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I. DEFINITIONS

Term	Definition
CMS	Centers for Medicare and Medicaid Services
MCMG	Medicare Communication and Marketing Guidelines
MA	Medicare Advantage
PDP	Prescription Drug Plan
Carrier	Insurance Company, or Plan Sponsor as defined by CMS
Agent	For the purpose of this policy, agent refers to any individual or entity contracted with an MA/PDP Plan Sponsor (i.e. carrier) to market and sell MA/PDP plans.
AEP	Annual Election Period, or Annual Enrollment Period (Oct 15 - Dec 7)
OEP	Open Enrollment Period (Jan 1 - Mar 31)
Organization, We, Us, or Our Company	

II. PURPOSE

The purpose of this policy is to ensure CMS MCMG guidelines pertaining to agent marketing and sales practices are followed for the sale and marketing activities of Medicare Advantage or Prescription Drug Plans.

III. POLICY

Our organization and its agents will adhere to MCMG guidelines when marketing and selling MA and PDP products. Carriers are ultimately responsible for the compliance of their agents, but we will assist them in their efforts of ensuring compliance with the Medicare Communication and Marketing Guidelines.

IV. PROCEDURE

Our organization will assist the carrier in the communication of these guidelines to downline agents, but monitoring and auditing of agent compliance is left to the sole discretion of the carrier. We take a proactive approach in communicating these applicable guidelines to our employees, and agents, and assists in the education of the elements contained therein. Full CMS MCMGs and related memos are available online at <https://www.cms.gov>.

Contact Rules

Agents must receive proper permission to contact before calling or meeting with prospective or potential MA or PDP clients. Agents are allowed to make unsolicited telephonic contact to their current clients at any time to discuss plan business.

Agents **may** use the following methods to make unsolicited direct contact with potential MA or PDP clients, provided they meet all federal, state, carrier, and MCMG guidelines

- Conventional mail and other print media (ex. Direct mail, ads, banners, websites, etc.)
- Email, provided all emails contain an opt-out method and a process is in place to ensure further emails are not sent to those who opt-out

Agents **may not** use the following methods in order to contact potential MA or PDP clients

- Door-to-door solicitation, including leaving information (i.e. leaflets, flyers, etc.) at a residence
- Approach potential clients in common/public areas (i.e. parking lots, hallways, lobbies, sidewalks, etc.)
- Telephonic solicitation (i.e. cold-calling), texts, or electronic voicemails
- Other prohibited telephonic activities include:
 - Unsolicited call about other lines of business to generate Medicare leads (considered bait and switch)
 - Calls based on referrals (i.e. referrals from current clients are not considered permission to contact)
 - Calls to market products to former clients who have disenrolled
 - Calls to potential clients who attended a sales event, unless the client gave express permission at the event for a follow-up call (there must be documentation of permission to be contacted)
 - Calls to prospective enrollees to confirm receipt of mailed information

Agents who have a pre-scheduled appointment with a potential enrollee who is a “no-show” may leave information at that potential enrollee’s residence.

High Pressure, Misleading, or Discriminatory Sales Practices

In order to protect Medicare consumers, our organization and its agents must not engage in misleading or high-pressure sales tactics, and will refrain from discrimination based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of

insurability, or geographic location. In line with non-discrimination and the protection of consumers, agents may not charge beneficiaries for their services in relation to MA or PDP plan business.

Thorough Needs Assessment

Agents should conduct a thorough needs assessment for each client in order to determine which plan best suits the needs of that client. Finding the right plan for the client can help reduce member complaints, policy cancellations, and rapid disenrollments. Key areas to thoroughly cover are provider and specialist networks, prescription costs and networks, copays, deductibles, and other costs associated with the plan, as well as additional benefits that are important to the client, such as dental, vision and hearing.

AEP and Pre-AEP Marketing

Agents may not solicit/accept enrollment applications for a January 1 effective date prior to the start of the Annual Election Period (AEP), unless the client is entitled to another enrollment period (i.e. Special Election Period). Furthermore, agents cannot conduct marketing activities for an upcoming plan year prior to October 1. During the Pre-AEP period from October 1-14, agents can market for the upcoming plan year but cannot solicit/accept enrollment applications until October 15.

OEP Marketing

Our organization and its agents will adhere to all guidelines in regard to marketing during the Open Enrollment Period (OEP). Agents cannot knowingly target or send unsolicited marketing material to an MA or PDP enrollee. Agents should not:

- Send unsolicited materials advertising the ability or opportunity to make an additional enrollment change or referencing OEP as a means to do so
- Specifically target clients, by purchase of mailing lists or other means of identification, who are in the OEP because they made a choice during AEP
- Engage in activities intended to target the OEP as an opportunity to make further sales
- Call or contact former clients who have selected a new plan during AEP

Marketing Materials

Our organization depends entirely on the resources of our carriers to provide supplies and materials (i.e. applications, brochures, etc.) deemed necessary for agents to conduct business in compliance with the laws and regulations governing the insurance industry. All other marketing materials used by agents must be compliant per CMS regulations and follow all other State specific requirements. These materials include generic materials created by the agent. Agents that wish to create carrier branded materials must send the material to the appropriate carrier or carriers for review and approval prior to use. Prior to submitting materials to a carrier for review and approval, agents are advised to send such materials to

us for review and guidance. Any materials created, purchased, or used by an agent that meet the definition of “marketing” under CMS guidance must be submitted to CMS for review and approval. This now includes generic materials with benefits, premiums, or cost-sharing listed, even if those materials are free of carrier specific information. Agents should submit materials to their immediate upline or to us for submission to CMS. The submitter will follow the required carrier specific steps for review and approval of these materials. Agents should stay abreast of all regulations and guidelines pertaining to marketing materials. Our organization will provide support and assistance to agents and agencies regarding their marketing efforts, including material review, at the request of the agent. Furthermore, we monitor our preferred lead vendors to ensure materials available to agents are compliant with CMS guidelines.

V. DISCIPLINARY ACTION / SANCTIONS

Those who violate this policy are subject to discipline up to and including termination in accordance with our Sanctions and Disciplinary Action Policy. Furthermore, corrective actions can include, retraining, suspension of marketing privileges, termination, and/or reporting of misconduct to the carrier and the respective State Departments of Insurance.