



# The Evolving Role of Marketing in the Context of Beneficiary Education

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# Speaker and Agenda

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- 1. Brief History of Beneficiary Communication Requirements in Medicare Advantage**
- 2. Evolution of Marketing Standards**
- 3. Looking Ahead**

# CMS Views Marketing and Education and Two Distinct Activities for Medicare Advantage Plans

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## 1

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### Marketing

- Defined as the act of steering, or attempting to steer, a potential enrollee towards a plan or limited number of plans, or promoting a plan or a number of plans
- Can include print materials, plan websites, telemarketing scripts, slides or charts, plan benefits information, membership information, etc.

## 2

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### Education

- Defined as the absence of marketing actions
- CMS stresses that beneficiary education may be included with marketing but marketing may not be included when an activity is considered educational-only
- Events may include logos or banners of plans, promotional items, and Q&A

# Plans and Providers Must Follow Strict Rules when Marketing to Medicare Beneficiaries

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## CMS' GUIDANCE DICTATES MARKETING RULES FOR BENEFICIARY CONTACT BY PLANS AND PROVIDERS

### MA and Part D Plans

- Marketing cannot begin prior to Oct 1
- Generally, may not market through direct contact without permission, except through direct mail
  - May initiate electronic communication with enrollees but must provide opt-out process
- Individual appointments with beneficiaries must follow rules about scope of appointment

### Medicare Providers

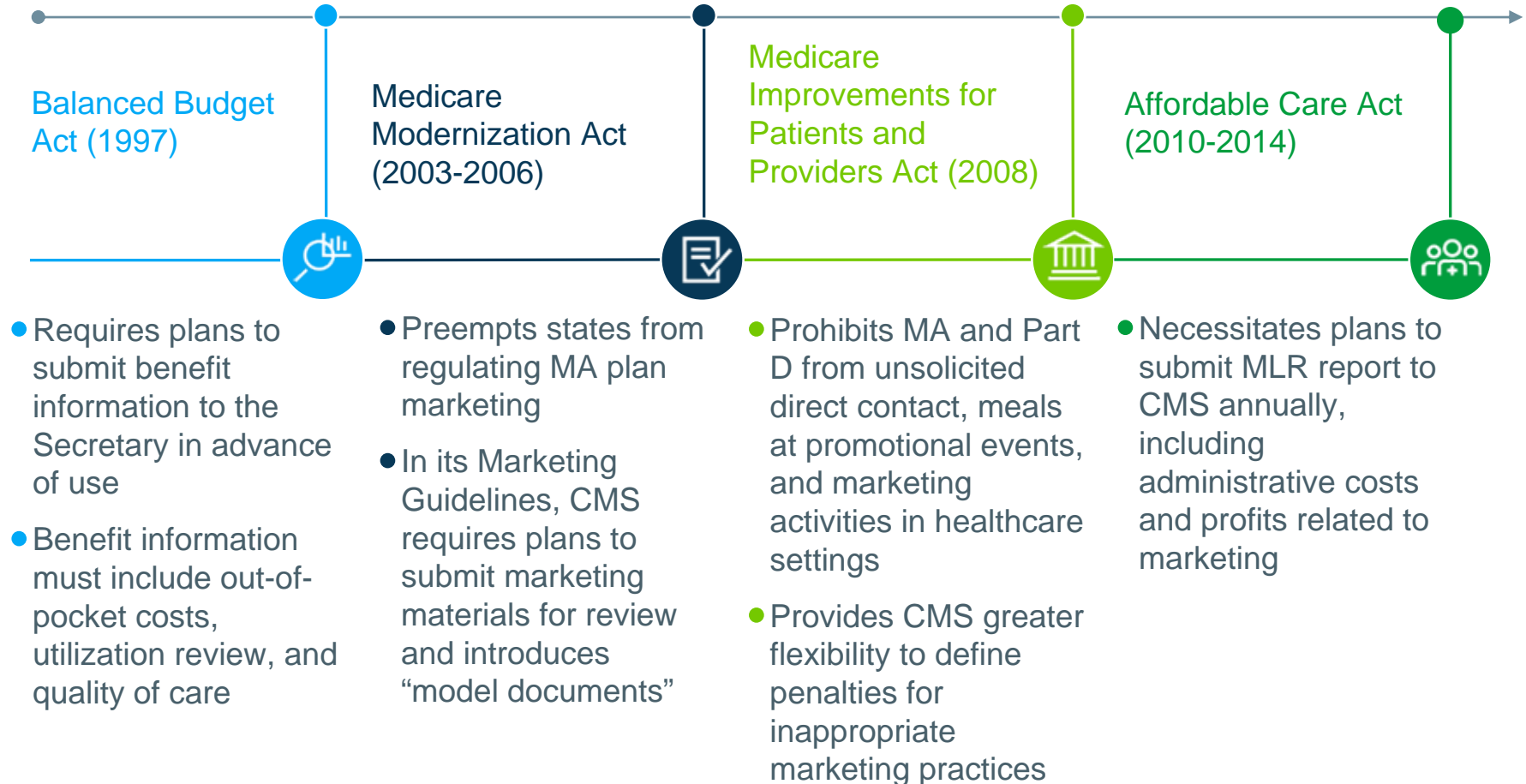
- Contracted providers advising beneficiaries must be neutral and objective
- Cannot facilitate enrollment or engage in marketing on behalf of a plan
- Must disclose plans with which they contract
- May offer information/help applying for LIS, distribute plan marketing materials\*, and refer patients to other sources of Medicare information (e.g., SHIPs, CMS' website)

\* Limitations apply

LIS: low-income subsidy; MA: Medicare Advantage; PY: plan year; SHIP: State Health Insurance Assistance Program; SSO: Social Security Office

CMS. Medicare Marketing Guidelines. July 20, 2017. Available at: [https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines\\_Final072017.pdf](https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines_Final072017.pdf)

# CMS' Marketing Rules Have Evolved As Laws Governing Medicare Plans Changed



# Beginning in 2019, CMS Marketing Requirements Allow New Flexibility for MA Plans

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## THE RULE OFFERS NEW DISTINCTIONS BETWEEN MARKETING AND COMMUNICATION MATERIALS

### MA and Part D Rule (2018)

Narrows marketing definition to only include materials aimed to lead to enrollment

Communications without plan-specific information do not require CMS review or preapproval

CMS excludes standard materials, such as the EOC, directories, and enrollment support communications\*

Plans also will be permitted to provide certain materials, such as the EOC, electronically\*\*

\*While the proposed rule indicated several types of materials that may be exempted (such as the Explanation of Coverage, subscriber agreements, member handbooks, and wallet card instructions), the final rule notes that the application of this change, including the identification of specific types of materials, will occur through a revised Medicare Marketing Guideline.

\*\*Plans must offer easily accessible hardcopy materials as requested.

CMS: Centers for Medicare and Medicaid Services; EOC: Explanation of Coverage; MA: Medicare Advantage

Final MA and Part D Rule. 2018. Available at: <https://www.federalregister.gov/documents/2018/04/16/2018-07179/medicare-program-contract-year-2019-policy-and-technical-changes-to-the-medicare-advantage-medicare>

# Looking Ahead

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MA plans have new opportunities for communicating with beneficiaries about their Medicare coverage

CMS sought comments on a summary of proposed changes to the newly named Medicare Communications and Marketing Guidelines

However, due to timing constraints, CMS will release a final version of the guidelines for 2019 rather than a full draft for comment

Final guidelines should clarify CMS policy as to how MA plans will be permitted to market newly allowed supplemental benefits