



**Medicare Marketing DOs & DON'Ts**  
**Agent Summary CY2020 CMS Medicare Communications and Marketing Guidelines (MCMG)**  
 Based on MCMG released by CMS on 8/6/2019 – CMS updates the MCMG annually

CMS holds the Plan Sponsor/ Carrier responsible for the actions of **all** agents representing them in the public. Agents **must** follow CMS regulations and guidelines in daily Medicare activities. It's important to know these regulations and guidelines and to understand how they govern all business and conduct. The guidelines apply to Medicare age-ins and existing beneficiaries. To view the full CMS Medicare Marketing Guidelines, go to <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>.

This document is an overview of the CMS Medicare Communications and Marketing Guidelines (MCMG). It highlights specific sections of the MCMG related to agent oversight. **It is not all-inclusive.** We recommend referring to it often to remain compliant and **asking questions if in doubt.** Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, forfeiture of compensation and/or termination.

**Table of Contents**

Educational Events .....	2
Enrollment Forms – Required Materials .....	2
Health Care Setting Activities: Provider & Plan-Initiated .....	2
General Communication & Marketing Requirements .....	3
Star Ratings .....	4
Open Enrollment Period (OEP) .....	4
Meals .....	4
Permission/Consent- to-Contact .....	4
Prohibited Terminology/Statements .....	5
Nominal Gifts / Rewards & Incentives .....	5
Referrals .....	5
Scope of Appointment (SOA) – Individual/Personal Marketing Appointments .....	6
Seminars - Marketing/Sales Events .....	6
State Licensure & Appointments Laws: Agents/Brokers .....	8
Training & Testing: Agents/Brokers.....	8
Unsolicited - Permissible Contact: Electronic, Marketing, Telephonic, Informative Scripts	8
Websites & Social/Electronic Media .....	9
Related Laws & Regulations.....	10



	<b>DO</b>	<b>DON'T</b>
<p><b>Educational Events</b> MCMG Section: 50.1</p> <p><b>Enrollee-Only Educational Events</b></p>	<ul style="list-style-type: none"> <li>• <b>MUST</b> be advertised as “educational”</li> <li>• <b>MUST</b> be only educational &amp; comply w/CMS’ educational requirements</li> <li>• <b>MUST</b> be free of materials w/plan-specific/benefit info, including premiums and copayments data</li> <li>• <b>MAY</b> schedule marketing appointment &amp; distribute <b>business cards &amp; contact information</b> for beneficiaries to initiate contact (<b>Scope of Appointment &amp; Permission/Consent-to-contact forms may be available</b>) - items <b>MUST</b> be free of plan marketing/benefit info</li> <li>• <b>MAY</b> provide <b>promotional items</b>, including those w/plan name, logo and toll-free customer service number and/or website; <b>MUST</b> be free of benefit information &amp; consistent w/CMS definition of nominal gift requirements</li> <li>• <b>MAY</b> provide meals; <b>MUST</b> meet CMS definition of educational event</li> <li>• <b>DO</b> display <b>banner</b> w/plan name and/or logo</li> <li>• <b>MAY</b> answer beneficiary initiated questions; <b>responses will not</b> render event as marketing/sales, provided scope of your response does not go beyond question asked</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> include marketing (do not steer, or attempt to steer potential enrollee towards specific plan or limited number of plans)</li> <li>• <b>DO NOT</b> include sales activities, distribution of marketing materials, <b>or</b> distribution/collection of plan applications; includes distribution of material w/plan-specific information (i.e., premiums, copayments, or contact info)</li> <li>• <b>DO NOT</b> demonstrate any bias toward one plan type over another</li> <li>• <b>DO NOT</b> hold in-home or in one-on-one settings; host in public venue</li> <li>• <b>DO NOT</b> accept or have available enrollment forms; includes collecting forms or helping beneficiaries complete one &amp; placing it in an envelope for beneficiary to mail later</li> <li>• <b>DO NOT</b> solicit beneficiaries for individual appointments under the premise the appointment is for educational purposes</li> </ul>
	<p><b>Enrollee/Member-only Educational Events</b> (must be a current member of the same Carrier plan that you are planning to educate them on)</p> <ul style="list-style-type: none"> <li>• <b>MAY</b> discuss plan-specific premiums and/or benefits &amp; distribute plan-specific materials to enrollees</li> <li>• <b>MUST</b> be advertised as educational</li> <li>• 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) &amp; not the mass marketplace, i.e., radio or newspaper ad</li> </ul>	<p><b>Enrollee/Member-only Educational Events</b></p> <ul style="list-style-type: none"> <li>• When enrollee/member-only <i>educational</i> events are held, <b>DO NOT</b> conduct enrollment or sales activities (enrollment forms are not permitted)</li> </ul>
	<p><b>Health Fairs/Senior Expos</b></p> <ul style="list-style-type: none"> <li>• Educational <i>only when advertised as educational &amp; comply w/ CMS’ requirements for educational events</i>; otherwise, CMS views them as marketing/sales events and <b>MUST</b> be recorded w/Carrier as such</li> </ul>	<p><b>Health Fairs/Senior Expos</b></p> <ul style="list-style-type: none"> <li>• <b>DO NOT</b> conduct health screening <b>or</b> genetic testing</li> <li>• <b>DO NOT</b> conduct any sales activities such as the distribution of marketing materials or distribution or collection of plan applications</li> <li>• <b>DO NOT</b> distribute plan-specific information (i.e., premiums, copayments)</li> </ul>
<p><b>Enrollment Form Required Materials</b> MCMG Section 100.4</p>	<p>When providing an enrollment form <b>MUST</b> also provide:</p> <ol style="list-style-type: none"> <li>1) <i>Current</i> Star/Plan Ratings document</li> <li>2) Summary of Benefits</li> <li>3) Pre-Enrollment Checklist</li> </ol>	
<p><b>Health Care Setting Activities</b> MCMG Section 60</p> <p><b>Provider &amp; Plan-Initiated Activities</b></p>	<p>CMS distinguishes between <u>provider-initiated</u> activities &amp; <u>plan-initiated</u> activities in healthcare settings to maintain safeguards while not impeding the provider/patient relationship.</p> <p><b>Provider-initiated activities</b> - 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 &amp; patient. Provider-initiated activities <b>do not</b> include those conducted at the request of the Carrier or pursuant to network participation agreement between Carrier &amp; 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><b>Plan-initiated activities</b> - 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>.</p>	

	<b>DO</b>	<b>DON'T</b>
	<p>Carrier requests for providers to discuss benefits &amp; cost sharing fall under marketing definition &amp; <b>prohibited</b> from taking place where care is being delivered. Contracted providers <b>MUST</b> remain neutral when assisting w/enrollment decisions; <b>MAY</b> engage in discussions w/beneficiaries <i>should a beneficiary seek advice</i>.</p> <p>Provider agreements held w/Carriers <b>MUST</b> ensure compliance; agreements <b>MUST</b> address marketing activity consistent w/Medicare regs/guidelines. Providers/facilities are <b>PERMITTED</b> 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>	
	<p><b><u>Provider-Initiated Activities</u></b>  Providers <b>MAY</b>:</p> <ul style="list-style-type: none"> <li>• distribute unaltered, printed materials created by CMS, such as reports from Medicare</li> <li>• Plan Finder, the “Medicare &amp; You” handbook, or “Medicare Options Compare,” including in areas where care is delivered</li> <li>• provide names of Carriers w/which they contract and/or participate</li> <li>• answer/discuss merits of a plan(s), including cost sharing &amp; benefits info; discussions may occur in areas where care is delivered</li> <li>• 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 <a href="http://www.medicare.gov">http://www.medicare.gov</a> or 1-800-MEDICARE</li> <li>• refer patients to plan marketing materials available in common areas</li> <li>• provide info &amp; assistance in applying for LIS</li> </ul> <p><b><u>Plan-Initiated Activities</u></b>  Providers <b>MAY</b>:</p> <ul style="list-style-type: none"> <li>• make available, distribute/display communication materials (<b>NOT</b> marketing materials), including areas where care is delivered</li> <li>• provide/make available Carrier marketing materials &amp; enrollment forms <i>outside of areas where care is delivered</i> (common areas)</li> </ul> <p><b><u>COMMON AREAS</u></b> of healthcare setting include:</p> <ul style="list-style-type: none"> <li>• common entryways, vestibules, waiting rooms</li> <li>• hospital or nursing home cafeterias</li> <li>• community, recreational or conference rooms</li> <li>• 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</li> </ul>	<p>Providers <b>MAY NOT</b>:</p> <ul style="list-style-type: none"> <li>• accept/collect Scope of Appointment forms</li> <li>• accept Medicare enrollment applications</li> <li>• make phone calls, direct, urge, or attempt to persuade beneficiaries to enroll in specific plan based on financial or any other interests of provider</li> <li>• mail marketing materials on behalf of Carrier</li> <li>• offer anything of value to induce selection of them as a provider</li> <li>• offer inducements to persuade their patients to enroll in a particular plan/organization</li> <li>• conduct <b>health screening</b> or <b>genetic testing</b> as a marketing activity</li> <li>• accept compensation from Carrier for marketing/enrollment actions</li> <li>• distribute marketing materials/applications in areas where care is delivered</li> </ul> <p><b><u>Plan-Initiated Activities</u></b>  <b>DO NOT</b> conduct sales activities, including sales presentations, distribute/accept enrollment applications, solicit Medicare beneficiaries in healthcare settings, <i>except in common areas</i></p> <p><b><u>RESTRICTED AREAS</u></b> generally include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• exam rooms</li> <li>• hospital patient rooms</li> <li>• treatment areas where patients interact with provider or clinical team &amp; receive treatment (including dialysis treatment facilities)</li> <li>• pharmacy counter areas (where patients interact with pharmacy providers/obtain medications)</li> </ul>
<p style="text-align: center;"><b>General Communication Requirements MCMG Sections: 30 &amp; 40 General Marketing Requirements</b></p>	<ul style="list-style-type: none"> <li>• Carrier is responsible for ensuring <b>all</b> marketing materials used by <b>any</b> agent selling their Medicare plans are consistent w/MCMG &amp; all other relevant issued guidance</li> <li>• <b>USE</b> only marketing materials &amp; scripts <b>previously reviewed</b> by Carrier(s) you are marketing <i>prior</i> to usage; marketing materials <b>MUST</b> contain required <b>CMS disclaimers</b></li> <li>• <b>MUST</b> comply w/your obligations under other anti-discrimination rules &amp; requirements</li> <li>• <b>MUST</b> be made available basic services &amp; info upon request to individuals w/disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> submit <b>marketing materials</b> directly to CMS yourself; materials must be submitted directly by the Carrier(s) to CMS for review &amp; approval – <b>this includes any material that mentions a Medicare plan by name or logo and those with plan-specific benefits</b></li> <li>• <b>DO NOT target beneficiaries</b> from higher income areas or state or imply plans are available only to seniors rather than to all Medicare beneficiaries (referred to as <b>cherry picking</b>)</li> <li>• <b>DO NOT discriminate</b> 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</li> </ul>

	<b>DO</b>	<b>DON'T</b>
	<ul style="list-style-type: none"> <li>• <b>DO begin marketing</b> Medicare plans &amp; marketing/sales events for upcoming plan year <u>no sooner</u> than <b>Oct. 1</b> – <i>this includes advertising for events scheduled in early October</i></li> <li>• <b>DO begin</b> soliciting/accepting enrollment applications for a <b>Jan. 1</b> effective date <u>no sooner</u> than start of <b>Annual Enrollment Period (AEP) - Oct. 15</b> - <i>unless</i> beneficiary is entitled to another enrollment period</li> <li>• <b>MAY</b> simultaneously market current &amp; prospective years starting <b>Oct. 1</b>, provided marketing materials clearly indicate plan year being discussed</li> </ul>	
<b>Star Ratings</b> <b>MCMG Section: 40.6</b>	<ul style="list-style-type: none"> <li>• <b>MUST</b> provide <i>overall Star Ratings</i> info through standardized Star Ratings info document; <b>MUST</b> be included when enrollment form provided</li> <li>• <i>New Plans that have no Star Ratings are not required to provide until following contract year</i></li> <li>• <b>MUST</b> be provided <i>prior</i> to enrollment</li> <li>• <b>MUST</b> use <b>updated Star Ratings</b> info (released annually in Oct.) within <b>21 calendar days</b> of release</li> <li>• <b>MUST</b> make it clear that rating is “__ out of five (5) stars”</li> <li>• <b>MUST</b> clearly identify which Star Ratings contract year applies</li> <li>• <b>MUST</b> be clear regarding rating for <u>each</u> contract is identified; <b>CANNOT</b> reference Star Ratings based on prior year contract year</li> <li>• <b>MAY</b> direct to <a href="http://www.medicare.gov">http://www.medicare.gov</a> for additional rating info</li> <li>• <b>MAY</b> only add Plan logo to sheet; no other changes/alterations permitted</li> </ul>	<ul style="list-style-type: none"> <li>• <b>NOT</b> permitted to display or release <b>Star Rating</b> info until CMS releases Star Rating on Medicare Plan Finder (MPF) – generally issued in Oct. of each year</li> <li>• <b>DO NOT</b> encourage enrollment based on argument that if enrollee is <b>dissatisfied with a plan</b>, s/he can later request an SEP and change to a higher-rated plan</li> <li>• <b>DO NOT</b> attempt to <b>discredit or refute a Low Performing Icon (LPI)</b> assigned by CMS by only showcasing a higher overall Star Rating</li> </ul>
<b>Open Enrollment Period (OEP)</b> <b>MCMG Section 40.6</b>	<p><b><u>During Open Enrollment Period (OEP) – Jan. 1 to Mar. 31</u></b> OEP allows individuals enrolled in an MA plan, including newly MA-eligibles, 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"> <li>• <b>MAY</b> <i>at beneficiary’s proactive request</i>, send marketing materials, have one-on-one meetings, and provide information on the OEP</li> <li>• <b>MAY</b> market to age-ins <i>who have not yet made an enrollment decision</i></li> <li>• <b>MAY</b> market to dual-eligible &amp; LIS beneficiaries who, in general, may make changes once per calendar quarter during the first nine months of the year</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> 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</li> <li>• <b>MAY NOT</b> send unsolicited materials advertising opportunity/ability to make additional enrollment change or reference the OEP</li> <li>• <b>MAY NOT</b> call or contact former enrollees who have selected a new plan during AEP</li> <li>• <b>MAY NOT</b> engage or promote agent/broker activities w/intent to target the OEP as an opportunity to make further sales</li> </ul>
<b>Meals</b> <b>MCMG Section: 40.5</b>	<ul style="list-style-type: none"> <li>• <b>MAY</b> provide <b>refreshments/light snacks at formal/informal sales events</b> (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt)</li> <li>• <b>MAY</b> provide <b>meals at educational events ONLY</b>; <b>MUST</b> comply with CMS’ strict definition of educational event</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> provide <u>or</u> subsidize meals at formal/informal sales events; ensure provided items can’t be reasonably considered a meal</li> <li>• <b>DO NOT</b> “bundle” multiple items &amp; provide as if a meal at sales/ marketing events</li> </ul>
<b>Permission/ Consent-to-Contact</b>	<ul style="list-style-type: none"> <li>• Referred individual <b>MUST</b> call you or Plan directly</li> <li>• You <b>MAY</b> provide <b>business card</b> that someone can give to a friend/relative who they want to refer to you</li> <li>• <b>MUST</b> follow TCPA (Telephone Consumer Protection Act) &amp; FCC (Federal Communication Commission) rules, and applicable Federal and State laws; Federal Trade &amp; Commission’s Requirements for Sellers &amp; Telemarketers, including: National-Do-Not-Call Registry; “Do not call again” requests; Federal/State calling hours</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> call a referred beneficiary</li> <li>• <b>DO NOT</b> 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)</li> <li>• <b>DO NOT</b> request personal identification numbers (i.e., Social Security number, HICN) except as required to verify membership, determine enrollment eligibility, or process an enrollment request)</li> </ul>

	<b>DO</b>	<b>DON'T</b>
	<ul style="list-style-type: none"> <li>• <b>MUST</b> use Permission/Consent-to-Contact forms to contact beneficiaries by phone; approved forms located on Carrier &amp; CareFree agent websites</li> <li>• <b>MUST</b> be completed <i>prior</i> to conducting outbound call to Medicare prospect</li> <li>• <b>MUST</b> be completed <i>prior</i> to placing follow-up call to meeting attendee</li> <li>• <b>MAY</b> contact your own clients to discuss plan business</li> </ul>	
<p style="text-align: center;"><b>Prohibited Terminology/ Statements</b> MCMG Section: 30.7</p>	<ul style="list-style-type: none"> <li>• CMS <b>PROHIBITS</b> distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations or could confuse beneficiaries</li> <li>• <b>DO</b> use term “<b>Medicare-approved</b>” to describe benefits &amp; services within marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> 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</li> <li>• <b>DO NOT</b> use words, symbols, or state you or products mentioned are <b>recommended or endorsed</b> by CMS, Medicare, or Department of Health &amp; Human Services (DHHS)</li> <li>• <b>DO NOT</b> use <b>absolute superlatives</b> (i.e., “the best,” “highest ranked,” “rated number 1”) <i>unless</i> substantiated w/supporting data provided during CMS marketing review process</li> <li>• <b>DO NOT</b> use <b>qualified superlatives</b> (i.e., “one of the best,” “among the highest rank”) <i>unless</i> substantiated w/supporting data provided during CMS marketing review process</li> <li>• <b>DO NOT</b> make offensive/insulting statements</li> <li>• <b>DO NOT</b> state enrollees <b>will not</b> be disenrolled due to failure to pay premiums</li> <li>• <b>DO NOT</b> use term “<b>free</b>” 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</li> <li>• <b>DO NOT</b> intimidate, use high-pressure tactics (<b>aggressive marketing behavior</b>), or scare tactics to enroll beneficiary into a plan or to acquire an in-home appointment; if told they are not interested, end visit/conversation immediately - <i>MIPPA, Oct. 2008</i></li> </ul>
<p style="text-align: center;"><b>Nominal Gifts</b> MCMG Sections: 40.4 &amp; 40.8 Rewards &amp; Incentives</p> <p style="text-align: center;"><b>Must be approved by CareFree in writing, in advance</b></p> <p style="text-align: center;"><i>Refer to Chapter 4 of Medicare Managed Care Manual for detailed info on Rewards &amp; Incentives</i></p>	<p><u>Nominal Gifts</u></p> <ul style="list-style-type: none"> <li>• May be offered to beneficiaries for marketing purposes as long as gifts are of nominal value (\$15 or less based on fair market, with a maximum of \$75 aggregate, per person, per year) &amp; provided regardless of enrollment &amp; without discrimination</li> <li>• If nominal gift is <b>one large gift</b> (i.e., concert, raffle, drawing), total fair market value must <b>NOT</b> exceed nominal per person value based on attendance (\$15per person); for planning purposes, anticipated attendance may be used, but based on venue size, response rate, or advertisement circulation</li> <li>• <b>Report nominal gifts given to current members to Andie Durinsky (Chief Compliance Officer of CareFree)</b></li> </ul> <p><u>Rewards &amp; Incentives</u></p> <ul style="list-style-type: none"> <li>• <b>MAY</b> include information about Reward &amp; Incentive Programs in marketing materials for potential enrollees. Marketing of rewards and incentive programs <b>must</b> be provided to all potential enrollees without discrimination</li> </ul>	<p><u>Nominal Gifts</u></p> <ul style="list-style-type: none"> <li>• <b>DO NOT</b> offer gift over \$15 <i>based on the retail purchase price</i> of item; if more than one item is offered (ex: pen &amp; flashlight), combined value of all items must not exceed nominal value of \$15</li> <li>• <b>CANNOT</b> be in the form of <b>cash or monetary rebates</b>, even if worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees &amp; gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount</li> </ul> <p><u>Rewards &amp; Incentives</u></p> <ul style="list-style-type: none"> <li>• <b>CANNOT</b> be used in exchange for enrollment</li> <li>• Part D plans are <b>NOT</b> permitted to develop or use <i>Rewards &amp; Incentives Plans</i>; Part D plans <b>MAY NOT</b> market reward &amp; incentive plans</li> </ul>

	<b>DO</b>	<b>DON'T</b>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• <b>MAY</b> ask for <b>referrals</b> from enrollees/members – <b>names, mailing addresses, email address</b> ONLY</li> <li>• All emails <b>MUST</b> have opt-out feature in every communication</li> <li>• <b>MAY</b> solicit potential new members by <b>conventional mail &amp; email</b></li> <li>• Gifts <b>MUST</b> be of nominal value</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> request <b>phone numbers</b>; <b>NOT</b> permitted to make calls w/o permission form signed prior to placing call</li> <li>• <b>DO NOT</b> announce gifts will be offered for referrals in any solicitations for leads</li> </ul>
<b>Scope of Appointment (SOA)</b> <b>MCMG Sections: 50.3 &amp; 100.4</b>  <b>Individual/Personal Marketing Appointments</b>	<p><b>ALL</b> individual/personal appointments discussing MA/MAPD/PDP products w/beneficiaries are marketing appointments, regardless of venue (i.e., in home, telephonic, library); SOA parameters &amp; documentation are required for all one-on-one appointments.</p> <ul style="list-style-type: none"> <li>• You are responsible for following CMS SOA guidelines when holding individual/one-on-one appointments in person <u>or</u> telephonically</li> <li>• Individual appointments are documented on the SOA form; individual appointments are <b>NOT</b> reported as formal/informal sales events</li> <li>• Signed SOA is a documented agreement between Medicare beneficiary &amp; agent, broker or producer; it lists products agreed upon for discussion <i>prior</i> to individual/one-on-one marketing appointment</li> <li>• <b>MUST</b> complete SOA <i>prior</i> to individual marketing appointment</li> </ul> <p><b>SOA documentation can be: 1) beneficiary signed hard copy; 2) telephonic recording, or 3) electronically signed; check w/Carrier for their process</b></p>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> discuss plan options, leave enrollment form, market plans <b>NOT</b> agreed to by beneficiary <i>prior</i> to meeting</li> <li>• CMS does <b>NOT</b> require SOA to attend <b>formal/informal</b> sales events; <b>DO NOT</b> obtain; CMS views as pressuring for personal contact info</li> <li>• <b>DO NOT</b> return <b>uninvited</b> to beneficiary's home/residence even if earlier appointment was not kept</li> <li>• <b>DO NOT</b> solicit/accept enrollment applications for <b>Jan. 1</b> effective date <b>prior to start of AEP (Oct. 15)</b> unless beneficiary is entitled to Special Election Period (SEP) <u>or</u> within their initial enrollment period</li> <li>• <b>DO NOT</b> market <b>non-health care related products</b> or leave info (i.e., annuities or life insurance) – referred to as <b>cross selling</b></li> <li>• <b>DO NOT</b> ask beneficiaries for <b>referrals</b></li> <li>• <b>DO NOT</b> provide <b>meals</b> or have meals subsidized</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Walk-in or unexpected beneficiary:</b> When a beneficiary visits you on his/her own accord <b>or</b> wishes to attend a pre-scheduled, individual meeting w/another beneficiary, <b>MUST</b> obtain SOA <i>prior</i> to discussing MA/MAPD/PDP products</li> <li>• <b>MAY</b> leave Medicare info at a potential enrollee's residence if pre-scheduled appointment at beneficiary's residence becomes a "no show"</li> <li>• <b>MAY</b> call &amp; <b>confirm appointment</b> already agreed to by a completed SOA</li> <li>• <b>MAY</b> distribute, collect enrollment forms &amp; provide educational content</li> <li>• <b>DO</b> obtain from beneficiary a <b>second SOA</b> form during individual meeting <i>if beneficiary</i> requests info regarding different plan type than previously agreed upon; <b>after second SOA is completed</b>, marketing appointment can continue</li> <li>• <b>DO</b> keep all SOA documentation for at least <b>10 years</b>, includes initial &amp; additional SOA forms obtained at same appointment; <b>MUST</b> be available upon request by CMS/Carrier</li> <li>• <b>Signed agreements:</b> CMS-approved SOA forms are available on Carrier &amp; CareFree agent website; <b>MUST</b> attach a copy of signed SOA to any <b>paper</b> application received from one-on-one/individual appointment <i>before</i> submitting application; follow Carrier's instructions</li> </ul>	
<b>Seminars Marketing/ Sales Events</b> <b>MCMG Section: 50.2</b>	<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 &amp; enrollment materials, distribute/collect applications &amp; perform enrollments. Marketing of <b>non-health care</b> related products (i.e., annuities and life insurance) to beneficiaries during MA/MAPD/PDP marketing/sales seminars is <b>cross selling</b> and <b>PROHIBITED</b>.</p>	

	<b>DO</b>	<b>DON'T</b>
	<p>Two main types of marketing/sales events:</p> <ul style="list-style-type: none"> <li>• <b>Formal:</b> 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 individual basis. <i>If attendee requests full presentation, you <b>must</b> do one. In this situation, SOA is not required as meeting falls under formal marketing sales event already reported.</i></li> <li>• <b>Informal:</b> 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 <b>can</b> discuss merits of Carrier's products; beneficiaries <b>must</b> approach you first.</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>DO</b> report all formal &amp; informal marketing/sales events to Carriers according to their policies; commissions will <b>NOT</b> be paid for sales resulting from non-reported events; <b>MAY</b> result in contract termination</li> <li>• <b>DO</b> report all marketing/sales events <b>prior to advertising the event or 10 calendar days prior to event's scheduled date</b>, whichever is earlier</li> <li>• <b>DO</b> announce <b>all products/plan types</b> to be covered during marketing/ sales event <b>at beginning of event</b> (i.e., HMO, PPO, PDP, etc.)</li> <li>• <b>MUST</b> use only <b>CMS-approved</b>, sales presentations and/or talking points during formal &amp; one-on-one marketing events</li> <li>• <b>If applicable, MUST</b> use <b>CMS-approved sales presentations/talking points from beginning to end</b> when discussing MA/MAPD/PDP products; read all sales presentation notes; if available, use MAPD/PDP sales presentation video, <b>MUST</b> use in conjunction with CMS-approved sales presentation</li> <li>• <b>MAY</b> obtain signed <b>Scope of Appointment</b> form at marketing/sales event for future appointment</li> <li>• <b>MAY</b> provide <b>light snacks &amp; refreshments</b> only</li> <li>• <b>MAY</b> provide <b>nominal gifts</b> to attendees with no obligation; <b>MUST</b> be of nominal gift value – refer to "Nominal Gift" section for more info</li> <li>• <b>DO</b> provide w/<b>enrollment form</b>: 1) <i>current</i> Star Ratings sheet; 2) Summary of Benefits; 3) Pre-Enrollment Checklist</li> <li>• <b>DO</b> save <b>documentation</b> at least <b>10 years</b> related to sales seminars, cancellations, revisions; documentation <b>MUST</b> be available upon request by CMS or any Carrier</li> <li>• <b>If using sign-in sheet</b>, use one available on Carrier or CareFree agent website; <b>MUST</b> contain CMS required language: "<b>Completion of any contact information is optional</b>"</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> solicit enrollment applications <b>prior</b> to start of <b>Annual Enrollment Period (AEP) – Oct. 15</b> unless beneficiary is entitled to another enrollment period</li> <li>• <b>DO NOT</b> conduct <b>health screening, genetic testing</b> or other like activities that could give the impression of "<b>cherry picking</b>"</li> <li>• <b>DO NOT</b> require beneficiaries to provide <b>any contact information</b> 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</li> <li>• <b>DO NOT</b> require <b>SOA</b> form to be filled out for beneficiary to attend formal/informal marketing/sales event</li> <li>• <b>DO NOT</b> use personal contact information obtained to notify individuals of <b>raffle or drawing</b> winnings for any other purpose</li> <li>• <b>DO NOT</b> provide <b>meals</b></li> <li>• <b>DO NOT</b> ask for <b>referrals</b></li> <li>• <b>DO NOT</b> use <b>absolute or qualified superlatives</b>; see details listed under <i>Prohibited Terminology/Statements</i> heading</li> <li>• <b>DO NOT</b> claim you or any Carrier is recommended or <b>endorsed</b> by CMS, Medicare, or the Department of Health &amp; Human Services</li> </ul>
	<p><b><u>Cancellations &amp; Changes of Marketing/Sales Events</u></b></p> <ul style="list-style-type: none"> <li>• <b>DO</b> <b>immediately report to Carriers all</b> cancellations/revisions to <i>formal/informal</i> marketing/sales events <b>more than 48 hours prior to event's originally scheduled date &amp; time</b>, whenever possible</li> <li>• <b>ALWAYS</b> follow Carrier(s) process when applicable</li> <li>• <b>FOLLOW</b> same Carrier method used when reporting marketing/sales events when advising Carrier of event cancellations/revisions</li> </ul>	

	<b>DO</b>	<b>DON'T</b>
	<p><u>Marketing/sales events canceled LESS than 48 hours before originally scheduled date &amp; time</u></p> <ul style="list-style-type: none"> <li>• <b>MUST</b> notify venue, if applicable</li> <li>• <b>DO</b> have plan rep present on site at scheduled start time of canceled event to inform attendees of cancellation &amp; distribute info about plan; <b>MUST</b> remain at least <b>30 minutes (our standard) after scheduled start time</b> – follow Carrier’s process when applicable</li> <li>• <b>DO</b> 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</li> </ul>	<ul style="list-style-type: none"> <li>• <b>NOT REQUIRED</b> to have representative present at seminar site if event canceled due to <b>inclement weather</b>; <b>MUST</b> notify Carrier &amp; follow Carrier’s cancellation process</li> </ul>
	<p><u>Marketing/sales events canceled MORE than 48 hours before originally scheduled date &amp; time</u></p> <ul style="list-style-type: none"> <li>• <b>MUST</b> notify venue, if applicable</li> <li>• <b>DO notify beneficiaries</b> of canceled event using same means used to advertise event, ex: if advertised event via newspaper, <b>MUST</b> announce cancellation in same newspaper</li> <li>• <b>MUST</b> <i>immediately</i> notify Carrier and follow their process</li> </ul>	<ul style="list-style-type: none"> <li>• Representative <b>NOT</b> 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</li> </ul>
<p><b>State Licensure &amp; Appointments Laws Agents/Brokers MCMG Section: 110.1</b></p>	<p>Agents <b>MUST</b> be licensed and appointed (if applicable) per State law to sell Medicare products</p>	
<p><b>Training &amp; Testing Agents/Brokers MCMG Section: 110.1</b></p>	<p><b>MUST</b> complete Carrier training &amp; testing <i>prior</i> to your selling Medicare products to satisfy annual CMS certification requirements</p>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> cheat, obtain, request help for any testing; it’s a violation of Code of Conduct &amp; can result in corrective action, including, but not limited to loss of compensation &amp; termination</li> <li>• If you <b>DO NOT</b> pass any testing w/passing score of 90% or better w/i three attempts, you’re locked out &amp; unable to progress w/certification</li> </ul>
<p><b>Unsolicited &amp; Permissible Contact MCMG Sections: 30.6 Electronic 40.2 Marketing 40.3 Telephonic</b></p>	<p>CMS has <b>strict guidelines</b> around contacting Medicare beneficiaries. In general, you <b>CAN’T</b> market through unsolicited direct contact (referred to as <b>cold calling</b>, and includes going door-to-door). Referred beneficiaries <b>MUST</b> contact you or the plan directly. Also <b>NO</b> 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, or schedule a meeting if it’s targeted to the new plan year’s benefit options.</p> <p><b>MUST</b> adhere to TCPA (Telephone Consumer Protection Act) restrictions on calls, texts and faxes, in addition to consent and do not call requirements. <b>NO</b> calls can be made between 9pm and 8am, local time of the patient, customer, plan member or provider. State laws may further restrict hours. <b>MUST</b> follow FCC (Federal Communication Commission) rules &amp; applicable State laws, Federal Trade Commission’s Requirement for Sellers &amp; Telemarketers, National/State Do-Not-Call Registry, “Do not call again” requests &amp; Federal/State calling hours.</p>	



	<b>DO</b>	<b>DON'T</b>
	<p><b>30.6 – Electronic Communication (Emails)</b></p> <ul style="list-style-type: none"> <li>• <b>MAY</b> initiate contact via email to prospects &amp; to retrain enrollment for current enrollees</li> <li>• <b>MUST</b> provide opt-out process <b>on each communication</b> to no longer receive emails</li> <li>• <b>MAY</b> rent/purchase email lists to distribute info about MA/MAPD/PDP plans</li> </ul> <p><b>40.2 - Marketing Contacts</b></p> <ul style="list-style-type: none"> <li>• <b>DO</b> use <b>conventional mail &amp; other print media</b> (i.e., advertisements, direct mail) to contact beneficiaries</li> <li>• <b>DO</b> use <b>emails</b> to contact beneficiaries <i>provided all</i> emails contain an opt-out function</li> <li>• <b>MAY</b> leave info at beneficiary’s residence if <b>pre-scheduled appointment</b> at beneficiary’s residence becomes a “no-show”</li> <li>• <b>DO</b> discuss plan specifics at <b>informal marketing/sales</b> event <b>after</b> person approaches your table or kiosk</li> <li>• <b>DO</b> provide <b>contact information</b> (ex: business card) when an individual wants to refer a friend/relative to you</li> </ul>	<p><b>Electronic Communications (Emails)</b></p> <ul style="list-style-type: none"> <li>• <b>CANNOT</b> text message or other forms of electronic direct messaging (e.g., social media platforms)</li> <li>• <b>DO NOT</b> send emails on your own to prospects without referring to CAN-SPAM Act; these types of communications are highly regulated, <b>require opt out</b> features &amp; many other federal requirements (see <a href="#">CAN-SPAM law</a>)</li> </ul> <p><b>Marketing Contacts</b></p> <ul style="list-style-type: none"> <li>• <b>DO NOT</b> use <b>telephonic solicitation</b>, includes text messaging &amp; leaving electronic voicemail messages</li> <li>• <b>DO NOT</b> leave info such as <b>leaflet or flyer</b> at a residence or on a car</li> <li>• <b>NO door-to-door</b> solicitation is permitted</li> <li>• <b>DO NOT</b> approach beneficiaries in <b>common areas</b> (i.e., parking lots, hallways, lobbies, sidewalks, etc.)</li> </ul>
	<p><b>40.3 Telephonic Contacts</b></p> <ul style="list-style-type: none"> <li>• <b>MAY</b> contact your own <b>current enrollees</b> to discuss plan business, but <b>cannot</b> market prior to <b>Oct. 1</b> under the pretense of plan business</li> <li>• <b>MAY</b> call former enrollees after disenrollment effective date to conduct <b>disenrollment surveys</b> for quality improvement purposes (disenrollment surveys conducted telephonically, by email or convention mail; <b>MAY NOT</b> include sales/marketing info)</li> <li>• <b>MAY</b> call beneficiaries who submit <b>enrollment applications</b> to conduct business related to enrollment</li> <li>• <b>MAY</b> call your <b>current enrollees</b>, 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); <b>MUST</b> follow Medicaid rules when discussing Medicaid</li> <li>• <b>DO</b> return <b>phone calls or messages</b>; <b>not</b> considered unsolicited contact</li> <li>• <b>DO</b> call individuals who gave <b>permission</b> for agent/plan to contact them (ex: filling out a business reply card/permission/consent-to-contact form, <b>or</b> 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></li> <li>• <b>MAY</b> call your current clients to discuss/inform them about <b>general plan info</b> (i.e., AEP dates, flu shots availability, upcoming plan changes, educational events &amp; other important plan info)</li> </ul>	<p><b>Telephonic Contacts</b></p> <ul style="list-style-type: none"> <li>• <b>DO NOT</b> make unsolicited calls to prospective enrollees</li> <li>• <b>DO NOT</b> use <b>bait-and-switch</b> strategies – making unsolicited calls about other business as a means of generating leads for Medicare plans</li> <li>• <b>DO NOT</b> 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.</li> <li>• <b>DO NOT</b> call former members who have <b>disenrolled</b>, or current members in the process of <b>voluntarily disenrolling</b> for sales purposes, to market plans or products, or ask for consent in any format to further sales contacts</li> <li>• <b>DO NOT</b> call beneficiaries <b>who attended a sales event</b>, <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</li> <li>• <b>DO NOT</b> call prospective enrollees to confirm receipt of <b>mailed info</b></li> </ul>

	<b>DO</b>	<b>DON'T</b>
<p><b>Websites &amp; Social/ Electronic Media MCMG Section: 70</b></p> <p><i>Refer to the Carrier for necessary approvals</i></p>	<p>CMS has many rules and regulations around social media and website marketing; be sure you check with and obtain necessary approvals <b>from the Carrier</b> before you proceed.</p> <ul style="list-style-type: none"> <li>• <b>MUST</b> ensure if you direct a consumer to call a phone number, you <b>MUST</b> clearly indicate that <i>“calling the phone number will direct the individual to a licensed agent/broker”</i> (when applicable)</li> <li>• <b>MUST</b> ensure any sites used for the purpose of generating leads <b>MUST</b> also comply with Carrier and CMS requirements</li> <li>• <b>MUST</b> ensure if you purchase leads from any lead generation websites, those websites <b>MUST</b> comply with CMS requirements</li> <li>• <b>MUST</b> use required marketing disclaimers on websites containing info specific to Carrier MA, MAPD, PDP products</li> <li>• <b>MUST</b> have written approval from Carrier before using/creating a website listing their products and their name/brand/logo</li> <li>• <b>MUST</b> be certified (licensed, appointed, trained) to sell the Carrier MA, MA-PD, and/or PDP plans described on your page; this does not apply to lead generation sites</li> </ul>	<ul style="list-style-type: none"> <li>• <b>MAY NOT</b> ask for any health info, including (but not limited to): pre-existing medical conditions, weight, whether beneficiary smokes, their age, etc.</li> <li>• <b>MAY NOT</b> ask for any beneficiary identification numbers, including (but not limited to): Social Security, Health Insurance Claim Number (HICN), and Medicaid</li> <li>• <b>MAY NOT</b> ask for beneficiary financial info, including credit card numbers, income and resource limits, etc.</li> <li>• <b>MAY NOT</b> 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</li> <li>• <b>MAY NOT</b> ask for referrals from beneficiaries via your website or offer enrollment into Carrier MA/MAPD/PDP plans on your website</li> <li>• <b>MAY NOT</b> use the word “free” when referring to Medicare plan benefits</li> <li>• <b>MAY NOT</b> inaccurately identify/refer to a Medicare Supplement plan as an MA/MAPD/PDP plan</li> <li>• <b>MAY NOT</b> use absolute and/or qualified superlatives when referring to Carrier plans (e.g., “<u>the best</u>”, “<u>the lowest</u>”/ “<u>one of the best</u>”)</li> <li>• <b>MAY NOT</b> claim you or Carrier are recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services</li> <li>• <b>MAY NOT</b> charge any fee for providing information about carrier MA/MAPD/PDP plans</li> </ul>
	<p><b>Social Media</b> Social media posts (i.e., Facebook, Twitter, YouTube) that meet definition of marketing <b>MUST</b> be submitted into HPMS</p>	<ul style="list-style-type: none"> <li>• <b>DO NOT</b> 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 <b>October 1</b></li> </ul>
<p><b>Related Laws &amp; Regulations</b></p>	<ul style="list-style-type: none"> <li>• <b>MUST</b> provide reasonable accommodations for beneficiaries w/disabilities - <i>Americans with Disabilities Act of 1990</i></li> <li>• <b>MUST</b> ensure effective communication w/individuals w/disabilities &amp; provide auxiliary aids/services, such as alternate formats - <i>Section 504 of Rehabilitation Act</i></li> <li>• <b>MUST</b> 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></li> <li>• <b>MUST</b> write all Medicare publications, documents &amp; forms in a clear, concise, well-organized manner - <i>Plain Writing Act of 2010</i></li> <li>• <b>MUST</b> follow all Federal &amp; State laws regarding confidentiality &amp; disclosure of patient information; this includes compliance w/provisions of HIPAA Privacy Rule &amp; its specific rules pertaining to disclosures of beneficiary information; additional information on <i>HIPAA Privacy Rule</i> can be found at <a href="http://www.hhs.gov/ocr/privacy">http://www.hhs.gov/ocr/privacy</a></li> </ul>	