

CY2020 CMS Medicare Communications and Marketing Guidelines (MCMG) DOs & DON'Ts Agent Summary

Based on revised MCMG released by CMS on 8/06/2019 – CMS generally updates this annually

CMS holds Aetna responsible for the actions of all agents representing Aetna or Coventry. You must follow CMS regulations and guidelines in your daily Medicare activities. It's important that you know these regulations and guidelines and that you understand how they govern your business and conduct. The guidelines apply to Medicare age-ins and existing beneficiaries. You are responsible for knowing the rules and complying with them.

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

This document is an overview of Medicare marketing guidelines and compliance program requirements from CMS and Aetna. It highlights specific regulations related to agent oversight as outlined in the CMS MCMG. We created it as a portable list for you to reference when selling Medicare products. It is not all-inclusive. We recommend you refer to it often to remain compliant. Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.

DO	DON'T
Educational Events – MCMG Section: 50.1	
<p>Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and DO NOT include marketing (do not steer, or attempt to steer potential enrollees toward a specific plan or limited number of plans). DO NOT include sales activities, distribution of marketing materials, or distribution or collection of plan applications. This includes the distribution of any material with plan-specific/benefit information. DO NOT demonstrate any bias toward one plan type over another.</p> <ul style="list-style-type: none"> ▪ MUST be reported to Aetna; MUST be advertised as "educational," otherwise, CMS views event as marketing/sales and MUST be reported as such. Events advertised as educational must be only educational and comply with CMS' requirements for educational events. ▪ Host only in a public venue; DO NOT hold in-home or in one-on-one settings ▪ Enrollee/Member-only Educational Events: When enrollee/member-only <i>educational</i> events are held, DO NOT conduct enrollment or sales activities (enrollment forms are not permitted). You MAY discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees. Events MUST be advertised as educational. 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 flyers), and not the mass marketplace (i.e., radio or newspaper ad). <p>Health Fairs/Senior Expos: Considered educational <i>only when advertised as educational and comply with CMS' requirements for educational events</i>; otherwise, CMS will view them as marketing/sales events and MUST be reported to CMS as such. DO NOT conduct health screening or genetic testing. DO NOT include any sales activities such as the distribution of marketing materials or distribution or collection of plan applications. DO NOT distribute plan-specific information (i.e., premiums, copayments, or contact information).</p>	
<p>DO provide objective information (<i>communication materials</i>) about the Medicare Program, MA and/or PDP Plans; materials available MUST be free of plan-specific/benefit information, including premium and copayment data (<i>marketing materials</i>)</p> <p>MAY set up a marketing appointment and distribute business cards and contact information for beneficiaries to initiate contact (this includes completing and collecting a Scope of Appointment & Permission-to-contact forms may be available) – items MUST be free of plan marketing/benefit info</p> <p>MAY provide promotional items, including those with plan name, logo and toll-free customer service number and/or website; MUST be free of benefit information and consistent with the CMS definition of nominal gift requirement</p> <p>MAY provide meals; MUST meet CMS definition of an educational event</p> <p>DO display banner with plan name and/or logo</p> <p>MAY answer beneficiary initiated questions</p>	<p>DO NOT accept or have available enrollment forms; this includes collecting enrollment forms or helping beneficiaries complete an enrollment form.</p> <p>DO NOT conduct a marketing/sales event immediately following the educational event in the same general location (ex: same hotel)</p>
Enrollment Form – Required Materials – MCMG Section 100.4 – pgs. 37, 48, 51, 52	
<p>When providing an enrollment form MUST also provide: 1) current Star/Plan Ratings document, and 2) Summary of Benefits, with 3) Pre-Enrollment Checklist.</p>	

Health Care Setting Activities: Provider & Plan-Initiated Activities – MCMG Section: 60

CMS distinguishes between provider-initiated activities and plan-initiated activities in a healthcare setting to maintain the appropriate safeguards while not impeding the provider/patient relationship.

Provider-initiated activities are those conducted by a healthcare professional, including pharmacists, at the request of the patient. Or, as a matter of a course of treatment when meeting with the patient as part of the professional relationship between healthcare provider and patient. Provider-initiated activities **do not** include those conducted at the request of the plan or pursuant to the network participation agreement between the plan and provider. These activities fall outside of the CMS definition of marketing.

Plan-initiated activities are defined by CMS as those activities where either a plan or plan sponsor requests contracted providers to perform a task. Or, the provider is acting on behalf of the plan. Plan requests for providers to discuss benefits and cost sharing fall under the marketing definition, and are **prohibited** from taking place where care is being delivered. Contracted providers **MUST** remain neutral when assisting with enrollment decisions; **may** engage in discussions with beneficiaries *should a beneficiary seek advice*.

Provider agreements held with us **MUST** ensure compliance with requirements applicable to communication and marketing; and agreements must address marketing activity in a manner consistent with Medicare regulations and 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 all plans with which they participate – CMS does not expect providers to proactively contact all participating plans

Provider-Initiated Activities:

Providers **MAY**:

- 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 the names of plans with which they contract and/or participate
- answer or discuss the merits of a plan or plans, including cost sharing and benefits information; discussions may occur in areas where care is delivered
- refer patients to other sources of information, such as SHIP representatives, plan marketing representatives, their State Medicaid Office, local 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 information and assistance in applying for LIS

Plan-Initiated Activities:

Providers **MAY**:

- make available, distribute and display communication materials (**NOT** marketing materials), including in areas where care is being delivered
- provide or make available plan marketing materials and enrollment forms outside of the areas where care is delivered (common areas)

Conduct sales activities in **common areas** of healthcare setting:

- common entryways, vestibules, waiting rooms
- hospital or nursing home cafeterias
- community, recreational or conference rooms
- if pharmacy counter area is located within a retail store, *space outside* of where individuals wait for services or interact with pharmacy provider/obtain medications (approx. 20 ft.)

Part D Sponsors Serving Long-Term Care Facility Residents

Long-term care facilities are **PERMITTED** to provide materials in admission packets announcing all plan contractual relationships; CMS considers these communication materials

Plan-Initiated Activities:

DO NOT conduct sales activities, including sales presentations, distribute and accept enrollment applications, and solicit Medicare beneficiaries in healthcare settings, except in common areas

RESTRICTED AREAS generally include, but are not limited to:

- exam rooms
- hospital patient rooms
- treatment areas where patients interact with their provider or clinical team/ receive treatment (including dialysis treatment facilities)
- pharmacy counter areas (where patients interact with pharmacy providers/obtain medications)

Providers **MAY NOT**:

- accept/collect Scope of Appointment forms
- accept Medicare enrollment applications
- make phone calls or direct, urge, or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- mail marketing materials on behalf of a plan
- offer anything of value to induce enrollees to select them as their provider
- offer inducements to persuade beneficiaries to enroll in a particular plan
- conduct **health screening or genetic testing** as a marketing activity
- accept compensation from the plan for any marketing or enrollment activities
- distribute marketing materials/applications in areas where care is delivered

DO	DON'T
<p><i>Only upon request by the beneficiary</i> are you permitted to schedule appointments with beneficiaries residing in long-term care facilities (i.e., nursing homes, board and care homes, assisted living facilities).</p> <p>You MUST first get approval before conducting a marketing/sales activity in health care settings (hospitals, nursing homes), residential health and assisted living facilities or low income and subsidized housing units.</p> <p>Plans/Part D sponsor(s) long-term care facilities and staff can be view as both provider and plan; Plans/Part D sponsor(s) must put necessary boundaries in place between clinical and sales staff to mitigate conflicts of interest</p> <p>Staff operating in a social worker capacity MAY provide information, including marketing materials, to residents</p> <p>Beneficiary or authorized representative MUST initiate additional communication following receipt of information, such as a business reply card, phone number or marketing materials</p> <p>SNP affiliations MUST include all applicable disclaimers</p>	<p>Plans/Part D sponsor(s): Marketing materials provided by a social worker MAY NOT include enrollment forms (<i>unless requested</i>)</p> <p>Social workers MAY NOT accept or collect a Scope of Appointment form or Enrollment form</p>
Mailing Statements – (Communications & Marketing) – Appendix 2 - Disclaimers	
Delegated or sub-contracted entities or downstream entities that conduct mailings on behalf of Aetna must comply with this requirement.	
<p>Plan information – required text: <i>“Important [Insert Plan Name] information”</i></p> <p>Health & wellness information – required text: <i>“Health and wellness or prevention information”</i></p> <p>MUST receive enrollee’s “opt-in” authorization <i>prior</i> to sending any non-plan or non-health related information; MUST keep evidence of authorization</p>	
Marketing/Communication Requirements – MCMG Sections: 30 & 40	
<p>MUST comply with your obligations under other anti-discrimination rules & requirements</p> <p>DO begin marketing Medicare plans and marketing/sales events for upcoming benefit/plan year <u>no</u> sooner than Oct. 1 - this includes advertising for events scheduled in early October</p> <p>DO begin accepting enrollment applications for a Jan. 1 effective date <u>no sooner</u> than start of AEP (Oct. 15) <i>unless</i> beneficiary is entitled to another enrollment period</p> <p>MAY simultaneously market the current and prospective years starting on Oct. 1, provided marketing materials clearly indicate what plan year is being discussed</p> <p>ONLY SNPs & MMPs may limit enrollments to individuals meeting eligibility requirements based on health and/or other status; such limitations must be consistent with the scope for their MA or three-way contracts with CMS</p> <p>MUST be made available basic services and information upon request to individuals with disabilities</p>	<p>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)</p> <p>DO NOT state or imply plans are only available to Medicaid beneficiaries unless the plan is a Dual Eligible Special Needs Plan (D-SNP) or MMP</p> <p>DO NOT discriminate based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location</p> <p>DO NOT intimidate, nor use high-pressure tactics (aggressive marketing behavior), or scare tactics to enroll a beneficiary into a plan <u>or</u> to acquire an in-home appointment; if told they are not interested, end visit/conversation immediately - MIPPA, Oct. 2008</p>
Marketing – MCMG Sections: 40.6 Star Ratings & 40 General Requirements & Appendix 2 Disclaimers & 90 Materials	
Aetna is responsible for ensuring all marketing materials used by any agent selling our Medicare plans are consistent with CMS MCMG and all other relevant issued guidance.	

DO	DON'T
<p>USE only marketing materials and scripts previously reviewed by us <i>prior</i> to usage</p> <ul style="list-style-type: none"> Marketing materials MUST contain required CMS disclaimers 	<p>DO NOT submit marketing materials directly to CMS; materials must be submitted directly by Aetna to CMS for review and approval - this includes any material that mentions plan-specific benefits</p>
<p>MAY compare Plan to another Plan, provided comparisons can be supported (i.e., by studies or statistical data) and such comparisons are factually based</p> <p>MUST provide Star Ratings information to beneficiaries through the standardized Star Ratings information document available in HPMS; MUST be provided to all prospective enrollees when an enrollment form is provided. For online enrollment, Star Ratings document and SB must be made available electronically prior to the completion and submission of enrollment request.</p> <ul style="list-style-type: none"> MUST use updated Star Ratings information (released annually in Oct.) within 21 calendar days of release MUST make it clear that the rating is “__ out of five (5) stars” MUST clearly identify which Star Ratings contract year applies MUST be clear regarding the rating for each contract is identified and cannot reference Star Ratings based on prior year contract year MAY direct beneficiaries to http://www.medicare.gov for more information on Star Ratings 	<p>DO NOT knowingly target or send unsolicited marketing materials to any MA or Part D enrollee during the continuous Open Enrollment Period (OEP) – Jan. 1 to Mar. 31</p> <p>NOT permitted to display or release Star Ratings information until CMS releases the Star Ratings on Medicare Plan Finder (MPF) – generally issued in Oct. of each year</p> <p>DO NOT use any marketing materials <i>unless CMS approval notation</i> is indicated on required materials (refer to MCMG for detailed information)</p> <p>DO NOT encourage enrollment based on argument that if enrollee is dissatisfied with a plan, he or she can later request an SEP and change to a higher-rated plan</p> <p>DO NOT attempt to discredit or refute a Low Performing Icon (LPI) assigned by CMS by only showcasing a higher overall Star Ratings</p> <p>DO NOT market non-health related products to prospective enrollees during an MA, MA-PD or PDP sales activity (referred to as cross selling)</p>
Meals – MCMG Section: 40.5	
<p>MAY provide refreshments and light snacks at marketing/sales events (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt)</p> <p>MAY provide meals at educational events; event MUST meet CMS’ strict definition of an educational event</p>	<p>DO NOT provide <u>or</u> subsidize meals at marketing/sales events; ensure provided items can’t be reasonably considered a meal</p> <p>DO NOT “bundle” multiple items and provide as if a meal at sales/marketing events</p>
Permission-to-Contact (PTC) / Telephonic Contact – MCMG Section: 40.3	
<p>DO NOT contact a referred beneficiary - referred individuals MUST contact you or the plan directly; you MAY provide a business card that an individual can give to a friend or relative who they want to refer. Federal Trade & Commission’s Requirements for Sellers and Telemarketers apply including: National-Do-Not-Call Registry; “Do not call again” requests; Federal/State calling hours; and Federal Communications Commission rules and applicable State law. A completed PTC is NOT open-ended permission for future contacts; contact must be event specific.</p>	
<p>MUST use Permission-to-Contact form to contact beneficiaries by phone; CMS-approved forms are located on <i>Aetna’s Producer World</i></p> <ul style="list-style-type: none"> MUST be completed <i>prior</i> to conducting an outbound call to a Medicare prospect <p>MUST have a completed form <i>prior</i> to placing a follow-up call to a meeting attendee</p> <p>MAY contact your own clients to discuss plan business</p>	<p>DO NOT call or visit beneficiaries who attended a sales event <i>unless</i> beneficiary gave permission at event for follow-up call (completed a Permission-to-Contact form) or visit (completed a Scope of Appointment form)</p> <p>DO NOT obtain Permission-to-Contact form if prospect calls to RSVP for a meeting</p> <p>DO NOT request beneficiary identification numbers (i.e., Social Security number, HICN) <i>except</i> as required to verify membership, determine enrollment eligibility, or process an enrollment request</p>
Prohibited Terminology/Statements – MMG Section: 30.7	
<p>CMS prohibits the distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations or could confuse beneficiaries.</p>	
<p>DO state Aetna is approved for participation in Medicare programs and/or contracted to administer Medicare benefits</p> <p>DO use term “Medicare-approved” to describe benefits and services within marketing materials</p> <p>DO use term “free” in conjunction with mandatory supplemental benefits that are provided at a zero dollar cost share for all enrollees</p>	<p>DO NOT misrepresent CMS, Aetna, yourself, or our plan benefits and/or services</p> <p>DO NOT use words, symbols, or state you <u>or</u> the products mentioned are recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services (DHHS)</p> <p>DO NOT use absolute superlatives (i.e., “the best,” “highest ranked,” “rated number 1”) <i>unless</i> substantiated with supporting data provided during CMS marketing review process or</p>

DO	DON'T
	<p>used in logos/taglines</p> <p>DO NOT use qualified superlatives (i.e., "one of the best," "among the highest rank") <i>unless</i> substantiated with supporting data provided during CMS marketing review process or used in logos/taglines</p> <p>DO NOT make offensive/insulting statements</p> <p>DO NOT state that enrollees will not be disenrolled due to failure to pay premiums</p> <p>DO NOT use term "free" to describe a zero dollar premium, reduction in premiums (including Part B buy-down), reduction in deductibles or cost sharing, low-income subsidy (LIS), or cost sharing for individuals with dual eligibility</p> <p>MA plans not D-SNPs MAY NOT</p> <p>1) Imply plan is designed for dual eligible individuals; 2) claim they have a relationship with the state Medicaid agency, unless MA plan or parent organization has contracted with the state to coordinate Medicaid services, and the contract is specific to that MA plan (not for a separate D-SNP or MMP); 3) target their marketing efforts exclusively to dual eligible individuals</p>
<p>Nominal Gifts (40.4), Rewards & Incentives (40.8) – MCMG Sections</p>	
<p>Nominal gifts – may be offered to beneficiaries for marketing purposes as long as gifts are of nominal value (\$15 or less, \$75 aggregate, per person, per year) and provided regardless of enrollment, and without discrimination.</p>	
<p>Nominal Gifts</p> <p>If a nominal gift is one large gift (i.e., concert, raffle, drawing), the total fair market value must NOT exceed the nominal per person value based on attendance (\$15 for person). For planning purposes, anticipated attendance may be used, but must be based on actual venue size, response rate, and/or advertisement circulation.</p> <p><i>Refer to Office of Inspector General's website regarding advisory guidance options on gift/gift cards.</i></p> <p>Rewards & Incentives – for current enrollees only</p> <p>MAY include information about Reward and Incentive Programs in marketing materials to potential enrollees. Marketing of program must: 1) not be used in exchange for enrollment; 2) be provided to all potential enrollees without discrimination, 3) be provided in conjunction with information about plan benefits, 4) include information about ALL rewards and incentive programs offered by the Plan, and not limited to a specific program, or a specific reward or incentive within a program.</p> <p>Nominal gifts that are part of a promotional activity are different from rewards and incentives</p>	<p>Nominal Gifts</p> <p>DO NOT offer gift over \$15 based on the retail purchase price of the item; if more than one item is offered (ex: pen and flashlight), combined value of all items offered must not exceed the nominal value of \$15.</p> <p>CANNOT be in the form of cash or other monetary rebates, even if their worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees, and gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount.</p> <p>Rewards & Incentives – for current enrollees only</p> <p><i>For additional information regarding Rewards & Incentives program requirements, refer to Chapter 4 of Medicare Managed Care Manual</i></p> <p>Part D plans are NOT permitted to develop or use rewards and incentives plans; Part D plans MAY NOT market reward and incentive plans</p>
<p>Referrals</p>	
<p>DO solicit potential new members by <i>conventional MAIL ONLY</i></p> <p>MAY ask for referrals from enrollees/members - names and mailing addresses ONLY</p> <p>Gifts MUST be of nominal value</p>	<p>DO NOT request phone numbers or email addresses</p> <p>DO NOT announce gifts will be offered for referrals in any solicitations for leads</p>
<p>Related Laws & Regulations</p>	
<p>MUST provide reasonable accommodations for beneficiaries with disabilities - <i>Americans with Disabilities Act of 1990</i></p> <p>MUST ensure effective communication with individuals with disabilities and provide auxiliary aids and services, such as alternate formats - <i>Section 504 of Rehabilitation Act</i></p>	

DO**DON'T**

MUST have internet **website compliant** with web-based technology and information standards for people with disabilities - *Section 508 of Rehabilitation Act*

MUST prohibit **discrimination** on basis of race, color, national origin, sex, age or disability in certain health programs or activities – *Section 1557 of Patient Protection and Affordable Care Act*

MUST write all Medicare publications, documents and forms in a **clear, concise and well-organized manner** - *Plain Writing Act of 2010*

MUST follow *all* Federal and State laws regarding confidentiality and disclosure of patient information; this includes compliance with provisions of HIPAA Privacy Rule and 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>

MUST comply with mailing standards of U.S. Postal Service – *Domestic Mail Manual*

Scope of Appointment (SOA) – MCG Section: 50.3 – Personal/Individual Marketing Appointments

ALL individual/personal appointments discussing MA/MAPD and PDP products with beneficiaries are marketing appointments, regardless of the venue (i.e., home, telephone). SOA parameters and documentation are required for all one-on-one appointments. The signed SOA is a documented agreement between a Medicare beneficiary and an agent, broker or producer. It lists the products agreed upon for discussion **prior** to an individual/one-on-one marketing appointment outside of a formal or informal marketing/sales event.

DO NOT market any health care related product during a marketing appointment beyond the scope that a beneficiary agreed to *before* the meeting; **MUST** complete SOA *prior* to an individual appointment.

- CMS does **NOT** require an SOA to attend **formal or informal** Medicare marketing/sales events; **DO NOT** obtain one as CMS views it as pressuring for personal contact information.

SOA documentation can be in writing with a signed CMS-approved SOA form. Or, it can be as a telephonic or electronic agreement. Same SOA rules apply to all versions.

- **Signed agreements:** CMS-approved SOA forms are available on *Aetna's Producer World*; **MUST** attach a copy of signed SOA to any **paper** application received from a one-on-one/individual appointment *before* submitting application to Aetna or Coventry.
- **Telephonic agreements:** Aetna's telephonic option is an interactive voice response system that guides you and the beneficiary through a short series of prompts to set up the SOA.
- **Electronic agreements:** Used with Ascend Virtual Sales Office app, our electronic tool for producers.

A completed SOA is **NOT** open-ended permission for future contact; it's only valid for the duration of that transaction/appointment.

Walk-in or unexpected beneficiary: When a beneficiary visits you on his/her own accord or wishes to attend a pre-scheduled, individual meeting with another beneficiary, **MUST** obtain an SOA *prior* to discussing MA, MAPD and PDP products.

MAY leave Medicare information at a potential enrollee's residence if a pre-scheduled appointment at a beneficiary's residence becomes a "no show"

MAY call to **confirm an appointment** that has already been agreed to by a completed SOA

MAY distribute, collect enrollment forms, and provide educational content

DO obtain from beneficiary a **second SOA** during an individual meeting *if beneficiary wants to discuss other products not agreed upon for the initial appointment. After second SOA is completed* for new product(s), marketing appointment may continue.

DO keep all SOA documentation for at least **10 years**, includes initial and additional SOA forms obtained at same appointment; **MUST** be available upon request by CMS or Aetna

DO NOT discuss plan options that were NOT agreed to by the beneficiary prior to meeting

DO NOT return **uninvited** to beneficiary's home or place of residence even if an earlier appointment was not kept

DO NOT accept enrollment applications for a January 1 effective date **prior to start of AEP** (October 15) *unless* beneficiary is entitled to Special Election Period (SEP) or is within their initial enrollment period

DO NOT market **non-health care related products** or leave brochures (i.e., annuities or life insurance)

DO NOT ask beneficiaries for **referrals**

DO NOT provide **meals** or have meals subsidized

Seminars – Marketing/Sales Events – MCMG Section: 50.2

Designed to steer, or attempt to steer, potential enrollees, or the retention of current enrollees, toward a plan or limited set of plans. Agents may discuss plan-specific information (i.e., premiums, cost sharing, and benefits), distribute health plan brochures and enrollment materials, distribute and collect applications, and perform enrollments. Marketing of **non-health care** related products (i.e., annuities and life insurance) to beneficiaries during MA, MAPD, PDP marketing/sales seminars is considered **cross selling** and **PROHIBITED**.

Two **main types of marketing/sales events**:

- **Formal:** A formal presentation provided typically in an audience/presenter style layout with agent, broker or producer formally providing specific plan or product information. (If only

DO**DON'T**

one person attends a formal event, you can discuss MA, MAPD or PDP products on an individual basis. *If the attendee requests a full presentation, you **must** do one.)*

- **Informal:** Conducted with a less structured presentation or in a less formal environment; typically utilizes a table, kiosk or recreational vehicle (RV) staffed by a plan representative who can discuss the merits of the plan's products. **Beneficiaries must approach you first.**

Notifying Aetna of Scheduled Marketing/Sales Events

Report the majority of all formal and informal marketing/sales events to us by the 18th of each month for events scheduled for the following month.

Report all marketing/sales events to Aetna (including additional events reported throughout the month) **prior to advertising the event or 10 calendar days prior to the event's scheduled date**, whichever is earlier. *We reserve the right to reject last-minute event submissions that do not meet requirements.*

Agent Oversight monitors all events through our Salesforce database system:

- Licensed agents **within an Aetna or Coventry local market** submit their seminar events directly to their local market. You'll need to contact your local Aetna broker manager to get the appropriate Seminar Reporting Template, because templates vary slightly by market. To find your local Aetna broker manager, go to *Aetna's Producer World* (path: Individual Medicare, Contact Us, Contact your local broker manager). Local markets report events into Salesforce.
- Licensed Part D agents **NOT within an Aetna/Coventry local market** submit their seminar events directly to Agent Oversight's MedicareSemi@aetna.com mailbox.

Submission of marketing/sales events **must** be on our *Seminar Reporting Template*; template information & instructions are also available on Aetna's *Producer World*.

DO upon arrival to your marketing/sales event, **check-in with the venue so they know you are onsite; have Verification Form signed at this time**

DO announce **all products & plan types** to be covered during a marketing/sales event **at the beginning of event** (i.e., HMO, PPO, PDP, etc.)

DO use only **CMS-approved**, sales scripts, presentations and talking points during **all** formal and one-on-one marketing/sales events

MUST use one of our **CMS-approved sales presentations from beginning to end every** time you meet with beneficiaries to discuss our MA/MAPD or PDP products during a formal event or personal/individual marketing appointment; **read** the sales presentation *notes/talking points* as part of the script; if you use the MAPD or PDP **sales presentation video**, **MUST** use in conjunction with CMS-approved presentation

If using a Sign-in sheet, use one available on *Producer World* which includes mandatory language, **"Completion of any contact information is optional"**

A **Sign-in/PTC form** is available on *Producer World*, it is **not** open-ended permission for future contacts; **contact must be event specific**

MAY obtain signed **Scope of Appointment** form at a marketing/sales event for a **future** appointment

MAY provide **light snacks and refreshments** only

MAY provide **nominal gift (\$15 or less value)** to attendees with no obligation

DO provide **with enrollment form:** 1) current Star Ratings document, and 2) Summary of Benefits, with 3) Pre-Enrollment Checklist

DO report **all formal and informal** marketing/sales events to Aetna. No **commission** will be paid for sales resulting from non-reported marketing/sales events; **MAY** result in contract termination

DO save **documentation** for at least **10 years** related to sales seminars, cancellations, revisions and updates; documentation must be available upon request by CMS, Aetna or Coventry

DO NOT solicit enrollment applications **prior** to start of **Annual Enrollment Period (AEP)** – October 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 a prerequisite for attending a formal or informal event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through the mail.

DO NOT require **SOA** form to be filled out for a beneficiary to attend a formal or informal marketing/sales event; CMS views this as pressuring for personal contact information

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 unsubstantiated **absolute or qualified superlatives**

DO NOT claim you or Aetna/Coventry are recommended or **endorsed** by CMS, Medicare, or the Department of Health & Human Services

DO**Cancellations & Changes of Marketing/Sales Events**

DO report cancellations or changes to *formal and informal* marketing/sales events, whenever possible, more than 48 hours *prior* to event's originally scheduled date and time

DO report **immediately** event cancellations or revisions through same method used to report them

Events canceled LESS than 48 hrs. before originally scheduled date & time

DO *immediately* notify Aetna/Coventry and your upline

DO notify venue, if applicable

DO have a plan representative present on site at the scheduled start time of canceled event to inform attendees of cancellation and distribute information about the plan; **MUST** remain at least **30 minutes** after scheduled start time

DO before leaving the site, try to post signage stating event was canceled (including cancellations for non-attendance), and if appropriate, list alternate events. (This is a courtesy to anyone arriving after you leave. Some venues may not permit a sign so check first before posting one. Also, confirm the venue will remove it.)

Events canceled MORE than 48 hrs. before originally scheduled date & time

DO *immediately* notify Aetna and your upline

DO notify venue, if applicable

DO notify beneficiaries of canceled event using same means used to advertise event, ex: if you advertised an event via newspaper, **MUST** announce the cancellation in the same paper

DON'T

NOT REQUIRED to have representative present at seminar site if event is canceled due to **inclement weather**; **MUST** follow cancellation instructions (*immediately notify Aetna/Coventry and upline, and inform venue, if necessary*)

Representative **IS NOT** required when event is canceled more than 48 hrs. before event's originally scheduled date/time.

State Licensure & Appointment Laws – MCMG Section: 110.1

Agents **MUST** be licensed and appointed (if applicable) per State laws to sell Medicare products (MA, MAPD, PDP).

Training & Testing: Agents/Brokers – MCMG Section: 110.1

In order to market or sell Aetna Medicare products (MA, MAPD or PDP) and be eligible to receive compensation, you must meet all "Ready to Sell" (RTS) requirements. Producers must complete the annual certification, meet all contracting requirements, pass a background check, and be licensed and appointed in the states where they intend to sell. Uplines, principals and payees must also be certified, licensed and appointed in all states and markets where their downline agents or employees intent to sell.

MUST complete annual training and testing *prior* to your selling Aetna/Coventry Medicare products to satisfy CMS certification requirements

MUST have a passing score of 90% or better within three attempts on all testing

- **MA/MAPD/PDP Certification Components:**

1. **AHIP Medicare** training and exam (5 modules) - followed by training on: FWA, General Compliance, and Non-discrimination
2. **Aetna Core** training and exam
3. **Aetna FDR, MST, & 3rd Party Website** attestations
4. **Aetna Part D** training and exam
5. **Aetna MAPD Overview** training
6. **Aetna D-SNP** training
7. **MA/MAPD/DSNP** exam

If you **DO NOT** pass any testing with a score of 90% or better within three attempts, you'll be locked out and unable to progress with certification

DO

- **Part D-only Certification Components:**
 1. AHIP Medicare training and exam
 2. Aetna Core training and exam
 3. Aetna FDR, MST, & 3rd Party Website attestations
 4. Aetna Part D training and exam
- **MARKET-SPECIFIC TRAINING** - Not part of the certification process, but you **MUST** comply with training requirement per your contract - Agents who sell Aetna/Coventry MA/MAPD **MUST** complete market-specific training for every market they sell or intend to sell; contact your Aetna MA/MAPD broker manager

DON'T**Unsolicited & Permissible Contact: Electronic (30.6) / Marketing (40.2) / Telephonic (40.3) / Informative Scripts (80.3) – MCMG Sections**

In general, you **MAY NOT** market through unsolicited direct contact (**cold calling**). Referred beneficiaries **MUST** contact you or the plan directly. **DO NOT** use permission to be called or contacted as open-ended permission for future contacts; contact must be event-specific. **MUST** adhere to Federal Communication Commission rules and applicable state laws, Federal Trade Commission's Requirements for Sellers and Telemarketers, National Do-Not-Call Registry, "Do not call again" requests, and federal and state calling hours.

30.6 - Electronic Communication (emails)

MAY initiate contact via email to prospective enrollees and to retain enrollment for current enrollees

MUST provide an opt-out process on each communication to elect to no longer receive emails

MUST include in emails to potential enrollees – "Marketing" – in the beginning of a subject line

MAY rent or purchase email lists to distribute information about MA, MAPD or PDP plans

40.2 - Marketing Contacts

DO use conventional mail and other print media (i.e., advertisements, direct mail) to contact potential enrollees

MAY leave information at a beneficiary's residence if pre-scheduled appointment at a beneficiary's residence becomes a "no-show"

DO discuss plan specifics at an informal marketing/sales event after the beneficiary approaches your table or kiosk

DO provide contact information such as business cards when an individual wants to refer a friend or relative to you

40.3 - Telephonic Contacts

MAY contact your own current enrollees to discuss plan business, including calls to enrollees who have been involuntarily disenrolled to resolve eligibility issues, but **cannot** market prior to October 1 under the pretense of plan business

MAY call former enrollees after disenrollment effective date to conduct disenrollment surveys (telephonic, email or conventional mail) for quality improvement purposes; **DO NOT** include sales/marketing info in disenrollment surveys; **NOTE: may not include sales or marketing information**

MAY call beneficiaries who submit enrollment applications to conduct business related to enrollment

MAY call or use third parties to contact your current enrollees about MA/PDP plans (i.e., 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, calls to current

CANNOT text message or other forms of electronic direct messaging (e.g., social media platforms)

Marketing Contacts

DO NOT use telephonic solicitation, including text messaging and leaving electronic voicemail messages

DO NOT leave information such as a 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.)

Telephonic Contacts

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

MA enrollees promoting other Medicare plan types, or to discuss plan benefits) – **MUST** follow all applicable Medicaid marketing rules when discussing **Medicaid**

MAY *under limited circumstances with approval from CMS account manager*, call **LIS-eligible members** that a plan is prospectively losing due to reassignment to encourage them to remain enrolled in their current plan

DO return **phone calls** or **messages**, these are not considered unsolicited contacts

DO call individuals who gave **permission** for a plan/agent to contact them (ex: filling out a business reply card, emailing plan requesting a return call, asking Customer Service Rep to have an agent contact them); permission applies **ONLY** to the entity from which the individual requested contact, for the duration and topic of that transaction

MAY call your current clients, including **automated telephone** notification to discuss/inform them about general plan information (i.e., AEP dates, flu shots availability, upcoming plan changes, educational events and other important plan information)

80.3 – Informational Scripts

Communications intended to educate and answer beneficiary questions

MUST make it clear on informational scripts when a beneficiary is going to be transferred to a sales/enrollment department (i.e., conversation **moves from a communication activity to a marketing activity**); **MUST** receive beneficiary's consent, ideally with a yes/no question *before* making any transfers to a sales/enrollment (i.e., marketing) department

80.4 – Telesales & Enrollment Scripts

Considered marketing, **MUST** be submitted to CMS and used verbatim

Sales staff **MUST** clearly inform beneficiary if a **sales call progresses to a telephonic enrollment**, **MUST** clearly inform beneficiary they are enrolling into the plan (using the specific Plan name/type)

MUST provide confirmation of having accepted/completed the telephone enrollment request, such as a confirmation tracking number or other tracking mechanism

MUST provide a statement that the individual will receive a notice acknowledging receipt of the enrollment (e.g., acknowledging request for additional information or denial of enrollment)

MUST provide contact information for questions including toll-free telephone and TTY numbers

DON'T

DO NOT call beneficiaries **who attended a sales event**, *unless* the beneficiary gave permission at the event for a follow-up call (completed Permission-to-Contact form) or visit (completed Scope of Appointment form); documentation of permission must be saved

DO NOT call prospective enrollees to confirm receipt of **mailed information**

Websites & Social/Electronic Media – MCMG Section: 70 – refer to MCMG for detailed information

CMS requires all plans to have a website that includes specific documents and content as listed in Sections 70.1.1 & 70.1.2

May include other information, including both communications and approved marketing information on their website - webpages with or containing marketing information **must** be submitted to HPMS and reviewed or accepted *prior* to being publically available

MUST comply with applicable CMS requirements and disclaimers; **MUST** be Aetna and CMS approved.

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 **prior to October 1**

MUST review website content monthly and update at needed; **include** date of the last update on each webpage; **clearly label** any links

MUST maintain current contract year website for current beneficiaries through **December 31 of each year**

MUST be clear and easy to navigate and maintain separate and distinct section for Medicare information if other lines of business are also marketed

DO**DON'T**

MAY NOT include or market Medicare Supplement (Medigap) content in the Medicare information section

All marketing materials that include a web address for Aetna's website **MUST** link directly to Aetna's Medicare-specific pages

Information posted to an Aetna social media site, **MUST** be posted on Aetna's official website (enrollees should be able to learn about Medicare requirements without having to join a third-party social media website)

Websites **MUST** be compliant for people with disabilities as specified in *Section 508 of the Rehabilitation Act*

DO NOT provide links to foreign drug sales; this includes links from advertisements that may appear on website

DO NOT take Aetna CMS-approved documents containing plan-specific information and add to non-CMS approved websites; **MUST** obtain Aetna's approval

CANNOT require users to enter any information other than zip code, county, and/or state for access to non-beneficiary specific website content

MAY NOT state Aetna is not responsible for the content of social media pages or the websites of any downstream entity that provides information on our behalf

Websites where Electronic Enrollment requests are accepted

- **DO NOT use or set up enrollment websites without prior Aetna authorization and approval**
- **MUST** include statement: "Medicare beneficiaries may also enroll in <plan name> through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>."
- Aetna **MAY** offer electronic enrollment mechanisms that permit enrollment requests to be submitted via a Plan/Part D, or agent/broker-owned electronic device or the Plan's/Part D Sponsor's secure internet website; **MAY** obtain technical and related services from outside entities in support of online enrollment mechanism, such as licensed software
- Aetna **MAY** use downstream entities (i.e., agent/broker or third party website) as a means of facilitating enrollment requests and capturing the enrollment request. *Aetna retains complete responsibility for appropriate handling of any sensitive beneficiary information provided as part of electronic enrollment, including those portions of the process that are facilitated or managed by downstream entities*
- **DO NOT** complete **web enrollment** over the **phone** under any circumstances

Social Media

Social media posts (i.e., Facebook, Twitter, YouTube) that meet the definition of marketing **MUST** be submitted into HPMS.

