

# MEDICARE SALES & MARKETING ACTIVITIES DO AND DON'T

GENERAL MARKETING PRACTICES	
CMS defines Marketing as activities meant “to steer, or attempt to steer potential enrollees toward a plan or a limited set of plans.”	
DO	DON'T
<p>Market MA and Part D plans to all eligible Medicare beneficiaries.</p> <p>Accept and perform enrollments.</p>	<p>Your selling activities must not discriminate against:</p> <ul style="list-style-type: none"> <li>• race, ethnicity, gender, age, national origin, religion</li> <li>• mental or physical disability</li> <li>• high or low income areas</li> <li>• health status/cherry picking (except chronic care SNPs)</li> <li>• newly eligible Medicare beneficiaries over other beneficiaries</li> <li>• claims experience, genetic information or evidence of insurability.</li> </ul>
<p>Distribute health plan brochures and pre-enrollment materials that have been provided by the plan and approved by CMS.</p>	<p>Use materials that have not been approved by CMS and Health Net Alter anything outside the bracketed areas of template material.</p> <p>Use materials containing a reproduction or copy of the Medicare blue, white, red card.</p> <p>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 you, the business or product is approved or endorsed by Medicare or any other government agency</p>
<p>State that the plan is approved for participation in Medicare programs and/or that it is contracted to administer Medicare benefits</p>	<p>Engage in activities that mislead or confuse Medicare beneficiaries or provide false or misleading information about the plan and the benefits</p>
<p>Use qualified superlatives. <b>EXAMPLE:</b> "One of the best", "among the highest ranked."</p>	<p>Refer to the plan you are marketing/selling as “the best, the highest ranked”, “rated number one”, etc.</p> <p>Compare HN to another Plan by name unless you have written concurrence from all plan sponsors being compared, <u>or using CMS Star rating documents</u></p>
	<p>Imply that any of Health Net’s MA plans are Medicare Supplement plans.</p>

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Obtain the beneficiary HICN number ONLY if the beneficiary initiates contact and asks the plan contact to verify Medicaid eligibility for a SNP plan	Request beneficiary identification numbers (e.g. Social Security Numbers, bank account numbers, credit card numbers, HICN).
Solicit and collect enrollment applications after the start of the AEP, 10/15.	
Solicit and collect enrollment applications for beneficiaries who are aging-in throughout the year.	

## SALES EVENT PRACTICES

There are two types of sales events, formal, informal. "At Marketing/Sales Events, plan representatives may discuss plan specific information like premium, cost-sharing, or benefits and/or distribute or collect applications."

Formal marketing/sales events are structured events of an audience/presenter style with a sales person providing specific plan information via a specific CMS approved sales 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.

Note: Events in which Plans are discussed with existing Health Net members are considered informal Sales Events and must be reported to CMS. Health Fairs can be either Educational Events or Sales events.

<b>DO</b>	<b>DON'T</b>
Discuss <b>ONLY</b> those products (HMO, PPO) that are advertised.	Discuss products that are not included in the advertisement
At a formal event, present benefit information found in the Summary of Benefits, Benefit Highlights or CMS approved Sales Presentation.	Use a sales script, presentation, or materials that have not been approved for use by Health Net and/or CMS.
Provide light snacks at promotional or sales activities where plan benefits are being discussed and/or plan materials are being distributed such as, coffee, soft drinks, fruit, raw vegetables, pastries, cookies etc.	<p>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 such as soup kitchens, senior centers, etc.</p> <p>Conduct sales presentations and require a Scope of Appointment form. A Scope of Appointment is only required for personal/individual sales appointments, not sales events.</p>

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<p>If only one person is at an event, it is permissible to  a.)continue the presentation,  b.) ask the beneficiary if they would like to do an individual appointment instead of the presentation or schedule an in home for a later date. An SOA is required for individual appointments.</p>	
<p>Contribute cash towards gift money to a foundation or another entity if the event is jointly sponsored. The plan cannot claim to be the sole donor of the gift and it must be clear that the gift is attached to the event and not the individual organization</p>	<p>Ask beneficiaries to provide personal contact information in order to participate in a raffle or drawing. Use other mechanisms (e.g., raffle tickets, random numbers) for conducting drawings.</p>
<p>Announce all products/plan types that will be covered during the sales event at the beginning of that sales event (e.g., HMO, PPO, etc).</p>	<p>Omit introducing yourself or the plans that you will be discussing at the beginning of the sales event.</p>
<p>Submit all formal and informal sales events to so they can be reported to CMS within established timelines.</p> <p>Be present at the site, at the time that the event is scheduled to occur and remain on site at least 15 minutes after the scheduled start of the event, even if the event is cancelled. Exception: If the event was cancelled due to inclement weather; a representative is not required to be present at the site.</p> <p>Notify beneficiaries of a cancellation by the same means that was used to advertise the event if you cancelled an event more than 48 hours before the scheduled date and time.</p>	<p>Conduct a Sales event that has not been reported to CMS.  <b>EXAMPLE:</b>  You cannot simply cancel an event if you advertise an event using flyers or the web or other media. If you cancel the event, you must ALSO notify prospective attendees in the same manner that you advertised to them.</p>
<p><b>EDUCATIONAL EVENT PRACTICES</b></p>	
<p>Educational events are events designed to inform Medicare beneficiaries about MA, Prescription Drug or other Medicare programs, do not discuss plan benefits and do not steer, or attempt to steer potential enrollees toward a specific plan or limited number of plans.  Educational events are submissable to CMS.</p>	

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DO	DON'T
<p>Respond to questions asked at an educational event. (A response to questions does not render the event as a sales event provided that the scope of the response does not go beyond the question asked.)</p> <p>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.</p> <p>Distribute Medicare and/or health education 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>Distribute 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 promotional item (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>Conduct sales or marketing activities at educational events</p> <p>Distribute or accept enrollment forms</p> <p>Set-up of personal sales appointments or attempts to get permission for an outbound call to the beneficiary</p> <p>Discuss or distribute materials that include plan specific information, such as premiums, copayments, or other benefit information</p> <p>Distribute or display and/or accept Scope of Appointment forms, or sign-up sheets</p> <p>Distribute business cards that include marketing information</p> <p>Attach business cards or plan/agent contact information to marketing materials</p> <p>Collect member contact information: (names, addresses, phone numbers)</p> <p>Advertise an educational event and then have a marketing event immediately following in the same general location</p> <p>Ask if they want information about a specific plan or limited number of plans.</p> <p>Refer to an event as “educational” if you plan on marketing/selling/ passing out enrollment forms, collecting leads, etc., at the event</p>

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SPECIAL NEEDS EVENT PRACTICES	
DO	DON'T
<p>Clearly explain the following during SNP presentations/events:</p> <ul style="list-style-type: none"> <li>• Eligibility limitations (e.g., required special needs status)</li> <li>• Special enrollment period (SEP) to enroll in, change or leave SNPs</li> <li>• Process for involuntary disenrollment if the beneficiary loses his/her Medicaid or institutional status (or becomes ineligible for the C-SNP).</li> <li>• A description of how drug coverage works.</li> </ul>	
GIFTS/PROMOTIONAL ITEMS	
DO	DON'T
<p>Offer promotional items to potential enrollees:</p> <ul style="list-style-type: none"> <li>• whether or not the individual enrolls in the plan</li> <li>• the gift is worth \$15 or less, based on the retail value of the item.</li> <li>• the combined value of all items offered cannot exceed \$15, at a time.</li> </ul> <p><b>EXAMPLE:</b> The plan would like to offer gifts (less than \$15) to people who call for more 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 is less than \$15 Is this permissible? Answer: Yes, because it does not go over the \$50 annual limit.</p>	<p>Intentionally provide gifts equal to more than \$50.00 a year to one person.</p> <p>Offer a gift over \$15 based on the retail value of the item</p> <p>Offer gifts as an inducement to enroll.</p> <p>Provide cash gifts or gift certificates and gift cards that can be converted to cash, regardless of dollar amount.</p> <p><b>EXAMPLE:</b> Can a plan send a \$1 lottery ticket as a gift to prospective members? 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>Note: raffle cards cannot be used to initiate contact, unless the raffle card specifically says the beneficiary is giving the plan and/or Producer permission to call them.</p>
<p>Offer a door prize or contribute to a pool for gifts for a door prize that is identified with a list of contributors.</p> <p><b>EXAMPLE:</b> A radio station, along with many sponsors organizes a</p>	<p>Contribute to a community door prize and claim to be the sole donor of the gift.</p>

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<p>senior health fair. Anyone who attends may register for the door prize. The organization may contribute to the door prize, and permit attendees to register for the door prize at Plan's booth.</p>	
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<b>MAILING AND EMAILING PRACTICES</b>	
<b>DO</b>	<b>DON'T</b>
<p>Email a beneficiary if the beneficiary agrees to receive e-mails from HN or a Producer.</p> <p>Provide an opt-out process for beneficiaries who no longer wish to receive e-mail communications.</p>	<p>Email using: Purchased lists or addresses obtained through any type of directory, or e-mail addresses obtained through friends or referrals.</p> <p>Email a beneficiary if the beneficiary has not agreed to receive emails.</p> <p>Email a beneficiary if the permission to receive an email was received by an unaffiliated third party.</p> <p>Require an email address or any other contact information as a condition to RSVP for an event online or through mail.</p>
<p>Mailings, e.g., advertising, marketing materials, etc, IF the material has been approved for use by Health Net and CMS.</p>	<p>Call beneficiaries to confirm receipt of mailed information</p>
<p>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 beneficiary:</p> <ul style="list-style-type: none"> <li>• Advertising pieces – “This is an advertisement”</li> <li>• Plan information – “Important plan information”</li> <li>• Health and wellness information – “Health or wellness or prevention information”</li> <li>• Non-health or non-plan information - “Non-health or non-plan related information”</li> </ul>	<p>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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<b>CROSS SELLING OF NON-HEALTH RELATED PRODUCTS</b>	
CMS defines “non-health care related products” as any insurance product not involving medical/health coverage.	
<b>DO</b>	<b>DON'T</b>
	<p>Cross-sell any non-health care related products (annuities, life insurance, etc) during any Health Net sales event. (Dental coverage is considered health care coverage.)</p> <p>Leave brochures on non-health care related products at any Health Net sales activity.</p>
<b>SOLICITED versus UNSOLICITED CONTACTS</b>	
“Health Plan, assigned Producers, and Third Party Marketing Organizations (TMO) utilized to generate sales leads and/or appointments are prohibited from engaging in direct unsolicited contact with potential enrollees, including outbound calls.”	
<b>DO</b>	<b>DON'T</b>
<p>Call a beneficiary when the beneficiary has given express permission to contact them.</p> <p>Call members you have enrolled in a plan to discuss plan issues and market other plan options.</p> <p>Call to confirm an appointment that has already been agreed to by the beneficiary via a completed SOA form.</p> <p>Return a beneficiary’s phone calls or messages as these are not unsolicited.</p> <p>A person responding to Business reply card should be contacted within a reasonable period of time.</p> <p>Enroll a beneficiary if the beneficiary makes a request to enroll via an inbound phone call.</p> <p>NOTE: Agents/brokers who have a pre-scheduled appointment which becomes a “no-show” <u>may leave</u></p>	<p>Participate in door to door solicitation of Medicare beneficiaries.</p> <p>Leave information such as a leaflet, flyer, or door hanger at a residence or on someone’s car.</p> <p>Participate in telephonic or electronic solicitation including leaving voicemail messages on answering machines, text messages, or sending unsolicited emails.</p> <p>Approach individuals in common areas such as parking lots, sidewalks, hallways, lobbies, etc.</p> <p>Call or approach a beneficiary without the beneficiary initiating the contact.</p> <p>Use old lists or old consent forms to contact beneficiaries. Initiate any unsolicited outbound calls to beneficiaries.</p> <p>Call/visit beneficiaries after attendance at a sales event, unless the beneficiary gives express permission at the event for a follow-up or visit</p>

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<p>information at the no-show beneficiary's residence. Comply to the extent applicable with the following:</p> <ul style="list-style-type: none"> <li>• Federal Trade Commission's Requirements for Sellers and Telemarketers</li> <li>• Federal Communications Commission rules and applicable State law</li> <li>• National-Do-Not-Call Registry</li> <li>• Honor "Do not call again" requests</li> <li>• Abide by Federal and State calling hours.</li> </ul> <p>Get consent for future contact that is limited in scope, and event specific. The consent to contact may not be treated as open-ended permission for future contacts. <b>EXAMPLE:</b> A person asks for you to contact them during the next AEP. On the Scope of Appointment form you request the person to specify a date within the AEP on the SOA.</p>	<p>and has completed an SOA form. Conduct unsolicited phone calls to beneficiaries (other than to current plan members or to an agent's existing clientele).</p> <p>Conduct or allow unsolicited marketing calls to beneficiaries for other business (for example, a "benefits compare" meeting) and then provide those contacts to other plans for ultimate use in a MA or PDP sales appointment.</p> <p>Begin by selling a Medicare Supplement plan and then turn the conversation to MA or PDP products without the beneficiaries expressed request. <b>EXAMPLE:</b> If, during the course of an outbound call by a Medigap plan issuer for a Medicare Supplement product, the <u>beneficiary</u> initiates interest in an MA or PDP product, then that MA or PDP product may be discussed, as long as the call is recorded</p>
<p>Generate leads through mailings, websites, and advertising and public sales events.</p>	<p>Accept an MA or PDP appointment from a third party lead that resulted from an unsolicited contact with a beneficiary.</p> <p>Use Unsolicited third party leads.</p> <p>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>
<p>Discuss only the product(s) referenced on the business reply card, lead card, and/or in the advertisement.</p> <p>All business reply cards and lead cards used for documenting beneficiary agreement for a contact must be current and CMS approved.</p> <p>Call a beneficiary in response to a Business reply card or a lead card.</p>	<p>Discuss any product(s) that were not referenced on the business reply card, lead card and/or in the advertisement.</p> <p>Call a beneficiary in response to a business reply card or a lead card if the card does not expressly state that the beneficiary is giving the plan and/or Producer permission to call. <b>EXAMPLE:</b> Permission to call 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</p>



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<p><b>EXAMPLE:</b> The beneficiary returns a business reply card that includes a phone number, and specifically says the beneficiary is giving the plan and/or Producer permission to call.</p>	<p>the reply card.</p>
<p><b>SCOPE OF APPOINTMENTS (SOA) and Individual Appointments Practices</b></p>	
<p style="text-align: center;">CMS expects SOAs to be collected 48 hours prior to the appointment, when practicable. If it is not practicable, document on the SOA why it was not feasible to obtain the scope of appointment prior to the appointment. The beneficiary must agree to the purpose and products to be discussed in the appointment and that agreement must be documented, in writing by using the SOA.</p>	
<p><b>DO</b></p>	<p><b>DON'T</b></p>
<p>Have a pre-set appointment with an individual to market MA and/or Part D plans</p>	<p>Return uninvited to an earlier “no show” appointment</p>
<p>Have a SOA form for any face-to-face personal/individual marketing appointment that is signed &amp; dated by the beneficiary prior to the appointment.</p>	<p>Obtain the SOA immediately prior to the Sales appointment unless otherwise unavoidable.</p>
<p>Request that the beneficiary signs a new SOA if the beneficiary wants to discuss another product not agreed upon for the initial appointment. <b>EXAMPLE:</b> A Producer has obtained an SOA for a pre-scheduled appointment with a beneficiary to discuss MA products. During the appointment, the beneficiary wants to discuss a PDP product. The beneficiary must sign a new SOA and then the Producer may continue the marketing appointment. A new separate appointment is not required.</p>	<p>Discuss plan products not agreed upon by the beneficiary prior to the appointment. <b>EXAMPLE:</b> A Producer meets with a beneficiary to discuss a Med Supp product. An SOA Form was not completed. During the meeting, the beneficiary wants to discuss MA products. The Producer would obtain a signed SOA .</p>
<p>Obtain a SOA for existing clients/members as well as new members if the beneficiary is interested in changing plans. <b>EXAMPLE:</b> A Producer meets with a current HN member to discuss switching from the HN Ruby to HN Violet plan. An SOA would need to be obtained for this appointment.</p>	<p>Conduct an appointment with another beneficiary if the other individual has not a done a separate SOA. <b>EXAMPLE:</b> 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. The Producer will need to have the neighbor complete a SOA, with a note explaining the reason that the SOA is completed at the time of appointment. The Producer can then proceed with the appointment with the beneficiary and neighbor.</p>

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	<p>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 via a SOA.</p> <p>Make a personal appointment with a beneficiary to discuss MA and/or Part D products over the phone if you cannot obtain an SOA.</p>
<p>Leave materials/brochures for health care products the beneficiary did not agree to discuss when the appointment was set up.</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>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.</p>	<p>Discard SOA Forms or phone recordings for at least 10 years.</p>
<p>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.</p>	<p>Begin discussing MA or PDP plans prior to the beneficiary signing the SOA Form.</p>
<b>MARKETING IN HEALTHCARE SETTINGS</b>	
<b>DO</b>	<b>DON'T</b>
<p>Conduct sales or marketing activities in common areas of health care settings.</p> <p><b>Examples:</b>  Hospital cafeteria  Nursing home cafeteria  Community/recreational rooms  Senior Center multi-purpose rooms  Conference rooms  Space outside of where patients wait for services or interact with providers and obtain medications</p>	<p>Conduct sales or marketing activities in areas where patients primarily receive health care services or where health care is delivered.</p> <p><b>Examples:</b>  Physician Offices  Pharmacies  Waiting rooms/examination rooms  Hospital patient rooms  Pharmacy counter areas</p>
<p>Schedule an appointment with a beneficiary residing in a long term care facility, or nursing home if requested to do so by the beneficiary.</p>	<p>Conduct promotional activities (collect enrollment forms, go door-to-door) in resident rooms of long term care facilities or nursing homes without a prior appointment.</p>

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REFERRAL PROGRAMS	
DO	DON'T
<p>Request referrals names and addresses from current MA or Part D plan members.</p> <p>Use member provided referral names and addresses to solicit potential new members <u>by mail only</u>.</p> <p>You may give a post-sale thank you gift for a referral provided it is individually worth \$15 or less and in the aggregate for the year, worth \$50 or less based on the retail value.</p>	<p>Request referrals during an in home appointment. Request a referral phone number.</p> <p>Offer a gift (cash or other) to a current MA or Part D plan member in return for a lead or referral.</p> <p>Use cash promotions as part of a referral program.</p> <p>Announce in a mailing that a gift will be offered for a referral.</p> <p>Email prospective members at email addresses obtained through friends or referrals.</p>
ONLINE & TELEPHONE ENROLLMENTS	
DO	DON'T
<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 are effectuated entirely by the beneficiary or the authorized representative.</p>	<p>Accept enrollments via an agent/broker website.</p> <p>Use a third party comparison available from an agent/broker website to assist a beneficiary with telephonic enrollments.</p> <p>Be physically present with a beneficiary at the time of a telephonic enrollment.</p>
PROVIDER PRACTICES	
<p>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>	
DO	DON'T
<p>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 provided them.</p>	<p>Steer 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>

# MEDICARE SALES & MARKETING ACTIVITIES DO AND DON'T

Expect providers to remain neutral parties in assisting plans to market to beneficiaries or assisting in enrollment decisions

Providers may:

- 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
- 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

Expect providers to:

- Offer sales/appointment forms
- Accept enrollment applications
- Mail marketing materials on behalf of plans
- Make phone calls or steer beneficiaries, in any way, to a limited number of plans
- Offer anything of value to induce plan enrollees to select them as their provider
- Offer inducements to persuade beneficiaries to enroll in a particular plan or organization
- Conduct health screening when distributing information to patients
- Accept compensation directly or indirectly from the plan for beneficiary enrollment activities