

CY2017 CMS Medicare Marketing Guidelines (MMG) DOs & DON'Ts Agent Summary

Based on MMG released by CMS on 6/10/2016 – CMS generally updates the MMG 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 Medicare Marketing Guidelines, 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 MMG. 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 – MMG Sections: 70.8 & 70.8.1 Enrollee-Only Educational Events	
<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 information (i.e., premiums, copayments, or contact information). DO NOT demonstrate any bias toward one plan type over another.</p> <p>§ MUST be advertised as “educational,” otherwise, CMS will view event as marketing/sales and MUST be reported to CMS as such. Events advertised as educational must be only educational and comply with CMS’ requirements for educational events.</p> <p>§ DO NOT hold in-home or in one-on-one settings; host only in a public venue.</p> <p>§ 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> <p>Health Fairs/Senior Expos: are 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 about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans; materials available MUST be free of plan-specific information (premiums, copayments, or contact information)</p> <p>DO present a business card to a beneficiary <i>if the beneficiary requests</i> to enroll or requests information on how to contact you or the plan; card must be free of plan marketing/benefit information</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 under MMG, Section 70.1.1</p> <p>MAY provide meals; MUST meet CMS definition of an educational event <i>and</i> comply with CMS nominal gift requirement - MMG, Section 70.3</p> <p>DO display banner with plan name and/or logo</p> <p>DO respond to questions asked; responses to questions will <u>not</u> render events as marketing/sales, provided the scope of your response does not go beyond the question asked</p>	<p>DO NOT accept or have available enrollment forms; this includes collecting enrollment forms or helping beneficiaries complete an enrollment form and placing it in an envelope for beneficiary to mail later</p> <p>DO NOT attach business cards or plan/agent contact information to educational materials, <i>unless requested by the beneficiary</i></p> <p>DO NOT schedule individual sales appointments or get permission for an outbound call to a beneficiary</p> <p>DO NOT distribute, display or have any contact information available, including business reply cards, Scope of Appointment forms, Permission-to-Contact forms, enrollment forms or sign-up sheets, etc.</p> <p>DO NOT advertise an educational event and then have a marketing event immediately following in the same general location (ex: same hotel)</p> <p>DO NOT collect names, addresses, email addresses or phone numbers of potential enrollees</p> <p>DO NOT solicit beneficiaries for individual appointments under the premise the appointment is for educational purposes</p>

DO**DON'T****Enrollment Form – Required Materials – MMG Section 30.6**

When providing an enrollment form MUST also provide: 1) Star/Plan Ratings document, 2) Summary of Benefits, and 3) Multi-Language Insert

Health Care Setting Marketing – MMG Section 70.11 & 70.11.1 Provider-Based Activities

Only upon request by the beneficiary are you permitted to schedule appointments with beneficiaries residing in long-term care facilities, including nursing homes, board and care homes, assisted living facilities, etc. You MUST first get approval from us 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.

Providers who have a relationship with (contract or otherwise) who assist beneficiaries with plan selection MUST ensure provider assistance results in plan selection that is in the best interest of beneficiary. This includes providers who have entered into co-branding relationships with Aetna or Coventry.

Provider agreements held with us MUST address marketing activities in a manner to be consistent with Medicare regulations; this includes ensuring if a provider advertises non-health related items or services that advertisements are clear that those items or services are not covered by us.

CONDUCT sales activities in common areas of healthcare setting, examples:

- § 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.)

Long-term care facilities are PERMITTED to provide materials in admission packets announcing all plan contractual relationships.

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.

Provider-Based Activities:

Contracted providers MUST remain neutral when assisting with enrollment decisions; may engage in discussions with beneficiaries *should a beneficiary seek advice*.

Providers MAY provide:

- § names of plans they contract with and/or participate
- § information and assistance in applying for LIS
- § plan-marketing materials in common areas
- § sources of information, such as SHIPs, plan marketing representatives, State Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov> or 1-800-MEDICARE
- § information from CMS' website, including "Medicare and You" handbook or "Medicare Options Compare," or other documents written by or previously approved by CMS

DO NOT conduct sales presentations, distribute and accept enrollment applications, and solicit Medicare beneficiaries in areas where individuals primarily receive health care services or are waiting to receive health care services. This also extends to activities planned outside of normal business hours.

RESTRICTED AREAS generally include, but are not limited to:

- § waiting rooms, exam rooms
- § hospital patient rooms
- § dialysis center treatment areas (where patients interact with their clinical team/ receive treatment)
- § pharmacy counter areas (where patients interact with pharmacy providers/obtain medications)

Provider-Based Activities:

Providers MAY NOT:

- § offer 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 directly or indirectly from plan for beneficiary enrollment activities
- § distribute materials/applications within an exam room setting

Mailing Statements – MMG Section: 50.15 & 160.3 Obtaining Prior Authorization & 160.4 Sending Non-plan/Non-health Information Once Prior Authorization is Received

When mailing information to prospective or current Medicare beneficiaries, plan name or logo AND one of the five following statements, verbatim, MUST be prominently displayed on the front of the envelope or the mailing itself (if no envelope is being sent). This requirement may be met through ink stamps or stickers, in lieu of pre-printed statements.

DO NOT send non-plan and non-health related content to enrollees/members until *after* receiving member's prior "opt-in" authorization - MMG, Section 160.4

Once authorization is received:

- § Non-health related content CANNOT be delivered with plan-related materials,

DO	DON'T
<p>§ <i>"This is an advertisement"</i></p> <p>§ <i>"Important plan information"</i> – use when other than a mailing w/ANOC</p> <p>§ <i>"Important information about changes to your Medicare drug and health plan"</i> – use when mailing w/ANOC (remove either "drug" or "health" if not applicable)</p> <p>§ <i>"Health and wellness or prevention information"</i></p> <p>§ <i>"Non-health or non-plan related 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 - MMG, Section 160.3 (refer to MMG for details)</p>	<p>including in mailings, on websites, or during outbound telephone calls related to current plan information.</p> <p>§ MUST include disclaimer, <i>"Medicare has neither reviewed, nor endorses this information."</i></p>
Marketing Activities – MMG Sections: 30 Plan Responsibilities & 30.4 Anti-Discrimination	
<p>DO begin marketing Medicare plans and marketing/sales events for upcoming plan year <u>no sooner</u> than Oct. 1 - MMG, Section 30</p> <p>DO begin soliciting/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 - MMG, Section 70.9.2</p> <p>MUST stop current year marketing activities once marketing benefits for new contract year begins</p> <p>§ DO provide <i>prior year</i> materials and process enrollment applications <i>upon request</i></p> <p>ONLY SNPs & MMPs may limit enrollments to individuals meeting eligibility requirements based on health and/or other status; basic services and information MUST be made available upon request to individuals with disabilities - MMG, Section 30.4</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) - MMG, Section 30.4</p> <p>DO NOT discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location - MMG, Section 30.4</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 Materials – MMG Sections: 30.3 & 30.5.1 MLI Insert & 30.9 Star Ratings & 40 General Requirements & 50 Disclaimers	
Aetna is responsible for ensuring <u>all</u> marketing materials used by <u>any</u> agent selling our Medicare plans are consistent with CMS MMG and all other relevant issued guidance	
<p>USE only marketing materials and scripts previously reviewed by us <i>prior</i> to usage.</p> <p>§ Marketing materials MUST contain required CMS disclaimers - MMG, Section 50</p> <p>MUST provide <i>overall</i> Star Ratings information through the standardized Star Ratings information document; MUST be included with any enrollment form and/or Summary of Benefits, and be prominently posted on plan websites - MMG, Section 30.9</p> <p>§ MUST use updated Star Ratings information (released annually in Oct.) within 21 calendar days of release - MMG, Section 30.9</p> <p>§ MUST make it clear that the rating is "<u> </u> out of five (5) stars"</p> <p>§ MUST be clear regarding the rating for <u>each</u> contract is identified</p> <p>MUST include Multi-Language Insert (MLI) with any enrollment form, Summary of Benefits, and ANOC/EOC - MMG, Section 30.5.1</p>	<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 - MMG, Section 30.3</p> <p>DO NOT use any marketing materials <i>unless</i> CMS approval notation is indicated on required materials - MMG, Section 40.1 (refer to MMG for detailed information on general marketing requirements)</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 - MMG, Section 30.9.3</p> <p>DO NOT attempt to discredit or refute a Low Performing Icon (LPI) assigned by CMS by only showcasing a higher overall Star Rating - MMG, Section 30.9.3</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>
Meal Prohibition – MMG Section: 70.3	
<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; MUST comply with CMS nominal gift requirement with a retail value of no more than \$15; event MUST meet CMS' strict definition of an educational event</p>	<p>DO NOT provide <u>or</u> subsidize meals at marketing/sales events</p> <p>DO NOT "bundle" multiple items and provide as if a meal at sales/marketing events</p>

DO**DON'T****Permission-to-Contact / Telephonic – MMG Section: 70.6 & Appendix 2**

Refer to “Unsolicited Contacts” section for permissible and prohibited telephonic activities. **DO NOT** contact a referred beneficiary. A referred individual **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.

MUST use Permission-to-Contact form to contact beneficiaries by phone. CMS-approved forms are located on *Aetna’s Producer World*

§ **MUST** be completed *prior* to conducting an outbound call to a Medicare prospect

MUST have a completed form *prior* to placing a follow-up call to a meeting attendee

MAY contact your own clients to discuss plan business

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

DO NOT obtain Permission-to-Contact form if prospect calls to RSVP for a meeting

DO NOT request personal identification numbers (i.e., Social Security number, HICN) except as required to verify membership, determine enrollment eligibility, or process an enrollment request) - MMG, Section 80.2

Prohibited Terminology/Statements – MMG Sections: 40.4 & Appendix 2

CMS prohibits the distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations

DO state Aetna/Coventry is approved for participation in Medicare programs and/or contracted to administer Medicare benefits

DO use term “Medicare-approved” to describe benefits and services within marketing materials

DO use term “free” in conjunction with mandatory supplemental benefits that are provided at a zero dollar cost share for all enrollees

DO NOT misrepresent CMS, Aetna, yourself, or our plan benefits and/or services

DO NOT use words, symbols, or state you or the products mentioned are recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services (DHHS)

DO NOT use **absolute superlatives** (i.e., “the best,” “highest ranked,” “rated number 1”) *unless* substantiated with supporting data provided during CMS marketing review process

DO NOT use **qualified superlatives** (i.e., “one of the best,” “among the highest rank”) *unless* substantiated with supporting data provided during CMS marketing review process

DO NOT state that enrollees will not be disenrolled due to failure to pay premiums

DO NOT compare organizations/plans to another by name *unless* there is written concurrence from all organizations being compared; documentation must be included when material is submitted for CMS review

DO NOT use term “free” to describe a zero dollar premium, or in conjunction with any reduction in premiums, deductibles or cost share, including Part B premium buy-down, low-income subsidy or dual eligibility

Promotional Activities (70.1), Nominal Gifts (70.1.1), Rewards & Incentives (70.2) – MMG Sections

Promotional activities – designed to attract attention of prospective enrollees/members and/or encourage retention of current enrollees/members

Nominal gifts – may be offered to potential enrollees as long as gifts are of nominal value and provided regardless of enrollment, and without discrimination

Nominal gift value – worth no more than \$15 or less based on fair market value of the item or less, with a maximum aggregate of \$50 per person, per year

Promotional Activities

MUST have a nominal gift value (see definition in above heading)

MUST track and document items given to current members

MUST be offered to all people regardless of enrollment *and* without discrimination

Promotional Activities

CANNOT be considered a health benefit (i.e., free checkup)

DO NOT tie directly or indirectly to the provision of any other covered item or service

NOT required to track pre-enrollment promotional items on a per person basis

DO NOT willfully structure pre-enrollment activities with the intent to give people more than \$50 per year

DO	DON'T
<p>Nominal Gifts (see definition in above heading) 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, or advertisement circulation.</p> <p><i>Refer to Office of Inspector General's website regarding advisory options on gift cards.</i></p> <p>Rewards & Incentives – for current enrollees only MAY include information about Reward and Incentive Programs in marketing materials to potential enrollees, as long as those communications are: 1) provided to all potential enrollees without discrimination, 2) provided in conjunction with information about plan benefits, 3) includes information about ALL rewards and incentive programs offered by the Plan, and 4) are 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 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><i>For additional information regarding Rewards & Incentives program requirements, refer to Chapter 4 of Medicare Managed Care Manual</i></p>
Referral Programs (Enrollee) – MMG Section: 30.8	
<p>Referral programs (solicitations for leads) from enrollees/members for new enrollees – gifts offered for referrals must be available to <i>all</i> members that provide a referral; CANNOT be conditioned on actual enrollment of person being referred. Includes gifts used to thank members for devoting time to encourage enrollment</p>	
<p>DO solicit potential new members by <i>conventional</i> MAIL ONLY</p> <p>DO ask for referrals from enrollees/members - <u>names</u> and <u>mailing addresses</u> ONLY</p> <p>Gifts MUST be of nominal value; see definition above under <i>Promotional Activities</i></p>	<p>DO NOT request phone numbers <u>or</u> email addresses</p> <p>DO NOT announce gifts will be offered for referrals in any solicitations for leads</p>
Related Laws & Regulations – MMG Section: Appendix 2	
<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> <p>MUST have internet website compliant with web-based technology and information standards for people with disabilities - <i>Section 508 of Rehabilitation Act</i></p> <p>MUST prohibit discrimination on basis of race, color, national origin, sex, age or disability in certain health programs or activities – <i>Section 1557 of Patient Protection and Affordable Care Act</i></p> <p>MUST write all Medicare publications, documents and forms in a clear, concise and well-organized manner - <i>Plain Writing Act of 2010</i></p> <p>MUST follow <i>all</i> 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 <i>HIPAA Privacy Rule</i> can be found at http://www.hhs.gov/ocr/privacy</p>	
Scope of Appointment (SOA) – MMG Sections: 70.9.2 & 70.9.3 & 70.9.4 Walk-ins or Beneficiary Initiated Individual/Personal Marketing Appointments	
<p>CMS considers ALL individual/personal appointments discussing MA/MAPD and PDP products with beneficiaries as marketing/sales events, regardless of the venue (i.e., in home, telephonic, library). You are responsible for following CMS SOA guidelines when holding individual/one-on-one appointments in person <u>or</u> telephonically. Individual appointments are not entered into the CMS reporting system; they are documented on the SOA form. 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 during an individual/one-on-one marketing appointment.</p> <p>DO NOT market health care related products during a marketing appointment if not agreed to <i>before</i> the meeting; MUST obtain a completed SOA <i>before</i> the appointment (48 hours in advance) when practical. If this is not feasible, <i>have beneficiary complete SOA prior to the start of the actual marketing appointment</i>. In cases where you did not obtain SOA more than 48 hours in advance, MUST document reason in designated space on SOA form.</p> <p>§ CMS does NOT require SOA to attend formal or informal Medicare marketing/sales events; DO NOT obtain one as CMS views it as pressuring for personal contact information</p> <p>SOA MUST be in writing with a signed CMS-approved SOA form <u>or</u> as a telephonic agreement.</p>	

DO**DON'T**

- § **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. *Hold paper SOAs for ALL electronic enrollments through Ascend until requested.*
- § **Telephonic agreements:** Aetna's telephonic SOA option is an interactive voice response system that guides you and the beneficiary through a short series of prompts to set-up the required SOA prior to starting a sales presentation to a Medicare beneficiary at an individual appointment. All paper rules apply to telephonic SOAs.

A completed SOA is **NOT** open-ended permission for future contact, and is 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 a signed or telephonic SOA *prior* to discussing MA, MAPD and PDP products; **MUST** notate on SOA in space provided explanation why SOA was not obtained 48 hours in advance (example: "walk-in" or "unexpected guest at pre-scheduled appointment")

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 signed or telephonic **second SOA** form 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 - this includes non-health care products.

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, Aetna or Coventry. A telephonic SOA follows the same 10-year guidance.

DO NOT discuss plan options or leave enrollment form or market products not agreed by beneficiary prior to the appointment

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

DO NOT solicit or 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) *unless* requested by beneficiary during an individual Medicare meeting

DO NOT ask beneficiaries for referrals

DO NOT provide meals or have meals subsidized

Seminars – Marketing/Sales Events – MMG Sections: 70.9 & 70.9.1 Notifying CMS of Scheduled Marketing Events

Designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans. Agents may discuss plan-specific information (i.e., premiums, cost sharing, 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 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 CMS of Scheduled Marketing/Sales Events

Report 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 (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 CMS and our requirements.*

The Agent Oversight team uploads all marketing/sales events to CMS:

- § Licensed agents **within an Aetna or Coventry local market** submit their seminar events directly to their local market. The local market then submits the events to Agent Oversight
- § Licensed agents **not licensed 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*; current template/instructions are available on Aetna's *Producer World* and Coventry's *Broker Portal*.

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 NOT solicit enrollment applications prior to start of Annual Enrollment Period (AEP) – October 15 *unless* beneficiary is entitled to another enrollment period

DO

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 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; read the sales presentation *notes/talking points* as part of the script. If you use the MAPD or PDP sales presentation video, you **MUST** use in conjunction with the CMS-approved sales presentation.

If using a sign-in sheet, use sign-in sheet available on *Producer World*, which lists in opening paragraph: *"Completion of any contact information is optional."*

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 to attendees with no obligation; **MUST** be of nominal gift value – refer to *"Promotional Activities"* section for more information

DO provide with enrollment form: 1) Star Ratings information, 2) Summary of Benefits, and 3) Multi-Language Insert - MMG, Section 30.6

DO report all formal and informal marketing/sales events. 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

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 any cancellations or revisions to events through same method used to report marketing/sales events; the Agent Oversight team will update CMS

Marketing/sales events canceled LESS than 48 hours before originally scheduled date & time:

DO *immediately* notify Aetna/Coventry or your upline; they will notify Agent Oversight who will cancel the event with CMS

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 (*our standard is 30 minutes even though CMS guideline is 15 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.)

DON'T

DO NOT conduct health screening, **genetic testing** or other like activities that could give the impression of **"cherry picking"**

DO NOT compare Aetna or Coventry to another organization or plan by name without first obtaining written consent from all organizations or plans being compared; **must** provide this written consent to us for submission to CMS - MMG, Section 40.4

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 absolute or qualified superlatives. See details listed under *Prohibited Terminology/Statements* heading

DO NOT claim you or Aetna/Coventry are recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services - MMG, Section 40.4

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 or upline so CMS can be informed as soon as possible; inform venue, if necessary*)

DO	DON'T
<p><u>Marketing/sales events canceled MORE than 48 hours before originally scheduled date & time:</u> <u>DO</u> <i>immediately</i> notify Aetna/Coventry or your upline. They will notify Agent Oversight who will cancel the event with CMS <u>DO</u> notify venue, if applicable <u>DO</u> notify beneficiaries of canceled event using same means used to advertise event, ex: if you advertised an event via newspaper, <u>MUST</u> announce the cancellation in the same newspaper</p>	<p>Representative <u>IS NOT</u> required when event is canceled more than 48 hours before event's originally scheduled date/time.</p>
<p>State Licensure & Appointments Laws: Agents/Brokers – MMG Section: 120.1</p>	
<p><u>MUST</u> comply with applicable State licensure and/or appointment laws when marketing Medicare products</p>	
<p>Training & Testing: Agents/Brokers – MMG Section: 120.3</p>	
<p><u>MUST</u> complete trainings and testing <i>prior</i> to your selling Aetna/Coventry Medicare products to satisfy annual CMS certification requirements</p> <p>Agents selling Aetna/Coventry Medicare products <u>MUST</u> have a passing score of 90% or better within three attempts on all testing</p> <p>§ <u>MA/MAPD/PDP Certification Components:</u></p> <ol style="list-style-type: none"> 1. AHIP Medicare training and exam – five modules, followed by FWA training/testing 2. Aetna Core training and exam 3. Aetna MAPD Overview training and exam 4. Aetna Part D training and exam <p>§ <u>Part D-only Certification Components:</u></p> <ol style="list-style-type: none"> 1. AHIP Medicare training and exam 2. Aetna Core training and exam 3. Aetna Part D training and exam <p>§ <u>MARKET-SPECIFIC TRAINING:</u> <u>Not part of the certification process, but you MUST comply with training requirement per your contract: Agents who sell Aetna/Coventry MA/MAPD and/or PDP products MUST complete market-specific training for every market they sell or intent to sell. Contact your Aetna MA/MAPD broker manager</u></p>	<p>If you <u>DO NOT</u> pass any testing with a passing score of 90% or better within three attempts, you'll be locked out and unable to progress with certification</p>
<p>Unsolicited Communications: Electronic (70.4) / Marketing (70.5) / Telephonic (70.6) – MMG Sections & Appendix 2</p>	
<p>CMS <u>PROHIBITS</u> all types of marketing through unsolicited contact. Referred beneficiaries <u>MUST</u> contact you or the plan directly. <u>DO NOT</u> use Permission-to-Contact Form or call as open-ended permission for future contacts.</p>	
<p><u>Electronic Communication</u> <u>PERMITTED</u> on social media, pop-ups/targeted advertisements; <u>MUST</u> comply with marketing rules <u>DO</u> respond to a question/statement initiated by a beneficiary on a public social media forum, but <u>DO NOT</u> address subjects beyond the scope of the question/statement <u>MUST</u> provide an opt-out process for enrollees to stop receiving email or other electronic communications</p>	<p><u>Electronic Communication</u> <u>DO NOT</u> initiate separate electronic, or otherwise, contact (i.e., email, direct message, text message) <i>unless</i> individual has agreed to receive those communications <u>DO NOT</u> send plan communications outside of the public forum if an individual comments ("likes" or "follows") a plan on social media as this does not constitute agreement to receive plan communications</p>

DOMarketing Contacts

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

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

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

DO leave contact information such as business cards with beneficiaries for them to give to friends that they are referring to you

Telephonic Contacts

MAY contact your own clients and current MA enrollees to promote other Medicare plan types or to discuss plan benefits; plans MAY contact current enrollees at any time to discuss plan business

MAY contact former enrollees after disenrollment effective date to conduct disenrollment surveys (telephonically or mailed) for quality improvement purposes; DO NOT include sales/marketing info

DO call beneficiaries who submit enrollment applications to conduct quality control and oversight

DO call or use third parties to contact your current MA and non-MA 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)

DO call your enrollees to conduct normal business related to enrollment in the plan, including calls to enrollees who have been involuntarily disenrolled to resolve eligibility issues

MAY *under limited circumstances and subject to advance approval from CMS Regional Office*, 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 beneficiary phone calls or messages

DO call individuals who gave permission for an agent to contact them (ex: filling out a BRC or asking a Customer Service Rep to have an agent contact them); permission applies ONLY to the entity from which the individual requested contact, for the duration of that transaction, for the scope of the product previously discussed or indicated on the BRC

DO contact 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)

MUST use only telephone sales or enrollment scripts approved by CMS and Aetna verbatim - MMG, Sections 80.3 and 80.4

Outbound Calls

MUST adhere to Federal Communication Commission rules and applicable state laws, Federal

DON'T

DO NOT initiate separate communications to specific social media users, or send electronic communications to individuals at email addresses or on social media obtained through friends or referrals

DO NOT rent or purchase email lists to distribute information about MA, MAPD or PDP plan.

Marketing Contacts

DO NOT leave information such as a leaflet or flyer at a residence or car, and NO door-to-door solicitation is permitted

DO NOT approach beneficiaries in common areas (i.e., parking lots, hallways, lobbies, sidewalks, etc.)

DO NOT leave telephonic or electronic solicitation, including electronic voice mail or text messaging

Telephonic Contacts

DO NOT use bait-and-switch strategies – making unsolicited calls about other business as a means of generating leads for Medicare plans

DO NOT call former members who have disenrolled, or current members in the process of voluntarily disenrolling to market plans or products, or ask for consent in any format to further sales contacts

DO NOT call beneficiaries who attended a sales event, *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 beneficiaries to confirm receipt of mailed information

Outbound Calls

DO NOT transfer outbound calls to inbound lines for telephone enrollment. Enrollment by

DO

Trade Commission's Requirements for Sellers and Telemarketers, National Do-Not-Call Registry, "Do not call again" requests, and federal and state calling hours - MMG, Appendix 2

DO use only CMS-approved call scripts when conducting permitted outbound calls

DON'T

telephone is limited to calls initiated by the beneficiary (i.e., "inbound" calls)

§ If beneficiary requests enrollment via an outbound call, you can provide information how the beneficiary can enroll in the plan telephonically, or you MAY set up a face-to-face appointment for application assistance - MMG, Section 80.2

Websites (100) & Social/Electronic Media (100.5) – MMG Sections: 100.3 Electronic Enrollment

CMS has strict website and social media guidelines (refer to MMG for full detailed and mandatory content for websites); MUST comply with applicable CMS requirements; MUST be Aetna/Coventry 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 include Aetna/Coventry IS NOT responsible for the content of social media pages or websites of any agent/downstream entity that provides information on our behalf

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

Plans that do not offer Part D benefits MUST post the below information on website on Sept. 30 for upcoming contract year. (Refer to CMS MMG for exceptions and detailed information.)

- § Annual Notice of Change/Evidence of Coverage
- § Provider and/or Pharmacy Directory
- § Formulary and Utilization Management Documents
- § Multi-Language Insert (MLI)

MUST be clear and easy to navigate and contain all applicable CMS explanatory disclaimers and maintain separate and distinct section for Medicare information if other lines of business are also marketed; all marketing materials that include a web address for Aetna/Coventry's website MUST link directly to Aetna or Coventry's Medicare-specific pages

Information posted to an Aetna/Coventry social media site, MUST be posted on Aetna or Coventry'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*. MMG, Appendix 2

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

DO NOT speak on behalf of CMS

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

CANNOT require any information be entered by an individual, other than zip code, county, and/or state for access to non-beneficiary specific website content

MUST review and update website content at least monthly; include a date stamp on each webpage with date page was last updated; clearly label any links

Electronic Enrollment:

Enrollment requests MAY be submitted through the Medicare Online Enrollment Center (OEC).

Aetna/Coventry MAY offer electronic enrollment mechanisms that permit enrollment requests to be submitted via a Plan/Part D sponsored-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/Coventry 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/Coventry retain 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 use or setup enrollment websites without prior Aetna/Coventry authorization and approval.**

DO NOT complete web enrollment over the phone under any circumstances