
How to Prepare for 2019 CMS Rule Change to Marketing Materials - ANOCs, EOCs, Summary of Benefits:

Issues, Impact, Disclosures and Audits



Panelists

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Key Topics

- CMS Expectations
- Regulatory Changes
- Audits and Best Practices



CMS Changes



2019 Medicare Communications and Marketing Guidelines (MCMG)

- Specifies Communication versus Marketing materials (42 CFR 422.2260, 423.2260)
 - Communications – activities and materials to provide information to current and prospective enrollees
 - For example...



[2019 EOC model]

January 1 – December 31, 2019

Evidence of Coverage:

Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of [insert 2019 plan name] [insert plan type]

[Optional: insert beneficiary name]
[Optional: insert beneficiary address]

This booklet gives you the details about your Medicare health care and prescription drug coverage from January 1 – December 31, 2019. It explains how to get coverage for the health care services and prescription drugs you need. **This is an important legal document. Please keep it in a safe place.**

This plan, [insert 2019 plan name], is offered by [insert MAO name]. (When this Evidence of Coverage says "we," "us," or "our," it means [insert MAO name]. When it says "plan" or "our plan," it means [insert 2019 plan name].)

[Insert Federal contracting statement]

[Plans that meet the 5% alternative language threshold insert: This document is available for free in [insert languages that meet the 5% threshold].]

Please contact our Member Services number at [insert phone number] for additional information. (TTY users should call [insert TTY number]). Hours are [insert days and hours of operation].]



2019 Medicare Communications and Marketing Guidelines (MCMG)

- Specifies Communication versus Marketing materials (42 CFR 422.2260, 423.2260)
 - Marketing is subset of Communications
 - Activities and materials intended to draw beneficiary's attention to plan and to influence decision in selecting a plan or to stay in plan (retention)
 - Includes activities of the plan and downstream entities
 - For example...



[MA-PD HMO (and HMO-POS, I-SNPs, C-SNPs) models]
[2019 ANOC model]

[Insert 2019 plan name] ([insert plan type]) offered by [insert MAO name]

Annual Notice of Changes for 2019

[Optional: insert beneficiary name]
[Optional: insert beneficiary address]

You are currently enrolled as a member of [insert 2018 plan name]. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- You have from **October 15 until December 7** to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections [insert section number] and [insert section number] for information about benefit and cost changes for our plan.

Attachment A

[ORGANIZATION'S MARKETING NAME, CONTRACT ID]

2019 Medicare Star Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

- 1) An Overall Star Rating that combines all of our plan's scores.
- 2) A Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, [ORGANIZATION'S MARKETING NAME] received the following Overall Star Rating from Medicare.

[MARKETING STAR]

We received the following Summary Star Rating for [ORGANIZATION'S MARKETING NAME]'s health/drug plan services:

Health Plan Services: [PART C SUMMARY RATING]

Drug Plan Services: [PART D SUMMARY RATING]

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★ 4 stars - above average
- ★★★ 3 stars - average



2019 Medicare Communications and Marketing Guidelines (MCMG)

- **Intent and content** are both considered when labelling an activity or material as marketing
 - Intent - purpose to draw prospective or current enrollee attention to plan to influence decision
 - Content – based on marketing definition and include information about benefits, premiums, cost-sharing, comparison to other plans



2019 Medicare Communications and Marketing Guidelines (MCMG)

- **CMS submission and approvals**
 - All marketing materials must be submitted (content and intent)
 - Standardized Model Materials (section 90.10)
 - Used without modification, except for populating variable fields, plan name, etc.
 - Only required communication materials require submission



2019 Medicare Communications and Marketing Guidelines (MCMG)

- Documents that were mostly model in the past can now be modified
 - Non-standardized Model Materials (section 90.11)
 - Model provided, use with modification, need to include all requirements
 - For example...



**[Name of Plan]
[HMO / PPO / RPPO / Cost / PFFS / MSA] Plan
Provider Directory**

This directory is current as of [Month DD, YYYY].

This directory provides a list of [Plan Name]'s current network providers.

This directory is for [provide a description of the plan's service area or geographic sub-set of service area that the directory is for.]

[For hardcopy directories, insert: To access [Plan Name]'s online provider directory, you can visit [Web address].] For any questions about the information contained in this directory, please call our [Customer/Member] Service Department at [phone number], [days and hours of operation]. [TTY/TDD] users should call [TTY or TDD number].



2019 Medicare Communications and Marketing Guidelines (MCMG)

- ANOC and EOC documents now independent documents
 - Different delivery requirements and flexibilities
 - ANOC actual mail date and number of recipients (not the number of ANOCs mailed) must be entered in HPMS with 15 days of mailing
 - Beginning with CY 2019, the EOC is no longer required in the ANOC mailing which is due to enrollees by September 30th



2019 Medicare Communications and Marketing Guidelines (MCMG)

- Health plans may now "distribute" EOCs and other documents electronically rather than printing and mailing the documents:
 - EOC
 - Provider/Pharmacy Directories
 - Formularies



2019 Medicare Communications and Marketing Guidelines (MCMG)

- CMS estimates this will save plans ~\$54 million/year
- CMS may take compliance or enforcement actions on inaccurate ANOCs and EOCs
 - Plans now have until October 15th to either ensure receipt of the EOC by enrollees, or provide EOCs electronically
 - Timeline:

May	June	Jul	Aug	Sept	Oct
CMS releases new models	Bid due	CMS releases Part D benchmark, corrections memo	CMS approves bid	Plan to send ANOC by Sept 30th	Plan to send EOC notice by Oct 15th



2019 Medicare Communications and Marketing Guidelines (MCMG)

- For Current Enrollees:
 - May send notice without authorization informing how to access electronic materials
 - Notice may be combined with notice for provider directory and formulary
 - Must include plan website
 - Must include dates when documents are available



2019 Medicare Communications and Marketing Guidelines (MCMG)

- For Current Enrollees (continued):
 - Must include phone number to request hardcopy or other methods to request hard copies
 - Timing: No earlier than September 1st and in time to receive documents by October 15th



2019 Medicare Communications and Marketing Guidelines (MCMG)

- For New Enrollees:
 - May send throughout the year
 - Must include plan website
 - Must include dates documents available
 - Must include phone number to request hardcopy or alternative formats
 - If hard copy requested, must send within 3 business days of request





Plan Impact?



Have Internal Processes in Place for Document Development

- Review for the use of models and allowable (compliant) changes
- Verify CMS required language
 - Health plans need to implement processes to have greater oversight of enrollee communication and meet CMS requirements



Communicate Availability of Electronic Materials

- Send notice of availability
- EOC, Directories, Formularies
- Notice can go with ANOC
- Include phone number and website



Electronic Delivery of Required Materials

- Develop opt-in process for materials (Section 100.2.2)
 - Document process and enrollee notice
 - Record enrollees who opt-out
 - Specify media type (e.g. email, web portal, CD, DVD)
 - Specify materials
 - All other enrollees must have hard copy materials mailed



Collect Email Addresses

- Process to ask for email address
- Where to store emails
- Method to update email address (enrollee portal, call, send email)
- Manage which materials to be sent electronically
- Define how long request valid
- How to handle and track undeliverable email



Develop Email 'Disclaimer' (Notice)

- Must provide option to opt-out
- Include option to request hard copy
 - Request for hard copy remains in place until enrollee leaves plan or requests hard copies be discontinued
 - Status of hard copy vs electronic needs to be recorded for call center staff and future mailings
 - Mailing within 3 business days of request



Provide Electronic Access – Email or Portal

- How to store delivery (email) dates
 - Delivery date when email sent, not when enrollee opens the email
- Email notice that required documents available online
- Website/portal with direct access to plan materials (need to ensure that enrollee will be directed to their correct plan section and documents)



508 Compliance

- Website content must comply with Section 508 of the Rehabilitation Act
- Electronic documents and materials
- Examples: Text size, navigation, accessibility



If Errata Necessary, Follow Distribution Process (Section 100.3)

- Must be provided when errors are found in the ANOC or EOC and sent to current enrollees
- Must send hard copy to enrollees within a reasonable timeframe (Section 100.3)
- Hard copy, or electronically, if enrollee has opted into receiving electronic version (Section 100.4)



What are the risks?



Increased Oversight from CMS

- Key points:
 - Keep on schedule
 - Review, review, review
 - Use of consistent language/phrasing between ANOC and EOC will assist in applying appropriate benefits for enrollee
 - Use one source of truth for benefits



The Cost of Errors

- Impact on Enrollees
 - Can impact CAHPs score and Star Ratings
- Internal Operations Costs
 - Reprint and redistribution fees, staff time and resources



The Cost of Errors

➤ Audit Impact

- Self Report to CMS
 - Discuss internal findings during strategic conversations with account manager
 - Document steps taken to remediate
 - Look for ways to reduce and prevent errors



The Cost of Errors

➤ CMS Compliance and Enforcement Actions

- Compliance letters
- Fines, Civil Money Penalties (CMPs), or Sanctions
- Example of findings include:
 - Failure to comply with cost-sharing requirements by charging incorrect co-payments to enrollees
 - Failure to comply with Medicare cost-sharing requirements - the bid, description of enrollee cost-share and adjudicating claims must be aligned (42 CR 422.752)



Actions

- Reference new MCMG for requirements
- Use Readiness Checklist to monitor operational areas
- Use CMS Model materials, when provided
- Review website and documents for 508 compliance
- Don't wait!
- Be prepared!



Q&A



Thank You!

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