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# Marketing Medicare Advantage and Part D Plans

## Part 4

Version 12.1

September 10, 2018

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# Learning Objectives

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- After reviewing “Part 4: Marketing Medicare Advantage and Part D Plans” you will be able to explain:
    - What are communications
    - What activities constitute marketing and what materials are marketing materials;
    - The special rules for marketing Medicare health plans;
    - Required disclosures and rules for making marketing appointments;
    - Prohibited marketing practices;
    - Permitted promotional and marketing activities;
    - The difference between educational and marketing events;
    - Rules regarding agent compensation; and
    - Plan and CMS oversight and enforcement of the marketing rules.
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# What are Communications?

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- ***Communications*** means activities and use of materials to provide information to current and prospective enrollees.
  - All activities and materials aimed at prospective and current enrollees, including their caregivers and other decision makers associated with a prospective or current enrollee, are “communications.”

# What is Marketing?

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- Marketing is a subset of communications that is subject to additional regulation.
  
- CMS defines marketing as activities and use of materials by a Plan Sponsor or its subcontractors (such as agents), that are:
  - Intended to draw a beneficiary's attention to a plan or plans.
  - Intended to influence a beneficiary's decision-making process when selecting a plan for enrollment or deciding to stay enrolled in a plan.

# What are Marketing Activities?

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- Examples of marketing activities include:
    - Providing a presentation on health plan benefits to Medicare beneficiaries where the intent is to steer them toward a plan or set of plans;
    - Participating in an event where health plan brochures and a summary of benefits are distributed;
    - Meeting with a Medicare beneficiary to review the Annual Notice of Change and encourage him or her to remain enrolled in his or her current Medicare plan;
    - Passing out plan specific benefit information and agent business cards at a health fair; and
    - Accepting enrollment forms and performing enrollment at marketing/sales events.
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# What are Marketing Materials? Format

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Depending on content, marketing materials may include, but are not limited to the following:

- Materials such as brochures; posters; advertisements in media such as newspapers, magazines, television, radio, billboards, or the internet; and social media content.
- Materials used by marketing representatives such as scripts or outlines for telemarketing or other presentations.
- Presentation materials such as slides and charts.

# What are Marketing Materials/Activities? Content

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Marketing activities and materials explicitly include:

- Information about benefits or benefits structure;
- Information about premiums and cost sharing;
- Comparisons to other Plan(s)/Part D sponsor(s);
- Rankings and measurements in reference to other Plan(s)/Part D sponsor(s); and/or
- Information about Star Ratings



# What Materials are not Marketing Materials?

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- Materials that do not include any of the information on the previous slide;
- Materials not intended to draw a prospective or current enrollee's attention to a plan or group of plans to influence a beneficiary's decision when selecting and enrolling in a plan or deciding to stay in a plan; or
- Any materials specifically designated by CMS as not meeting the definition of marketing based on their use or purpose.

## What are Examples of Materials that ARE NOT Marketing Materials?

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- ❑ A flyer that says “Superior Health Care Co. offers many Medicare Advantage plan choices. One may be right for you! To find out more, call us at 1-800-888-8888.” (Does not include benefit, cost-sharing, premium, star rating or comparison information).
  
- ❑ A letter sent to enrollees of Superior Health Care Co. to remind them to get their flu shot. The letter says, “Superior Health Care Co. enrollees can get their flu shot for \$0 copay at any network pharmacy...” (The intent of the letter is not to steer enrollees into staying with the Plan, but instead to encourage them to get a flu shot.)

# Marketing and Unsolicited Contacts

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- Marketing representatives are prohibited from making unsolicited contact with beneficiaries, including through:
  - Door-to-door solicitation, including leaving leaflets, flyers or door hangers at a residence or on someone's car;
  - Approaching beneficiaries in common areas such as parking lots, hallways, lobbies, or sidewalks; or
  - Telephonic solicitation.
  
- The prohibition on marketing through unsolicited contacts does not extend to e-mail, conventional mail and other print media such as advertisements.
  
- Leads may be generated through mailings, websites, advertising, and public sales events.

# Marketing and Unsolicited Contacts, Continued

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- ❑ Marketing representatives may not accept an appointment to sell an MA or Part D product that resulted from an unsolicited contact, regardless of who made the contact even if the call started based on a non-MA or non-PDP product.
  
- ❑ Marketing representatives may not make calls based on referrals. However, they may leave business cards with beneficiaries for distribution to friends they are referring.
  
- ❑ Enrollees who are voluntarily disenrolling may not be contacted for sales purposes or be asked to consent to sales contacts.

# Marketing or Sales Events

# Medicare Marketing Rules: Marketing or Sales Events

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- ❑ Marketing/sales events are events designed to steer potential enrollees toward a plan or limited set of plans or to encourage current enrollees to retain their plans.
  - Educational events are events designed to inform potential enrollees about MA, Part D, or other Medicare programs and do not include marketing activities. (See slides titled "Educational Events" for more information.)
  
- ❑ Personal/Individual marketing appointments also must follow marketing rules.

## Medicare Marketing Rules: Marketing or Sales Events, continued

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- Advertisements and invitations (in any form of media) that are used to invite beneficiaries to a sales or marketing event must include the following statement:
  - “For accommodation of persons with special needs at sales meetings call <insert phone and TTY number>.”

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# Marketing at Individual Appointments



# Medicare Marketing Rules Individual Marketing Appointments

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- Personal/Individual marketing appointments are defined by the intimacy of the appointments' location or format and typically take place in person at the beneficiary's home or a venue such as a library or coffee shop or via telephone call.
  
- All individual appointments
  - Are considered sales/marketing events;
  - Must follow scope of appointment requirements (See following slides).

# Medicare Marketing Rules Individual Marketing Appointments , continued

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- During individual appointments, marketing representatives may:
  - Distribute plan materials such as an enrollment kit or marketing materials.
  - Provide educational information.
  - Provide and collect enrollment forms.
- During individual appointments, marketing representatives may not:
  - Discuss plan options that were not agreed to in the Scope of Appointment.
  - Market non-health care related products.
  - Solicit/accept an enrollment request for a January 1<sup>st</sup> effective date prior to the start of the Annual Election Period on October 15 unless the beneficiary is entitled to another enrollment period (for example, an initial enrollment period or special enrollment period).

# Required Practices: Scope of Appointment

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- Marketing representatives must:
  - Market only health care related products during any MA or Part D sales activity or presentation. Such products include Medicare health plans, Medigap plans and dental plans, but not accident-only plans.
  - Prior to any marketing appointment, clearly identify the types of product(s) that will be discussed, obtain agreement from the beneficiary and document that agreement.
    - Types of products include, for example, MA, PDP, Cost plans, and Medicare-Medicaid plans.

## Required Practices: Scope of Appointment, continued

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- Documentation for appointments may be in writing, in the form of a signed agreement by the beneficiary, or a recorded oral agreement. Any technology (e.g., conference calls, fax machines, designated recording line, pre-paid envelopes, and email) can be used to document the scope of appointment.
- For appointments made over the phone, documentation is generally a recording of the call. However, if the agent does not have a recording mechanism, the agent must obtain a written agreement signed by the beneficiary or authorized representative.
- A plan sponsor or agent may not agree to the scope on behalf of the beneficiary.

# Scope of Appointment: Documentation

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Plans/Part D Sponsors are expected to include the following when documenting the SOA:

- Product type (e.g. MA, PDP) that the beneficiary has agreed to discuss during the appointment,
- Date of appointment,
- Beneficiary contact information (e.g. name, address, telephone number),
- Written or verbal documentation of beneficiary or appointed/authorized representative agreement,
- Agent contact information,
- A statement that beneficiaries are not obligated to enroll in a plan; their current or future Medicare enrollment status will not be impacted and clearly explain that the beneficiary is not automatically enrolled in the plan(s) discussed.

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# Other Marketing: General Audience and E-mail

# Use of E-mails and Social Media to Market

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- Marketing representatives may initiate electronic contact.
- They must provide an opt-out process for the individual to no longer receive electronic communications.

# Use of Social Media to Market

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- ❑ Plans/Part D Sponsors must submit to CMS social media (e.g., Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) posts that meet the definition of marketing materials, specifically those that contain plan-specific benefits, premiums, cost-sharing, or Star Ratings.
- ❑ Social media posts are subject to marketing/communications requirements, such as the use of disclaimers.
- ❑ Re-publication of individual users' content or comment that promotes a Plan's/Part D Sponsor's product from social media sites (e.g., Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) is considered a product endorsement/testimonial and must adhere to the guidance on testimonials.



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# Required and Prohibited Marketing Practices: Required Practices

## **Required Practices: Marketing & Non-Health Activities, continued**

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Authorizations must contain HIPAA required content.

- Plan Sponsors may send written requests to obtain the beneficiary's authorization. The beneficiary must sign and return the request before the plan can send non-plan related materials.
- Authorization may also be obtained by directing a beneficiary to a website to provide consent as long as the website includes a mechanism for an electronic signature that is valid under applicable law.
- Authorization can be provided in person at marketing events, health fairs, or other public venues.
- Authorization can be provided via an email to the plan, provided that the authorization includes an electronic signature that is valid under applicable law.

## Required Practices: Required Materials with an Enrollment Form

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- When a beneficiary is provided with enrollment instructions/form, he/she must also receive:
  - Plan ratings information (See slides titled "Plan Ratings");
  - Summary of Benefits; and
  - Pre-enrollment checklist.
  
- When a beneficiary enrolls in a plan online, the plan sponsor must make these materials available electronically, (e.g., via website links) to the potential enrollee prior to the completion and submission of the enrollment request.

# Required Practices: Required Materials at the Time of Enrollment

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- Plans must provide the following materials to new enrollees at the time of enrollment:
    - Annual Notice of Change/Evidence of Coverage (ANOC/EOC) or EOC as applicable.
    - Comprehensive or abridged formulary (Part D sponsors only).
    - Provider directory (does not apply to PDPs).
    - Either the pharmacy directory in hard copy or a distinct and separate notice (in hard copy), describing where the enrollee can find the pharmacy directories online and how the enrollee can request a hard copy (Part D sponsors only).
    - Low Income Subsidy (LIS) Rider (Part D Sponsors only), as applicable.
    - Membership ID Card.
  - The materials must be provided within 10 days of confirmation of enrollment or by the last day of the month prior to the effective date, whichever is later (exceptions may apply to the LIS rider).
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# Required Practices: Plan Ratings, continued

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- Plan sponsors must provide the plan's overall performance ratings to beneficiaries in the standard Plan Ratings information document.
    - The document must be provided with any enrollment form.
    - The Star Ratings information document must also be prominently posted on plan websites.
    - New Plans/Part D Sponsors that do not have any Star Ratings information are not required to provide Star Ratings information until the next contract year.
    - CMS generally issues plan ratings in October of each year, and plan sponsors must update their ratings within 21 calendar days of the release.
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## Required Practices: Plan Ratings, continued

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- ❑ Plans/Part D Sponsors are not permitted to display or release their Star Ratings information until CMS releases the Star Ratings on Medicare Plan Finder.
  - ❑ Plans/Part D Sponsors must clearly identify which contract year their Star Ratings references.
  - ❑ Plan sponsors must include the following statement on all marketing materials referencing Plan Ratings information: “Every year, Medicare evaluates plans based on a 5-star rating system.”
  - ❑ Plan sponsors with an overall 5-star rating may market and enroll beneficiaries year-round under a special election period (SEP).
    - If a plan sponsor with an overall 5-star rating is assessed a lower rating for the upcoming year, the sponsor must stop marketing under the SEP by November 30 of the current year.
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# Required Practices: Plan Ratings, continued

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- Plan sponsors with a rating below 3 stars for three consecutive years receive a low performer icon (LPI).
  - CMS notifies enrollees in these plans that if they do not make a change during the Annual Election Period, they have a one-time chance to switch to a plan with 3 stars or more by calling 1-800-MEDICARE.
- Plan sponsors with an LPI:
  - Cannot mention their star ratings without also noting their LPI status.
  - Must state that its LPI status means that it received a 2.5-star or below summary rating in either Part C and/or Part D for the last three years.
  - Cannot dispute the validity or importance of the LPI in outreach materials.
  - May not inform beneficiaries that they may request an SEP and move to a higher rated plan if they are dissatisfied with low performing plan.
- If a Plan Sponsor with an LPI has an overall Star Rating of 3 or above on its marketing materials, the LPI must also be clearly stated on its marketing materials.

## Required Practices: Out-of-Network/Non-Contracted Providers

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- All materials referencing out-of-network/non-contracted providers must include the following statement: “Out-of-network/non-contracted providers are under no obligation to treat <Plan/Part D sponsor> members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.”



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# **Required and Prohibited Marketing Practices: Prohibited Practices**

## Prohibited Practices: Marketing Activities, continued

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- Marketing representatives must NOT:
  - Knowingly target or send unsolicited marketing materials to any Medicare Advantage enrollee during the Open Enrollment Period.
  - Use a Medicare beneficiary to endorse a plan unless the beneficiary is a current enrollee of the plan.
  - Solicit enrollment applications for the following contract year prior to the start of the annual election period on October 15.
  - Create their own plan specific marketing materials.
  - Charge beneficiaries marketing fees.
  - Engage in any discriminatory activity such as attempting to recruit Medicare beneficiaries from higher income areas without making comparable efforts to enroll Medicare beneficiaries from lower income areas.

## Prohibited Practices: Marketing Activities, continued

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- Marketing representatives must NOT:
  - Encourage individuals to enroll based on their health status unless the plan is a special needs plan that focuses on the beneficiary's particular condition;
  - Conduct health screening or other activities that could give an impression of “cherry picking.”
  - Use the term “free” to describe a zero dollar premium.
  - Use the term “free” in conjunction with any reduction in premiums, deductibles or cost share, including Part B premium buy-down, low-income subsidy or dual eligibility.
  - Imply that the MSA plan operates as a supplement to Medicare.
  - Market that the Plan Sponsor will not disenroll individuals due to failure to pay premiums.

## Prohibited Practices: Marketing Activities , continued

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- Unless they are promoting a D-SNP, Marketing representatives must NOT:
  - Imply that the plan is designed for dual eligible individuals.
  - Claim that the Plan has a relationship with the state Medicaid agency, unless the MA plan (or its parent organization) has contracted with the state to coordinate Medicaid services, and the contract is specific to that MA plan (not for a separate D-SNP or MMP).
  - Target their marketing efforts for the Plan exclusively to dual eligible individuals.

## Prohibited Practices: Marketing Activities, continued

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- Marketing representatives must NOT:
  - Assert that their plan is the “best” plan or use other unsubstantiated absolute or qualified superlatives or pejoratives.
  - Make explicit comparisons between plans, unless they can support them (e.g., by studies or statistical data) and such comparisons are factually based.

# Prohibited Practices: Inducements

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- Marketing representatives must NOT:
  - Offer gifts or prizes to potential enrollees during an event that exceed \$15 retail value. Such gifts must be offered to all potential enrollees without discrimination and regardless of whether they enroll.
  - Offer rebates or other cash inducements of any sort to entice beneficiary enrollment.
  - Offer a gift or prize that is cash or a monetary equivalent.
  - Provide any meal, or allow any other entity to provide or subsidize a meal at any marketing event, although light snacks are permitted. This prohibition on meals at marketing events applies to both existing enrollees and potential enrollees.

# Promotional Activities

## Promotional Activities: Drawings, Prizes, Giveaways

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- Plan sponsors must include a disclaimer on all marketing materials promoting a prize or drawing or any promise of a free gift that there is no obligation to enroll in the plan.



# Marketing to Current Enrollees

# Marketing Activities: Current Enrollees

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- Plan sponsors may:
    - Market non-Medicare health-related products to current enrollees only with any authorizations required by HIPAA Privacy Rules
    - Market health-related products, which may include, for example:
      - Long term care insurance
      - Dental or vision policies
  - Plan sponsors must:
    - Allow enrollees and non-enrollees to opt out of communications describing non-Medicare health-related products
  - Plan sponsors must NOT:
    - Market non-health related products to current enrollees unless they have obtained authorization from the enrollees as required by HIPAA Privacy Rules
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# Marketing in a Health Care Setting

# Marketing Activities: Marketing in a Health Care Setting

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- Marketing representatives may:
  - Engage in marketing activities (i.e., conduct sales presentations and distribute and accept enrollment applications) in common areas of health care settings, for example:
    - At a hospital or nursing home – in a cafeteria, community or recreational room, or conference room;
    - At a retail pharmacy, in areas away from the pharmacy counter.
  - Provide communication materials to be distributed and displayed in the healthcare setting.
- Marketing representatives must NOT:
  - Engage in marketing activities in areas where patients receive health care services, for example:
    - Exam rooms, dialysis center treatment areas, or hospital patient rooms.

## Marketing Activities: Marketing in a Long-term Care Facility

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- ❑ Long-term care facilities include, for example, nursing homes, assisted living facilities, and board and care homes.
  
- ❑ Plan sponsors/marketing representatives may schedule an appointment with a beneficiary in a long-term care facility **ONLY** upon request of the beneficiary (or authorized representative).
  
- ❑ Plans sponsors may provide long-term care facilities with materials for admission packets announcing all Plan contractual relationships.

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# Marketing to Employer/Union Groups

# Marketing to Employer/Union Groups

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- When marketing an employer/union group waiver plan, marketing representatives must follow all marketing rules and guidelines except the following:
  - the prohibition against unsolicited contacts;
  - the prohibition against cross-selling other products;
  - the requirement to obtain prior documentation of the scope of an appointment;
  - the prohibition against providing meals;
  - marketing representative compensation requirements; and
  - the requirement that a marketing representative must pass an annual test, although the requirement for annual training does apply.
  
- Plans offering employer group health plans are not required to submit communication and marketing materials specific only to those employer plans to CMS at the time of use. However, CMS may request and review copies if employee complaints occur or for any other reason to ensure the information accurately and adequately informs beneficiaries about their rights and obligations under the plan.

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# Educational Events



# Educational Events

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- Educational Events:
  - Are designed to inform Medicare beneficiaries about MA plans, PDPs, and/or other Medicare programs;
  - May be hosted by the Plan/Part D Sponsor or an outside entity; and
  - Are held in public venues and do not extend to in-home or one-on-one settings.

# Educational Events, continued

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- Prospective enrollee educational events:
  - May not include any sales activities such as:
    - the distribution of marketing materials;
    - the distribution or collection of plan applications;
  - Must be advertised as “educational” otherwise they will be considered marketing events.
  - Marketing representatives may not conduct a marketing/sales event immediately following an educational event in the same general location (e.g., same hotel).

## Educational Events, continued

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- At educational events, marketing representatives may:
    - Distribute communication materials.
    - Use a banner with the plan name and/or logo displayed.
    - Distribute promotional items, including those with the plan name, logo, and toll-free number and/or website. These items must be free of benefit information and consistent with nominal gift rules.
    - Provide an objective presentation to educate beneficiaries about the different ways they can get their Medicare benefits.
    - Have a health care provider make an educational presentation on wellness or another health care related topic.
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## Educational Events, continued

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- At educational events, marketing representatives may:
  - Answer beneficiary-initiated questions.
  - Set up future marketing appointments.
  - Distribute business cards and contact information for beneficiaries to initiate contact.
  - Provide meals that comply with the nominal gift requirements.
    - Meals for beneficiaries are prohibited at any event that does not meet the definition of an educational event, even if the setting is a State Fair, Expo, etc. where educational events are sometimes held.

## Educational Events, continued

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- When an event has been advertised as “educational,” marketing representatives may NOT:
  - Conduct sales presentations;
  - Discuss or distribute plan-specific premiums, benefits, or marketing materials;
  - Distribute or collect enrollment applications.

## Educational Events, continued

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- The following are examples of marketing/sales activities that are **prohibited** at any event that has been advertised as “educational.”
  - An agent gives a neutral informational presentation on what a Medicare Advantage plan is and then distributes summaries of benefits and applications to attendees.
  - The organization sponsoring the event sets up a table in which health plans and agents can leave their marketing materials for attendees who want it.

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# Marketing Representative Compensation

## Marketing Representative Compensation: When Compensation May Be Paid

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- Plan Sponsors **may not** pay agents:
  - who have not been trained and tested.
  - who do not meet state licensure/appointment requirements.
  - who have been terminated for cause.
- When a Plan Sponsor and/or a contracted independent agent terminates an agent contract without cause, any future payment for existing business will be governed by the terms of the contract that specifies the agent's payment, subject to the limits in the CMS regulation.
  - However, to continue receiving renewal fees, agents must remain trained, tested, licensed and appointed, regardless of whether they are actively selling.



# Marketing Representative Compensation: Limits on Amount of Compensation

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- ❑ Compensation for initial year enrollments cannot exceed a fair market value (FMV) published annually by CMS. This amount is known as the FMV cut-off.
- ❑ Compensation for renewal year enrollments cannot exceed 50 percent of the FMV cut-off.
- ❑ Referral or finders fees may not exceed \$25 for PDPs or \$100 for all other types of plans.
- ❑ Referral fees paid to independent, captive, or employed agents/brokers must be part of total compensation. Thus any compensation paid for enrollments plus any referral fee paid to an agent may not exceed the FMV cut-off.

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# Frequently Asked Questions

## Frequently Asked Questions

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**Q:** We would like to offer gifts of nominal value to potential enrollees who call for more information about our plan. We would then like to offer additional gifts if they come to a separate marketing event. Each of the gifts meets CMS's definition of nominal value, but taken together, the gifts are more than nominal value. Is this permissible?

**A:** Yes.

## Frequently Asked Questions

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**Q:** Can a marketing representative take people to a casino or sponsor a bingo night at which the enrollee's earnings may exceed the \$15 nominal value limit?

**A:** No. The total value of the winnings may not exceed \$15 and the winnings cannot be in cash or an item that may be readily converted to cash.

## Frequently Asked Questions

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**Q:** Can marketing representatives use providers to identify Medicare beneficiaries with certain illness or diseases for marketing purposes?

**A:** No, not unless each individual has completed a HIPAA authorization that explicitly gives the provider authorization to disclose the individual's health care information for purposes of marketing (which is highly unlikely).

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# **Enrollment Guidance Medicare Advantage and Part D Plans**

## **Part 5**

Version 12.1  
September 10, 2018

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# Training Roadmap: Part 5

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- Who is eligible to enroll and basic enrollment rules
  - Enrollment requests
  - Beneficiary acknowledgements and enrollee discrimination prohibitions
  - Enrollment periods
    - Overview
    - Initial enrollment periods
    - Annual election period
    - MA open enrollment period
    - Enrollment period for newly eligible MA enrollees
    - Special enrollment periods
    - Open enrollment period for institutionalized individuals
    - Cost plan enrollment periods
  - Post-enrollment activities and rules
  - Enrollee protections: Appeals and Grievances
  - Disenrollment
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# Enrollment Requests

## Formats of Enrollment Requests

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- ❑ Plan sponsors must accept enrollment requests, regardless of whether they are received in a face-to-face interview, by mail, by facsimile, or through other mechanisms defined by CMS.
  
- ❑ A short enrollment form/process may be used, regardless of the format of the enrollment request, when
  - an individual changes between plans offered by the same parent organization; or
  - an individual new to Medicare who is already a member of the organization's non-Medicare coverage (e.g., commercial or Medicaid) wishes to enroll.

## Formats of Enrollment Requests, continued

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- Under certain circumstances, CMS allows a beneficiary to be automatically enrolled in a Medicare plan with the opportunity to opt out and select another option. These circumstance apply principally to certain dual eligible enrollments into integrated MA plans and enrollment in a PDP for a beneficiary who is eligible for the LIS subsidy.

# Formats of Enrollment Requests - Telephone

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- Plan Sponsors may accept telephonic enrollments where the following requirements are met:
    - Plans may accept telephonic enrollments on incoming calls only from individuals with whom the organization does not have an existing business relationship.
    - Plans may also accept enrollment requests during communications initiated by the plan when, during the course of outreach to provide information about their Medicare plan offerings to individuals with whom they have an existing business relationship, the individual expresses a desire to enroll in one of the organization's plans.
    - Plan Sponsors must ensure that the telephonic enrollment is effectuated entirely by the beneficiary or authorized representative and that the plan representative, agent or broker is not physically present with the beneficiary or present on the phone at the time of the request.
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## Formats of Enrollment Requests – Telephone, continued

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- Calls must be recorded.
- Individuals must be advised that they are completing an enrollment request.
- Calls must include a statement of the individual's agreement to be recorded
- Telephonic enrollments must include all required elements necessary to complete an enrollment
- If the criteria for using a short enrollment form is met, the shorter list of required elements would apply.
- If the request is made by someone other than the beneficiary, the recording must include the attestation regarding the individual's authority under State law to complete the request, in addition to the required contact information.
- CMS also offers telephone enrollment through 1-800-Medicare.

# What Information is Required to Complete the Enrollment Request?

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- CMS requires the following information for an enrollment request to be complete:
- MA or Part D plan name
- Beneficiary 's
  - Name;
  - Date of birth;
  - Sex;
  - Permanent residence address;
  - Medicare number;
  - Response to ESRD question; and
  - Signature or authorized representative's signature\*
- Authorized representative contact
- Option to request materials in language other than English or in accessible formats
- Employer or union name and group number (if applicable)
- Name of current MA plan (if applicable) and new plan
- Verification of SNP eligibility (if applicable)
- Acknowledgments (see next slide)
- Release of information
- For MSA plans, certain additional elements.

\* For certain Employer/Union Group MA enrollment elections and some other CMS approved enrollment elections, a signature is not required. For paper enrollment forms submitted without a signature, Sponsors may verify with the applicant by telephone and document the contact instead of returning form. If a short form is permitted, fewer items need to be included in the enrollment request.

## What Information is Required to Complete the Enrollment Request? Continued

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- If enrollment is completed during a face-to-face interview, the plan representative may use the individual's Medicare card to verify the spelling of the name, sex, Medicare number; and Part A and Part B effective dates.
  
- The individual does not have to show or provide the Medicare card or other evidence when submitting the request.

# Enrollment Periods



# MA and Part D Enrollment Periods Brief Summary

| Enrollment Period   | MA Options  | PDP Options   |
|---|---|---|
| <b>MA Initial Coverage Election Period (ICEP) / Part D Initial Enrollment Period (IEP)</b>                  | Enroll  | Enroll  |
| <b>Annual Election Period (AEP) (Oct. 15-Dec. 7)</b>  | Enroll, Disenroll, Change Plans   | Enroll, Disenroll, Change Plans   |
| <b>Beginning 2019- MA Open Enrollment Period (OEP) (Jan. 1 – March 31) or the 3 months after ICEP month</b> | Disenroll from an MA or MA-PD plan and return to Original Medicare, Change MA Plans | After disenrolling from an MA or MA-PD plan, may enroll in a PDP                  |
| <b>Special Election Period (SEP)</b>  | Most permit enrollment, disenrollment and plan changes, however some are limited.   | Most permit enrollment, disenrollment and plan changes, however some are limited. |
| <b>Open Enrollment Period for Institutionalized Individuals (OEPI)</b>                                      | Enroll, Disenroll, Change Plans   | (See Part D SEP for Institutional Individuals)                                    |

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# Enrollment Periods

## MA Open Enrollment Period

## Enrollment Periods:

### MA Open Enrollment Period (MA OEP)

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Beginning in 2019:

- For individuals enrolled in an MA plan on January 1 - The MA OEP takes place from January 1 – March 31 of each year.
- For new Medicare beneficiaries who are enrolled in an MA plan during their ICEP- the MA OEP begins the month of entitlement to Part A and Part B and ends the last day of the 3rd month of entitlement.
- During the MA OEP MA and MA-PD enrollees may:
  - Change to a different MA or MA-PD plan or disenroll from their plan and return to Original Medicare; and/or
  - Change Part D coverage.

## Enrollment Periods

### MA Open Enrollment Period (MA OEP), continued

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- For example:
  - An MA–PD enrollee may use the OEP to switch to: (1) another MA–PD plan; (2) an MA-only plan; or (3) Original Medicare with or without a PDP.
  - An MA-only enrollee may use the OEP to switch to – (1) another MA-only plan; (2) an MA–PD plan; or (3) Original Medicare with or without a PDP.
- Beneficiaries may only change plans once during the OEP.
- MSA enrollees may not use the MA OEP to disenroll from the MSA.
- As eligibility to use the OEP is available only for MA enrollees, the ability to make changes to Part D coverage is limited to any individual who uses the OEP; the OEP does not provide enrollment rights to any individual who is not enrolled in an MA or MA-PD plan.
- Marketing representatives may not do targeted marketing related to the OEP, for example, marketing that specifically mentions the OEP or that specifically targets individuals known to be MA enrollees.

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# Enrollment Periods

## Special Enrollment Periods (SEP)

## Typical SEPs – Beneficiaries who are dual eligible or who have LIS eligibility

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- Who is eligible for a SEP based on being dual eligible or having LIS eligibility?
  - Individuals who have Medicare Part A and/or Part B and receive any type of assistance from Medicaid and individuals who qualify for LIS (but who do not receive Medicaid benefits).
- When does the SEP take place?
  - Beginning in 2019, the first 9 months of each calendar year. Prior to 2019, it is continuous throughout the year.
- What can beneficiaries do during the SEP?
  - Beneficiaries entitled to Part A and Part B can enroll in or disenroll from an MA and/or Part D plan. Those entitled only to Part B can only do so for PDPs. Beginning in 2019, beneficiaries can only change their election once per calendar quarter (that is, one election during each of the following time periods: January–March, April–June, July–September). During the last quarter of the year, a beneficiary can use the AEP to make an election that would be effective on January 1.

## Typical SEPs – Beneficiaries who are dual eligible or who have LIS eligibility, continued

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- Example: Ms. Harris has LIS. Her eligibility and level of benefits has not changed all year. However, in 2019, she decides she would rather be enrolled in another MA-PD plan and submits a request in November. She made the request outside of the first 9 months of the year and therefore must use the AEP. Her enrollment will be effective January 1<sup>st</sup>.

# Typical SEPs - Exceptional Conditions Change in Medicaid or LIS Status Eligibility

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- Who is eligible for a SEP based on a change in Medicaid or LIS status?
  - Beneficiaries who are entitled to Medicare Part A and/or Part B who have a change in their Medicaid or LIS status, including the gain or loss of eligibility or a change in the level of assistance they receive.
  
- When does the SEP take place?
  - Begins the later of the change or notification of the change, and continues for 3 months.



# Gaining or Losing Medicaid Eligibility

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- What can beneficiaries do during a SEP based on gaining or losing eligibility?
  - Beneficiaries entitled to Part A and Part B can enroll in or disenroll from an MA and/or Part D plan once. Those entitled only to Part B can only do so for PDPs. Note that use of this SEP does not count toward the once per calendar quarter limitation for individuals who are Medicaid or LIS eligible.

# Typical SEPs - Exceptional Conditions

## Gaining Eligibility for Part D Low Income Subsidy

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- Example: Ms. Perry is awarded LIS. CMS facilitates her enrollment into a PDP, effective October 1st. She decides she would rather be enrolled in another PDP or an MA-PD plan and submits a request in November. She does so using this SEP and her enrollment is effective December 1st.

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# Enrollment Periods

## Cost Plan Enrollment Periods

## Cost Plan Enrollment Periods, continued

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- ❑ Some cost plans transitioning to MA contracts will have “deemed” enrollment at the end of 2018. That is, unless a cost plan enrollee opts out, he/she will be automatically enrolled in an MA plan offered by the same (or an affiliate) organization on January 1, 2019.
  
- ❑ Individuals subject to deemed enrollment will be notified by CMS and the plan and given the opportunity to choose another option.