

MEDICARE SALES & MARKETING ACTIVITIES DO AND DON'T REFERENCE CHART FOR MEDICARE ADVANTAGE AND PART D PLANS

DO	DON'T
MARKETING/SALES EVENT & GENERAL MARKETING PRACTICES	
<p>Marketing/sales events are events designed to steer, or attempt to steer, potential enrollees toward a plan or a limited set of plans. At Marketing/Sales Events, plan representatives may discuss plan specific information like premium, cost-sharing, or benefits and/or distribute or collect applications. All one-on-one appointments with Medicare beneficiaries are considered by CMS as Marketing/Sales Events (See also §70.9). However, one-on-one appointments are not entered into the marketing events module. There are 2 main types of Marketing/sales events:</p> <ul style="list-style-type: none"> • Formal marketing/sales events – events that are structured in an audience/presenter style with a sales person providing specific plan information via a presentation. • Informal marketing/sales events – are conducted with a less structured presentation or in a less formal environment. They typically utilize a table, kiosk or a recreational vehicle (RV) that is manned by a plan sponsor representative who can discuss the merits of the plan's products. <p>All individual appointments between an agent and a beneficiary are considered marketing/sales appointments regardless of the content discussed.</p> <p>Note: Member educational events where Plans are discussed with existing Health Net members are considered Marketing/Sales Events and must be reported to CMS.</p>	
<p>Market MA and Part D plans to all eligible Medicare beneficiaries</p> <p>Accept and perform enrollments</p>	<p>Do not participate in discriminatory activities</p> <p>Examples:</p> <ul style="list-style-type: none"> ➤ Race, sex, age ➤ Mental or physical disability ➤ Targeting marketing to high income areas ➤ Health screening/cherry picking (except chronic care SNPs) ➤ Giving priority to newly eligible Medicare beneficiaries over other beneficiaries during sales activities
<p>Distribute health plan brochures and pre-enrollment materials that have been provided by the plan and approved by CMS</p>	<p>Do not engage in activities that mislead or confuse Medicare beneficiaries</p> <p>Do not use materials that have not been approved by CMS and Health Net</p>

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DO	DON'T
	Do not alter anything outside the bracketed areas of templated material
<p>State that the plan sponsor is approved for participation in Medicare programs and/or that it is contracted to administer Medicare benefits</p> <p>Use the term “Medicare-approved” to describe benefits and services within marketing materials</p>	<p>Do not identify yourself as an agent of Medicare or the Federal Government</p> <p>Do not use materials containing a reproduction or copy of the Medicare blue, white, red card.</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 or endorsed by Medicare or any other government agency.</p>
<p>Formally present benefit information by following the benefit information found in the Summary of Benefits or Sales Presentation</p> <p>Provide educational content to the audience or passersby</p>	Do not misrepresent the benefits or services Health Net provides
<p>Clearly explain the following during SNP presentations/events:</p> <ul style="list-style-type: none"> • Eligibility limitations (e.g., required special needs status) • Special enrollment period (SEP) to enroll in, change or leave SNPs • Process for involuntary disenrollment if the beneficiary loses his/her Medicaid or institutional status (or becomes ineligible for the C-SNP). • A description of how drug coverage works with your plan. 	<p>Do not imply that any of Health Net’s MA plans are Medicare supplement plans</p> <p>Do not solely focus on the positive or good benefits of the plan</p> <p>Do not provide false or misleading information about the plan, including benefits, provider rules and other plan information</p>

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<p>Use qualified superlatives Examples:</p> <ul style="list-style-type: none"> ➤ One of the best, among the highest ranked 	<p>Do not say that the plan you are marketing/selling is the best plan Examples:</p> <ul style="list-style-type: none"> ➤ “the best”, “highest ranked”, “rated number one” (can only use if substantiated with supporting data) <p>Do not compare HN to another Organization/Plan by name unless you have written concurrence from all plan sponsors being compared.</p>
<p>Discuss ONLY those products (HMO, PPO, PDP) that were included in the advertising material for the sales event</p>	<p>Do not discuss products that were not included in the advertisement for the sales event</p>
<p>Provide REFRESHMENTS/LIGHT SNACKS at promotional or sales activities where plan benefits are being discussed and/or plan materials are being distributed</p> <ul style="list-style-type: none"> ➤ Coffee, soft drinks, fruit, raw vegetables, pastries, cookies or other small dessert items, crackers, muffins, cheese chips, yogurt, nuts 	<p>Do not provide or subsidize MEALS at promotional or sales activities, regardless of value to prospects or current enrollees</p> <ul style="list-style-type: none"> • Applies at any event or meeting where plan benefits are being discussed and/or plan materials are being distributed • Light snacks cannot be bundled and provided like a meal <p>Do not market any MA or Part D plans where meals are being provided, even if the meal is not sponsored by HN and is the normal activity in that location. Example: soup kitchens, senior centers, etc.</p> <p>Do not co-sponsor meals Example: Co-sponsoring a meal with a provider is not allowed</p> <p>Do not give a beneficiary a gift card or gift certificate to a restaurant or any place where food is served.</p>
<p>Do include one of four statements on the outside of the envelope or mailing itself (ONLY if no envelope is used) that best fits the information being sent to the Medicare</p>	<p>Do not mail information to Medicare beneficiaries or current HN members if one of the four statements is not included on the envelope or mailing itself if no envelope is used (e.g., a postcard)</p>

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beneficiary: <ul style="list-style-type: none"> ➤ Advertising pieces: “This is an advertisement” ➤ Plan Information: “Important plan information” ➤ Health: “Health or Wellness or prevention information” ➤ Non-health or non-plan information - “Non-health or non-plan related information” 	
Do conduct marketing/sales events per CMS guidelines, even if only one person is in attendance at the event.	Do not require beneficiaries to provide any contact information as a prerequisite for attending the event. Plans must clearly indicate on any sign-in sheets that completion of any contact information is optional.
Plan sponsors may contribute cash towards prize money to a foundation or another entity if the event is jointly sponsored. The plan cannot claim to be the sole donor of the prize and it must be clear that the prize is attached to the event and not the individual organization	Plan Sponsors may not ask beneficiaries to provide personal contact information in order to participate in a raffle or drawing. Plan sponsors should use other mechanisms (e.g., raffle tickets, random numbers) for conducting the drawings.
Do announce all products/plan types that will be covered during the presentation at the beginning of that presentation (e.g., HMO, PPO, PDP, MSA, etc). Submit all sales scripts and presentations for approval to CMS prior to their use during the marketing/sales event.	Do not use prohibited statements at marketing/sales event (as stated in the Medicare Marketing Guidelines) Do not use a sales script, presentation, or materials that have not been approved for use by Health Net or CMS.
Do submit formal and informal marketing/sales events to be reported to CMS. They should be named either “Formal” or “Informal” at the start of the Event Name column. Although plan sponsors are not required to submit educational events to CMS, many organizations are choosing to do so. If submitting these types of events, DO ensure that the term “Educational” precedes the event name	Do not conduct a Marketing/Sales event that has not been reported to CMS <b style="color: red;">at least seven calendar days prior to the event’s scheduled date.

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<p>in the event name column.</p> <p>For marketing/sales events that are cancelled within 48 hours before its originally scheduled date and time, ensure a representative is present at the site of the cancelled sales event, at the time that the event was scheduled to occur, to inform attendees of the cancellation and distribute information about the plan sponsor. The representative should remain on site at least 15 minutes after the scheduled start of the event. If the event was cancelled due to inclement weather, a representative is not required to be present at the site.</p> <p>For marketing/sales events that are cancelled more than 48 hours before its originally scheduled date and time, DO notify beneficiaries of the cancellation by the same means that was used to advertise the event.</p>	
CROSS SELLING OF NON-HEALTH RELATED PRODUCTS	
<p>Cross selling of non-health related products is allowed on inbound calls when requested by the beneficiary.</p>	<p>Do not cross-sell any non-health care related products (annuities, life insurance, etc) during any MA or Part D sales activity or presentation</p> <p>CMS defines “non-health care related products” as any insurance product not involving medical/health coverage. Dental coverage is considered medical/health coverage.</p> <p>Do not leave brochures on non-health care related products during any MA or Part D sales activity or presentation.</p>

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UNSOLICITED CONTACTS/OUTBOUND TELEMARKETING	
<i>Unsolicited contact prohibitions applies to the Health Plan, assigned Producers, and Third Party Marketing Organizations (TMO) utilized to generate sales leads and/or appointments. Applies to Medicare age-ins as well as existing beneficiaries</i>	
<p>Call a beneficiary when the beneficiary has given express permission to contact them. When 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.</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • A lead was generated based on an ad that references specific dates for a sales presentation and the date of the last sales presentation listed is 12/1/11. You can contact the beneficiary only up to 12/1/11. • A lead is generated based on an ad that does not specify a timeframe. The beneficiary should be contacted asap. • A beneficiary calls the Producer directly requesting more information about the plan. The beneficiary should be contacted asap. <p>NOTE: Agents/brokers who have a pre-scheduled appointment which becomes a “no-show” may leave information at the no-show beneficiary’s residence.</p> <p>DO comply to the extent applicable with the following:</p> <ul style="list-style-type: none"> • Federal Trade Commission’s Requirements for Sellers and Telemarketers • Federal Communications Commission rules and applicable State law 	<p>Do not participate in DOOR-TO-DOOR SOLICITATION of Medicare beneficiaries (exception for Medicare Supplement plans in some states)</p> <p>Do not leave information such as a leaflet, flyer, or door hanger at a residence or on someone’s car</p> <p>Do not participate in telephonic or electronic solicitation including leaving electronic voicemail messages on answering machines, text message, or sending unsolicited email messages.</p> <p>Do not approach individuals in common areas such as parking lots, sidewalks, hallways, lobbies, etc.</p> <p>Do not call or approach a beneficiary without the beneficiary initiating the contact (unsolicited contacts & outbound telemarketing)</p> <p>Do not use old lists or old consents to contact beneficiaries to satisfy the new CMS rules regarding unsolicited contacts</p> <p>Do not require an email address or any other contact information as a condition to RSVP for an event online or through mail.</p> <p>Do not conduct or allow unsolicited marketing calls to beneficiaries (other than to current plan members or to an agent’s existing clientele).</p>

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DO	DON'T
<ul style="list-style-type: none"> • National-Do-Not-Call Registry • Honor “Do not call again” requests, and • Abide by Federal and State calling hours. 	<p>Do not conduct or allow unsolicited marketing calls to beneficiaries for other business (for example, a “benefits compare” meeting) and do not provide those contacts to plans for ultimate use in a MA or PDP sales appointment.</p> <p>Exception for Medicare Supplement policy outbound telephone calls.</p> <p>Example:</p> <ul style="list-style-type: none"> • If during the course of an outbound call by a Medigap plan issuer for a Medicare Supplement product the beneficiary initiates interest in an MA or PDP product, then that MA or PDP product may be discussed, as long as the call is recorded, including the beneficiary-initiated request for MA or PDP information.
<p>CMS approved plan/Producer mailings are allowed, e.g., advertising, marketing materials, etc.</p>	<p>Do not call beneficiaries to confirm receipt of mailed information</p>
<p>ORGANIZATIONS may call former members who have VOLUNTARILY disenrolled for a disenrollment survey for quality improvement purposes.</p> <ul style="list-style-type: none"> • Only after the disenrollment effective date • Neither calls nor mailings may include sales or marketing information <p>ORGANIZATIONS may call existing members to conduct normal business related to the plan and/or to discuss other healthcare products and services that may be available through the organization</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • Members aging-in to Medicare from Commercial products offered by HN • Calls to HN Medicaid plan members to talk about HN Medicare products 	<p>Do not call former members who have disenrolled or current members who are in the process of VOLUNTARY DISENROLLING to market plans or products or request consent to further sales contacts.</p>

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<p>ORGANIZATIONS may call LIS-eligible members being reassigned</p> <ul style="list-style-type: none"> Limited circumstances, subject to advance approval from CMS <p>ORGANIZATIONS may call beneficiaries who submit enrollment applications to conduct quality control and Producer oversight activities. Scripts for this purpose require CMS approval.</p> <p>ORGANIZATIONS may contact members to promote other plan types (i.e., plans may contact their PDP members to promote their MAPD offerings) and discuss plan benefits.</p> <p>ORGANIZATIONS can contact their members to discuss educational events.</p>	
<p>PRODUCERS may call members that they enrolled in a plan to discuss plan issues and market other plan options.</p> <p>PRODUCERS may call to confirm an appointment that has already been agreed to by the beneficiary via a completed SOA form.</p>	<p>PRODUCERS cannot conduct unsolicited phone calls to other beneficiaries or plan members that they did not enroll in the plan.</p> <p>Do not call/visit beneficiaries after attendance at a sales event, unless the beneficiary gave express permission at the event for a follow-up or visit (including a completed SOA form)</p>
<p>Plans and/or Producers may return beneficiary PHONE CALLS or messages as these are not unsolicited</p>	<p>Do not initiate any unsolicited OUTBOUND PHONE CALLS to beneficiaries.</p>
<p>Plans can enroll a beneficiary if the beneficiary makes a request to enroll via an INBOUND PHONE CALL.</p>	<p>Plans cannot enroll beneficiaries via any OUTBOUND PHONE CALLS (see section on Unsolicited Contacts for additional information on unsolicited outbound calls)</p>
<p>Plan may contact members who are being</p>	<p>Do not contact members who are VOLUNTARILY disenrolling from</p>

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<p>INVOLUNTARILY disenrolled (while they are still members) to resolve eligibility issues.</p> <p>Examples of involuntary disenrollment include moves out of the service area, plan non-renewals, member loses entitlement to Medicare Part A or Part B, etc.</p>	<p>the plan for sales purposes or to ask for consent in any format to further sales contacts.</p>
<p>Call a beneficiary in response to a BUSINESS REPLY CARD if: The beneficiary included his/her phone number, and the reply card specifically says the beneficiary is giving the plan and/or Producer permission to call him/her. 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>All BUSINESS REPLY CARDS used for documenting beneficiary agreement for a contact must be submitted to CMS for review/approval.</p> <p>Note: BUSINESS REPLY CARDS may be used as a Scope of Appointment forms if they include CMS mandatory elements. These must be submitted to CMS for review and approval.</p>	<p>Do not call a beneficiary in response to a BUSINESS REPLY CARD if the business reply card did not expressly state that the beneficiary was giving the plan and/or Producer permission to call him/her.</p> <p>Note: RAFFLE CARDS cannot be considered initiating contact, unless the raffle card specifically says the beneficiary is giving the plan and/or Producer permission to call them. (NOTE: Cannot collect member contact information at educational events. See section on Educational Events for more information).</p>
<p>Only discuss the product(s) referenced on the BUSINESS REPLY CARD and/or in the advertisement included with the business reply card</p>	<p>Do not discuss any product(s) during the call that were not referenced on the BUSINESS REPLY CARD and/or in the advertisement included with the business reply card</p>
<p>THIRD PARTY LEADS may be generated through mailings, websites, advertising and public sales events</p>	<p>THIRD PARTIES may not make unsolicited calls to beneficiaries for non-MA and PDP products and provide those contacts to plans for ultimate use as an MA or PDP sales appointment</p>

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	<p>EXAMPLE: A “benefits compare” meeting.</p> <p>Do not accept an MA or PDP appointment from a THIRD PARTY LEAD that resulted from an unsolicited contact with a beneficiary (including if the call started based on a non-MA or non-PDP product)</p> <p>Plan sponsors may not conduct unsolicited calls to their Medigap enrollees regarding their MA, Part D or section 1876 cost plan products.</p> <p>Unsolicited THIRD PARTY LEADS are prohibited</p>
Do obtain the beneficiary HICN number ONLY if the beneficiary initiates contact and asks the plan contact to verify Medicaid eligibility for a SNP plan	Do not request beneficiary identification numbers (e.g. Social Security Numbers, bank account numbers, credit card numbers, HICN).
You may leave your business card or contact information with the beneficiary to give to their friends. In all cases, the REFERRED beneficiary needs to call the plan/agent directly.	Do not call a beneficiary who was REFERRED to you by a friend or another third party.
<p>Do EMAIL a beneficiary only if the beneficiary agrees to receive e-mails from HN or a Producer and the beneficiary has provided his/her email address to HN or a Producer.</p> <p>The permission to send emails to a beneficiary must be received by HN and not by an unaffiliated third party.</p> <p>You must provide an opt-out process for beneficiaries who no longer wish to receive e-mail communications.</p>	<p>Do not rent or purchase EMAIL lists to distribute information about MA plans or the Part D benefit.</p> <p>Do not acquire EMAIL addresses through any type of directory.</p> <p>Do not EMAIL any prospective enrollees at e-mail addresses obtained through friends or referrals</p> <p>Do not EMAIL a beneficiary if the beneficiary has not agreed to receive emails from HN or a contracted Producer.</p> <p>Do not EMAIL a beneficiary if the permission to receive an email was received by an unaffiliated third party.</p>

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	Example: A prospect searches the internet for Medicare health plans and comes across xyz website. The prospect requests more information about Medicare health plans and completes the online request for information form. A third party purchases the lead and tries to sell the lead to a HN contracted Producer. The HN Producer cannot contact the prospect because the prospect did not give HN or the contracted Producer permission for the contact.
Do solicit and collect enrollment applications after the start of the AEP, 10/15.	Do not solicit or collect enrollment applications prior to the start of AEP
SCOPE OF APPOINTMENTS (SOA) – In Person, Individual Appointments with Beneficiaries	
Have a pre-set appointment with an individual to market MA and/or Part D plans	Do not participate in DOOR-TO-DOOR SOLICITATION of Medicare beneficiaries (exception for Medicare Supplement plans in some states) Do not return uninvited to an earlier “no show” appointment
The SOA Form is required for any face-to-face personal/individual marketing appointment with a beneficiary and must be signed & dated by the beneficiary PRIOR TO the appointment	Do not obtain the SOA Form immediately prior to the Sales appointment (exception: If it is not feasible to obtain the SOA Form prior to the appointment, the Producer may have the beneficiary sign the form at the beginning of the appointment).
Prior to any marketing appointment, Producers must clearly identify the types of products that will be discussed during the in-home appointment (e.g., MediGap/MedSupp MA and PDP).	
Do request that the beneficiary sign a new SOA Form if the beneficiary wants to discuss other products not agreed upon for the initial appointment. Upon CMS request, the plan sponsor must be able to produce documentation. EXAMPLE: A Producer has a pre-scheduled appointment with a	Do not discuss plan products not agreed upon by the beneficiary prior to the appointment. EXAMPLES: <ul style="list-style-type: none"> • A Producer meets with a beneficiary to discuss a Med Supp

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<p>beneficiary to discuss MA products. During the appointment, the beneficiary wants to discuss a PDP product. The beneficiary must sign a new SOA Form and then the Producer may continue the marketing appointment. A new separate appointment is not required. <i>This only applies if an SOA Form was completed for the initial appointment. It does not apply if a form was not completed prior to the initial appointment, i.e., Med Supp. A new appointment would need to be set, at least 48 hours later.</i></p>	<p>product. An SOA Form was not completed. During the meeting, the beneficiary wants to discuss MA products. The Producer would <u>obtain a signed Scope of Appointment Form</u> and set a new appointment at least 48 hours later.</p>
<p>Do obtain a SOA Form for existing clients/members as well as new member prospects.</p> <p>Example: A Producer meets with a current HN member to discuss switching from the HN Ruby to HN Violet plan. An SOA Form would need to be obtained for this appointment</p>	<p>Do not conduct an appointment with another beneficiary if the beneficiary was not identified when the initial appointment was set up.</p> <p>EXAMPLE:</p> <ul style="list-style-type: none"> • A Producer has a pre-scheduled sales appointment at a beneficiary's home. Upon arrival, the Producer discovers that the beneficiary has invited their neighbor, who is also interested in meeting with the Producer regarding Medicare Advantage and/or PDP plan. The Producer will need to have the neighbor complete a Scope of Appointment form, also noting the reason that it is completed at the time of appointment. The Producer can then proceed with the appointment with the beneficiary and neighbor.
<p>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. The appointment does not need to be held 48 hours later; it may be held at the venue immediately following the sales presentation.</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>

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<p>At marketing/sales events plan sponsors may provide a scope of appointment form for a subsequent meeting; if a beneficiary requests a one-on-one meeting then the beneficiary must fill out a scope of appointment.</p>	
<p>Appointments made over the phone can only be recorded by the Plan sponsor, not the agent broker in order to provide documentation.</p> <p>If the scope of appointment is being documented by recording a phone call in advance of the appointment, the call should be placed by the plan sponsor.</p> <p>If the Producer is unable to conduct the phone recording, an SOA Form may be mailed to the beneficiary that can be returned as written documentation PRIOR TO the appointment. However, if it is not feasible for the Scope of Appointment form to be executed prior to the appointment, a Producer may have the beneficiary sign the form at the beginning of the appointment (Note: Producer needs to explain why it was not feasible to obtain the completed form prior to the appointment). CMS expects plans to record and maintain documentation on why it was not feasible to obtain the scope of appointment prior to the appointment.</p>	<p>Do not make an appointment with a beneficiary to discuss MA and/or Part D products over the phone if the phone conversation is not being recorded by the Plan sponsor. Note: HN will not conduct recordings on behalf of agents/brokers.</p>
<p>The beneficiary must agree to the scope of the appointment and that agreement must be documented by the plan, in writing by using the SOA Form or via recorded phone conversation by the Plan sponsor.</p>	<p>Do not meet with a beneficiary if an SOA Form or recorded phone conversation documenting the products to be discussed was not obtained. Note; HN will not conduct recordings on behalf of agents/brokers.</p> <p>Do not document the agreement by using any other means other than the SOA form or recorded phone conversation.</p>

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Leave materials/brochures for health care products the beneficiary did not agree to discuss when the appointment was set up.	Do not leave an enrollment form for products the beneficiary did not agree to discuss when the appointment was set up.
Keep records of all your appointments for 10 YEARS including Scope of Appointment (SOA) regardless of outcome , i.e., retain all appointment books, calendars, etc.	Do not discard SOA Forms or phone recordings for at least 10 YEARS .
SCOPE OF APPOINTMENT – ADDITIONAL INFORMATION	
For beneficiary WALK-INS to a Plan or Producers office or other similar beneficiary-initiated face-to-face sales event, complete the SOA Form and obtain the beneficiaries signature prior to discussing MA or PDP plans. Indicate on the form that the beneficiary was a WALK-IN . There is no 48 hour waiting period; you may discuss the plans agreed upon at that time.	For beneficiary WALK-INS , do not begin discussing MA or PDP plans prior to the beneficiary signing the SOA Form .
EDUCATIONAL EVENTS	
<ul style="list-style-type: none"> • Educational events are events designed to inform Medicare beneficiaries about MA, Prescription Drug or other Medicare programs, but do not steer, or attempt to steer potential enrollees toward a specific plan or limited number of plans. • Educational events are held in public venues and do not extend to in-home or one-on-one settings. 	
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. Plan sponsors may 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 the event does not include a sales presentation and is billed as educational.	Do not conduct sales or marketing activities at educational events including, but not limited to: <ul style="list-style-type: none"> • No distribution and/or acceptance of enrollment forms • No set-up of personal sales appointments or attempts to get permission for an outbound call to the beneficiary • No <u>discussion, display or distribution</u> of materials that include plan specific information, which includes specific premiums, copayments, or other benefit information • No distribution, display and/or acceptance of business reply cards, scope of appointment forms, or sign-up sheets • No distribution of business cards that include marketing information

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<p>May distribute Medicare and/or HEALTH EDUCATIONAL materials that meet the CMS definition of education, i.e., informing a potential enrollee about MA or other Medicare programs, but not steering a potential enrollee towards a specific plan.</p> <p>May distribute Producer business cards, upon beneficiary request or if the beneficiary requests information on how to contact the agent for additional information, as long as they do not contain any plan marketing or benefit information</p> <p>May use a BANNER with the plan name and/or logo displayed</p> <p>May use PROMOTIONAL ITEMS (pen, magnets, etc), including those with plan name, logo, and toll-free customer service number and/or website. Promotional items must be free of benefit information.</p> <p>Meals are allowed at educational events only and the cost must comply with nominal gift requirements.</p> <p>Advertisements for the event may be distributed to either enrollees, non-enrollees, or both.</p> <p>Plan sponsors may participate in educational health fairs and health promotional events as either a sole sponsor or co-</p>	<ul style="list-style-type: none"> • No distribution of business cards unless requested by the beneficiary • Do not attach business cards or plan/agent contact information to educational materials • No collection of member contact information (names, addresses, phone numbers) of potential enrollees • Do not advertise an educational event and then have a marketing event immediately following in the same general location • Hold an educational event where participants are asked if they want information about a specific plan or limited number of plans • Do not accept enrollment forms. This includes collecting completed enrollment forms or helping beneficiaries complete an enrollment form and then placing the form in a stamped envelope for the beneficiary to mail at a later date. • Solicit prospective beneficiaries for individual appointments under the premise that the appointment is for educational purposes.

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<p>sponsor of an event hosted by multiple organizations as long as the event does not include a sales presentation and is billed as educational.</p>	
<p>Use the following disclaimer when an educational event is organized, sponsored or promoted by the plan:</p> <p>“This event is only for educational purposes and no plan specific benefits or details will be shared”</p> <p>Refer to an event as a marketing event if you plan on marketing at the event</p>	<p>Do not use the disclaimer when the plan is invited to be a participant in an educational event sponsored, organized or promoted by an entity other than the plan (the disclaimer is not required in this instance).</p> <p>Do not refer to an event as “educational” if you plan on marketing at the event</p>
<p>Do hold educational events in public venues.</p>	<p>Do not hold educational events at home or one-on-one settings.</p>
<p>HEALTH FAIRS & HEALTH PROMOTIONAL EVENTS</p> <p>Health Fairs & Health Promotional Events are considered either Educational Events or Marketing/Sales events. If an Educational Event, follow all guidance related to Educational Events. If a Marketing/Sales event, i.e., pre-enrollment kits will be distributed, etc., then follow all guidance related to Marketing/Sales Events.</p>	
<ul style="list-style-type: none"> • HEALTH FAIRS & Health Promotional Events are defined by the venue, the room design, and the way in which the event is advertised to Medicare beneficiaries. • HEALTH FAIRS & Health Promotional events tend to have a more casual atmosphere and are typically held in convention centers, church basements, and gymnasiums. 	
<p>PROMOTIONAL ACTIVITIES</p>	
<p>Offer GIFTS to potential enrollees, as long as the gifts are provided whether or not the individual enrolls in the plan and the gift is worth \$15 or less, based on the retail value of the item.</p> <ul style="list-style-type: none"> ➤ If more than one GIFT is offered, the combined value of all items offered cannot exceed \$15. <p>Example:</p> <ul style="list-style-type: none"> ➤ The plan would like to offer gifts of nominal value (less than \$15) to people who call for more 	<ul style="list-style-type: none"> ➤ Do not offer a PRIZE over \$15 based on the retail value of the item ➤ Do not offer gifts and prizes as an inducement to enroll. ➤ Do not provide individual gifts with a retail value of more than \$15. ➤ Do not provide cash GIFTS. ➤ Do not provide gift certificates and gift cards that can readily be converted to cash, regardless of dollar amount. ➤ Do not offer post enrollment promotional items to compensate

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DO	DON'T
<p>information about our plan. The plan would then like to offer additional gifts if they come to a <u>separate</u> marketing event. Each of these gifts meets the CMS definition of nominal value, but taken together, the gifts are more than nominal value. Is this permissible? Answer: Yes.</p>	<p>beneficiaries based on their utilization of services. Example: ➤ Question: Can a plan send a \$1 lottery ticket as a gift to prospective members? Answer: Offering a \$1 lottery ticket to prospective members violates the “no cash or equivalent” rule, since the unscratched ticket has a cash value of \$1.</p>
<p>Offer a PRIZE worth over \$15 to the <u>general public</u> as long as it is not offered to just Medicare beneficiaries and is not routinely or frequently awarded. Example: ➤ \$1000 sweepstakes on the corporate website</p>	<p>Do not offer a PRIZE worth over \$15 solely to Medicare beneficiaries</p>
<p>Sole Sponsor Event: ➤ Offer a door/raffle PRIZE that does not exceed \$15 limit based on the retail purchase price of the item ➤ Offer free items (GIFT, ENTERTAINMENT) that do not exceed \$15 per attending person, based on the retail purchase price of the item. Note: Room rental is not included in the \$15 limit</p>	<p>Sole Sponsor Event: ➤ Do not offer a door/raffle PRIZE that exceeds \$15 limit based on the retail purchase price of the item ➤ Do not offer free items (GIFT, ENTERTAINMENT) that exceed the \$15 per person limit, based on the retail purchase price of the item. Note: Room rental is not included in the \$15 limit.</p>
<p>Multi Sponsor Event: ➤ Offer free items (gift, entertainment) that do not exceed \$15 per attending person, based on the retail purchase price of the item. Note: room rental is not included in the \$15 limit ➤ Offer a door prize that exceeds \$15 limit if the organization contributes to a pool of cash for prizes or contributes to a pool of prizes such that the prize(s) is not individually identified with the</p>	<p>Multi Sponsor Event: ➤ Do not offer free items (gift, entertainment) that exceeds the \$15 per person limit, based on the retail purchase price of the item. Note: room rental is not included in the \$15 limit. ➤ Do not offer a door prize that exceeds \$15 limit and claim to be the sole donor of the prize.</p>

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<p>organization, but is identified with a list of contributors</p> <ul style="list-style-type: none"> ➤ Contribute cash toward prize money to a foundation or other entity sponsoring the event <p>Example:</p> <ul style="list-style-type: none"> ➤ Radio station, along with many sponsors organizes a senior health fair. Anyone who attends may register for the door prize. The organization may participate in the fair, contribute to the door prize, and permit attendees to register for the prize at its booth. 	
MARKETING IN HEALTHCARE SETTINGS	
<p>Conduct sales or marketing activities in COMMON AREAS of health care settings.</p> <p>Examples:</p> <ul style="list-style-type: none"> ➤ Hospital cafeteria ➤ Nursing home cafeteria ➤ Community/recreational rooms ➤ Conference rooms ➤ Space outside of where patients wait for services or interact with providers and obtain medications ➤ Upon request of the beneficiary, plans can schedule an appointment with a beneficiary residing in a long term care facility 	<p>Do not conduct sales or marketing activities in areas where patients primarily intend to receive health care services or where health care is delivered.</p> <p>Examples:</p> <ul style="list-style-type: none"> ➤ Physician Offices ➤ Pharmacies ➤ Waiting rooms/examination rooms ➤ Hospital patient rooms ➤ Pharmacy counter areas
<p>Schedule an appointment with a beneficiary residing in a LONG TERM CARE FACILITY</p>	<p>Conduct promotional activities (collect enrollment form, go door-to-door) in RESIDENT ROOMS OF NURSING HOMES without a prior appointment</p>
<p>PROVIDERS should attempt to display plan-marketing materials for all plans with which the Provider participates. If a particular plan fails to provide materials, the provider may display the materials for only those plans that have</p>	<p>PROVIDERS may not steer their patients to particular plan(s) and may not limit distribution of plan materials to a sub-set of the plans that they contract with.</p>

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<p>provided them.</p> <p>PROVIDERS are also permitted to display posters or other materials announcing all plan contractual relationships.</p> <p>Long term care facility staff are permitted to provide residents that meet the I-SNP criteria an explanatory brochure for each I-SNP with which the facility contracts. The brochure can be explanatory about the qualification criteria and the benefits of being an I-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.</p>	<p>PROVIDERS may not display posters or other materials announcing only one sub-set of some plan contractual relationships.</p>
<p>PROVIDERS are permitted to make available and/or distribute plan marketing materials for a subset of contracted plans only as long as providers offer the option of making available and/or distributing marketing materials to all plans with which they participate. CMS does not expect providers to proactively contact all participating plans to solicit the distribution of their marketing materials, if a provider agrees to make available and /or distribute plan marketing materials for some of its contracted plans, it should do so knowing it must accept future requests from other plan sponsors with which it participates.</p> <p>Providers are permitted to:</p> <ul style="list-style-type: none"> • Make available and/or distribute plan marketing materials including PDP enrollment applications, but not MA or MA-PD enrollment applications for all plans with 	<p>PROVIDERS may not make available plan marketing materials for one plan, but not other plan sponsors with which it participates.</p>

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<p>which the provider participates.</p> <ul style="list-style-type: none"> • To avoid an impression of steering, providers should not deliver materials/applications within an exam room setting. <ul style="list-style-type: none"> • If a provider agrees to make available and /or distribute plan marketing materials for some of its contracted plans, it should do so knowing it must accept future requests from other plan sponsors with which it participates. • If a provider agrees to list on posters or other materials announcing plan contractual relationships some of its contracted plans, it should do so knowing it must accept future requests from other plan sponsors with which it participates. 	
<p>PROVIDERS should remain neutral parties in assisting plans to market to beneficiaries or assisting in enrollment decisions</p> <p>PROVIDERS may:</p> <ul style="list-style-type: none"> • Provide the names of plan sponsors with which they contract • Provide information & assistance in applying for the low income subsidy • Provide objective information on ALL plan sponsors specific plan formularies, based on the patients medications & health care needs • Provide objective information regarding ALL plan sponsors specific plans being offered, such as covered benefits, cost sharing, and utilization management tools • Distribute all PDP marketing materials with whom the provider contracts with, including enrollment 	<p>PROVIDERS may not be involved in any of the following actions:</p> <ul style="list-style-type: none"> • Offering sales/appointment forms • Accepting enrollment applications • Mailing marketing materials on behalf of plans • Making phone calls or steering beneficiaries, in any way, to a limited number of plans • Offering anything of value to induce plan enrollees to select them as their provider • Offering inducements to persuade beneficiaries to enroll in a particular plan or organization • Health screening when distributing information to patients • Accepting compensation directly or indirectly from the plan for beneficiary enrollment activities

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<p>application forms</p> <ul style="list-style-type: none"> • Make available and/or distribute plan marketing materials for all plans with which the provider participates (including PDP enrollment forms, but not MA or MA-PD enrollment applications) • Refer patients to other sources of information, such SHIPS, plan marketing representatives, State Medicaid office, local SS office, CMS website. • Print out and share information with patients from CMS's website 	
REFERRAL PROGRAMS	
<p>Request names and addresses on REFERRALS received from current MA or Part D plan members.</p> <p>Plan sponsors may use member provided referral names and addresses to solicit potential new members by mail only.</p> <p>Offer a THANK YOU GIFT provided that they are each individually worth \$15 or less and in the aggregate for the year, worth \$50 or less where the price is based on the retail purchase price of the item, when an enrollee responds to a plan solicitation for referrals.</p>	<p>Do not request phone numbers on REFERRALS received from current MA or Part D plan members.</p> <p>Do not offer a GIFT (cash or other) to a current MA or Part D plan member in return for a lead or referral</p> <p>Do not use cash promotions as part of a referral program</p> <p>Do not ask for a referral during personal or individual appointments</p> <p>Do not email prospective members at email addresses obtained through friends or referrals</p>
CO-BRANDING	
<ul style="list-style-type: none"> • Co-branding is defined as a relationship between two or more legal entities, one of which is an organization that sponsors a Medicare plan. 	
<p>Display the names and/or logos of CO-BRANDED NETWORK PROVIDERS on the member's ID card, but only if the member selects the co-branded provider as their primary provider.</p>	<p>Do not display the names and/or logos of CO-BRANDED NETWORK PROVIDERS on the member's ID card, <u>if the member does not</u> select the co-branded provider as their primary provider.</p>

MEDICARE SALES & MARKETING ACTIVITIES DO AND DON'T REFERENCE CHART FOR MEDICARE ADVANTAGE AND PART D PLANS

DO	DON'T
Include the CMS REQUIRED DISCLAIMER on any materials, other than the ID card, that include the name and/or logo of a co-branded network partner or entity	Do not include the CMS REQUIRED DISCLAIMER on any materials, other than the ID card, that include the name and/or logo of a co-branded network partner or entity.
ONLINE & TELEPHONE ENROLLMENTS	
<p>Accept Enrollments via a link to the plan sponsor's secure internet website using CMS approved materials and web pages</p> <p>Accept telephonic and plan sponsor website enrollment requests that effectuated entirely by the beneficiary or his/her authorized representative.</p>	<p>Do not accept enrollments via an agent/broker website.</p> <p>Do not use a third party comparison available from an agent/broker website to assist a beneficiary with telephonic enrollments.</p> <p>Producers may not be physically present with a beneficiary at the time of a telephonic enrollment.</p>