

## CY2018 CMS Medicare Marketing Guidelines (MMG) DOs & DON'Ts Agent Summary

Based on MMG released by CMS on 7/20/2017 – 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: 70.3 & 70.3.1 Enrollee-Only Educational Events	
<p>Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and <b>DO NOT</b> include marketing (do not steer, or attempt to steer potential enrollees toward a specific plan or limited number of plans). <b>DO NOT</b> 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). <b>DO NOT</b> demonstrate any bias toward one plan type over another.</p> <ul style="list-style-type: none"> <li>▪ <b>MUST</b> be reported to Aetna; <b>MUST</b> be advertised as “educational,” otherwise, CMS will view event as marketing/sales and <b>MUST</b> be reported as such. Events advertised as educational must be only educational and comply with CMS’ requirements for educational events.</li> <li>▪ <b>DO NOT</b> hold in-home or in one-on-one settings; host only in a public venue.</li> <li>▪ <b>Enrollee/Member-only Educational Events</b>: when enrollee/member-only <i>educational</i> events are held, <b>DO NOT</b> conduct enrollment or sales activities (enrollment forms are not permitted). You <b>MAY</b> discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees. Events <b>MUST</b> 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).</li> </ul> <p><b>Health Fairs/Senior Expos</b>: 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 <b>MUST</b> be reported to CMS as such. <b>DO NOT conduct health screening or genetic testing</b>. <b>DO NOT</b> include any sales activities such as the distribution of marketing materials or distribution or collection of plan applications. <b>DO NOT</b> distribute plan-specific information (i.e., premiums, copayments, or contact information).</p>	
<p><b>DO</b> provide objective information about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans; materials available <b>MUST</b> be free of plan-specific information (premiums, copayments, or contact information)</p> <p><b>DO</b> 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><b>MAY</b> provide promotional items, including those with plan name, logo and toll-free customer service number and/or website; <b>MUST</b> be free of benefit information and consistent with the CMS definition of nominal gift requirement under MMG, Section 110.1.1</p> <p><b>MAY</b> provide meals; <b>MUST</b> meet CMS definition of an educational event <i>and</i> comply with CMS nominal gift requirement - MMG, Sections 110.3 &amp; 110.1.1</p> <p><b>DO</b> display banner with plan name and/or logo</p> <p><b>DO</b> 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><b>DO NOT</b> 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><b>DO NOT</b> attach business cards or plan/agent contact information to educational materials, <i>unless requested by the beneficiary</i></p> <p><b>DO NOT</b> schedule individual sales appointments or get permission for an outbound call to a beneficiary</p> <p><b>DO NOT</b> 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><b>DO NOT</b> advertise an educational event and then have a marketing event immediately following in the same general location (ex: same hotel)</p> <p><b>DO NOT</b> collect names, addresses, email addresses or phone numbers of potential enrollees</p> <p><b>DO NOT</b> 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, and 2) Summary of Benefits

**Health Care Setting Marketing – MMG Section 70.5 & 70.5.1 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:

- common entryways, vestibule
- 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 in an exam room setting

**Mailing Statements – Appendix 5 & 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 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.

- **"This is an advertisement"** – advertising pieces

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**

- **“Important plan information”** – plan mailing other than a mailing w/ANOC
- **“Important information about changes to your Medicare drug and health plan”** – use when mailing w/ANOC (remove either “drug” or “health” if not applicable)
- **“Health and wellness or prevention information”**
- **“Non-health or non-plan related information”**

**MUST** include in emails to potential enrollees – “Marketing” – in the beginning of the subject line

**MUST** receive enrollee’s “opt-in” authorization *prior* to sending any non-plan or non-health related information; **MUST** keep evidence of authorization - MMG, Section 160.3 (refer to MMG for details)

**DON'T**

- including in mailings, on websites, or during outbound telephone calls related to current plan information.
- **MUST** include disclaimer, *“Medicare has neither reviewed, nor endorses this information.”*

**Marketing Activities – MMG Sections: 30 Plan Responsibilities & 30.4 Anti-Discrimination**

**MUST** comply with your obligations under other anti-discrimination rules & requirements - MMG, Section 30.4

**DO** begin marketing Medicare plans and marketing/sales events for upcoming plan year no sooner than **Oct. 1** - MMG, Section 30

**DO** begin soliciting/accepting enrollment applications for a Jan. 1 effective date no sooner than start of AEP (**Oct. 15**) *unless* beneficiary is entitled to another enrollment period - MMG, Section 70.4.2

**MUST** stop current year marketing activities once marketing benefits for new contract year begins

- **DO** provide *prior year* materials and process enrollment applications *upon request*

**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

**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

**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 - MMG, Section 30.4

**DO NOT** intimidate, nor use high-pressure tactics (**aggressive marketing behavior**), or scare tactics to enroll a beneficiary into a plan or to acquire an in-home appointment; if told they are not interested, end visit/conversation immediately - MIPPA, Oct. 2008

**Marketing Materials – MMG Sections: 30.3 & 30.10 Star Ratings & 40 General Requirements & Appendix 5 Disclaimers**

Aetna is responsible for ensuring all marketing materials used by any agent selling our Medicare plans are consistent with CMS MMG and all other relevant issued guidance

**USE** only marketing materials and scripts previously reviewed by us *prior* to usage.

- Marketing materials **MUST** contain required CMS disclaimers - MMG, Appendix 5

**MUST** provide *overall* 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 30.10

- **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) star”
- **MUST** be clear regarding the rating for each contract is identified and cannot reference Star Rating that was achieved based on prior year contract year

**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

**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

**DO NOT** use any marketing materials *unless* CMS approval notation is indicated on required materials - MMG, Section 40.1 (refer to MMG for detailed information on general marketing requirements)

**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 30.10.3

**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 30.10.3

**DO NOT** market non-health related products to prospective enrollees during an MA, MA-PD or PDP sales activity (referred to as **cross selling**)

**Meal Prohibition – MMG Section: 110.3**

**DO**

MAY provide refreshments and light snacks at marketing/sales events (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt)

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

**DON'T**

DO NOT provide or subsidize meals at marketing/sales events

DO NOT "bundle" multiple items and provide as if a meal at sales/marketing events

**Permission-to-Contact (PTC) / Telephonic – MMG Section: 80.4.1 & Appendix 2**

Refer to *Unsolicited & Permissible Contact* section for full list of 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 beneficiary 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 or used in logos/taglines

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 or used in logos/taglines

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 (110.1), Nominal Gifts (110.1.1), Rewards & Incentives (110.2) – 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 \$75 per person, per year

**DO****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

**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.

Refer to Office of Inspector General's website regarding advisory options on gift cards.

**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) are not used to target potential enrollees, 2) provided to all potential enrollees without discrimination, 3) provided in conjunction with information about plan benefits, 4) includes information about ALL rewards and incentive programs offered by the Plan, and are not limited to a specific program, or a specific reward or incentive within a program.

Nominal gifts that are part of a promotional activity are different from rewards and incentives.

**DON'T****Promotional Activities**

**CANNOT** be considered a drug/health benefit, including optional mandatory supplemental benefits (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 \$75 per year

**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.

**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.

For additional information regarding Rewards & Incentives program requirements, refer to Chapter 4 of Medicare Managed Care Manual

**Referral Programs (Enrollee) – MMG Section: 30.9**

Referral programs (solicitations for leads) from enrollees/members for new enrollees – gifts offered for referrals must be available to *all* 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

**DO** solicit potential new members by *conventional*/MAIL ONLY

**DO** ask for referrals from enrollees/members - names and mailing addresses ONLY

Gifts **MUST** be of nominal value; see definition above under *Promotional Activities*

**DO NOT** request phone numbers or email addresses

**DO NOT** announce gifts will be offered for referrals in any solicitations for leads

**Related Laws & Regulations – MMG Section: Appendix 2**

**MUST** provide reasonable accommodations for beneficiaries with disabilities - *Americans with Disabilities Act of 1990*

**MUST** ensure effective communication with individuals with disabilities and provide auxiliary aids and services, such as alternate formats - *Section 504 of Rehabilitation Act*

**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) – MMG Sections: 70.4.2, 70.4.3 & 70.4.4 Walk-ins or Beneficiary Initiated Face-to-Face Appointments**

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, over the phone, or library). You are responsible for following CMS SOA guidelines when holding individual/one-on-one appointments in person or telephonically. One-on-one appointments 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 *prior* to an individual/one-on-one marketing appointment outside of a formal or informal marketing/sales event.

**DO****DON'T**

**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 MUST be in writing with a signed CMS-approved SOA form or as a telephonic agreement.**

- **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.

**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.

**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 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** 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)

**DO NOT** ask beneficiaries for referrals

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

### **Seminars – Marketing/Sales Events – MMG Sections: 70.4 & 70.4.1**

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, 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 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 all formal and informal marketing/sales events to us by the 18<sup>th</sup> 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.

**DO****DON'T**

- Licensed Part D agents **NOT within an Aetna/Coventry local market** submit their seminar events directly to Agent Oversight's [MedicareSemi@aetna.com](mailto: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 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, and 2) Summary of Benefits - MMG, Section 30.6

**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

#### **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

#### **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

**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

**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** 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, and inform venue, if necessary*)

**DO**

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.)

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

DO *immediately* notify Aetna or your upline; they will notify Agent Oversight

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**

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

### State Licensure & Appointments Laws - Compliance – MMG Section: 120.1

MUST comply with applicable State licensure and/or appointment laws when engaging marketing representatives to sell Medicare products

### Training & Testing: Agents/Brokers – MMG Section: 120.3

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 intend to sell.

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

Agents selling Aetna/Coventry Medicare products 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 Noni-discrimination
2. Aetna Core training and exam
3. Aetna Part D training and exam
4. Aetna MAPD Overview training and exam

▪ Part D-only Certification Components:

1. AHIP Medicare training and exam
2. Aetna Core training and exam
3. 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

If you DO NOT 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

### Unsolicited & Permissible Contact: Electronic (70.1) / Marketing (70.2) / Telephonic (80.4.1) – MMG Sections & Appendix 2 & 5

In general, you MAY NOT market through unsolicited direct contact. 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.



**DO**Electronic Communication

MAY initiate separate electronic contact

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

MUST provide an opt-out process to no longer receive electronic communications

- MUST make available with any enrollment mechanism, items listed under *Enrollment Form* heading above AND appropriate disclaimers - MMG, Appendix 5

MUST include in email subject line one of the “Mailing Statements” - MMG, Appendix 5

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

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

Telephonic Contacts

MAY contact your own clients and call 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 call 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/or agent/broker oversight activities

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)

- MUST follow all applicable Medicaid marketing rules when discussing Medicaid

DO call your current 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 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 an agent to contact them (ex: filling out a business reply card (BRC), sending an email requesting a return call, 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 (i.e., MA-PD plan or PDP) previously discussed or indicated on the BRC

**DON'T**Electronic CommunicationMarketing Contacts

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 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 for sales purposes, to market plans or products, or ask for consent in any format to further sales contacts

DO NOT call beneficiaries who attended a sales event, *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, except as permitted

**DO**

**DO** 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)

**Outbound Calls**

**MUST** use only enrollment scripts/calls and telephone sales scripts (inbound or outbound) approved by CMS and Aetna verbatim - MMG, Sections 80.3 and 80.4

**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 - MMG, Appendix 2

**DON'T****Outbound Calls**

**DO NOT** transfer outbound calls to inbound lines for telephone enrollment. Enrollment by 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 80.4

**Websites (100) & Social 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 and disclaimers; **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 notice that Aetna/Coventry **IS NOT** responsible for the content of social media pages or websites of any downstream entity that provides information on our behalf.

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

**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.)

Third-party websites **MAY** request, but not require, health status information.

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** 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) and **MUST** be accepted.
- Aetna/Coventry **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/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 set up enrollment websites without prior Aetna/Coventry authorization and approval.**
- **DO NOT** complete web enrollment over the phone under any circumstances.