



CMS Medicare Communications and Marketing Guidelines (MCMG) DOs & DON'Ts Agent Summary

Last updated: 6/16/2021 – Based on current CMS regs and MCMG

CMS holds Plan Sponsors and Carriers responsible for **anyone** promoting their Medicare products. All **must** follow CMS regulations and guidelines in your daily Medicare activities. So, it's important you know them, and understand how they govern your business and conduct. **These guidelines apply to both Medicare age-ins and existing beneficiaries.**

Visit <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html> to view the full CMS MCMG.

This resource highlights selections from the MCMG and includes CIS requirements. **It's NOT a comprehensive listing** of all requirements but a summary of specific sections related to marketing Medicare plans. Stay in compliance by carrying it with you and referring to it often. Be sure to **ask questions if in doubt**. Potential consequences of engaging in inappropriate or prohibited marketing activities includes disciplinary actions, compensation forfeiture, and possible termination.

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	DO	DON'T
Educational Events MCMG Section: 50.1	<ul style="list-style-type: none"> • MUST report to Carriers according to their policies; MUST be clearly advertised as “educational” • MUST be only educational info & comply w/CMS educational requirements • MUST be free of materials w/plan-specific/benefit info, including premiums & copayments data • MAY schedule future marketing appointments & distribute business cards & contact information for beneficiaries to initiate contact (Scope of Appointment & Permission/Consent-to-Contact forms may be available & collected) - items MUST be free of plan marketing/benefit info • MAY provide promotional items, including those w/plan name, logo & toll-free customer service number and/or website; MUST be free of benefit information & consistent w/CMS definition of nominal gift requirements • MAY provide meals; MUST meet CMS definition of educational event • MAY display banner w/plan name and/or logo • MAY answer beneficiary-initiated questions, and NOT go beyond question(s) asked 	<ul style="list-style-type: none"> • DO NOT include marketing (do not steer, or attempt to steer potential enrollee towards specific plan or limited number of plans) • DO NOT include sales activities, distribution of marketing materials, or distribution/collection of plan applications; includes distribution of material w/plan-specific information (i.e., premiums, copayments, or contact info) • DO NOT demonstrate any bias toward one plan type over another • DO NOT hold in-home or in one-on-one settings; MUST host in public venue by the plan or outside entity • DO NOT accept or have available enrollment forms; includes collecting forms or helping beneficiaries complete one & placing it in an envelope for beneficiary to mail later • DO NOT solicit beneficiaries for individual appointments under the premise the appointment is for educational purposes
Enrollee-Only Educational Events	<p>Enrollee/Member-only Educational Events (must be a current member of the same Carrier plan that you intend to educate attendees on).</p> <ul style="list-style-type: none"> • MUST report to Carriers according to their policies; MUST be advertised as educational • MAY discuss plan-specific premiums and/or benefits & distribute plan-specific materials to enrollees • In this context only (i.e., events for existing enrollees/members only), discussion of benefits is not considered a sales activity; any marketing of these events must be done in a way that reasonably targets only existing enrollees (i.e., direct mail, outbound call campaign) & not the mass marketplace, i.e., radio or newspaper ad 	<p>Enrollee/Member-only Educational Events</p> <ul style="list-style-type: none"> • When enrollee/member-only <i>educational</i> events are held, DO NOT conduct enrollment or sales activities (enrollment forms are not permitted)
	<p>Health Fairs/Senior Expos Educational <i>only</i> when advertised as educational & comply w/ CMS requirements for educational events; otherwise, CMS views them as marketing/sales events and MUST be recorded w/Carrier as such.</p>	<p>Health Fairs/Senior Expos</p> <ul style="list-style-type: none"> • DO NOT conduct health screening or genetic testing • DO NOT conduct any sales activities such as distribution of marketing materials or distribution or collection of plan applications • DO NOT distribute plan-specific information (i.e., premiums, copayments)
Enrollment Form Required Materials MCMG Section: 100.4	<p>When providing an enrollment form MUST also provide:</p> <ol style="list-style-type: none"> 1) Current Star/Plan Ratings document 2) Summary of Benefits 3) Pre-Enrollment Checklist 	
Health Care Setting Activities MCMG Section: 60 Provider & Plan-Initiated Activities	<p>CMS distinguishes between <u>provider-initiated</u> activities & <u>plan-initiated</u> activities in healthcare settings to maintain safeguards while not impeding the provider/patient relationship.</p> <p>Provider-initiated activities - are those conducted by a healthcare professional, including pharmacists, <i>at the request of the patient</i>. Or, as a matter of a course of treatment when meeting with the patient as part of the professional relationship between healthcare provider & patient. Provider-initiated activities do not include those conducted at the request of the Carrier or pursuant to network participation agreement between Carrier & provider. Provider-initiated activities <i>fall outside</i> of the CMS definition of marketing and, therefore, not subject to the regulation as marketing.</p> <p>Plan-initiated activities - defined by CMS as activities where <i>either Carrier requests contracted providers to perform a task, or provider is acting on behalf of Carrier</i>. Carrier requests for providers to discuss benefits & cost sharing fall under marketing definition & prohibited from taking place where care is being delivered. Contracted providers MUST remain neutral when assisting w/enrollment decisions; MAY engage in discussions w/beneficiaries <i>should a beneficiary seek advice</i>.</p>	

	DO	DON'T
	Provider agreements held w/Carriers MUST ensure compliance; agreements MUST address marketing activity consistent w/Medicare regs/guidelines. Providers/facilities are PERMITTED to make available and/or distribute plan-marketing materials as long as the provider/facility distributes or makes available marketing materials for <u>all</u> plans w/which they participate – CMS does not expect providers to proactively contact all participating plans.	
	<p><u>Provider-Initiated Activities</u> Providers MAY:</p> <ul style="list-style-type: none"> • Distribute unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the “Medicare & You” handbook, or “Medicare Options Compare,” including in areas where care is delivered • Provide names of Carriers w/which they contract and/or participate • Answer/discuss merits of a plan(s), including cost sharing & benefits info; discussions may occur in areas where care is delivered • Refer patients to other sources of info, such as State Health Insurance Assistance Program (SHIP) reps, plan marketing rep, their State Medicaid Office, Social Security Office, CMS website at http://www.medicare.gov or 1-800-MEDICARE • Refer patients to plan marketing materials available in common areas • Provide info & assistance in applying for LIS 	<p>Providers MAY NOT:</p> <ul style="list-style-type: none"> • Accept/collect Scope of Appointment forms • Accept Medicare enrollment applications • Make phone calls, direct, urge, or attempt to persuade beneficiaries to enroll in specific plan based on financial or any other interests of provider • Mail marketing materials on behalf of Carrier • Offer anything of value to induce selection of them as a provider • Offer inducements to persuade their patients to enroll in a plan or organization • Conduct health screening or genetic testing as a marketing activity • Accept compensation from Carrier for marketing/enrollment actions • Distribute marketing materials/applications in areas where care is delivered
	<p><u>Plan-Initiated Activities</u> Providers MAY:</p> <ul style="list-style-type: none"> • Make available, distribute/display communication materials (NOT marketing materials), including areas where care is delivered • Provide/make available Carrier marketing materials & enrollment forms <i>outside of areas where care is delivered</i> (common areas) <p>COMMON AREAS of healthcare setting include:</p> <ul style="list-style-type: none"> • Common entryways, vestibules, waiting rooms • Hospital or nursing home cafeterias • Community, recreational or conference rooms • Pharmacy counter area - <i>space outside</i> (approx. 20 ft.) of where one waits for services or interacts w/pharmacy provider and/or obtains medications 	<p><u>Plan-Initiated Activities</u> DO NOT conduct sales activities, including sales presentations, distribute/accept enrollment applications, solicit Medicare beneficiaries in healthcare settings, <i>except in common areas</i></p> <p>RESTRICTED AREAS generally include, but are not limited to:</p> <ul style="list-style-type: none"> • Exam rooms • Hospital patient rooms • Treatment areas where patients interact with provider or clinical team & receive treatment (including dialysis treatment facilities) • Pharmacy counter areas (where patients interact with pharmacy providers/obtain medications)
<p style="text-align: center;">General Communication Requirements MCMG Sections: 30 & 40</p> <p style="text-align: center;">General Marketing Requirements</p>	<ul style="list-style-type: none"> • Carrier is responsible for ensuring <u>all</u> marketing materials used by <u>any</u> agent selling their Medicare plans are consistent w/MCMG & all other relevant guidance • USE only marketing materials & scripts previously reviewed by Carrier(s) you are marketing <i>prior</i> to usage; marketing materials MUST contain required CMS disclaimers • MUST comply w/your obligations under other anti-discrimination rules & requirements • MUST be made available basic services & info upon request to individuals with disabilities • DO begin marketing Medicare plans & marketing/sales events for upcoming plan year <u>no sooner</u> than Oct. 1 – <i>this includes advertising for events scheduled in early October</i> • DO begin soliciting/accepting enrollment applications for a Jan. 1 effective date <u>no sooner</u> than start of Annual Enrollment Period (AEP) - Oct. 15 - <i>unless beneficiary is entitled to another enrollment period</i> 	<ul style="list-style-type: none"> • DO NOT submit marketing materials directly to CMS yourself; materials must be submitted directly by Carrier(s) to CMS for review & approval – this includes any material that mentions a Medicare plan by name or logo and those with plan-specific benefits • DO NOT target beneficiaries from higher income areas or state or imply plans are available only to seniors rather than to all Medicare beneficiaries (referred to as cherry picking) • DO NOT discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location

	DO	DON'T
	<ul style="list-style-type: none"> • MAY simultaneously market current & prospective years starting Oct. 1, provided marketing materials <i>clearly</i> indicate plan year being discussed 	
Star Ratings MCMG Section: 40.6	<ul style="list-style-type: none"> • MUST provide <i>overall Star Ratings</i> info through standardized CMS Star Ratings sheets; MUST be included when enrollment form provided • <i>New Plans that have no Star Ratings are not required to provide until following contract year</i> • MUST be provided <i>prior</i> to enrollment • MUST use & provide updated Star Ratings info (released annually in Oct.) within 21 calendar days of release • MUST make it clear that rating is “__ out of five (5) stars” • MUST clearly identify which Star Ratings contract year applies • MUST be clear regarding rating for <u>each</u> contract is identified; CANNOT reference Star Ratings based on prior year contract year • MAY direct to http://www.medicare.gov for additional rating info • MAY only add Plan logo to sheet; no other changes/alterations permitted 	<ul style="list-style-type: none"> • NOT permitted to display or release Star Rating info until CMS releases Star Rating on Medicare Plan Finder (MPF) – generally issued in Oct. of each year • DO NOT encourage enrollment based on argument that if enrollee is dissatisfied with a plan, they can later request an SEP and change to a higher-rated plan • DO NOT attempt to discredit or refute a Low Performing Icon (LPI) assigned by CMS by only showcasing a higher overall Star Rating
Open Enrollment Period (OEP) MCMG Section: 40.7	<p><u>During Open Enrollment Period (OEP) – Jan. 1 to Mar. 31</u> OEP allows individuals enrolled in an MA plan, including newly MA-eligible, to make a one-time election to switch to another MA plan (with or without Part D coverage) <u>or</u> return to Original Medicare (with or without Part D coverage).</p> <ul style="list-style-type: none"> • MAY <i>at beneficiary’s proactive request</i>, send marketing materials, have one-on-one meetings, provide information on the OEP • MAY market to age-ins <i>who have not yet made an enrollment decision</i> • MAY market to dual-eligible & LIS beneficiaries who, in general, may make changes once per calendar quarter during the first nine months of the year 	<ul style="list-style-type: none"> • DO NOT knowingly target beneficiaries who are in the OEP because they made a choice during Annual Enrollment Period (AEP); includes purchasing mailing lists or other means of identification • MAY NOT send unsolicited materials advertising opportunity/ability to make additional enrollment change or reference the OEP • MAY NOT call or contact former enrollees who have selected a new plan during AEP • MAY NOT engage or promote agent/broker activities w/intent to target the OEP as an opportunity to make further sales
Meals MCMG Section: 40.5	<ul style="list-style-type: none"> • MAY provide refreshments/light snacks at formal/informal sales events (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt) • MAY provide meals at educational events; MUST comply with CMS strict definition of educational event 	<ul style="list-style-type: none"> • DO NOT provide <u>or</u> subsidize meals at formal/informal sales events; ensure provided items can’t be reasonably considered a meal • DO NOT “bundle” multiple items & provide as if a meal at sales/marketing events
Permission/ Consent-to-Contact	<ul style="list-style-type: none"> • Referred individual MUST call you or Plan directly • You MAY provide business card that someone can give to a friend/relative who they want to refer to you • MUST follow TCPA (Telephone Consumer Protection Act) & FCC (Federal Communication Commission) rules, and applicable Federal and State laws; Federal Trade & Commission’s Requirements for Sellers & Telemarketers, including: National-Do-Not-Call Registry; “Do not call again” requests; Federal/State calling hours • MUST use Permission/Consent-to-Contact forms to contact beneficiaries by phone; find approved forms on Carrier & CareFree agent websites • MUST be completed <i>prior</i> to conducting outbound call to Medicare prospect • MUST be completed <i>prior</i> to placing follow-up call to meeting attendee • MAY contact your own clients to discuss plan business 	<ul style="list-style-type: none"> • DO NOT call a referred beneficiary • DO NOT call or visit beneficiaries who attended a sales event <i>unless</i> beneficiary gave permission at event for follow-up <i>call</i> (completed a Permission/Consent-to-Contact form) or <i>visit</i> (completed a Scope of Appointment form) • DO NOT request personal identification numbers (i.e., Social Security number, HICN) except as required to verify membership, determine enrollment eligibility, or process an enrollment request)

	DO	DON'T
<p style="text-align: center;">Prohibited Terminology/ Statements MCMG Section: 30.7</p>	<ul style="list-style-type: none"> • CMS PROHIBITS distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations <u>or</u> could confuse beneficiaries • DO use term “Medicare-approved” to describe benefits & services within marketing materials 	<ul style="list-style-type: none"> • DO NOT provide inaccurate or misleading information, or engage in activities that could mislead or confuse beneficiaries or misrepresent CMS, any Carrier, yourself, or Plan benefits and/or services • DO NOT use words, symbols, or state you <u>or</u> products mentioned are recommended or endorsed by CMS, Medicare, or Department of Health & Human Services (DHHS) • DO NOT use absolute superlatives (i.e., “the best,” “highest ranked,” “rated number 1”) <i>unless</i> substantiated w/supporting data provided during CMS marketing review process • DO NOT use qualified superlatives (i.e., “one of the best,” “among the highest rank”) <i>unless</i> substantiated w/supporting data provided during CMS marketing review process • DO NOT make offensive/insulting statements • DO NOT state enrollees will not be disenrolled due to failure to pay premiums • DO NOT use term “free” to describe zero-dollar premium, reduction in premiums (including Part B buy-down), reduction in deductibles or cost sharing, low-income subsidy (LIS), cost sharing for those with dual eligibility • DO NOT intimidate, use high-pressure tactics (aggressive marketing behavior), or scare tactics to enroll beneficiary into a plan <u>or</u> to acquire an in-home appointment; if told they are not interested, end visit/conversation immediately - <i>MIPPA, Oct. 2008</i>
<p style="text-align: center;">Nominal Gifts MCMG Sections: 40.4 & 40.8 Rewards & Incentives</p> <p style="text-align: center;">Must be approved by CareFree in writing, in advance</p> <p style="text-align: center;"><i>Refer to Chapter 4 of Medicare Managed Care Manual for detailed info on Rewards & Incentives</i></p>	<p>Nominal Gifts</p> <ul style="list-style-type: none"> • MAY be offered to beneficiaries for marketing purposes, gifts MUST be of nominal value (\$15 or less based on fair market, with a maximum of \$75 aggregate, per person, per year) & provided regardless of enrollment & without discrimination • If nominal gift is one large gift (i.e., concert, raffle, drawing), total fair market value must NOT exceed nominal per person value based on attendance (\$15 per person); for planning purposes, anticipated attendance may be used, but based on venue size, response rate, or advertisement circulation • Report nominal gifts given to current members to the CIS Compliance team at CarefreeCompliance@carefreeinsurance.net <p>Rewards & Incentives</p> <ul style="list-style-type: none"> • MAY include information about Reward & Incentive Programs in marketing materials for potential enrollees. Marketing of rewards and incentive programs must be provided to all potential enrollees without discrimination 	<p>Nominal Gifts</p> <ul style="list-style-type: none"> • DO NOT offer gift over \$15 <i>based on the retail purchase price</i> of item; if more than one item is offered (ex: pen & flashlight), combined value of all items must not exceed nominal value of \$15 • CANNOT be in the form of cash or monetary rebates, even if worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees & gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount <p>Rewards & Incentives</p> <ul style="list-style-type: none"> • CANNOT be used in exchange for enrollment • Part D plans are NOT permitted to develop or use <i>Rewards & Incentives Plans</i>; Part D plans MAY NOT market rewards & incentives plans
<p style="text-align: center;">Referrals</p>	<ul style="list-style-type: none"> • MAY ask for referrals from enrollees/members – names, mailing addresses, email address ONLY – all emails MUST have opt-out feature in every communication • MAY solicit potential new members by conventional mail & email • Gifts MUST be of nominal value 	<ul style="list-style-type: none"> • DO NOT request phone numbers; NOT permitted to make calls without permission form signed prior to placing call • DO NOT announce gifts will be offered for referrals in solicitations for leads

	DO	DON'T
<p>Scope of Appointment (SOA) MCMG Sections: 50.3 & 100.4</p> <p>Individual/Personal Marketing Appointments</p>	<p>ALL individual/in-person appointments discussing MA/MAPD/PDP products are marketing appointments, regardless of venue and type (i.e., in-home, library, by phone, online/virtual); SOA parameters & documentation are required for all one-on-one appointments.</p> <ul style="list-style-type: none"> You are responsible for following CMS SOA guidelines when holding individual/one-on-one appointments whether in-person, by phone, or virtually Individual appointments are documented on the SOA form; individual appointments are NOT reported as formal/informal sales events Signed SOA is a documented agreement between Medicare beneficiary & agent, broker, or producer; it lists products agreed upon for discussion <i>prior</i> to individual/one-on-one marketing appointment MUST complete SOA <i>prior to the start</i> of an individual marketing appointment <p style="text-align: center;">SOA documentation can be: 1) beneficiary signed hard copy; 2) telephonic recording, or 3) electronically signed; check w/Carrier for their process</p>	<ul style="list-style-type: none"> DO NOT discuss plan options, leave enrollment form, market plans NOT agreed to by beneficiary <i>prior</i> to meeting CMS does NOT require SOA to attend formal/informal sales events; DO NOT obtain; CMS views as pressuring for personal contact info DO NOT return uninvited to beneficiary's home/residence even if earlier appointment was not kept DO NOT solicit/accept enrollment applications for Jan. 1 effective date prior to start of AEP (Oct. 15) unless beneficiary is entitled to Special Election Period (SEP) or within their initial enrollment period DO NOT market non-health care related products or leave info (i.e., annuities or life insurance; referred to as cross selling) DO NOT ask beneficiaries for referrals DO NOT provide meals or have meals subsidized
	<ul style="list-style-type: none"> Walk-in or unexpected beneficiary: When a beneficiary visits you on their own accord or wishes to attend a pre-scheduled, individual meeting w/another beneficiary, MUST obtain SOA <i>prior</i> to discussing MA/MAPD/PDP products MAY leave Medicare info at a potential enrollee's residence if pre-scheduled appointment at beneficiary's residence becomes a "no show" MAY call & confirm appointment already agreed to by a completed SOA MAY distribute, collect enrollment forms & provide educational content DO obtain from beneficiary a second SOA form during individual meeting <i>if beneficiary</i> requests info regarding different plan type than previously agreed upon; after second SOA is completed, marketing appointment MAY continue DO keep all SOA documentation for at least 10 years, includes initial & additional SOA forms obtained at same appointment; MUST be available upon request by CMS and/or Carrier Signed agreements: use a CMS-approved SOA form available on Carrier or CareFree agent websites; MUST attach a copy of signed SOA to paper applications received from one-on-one/individual appointment <i>before</i> submitting application; CHECK with Carrier and follow Carrier instructions 	
<p>Seminars Marketing/ Sales Events MCMG Section: 50.2</p>	<p>Designed to steer, or attempt to steer, potential enrollees toward plan or limited set of plans. Agents may discuss plan-specific information (i.e., premiums, cost sharing, benefits), distribute health plan brochures & enrollment materials, distribute/collect applications & perform enrollments. Marketing of non-health care related products (i.e., annuities and life insurance) during MA/MAPD/PDP marketing/sales seminars is "cross selling" and PROHIBITED.</p> <p>Events held online (virtually) follow the same guidelines.</p> <p>Two main types of marketing/sales events:</p> <ul style="list-style-type: none"> Formal: Formal presentation provided typically in audience/presenter style layout w/agent formally providing specific plan/product information. (If only one person attends formal event, you can discuss MA/MAPD/PDP products on an individual basis. <i>If attendee requests full presentation, you MUST do one. In this situation, SOA is not required as meeting falls under formal marketing sales event already reported.</i> Informal: Conducted w/ less structured presentation or in less formal environment; typically utilizes a table, kiosk or recreational vehicle (RV) staffed by a plan rep who can discuss merits of Carrier's products; beneficiaries MUST approach you first. 	

	DO	DON'T
	<ul style="list-style-type: none"> • DO report all in-person and virtual formal & informal marketing/sales events to all Carriers you wish to represent at each event according to their policies; commissions will NOT be paid for sales resulting from non-reported events; MAY result in contract termination • DO report all in-person and virtual marketing/sales events prior to advertising the event or 10 calendar days prior to event's scheduled date, whichever is earlier • DO announce all products/plan types to be covered during marketing/ sales event at beginning of event (i.e., HMO, PPO, PDP, etc.) • MUST use only Carrier/CMS-approved, sales presentations/slides/talking points during formal & one-on-one marketing events <i>from beginning to end</i> when discussing MA/MAPD/PDP products; READ all sales presentation <i>notes</i>; if available, MUST use MAPD/PDP sales presentation video in conjunction with Carrier/CMS-approved sales presentation • MAY obtain signed Scope of Appointment form at marketing/sales event for future appointment • MAY provide only light snacks & refreshments • MAY provide nominal gifts to attendees with no obligation; MUST be of nominal gift value – view details listed under <i>Nominal Gift</i> heading • DO provide w/enrollment form: 1) <i>current</i> Star Ratings sheet; 2) Summary of Benefits; 3) Pre-Enrollment Checklist • DO save documentation at least 10 years related to sales seminars, cancellations, revisions; documentation MUST be available upon request by CMS or Carrier • If using sign-in sheet, use one available on Carrier <i>or</i> CareFree agent website; MUST contain CMS required language: "Completion of any contact information is optional" 	<ul style="list-style-type: none"> • DO NOT solicit enrollment applications prior to start of Annual Enrollment Period (AEP) – Oct. 15 unless beneficiary is entitled to another enrollment period • DO NOT conduct health screening, genetic testing or other like activities that could give the impression of "cherry picking" • DO NOT require beneficiaries to provide any contact information as prerequisite for attending formal/informal event; this includes requiring an email address or other contact info as a condition to RSVP for an event online or through the mail • DO NOT require SOA form to be filled out for beneficiary to attend formal/informal marketing/sales event • DO NOT use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose • DO NOT provide meals • DO NOT ask for referrals • DO NOT use absolute or qualified superlatives; view details listed under <i>Prohibited Terminology/Statements</i> heading • DO NOT claim you or any Carrier is recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services
	<p><u>Cancellations & Changes of Marketing/Sales Events</u></p> <ul style="list-style-type: none"> • DO immediately report to Carriers all cancellations/revisions to in-person and virtual formal/informal marketing/sales events more than 48 hours prior to event's originally scheduled date & time, whenever possible • ALWAYS follow Carrier(s) process when applicable • FOLLOW same Carrier method used when reporting in-person and virtual marketing/sales events when advising Carrier of event cancellations/revisions 	
	<p><u>Marketing/sales events canceled LESS than 48 hours before originally scheduled date & time</u></p> <ul style="list-style-type: none"> • MUST notify venue, if applicable • DO have plan rep present on site at scheduled start time of canceled event to inform attendees of cancellation & distribute info about plan; MUST remain at least 15 minutes after scheduled start time – follow Carrier's process when applicable • DO as a courtesy to anyone arriving after you leave, try posting signage stating event canceled (includes cancellations for non-attendance); if appropriate, list alternate events; some venues may not permit a sign, check before posting one; confirm venue will remove 	<ul style="list-style-type: none"> • NOT REQUIRED to have representative present at seminar site if event canceled due to inclement weather; MUST notify Carrier & follow Carrier's cancellation process

	DO	DON'T
	<p><u>Marketing/sales events canceled MORE than 48 hours before originally scheduled date & time</u></p> <ul style="list-style-type: none"> • MUST notify venue, if applicable • DO notify beneficiaries of canceled event using same means used to advertise event, ex: if advertised event via newspaper, MUST announce cancellation in same newspaper • MUST <i>immediately notify Carrier and follow their process</i> 	<ul style="list-style-type: none"> • Representative NOT required to be present at seminar site when event canceled w/Carrier <i>more than 48 hours</i> before event's originally scheduled date/time
<p>State Licensure & Appointments Laws Agents/Brokers MCMG Section: 110.1</p>	<p>Agents MUST be licensed and appointed (if applicable) per State law to sell Medicare products.</p>	
<p>Training & Testing Agents/Brokers MCMG Section: 110.1</p>	<p>MUST complete <i>all</i> Carrier <u>and</u> AHIP trainings & testing <i>prior</i> to selling Medicare products to satisfy annual CMS certification requirements.</p> <p>CHECK with Carriers and follow Carrier instructions; processes may vary.</p>	<ul style="list-style-type: none"> • DO NOT cheat, obtain, request help for any testing; it's a violation of CMS & CareFree's <i>Code of Conduct</i> & can result in corrective action, including, but not limited to loss of compensation & termination
<p>Unsolicited & Permissible Contact MCMG Sections:</p> <p>30.6 Electronic 40.2 Marketing 40.3 Telephonic</p>	<p>CMS has strict guidelines around contacting Medicare beneficiaries. In general, you CAN'T market through unsolicited direct contact (referred to as cold calling and includes going door-to-door). <i>Referred</i> beneficiaries MUST contact you or the plan directly. NO marketing can be conducted prior to the start of AEP (Oct. 1) of each year. This includes any contact with a prospective client to offer your services <u>or</u> schedule a meeting if it's targeted to the new plan year's benefit options.</p> <p>MUST adhere to TCPA (Telephone Consumer Protection Act) restrictions on calls, texts, and faxes, in addition to consent and do not call requirements. NO calls can be made between 9 PM and 8 AM, local time of the patient, customer, plan member or provider. State laws may further restrict hours. MUST follow FCC (Federal Communication Commission) rules & applicable State laws, Federal Trade Commission's Requirement for Sellers & Telemarketers, National/State Do-Not-Call Registry, "Do not call again" requests & Federal/State calling hours.</p>	
	<p><u>30.6 – Electronic Communication (Emails)</u></p> <ul style="list-style-type: none"> • MAY initiate contact via email to prospects & to retrain enrollment for current enrollees • MUST provide opt-out process on each communication to no longer receive emails • MAY rent/purchase email lists to distribute info about MA/MAPD/PDP plans 	<p><u>Electronic Communications (Emails)</u></p> <ul style="list-style-type: none"> • CANNOT text message or other forms of electronic direct messaging (e.g., social media platforms) • DO NOT send emails on your own to prospects without referring to CAN-SPAM Act; these types of communications are highly regulated, require opt-out features & many other federal requirements (see CAN-SPAM law)
	<p><u>40.2 - Marketing Contacts</u></p> <ul style="list-style-type: none"> • DO use conventional mail & other print media (i.e., advertisements, direct mail) to contact beneficiaries • DO use emails to contact beneficiaries, <i>provided all</i> emails contain an opt-out function • MAY leave info at beneficiary's residence if pre-scheduled appointment at beneficiary's residence becomes a "no-show" • DO discuss plan specifics at informal marketing/sales event after person approaches your table or kiosk • DO provide contact information (ex: business card) when an individual wants to refer a friend/relative to you 	<p><u>Marketing Contacts</u></p> <ul style="list-style-type: none"> • DO NOT use telephonic solicitation, includes text messaging & leaving electronic voicemail messages • DO NOT leave info such as leaflet or flyer at a residence or on a car • NO door-to-door solicitation is permitted • DO NOT approach beneficiaries in common areas (i.e., parking lots, hallways, lobbies, sidewalks, etc.)

	DO	DON'T
	<p>40.3 Telephonic Contacts</p> <ul style="list-style-type: none"> • MAY contact your own current enrollees to discuss plan business, but cannot market prior to Oct. 1 under the pretense of plan business • MAY call former enrollees after disenrollment effective date to conduct disenrollment surveys for quality improvement purposes (disenrollment surveys conducted telephonically, by email or convention mail; MAY NOT include sales/marketing info) • MAY call beneficiaries who submit enrollment applications to conduct business related to enrollment • MAY call your current enrollees, including those in non-Medicare products, to discuss plan business (ex: includes calls to enrollees aging-in to Medicare from commercial products offered by same organization, calls to organization’s existing Medicaid/MMP enrollees to talk about its Medicare products, and calls to current MA enrollees promoting other Medicare plan types, or to discuss plan benefits); MUST follow Medicaid rules when discussing Medicaid • DO return phone calls or messages; not considered unsolicited contact • DO call individuals who gave permission for agent/plan to contact them (ex: filling out a business reply card/permission/consent-to-contact form, or asking a Customer Service Rep to have agent contact them); <i>permission applies ONLY to entity from which the individual requested contact and for the duration and topic of that transaction</i> • MAY call your current clients to discuss/inform them about general plan info (i.e., AEP dates, flu shots availability, upcoming plan changes, educational events & other important plan info) 	<p>Telephonic Contacts</p> <ul style="list-style-type: none"> • DO NOT make unsolicited calls to prospective enrollees • DO NOT use bait-and-switch strategies – making unsolicited calls about other business as a means of generating leads for Medicare plans • DO NOT place calls based on referrals – if an individual wants to refer someone, agent may provide contact information and the “referred” individual must contact the agent or plan • DO NOT call former members who have disenrolled, or current members in the process of voluntarily disenrolling for sales purposes, to market plans or products, or ask for consent in any format to further sales contacts • DO NOT call beneficiaries who attended a sales event, <i>unless</i> the beneficiary gave permission at the event for a follow-up call (completed Permission/Consent-to-Contact forms) or visit (completed Scope of Appointment form); documentation of permission must be saved • DO NOT call prospective enrollees to confirm receipt of mailed info
<p>Websites & Social/ Electronic Media MCMG Section: 70</p> <p><i>Refer to the Carrier for necessary approvals</i></p>	<p>CMS has many rules and regulations around website and social media marketing; be sure you CHECK with and OBTAIN necessary approval from Carriers before using/creating a website listing their name/products/brand/logo.</p> <ul style="list-style-type: none"> - A simple workaround: DO NOT name Carriers, use their logos, or refer to Carrier specific plans/benefits – this keeps a site generic and would NOT require individual Carrier review/approval. • MUST be clear and easy to navigate • MUST maintain current contract year content through Dec. 31 of each year; if there is a period where Plan benefits for two contract years are available on website, MUST be clear what year benefits are being viewed • MUST use required marketing disclaimers on websites containing info specific to Carrier MA/MAPD/PDP products • MUST be certified (licensed, appointed, trained) to sell Carrier MA/MAPD/PDP plans described on your page; this does not apply to lead generation sites • MUST ensure if you direct a consumer to call a phone number, you MUST clearly indicate that <i>“calling the phone number will direct the individual to a licensed agent/broker”</i> (when applicable) • MUST ensure any sites used for the purpose of generating leads MUST also <i>comply with Carrier and CMS requirements</i> • MUST ensure if you purchase leads from any lead generation websites, those websites MUST comply with CMS requirements 	<ul style="list-style-type: none"> • MAY NOT require any info be entered by an individual, other than a zip code, county, and/or state for access to non-beneficiary specific website content • MAY NOT ask for referrals from beneficiaries via your website or offer enrollment into Carrier MA/MAPD/PDP plans on your website • MAY NOT provide links to foreign drug sales, including links from advertisements • MAY NOT ask for any health info, including (but not limited to): pre-existing medical conditions, weight, whether beneficiary smokes, their age, etc. • MAY NOT ask for any beneficiary identification numbers, including (but not limited to): Social Security, Medicare Beneficiary Identifier (MBI), and Medicaid • MAY NOT ask for beneficiary financial info, including credit card numbers, income, and resource limits, etc. • MAY NOT use the word “free” when referring to Medicare plan benefits • MAY NOT inaccurately identify/refer to a Medicare Supplement plan as an MA/MAPD/PDP plan • MAY NOT use absolute and/or qualified superlatives when referring to Carrier plans (e.g., <i>“the best,” “the lowest”/ “one of the best”</i>) • MAY NOT claim you or Carrier are recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services

	DO	DON'T
		<ul style="list-style-type: none"> • MAY NOT charge any fee for providing information about Carrier MA/MAPD/PDP plans
	<p>Social Media Social media posts (i.e., Facebook, Twitter, YouTube) that meet definition of marketing, and name the Carrier, use their logo, or discuss their plans, premiums or benefits MUST be submitted to the Carrier for review and approval (including their submission to the federal government – CMS).</p>	<ul style="list-style-type: none"> • DO NOT include content on website or on social/electronic media (i.e., Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) for the next contract year <i>prior</i> to Oct. 1
Related Laws & Regulations	<ul style="list-style-type: none"> • MUST provide reasonable accommodations for beneficiaries w/disabilities - <i>Americans with Disabilities Act of 1990</i> • MUST ensure effective communication w/individuals w/disabilities & provide auxiliary aids/services, such as alternate formats - <i>Section 504 of Rehabilitation Act</i> • MUST prohibit discrimination on basis of race, color, national origin, sex, age or disability in certain health programs or activities – <i>Section 1557 of Patient Protection and Affordable Care Act</i> • MUST write all Medicare publications, documents & forms in a clear, concise, well-organized manner - <i>Plain Writing Act of 2010</i> • MUST follow <i>all</i> Federal & State laws regarding confidentiality & disclosure of patient information; this includes compliance w/provisions of <i>HIPAA Privacy Rule</i> & its specific rules pertaining to disclosures of beneficiary information; additional information on HIPAA Privacy Rule can be found at http://www.hhs.gov/ocr/privacy 	