled seminar site, *if the event was cancelled due to inclement weather*.

DO NOT have a representative present at cancelled seminar site if beneficiaries are notified of a cancellation more than 48 hours before the event.



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the retail purchase price of the item/s).

DO include a written statement on all advertising and explanatory materials promoting drawings, prizes or any promise of a free gift that there is no obligation to enroll in the plan. Example:

- "Eligible for a free drawing and prizes with no obligation.
- "Free drawing without obligation."

DO contribute cash towards prize money to a foundation or another entity if the event is jointly sponsored.

DO have all **sales scripts, presentations, marketing and advertising materials submitted to Care1st Health Plan review and approval and for CMS submission prior to their use.**

DO clearly explain the following during **SNP presentations/events**:

- Eligibility limitations (e.g., required special needs status);
- Special enrollment period (SEP) to enroll in, change or leave SNP's;
- Process for voluntary disenrollment if the beneficiary loses his/hers Medicaid or institutional status (or becomes ineligible for enrollment for the Chronic SNP);
- A description of how drug coverage works with your plan.

How to Handle Cancellations of Scheduled Events:

DO save documentation related to all cancellations, revisions and updates and be prepared to provide a copy of it to CMS and/or Care1st Health Plan upon request.

Seminar cancelled within 48 hours of its originally scheduled date/time:

DO notify Care1st Health Plan of the cancellation, who will immediately notify CMS Regional Office (RO) Account Manager & cancel event in HPMS.

DO ensure a representative of Care1st Health Plan is present at the site of the cancelled sales event at the time the event was scheduled to occur to inform attendees of the cancellation and to distribute plan information.

DO have a representative remain for at least 15 minutes after the scheduled start time. Before leaving, representative must include signage stating that the event was cancelled



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and, if appropriate, notice can include alternate event opportunities.

Seminar cancelled more than 48 hours prior to originally scheduled date/time:
DO notify health plan of the cancellation, who will immediately notify CMS RO Account Manager & cancel event in HPMS.

DO notify beneficiaries of cancelled event using same means the agent/plan used to advertise the event.

DO announce cancellation via the same newspaper where the event originally was listed/advertised. If the newspaper's production and/or distribution schedule prohibits timely notification, Care1st Health Plan must provide evidence to the CMS RO Account Manager (newspaper guidelines with submission timelines, run dates, etc.).

DO provide an alternative method of notifying beneficiaries (i.e., leave signage posted at the event of cancellation, if cancellation cannot be updated in newspaper).

DO call the beneficiaries to inform them of the cancellation if beneficiaries were identified through personal calls.

DO call the beneficiaries to inform them of the cancellation if beneficiaries RSVP'd for the sales event.

12. Compliance with State Appointment Laws (120.1)

<u>DO</u> become state licensed and appointed in accordance with the appropriate state's laws where conducting marketing in order to sell Medicare products.	<u>DO NOT</u> solicit or sell any Care1st Health Plan MA/MA-PD plans in service areas where Care1st is not allowed to sell.
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13. Agents/Broker Training and Testing (120.3)

<u>DO</u> take Association of Health Insurance Plans' (AHIP) training and testing annually on Medicare rules and regulations and on details specific to the Medicare plan products that you sell.	<u>DO NOT</u> use certification as a marketing tool.
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<p>DO achieve Care1st Health Plan's standards of a passing score of at least 85 percent.</p> <p>DO complete annual certification of the corresponding Care1st Health Plan Medicare products to receive Care1st Health Plan renewal commission payments.</p>	
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14. Unsolicited E-Mail (70.3); Marketing through Unsolicited Contacts (70.4); and Outbound Enrollment and Verification Calls to All New Enrollees (70.6)

Unsolicited contact, outside of advertised sales or educational events or mailings - there is a general prohibition on marketing through unsolicited contacts. This includes the following and may extend to other instances of unsolicited contact that may occur outside of advertised sales or educational events. This guidance applies to all downstream contractors, including third-party organizations utilized to generate sales leads and/or appointments. These marketing regulations apply to Medicare age-ins, as well as existing beneficiaries.

<p>Unsolicited Contact:</p> <p>DO generate leads through mailings, websites, advertising and public events.</p> <p>DO leave information at the beneficiary's residence in the event the pre-scheduled appointment at the beneficiary's residence becomes a "no-show."</p> <p>DO leave contact information such as business cards with beneficiaries for them to give to friends that they are referring you.</p> <p>DO submit all business reply cards that will be used for documenting beneficiary agreement for contact to Care1st Health Plan for review and approval and for review/approval/submission.</p> <p>Beneficiary Contact:</p> <p>DO initiate a phone to confirm an appointment that has already been agreed to by a beneficiary via a completed scope of appointment form.</p> <p>DO contact members that you enrolled in a plan to discuss plan issues and market other</p>	<p>Unsolicited Contact:</p> <p>DO NOT solicit door-to-door including leaving information such as a leaflet, flyer, or door hanger, or leaving information such as a leaflet or flyer n someone's car.</p> <p>DO NOT approach beneficiaries in common areas (i.e., parking lots, hallways, lobbies, etc.)</p> <p>DO NOT call or visit beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up or visit (including a completed scope of appointment form.)</p> <p>DO NOT accept and appointment that resulted from an unsolicited contact with a beneficiary (including if the call started based on a non-MA or non-PDP product. Examples of non-MA or non-PDP products include, but are not limited to: a discount prescription drug card, a Medigap plan, a needs assessment, an educational event, a review of Medicare coverage options, or any other service or product that is not an MA plan or PDP.)</p> <p>Beneficiary Contact:</p>
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<p>plan options offered by same organization. <u>If an individual meeting is a result of the phone conversation then a signed CMS approved scope of appointment is required prior to the meeting.</u></p> <p>DO make outbound calls to existing members to conduct normal business related to enrollment in the plan and to resolve eligibility issues. Enrollment and other member issues should be referred to Care1st Health Plan's Member Services number at 1-800-544-0088 (8:00 am – 8:00 pm, 7 days a week). TTY at 1-800-735-2929.</p> <p>DO use CMS-approved outbound scripts when conducting permitted outbound calls.</p> <p>DO obtain the best phone number to be used for verification and provide a description of the enrollment verification process to the applicant during the application process.</p> <p>DO adhere to the Federal Communication Commission rules and Federal Trade Commission requirements for sellers and telemarketers and applicable State laws.</p> <p>DO comply with regulations for both National and State <i>Do-Not-Call</i> Registries, and honor "do not call again" requests. Must abide by Federal and State calling hours.</p>	<p>DO NOT cold call such as using a list of beneficiary's names and calling them directly to schedule appointments.</p> <p>DO NOT conduct telephonic or electronic solicitation including leaving electronic voicemail messages on answering machines, text message, or e-mail contact unless beneficiaries agree to be contacted.</p> <p>DO NOT buy, acquire or rent email lists to distribute information about MA Plans.</p> <p>DO NOT call former members who have Disenrolled or current members who are in the process of Voluntary Disenrolling to market plans of products or request consent to further sales contacts.</p> <p>DO NOT make calls to beneficiaries to confirm receipt of mailed information.</p> <p>DO NOT conduct the verification call or be physically present with the applicant at the time of the verification call.</p> <p>DO NOT provide a description of the enrollment verification process to the applicant for plan-to-plan switches within an MA or Part D parent organization involving the same plan type or product type (e.g., PFFS to PFF, DE SNP to DE SNP, PDP to PDP) as these are not subject to OEV requirement.</p> <p>DO NOT treat permission given by a beneficiary to be called or otherwise contacted as open-ended permission for future contacts. It is to be considered short-term, event-specific.</p> <p>DO NOT perform telephone enrollment activities without special contractual approval from Care1st Health Plan. Contact Care1st Health Plan for more details.</p>
<p>15. <u>Timely Submission of Completed Enrollment Applications to Care1st Health Plan:</u></p>	<p>DO NOT delay submission of completed enrollment applications to Care1st Health Plan.</p> <ul style="list-style-type: none"> ▪ Delay of submissions would mean delay or non-



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<p><u>DO</u> submit or forward all completed enrollment applications to Care1st Health Plan <u>within 48 hours</u> from the receipt date of the enrollment application.</p> <ul style="list-style-type: none"> ▪ <u>Receipt date</u> is the date when the beneficiary signed the enrollment application. 	<p>compliance in beneficiaries’ notifications as required by CMS.</p>

16. Care1st Health Plan Contact Information:

For Questions on this document, please contact Care1st’s Compliance Department at 323-889-6638, ext.6476 or e-mail to ComplianceDepartment@care1st.com

Brooks Jones, CHC
Corporate Compliance Officer – ext. 6202

Janet F. Eisenberg, MS, CHCO
Compliance Director – ext. 6476

Robert Godinez
Special Investigation Unit (SIU) Supervisor – ext. 6492