



**Troy Medicare Policy and Procedure**

<b>Title:</b> Marketing & Communications Review and ID Assignment		<b>Policy Number:</b> CMP014	
<b>Primary Department:</b> Compliance		<b>LOB:</b> Medicare Advantage	<b>Author:</b> S Scott
<b>Effective Date:</b> 9/14/2022	<b>Original Date:</b> 9/14/2022	<b>Review Date(s):</b> 12/21/2023, 11/19/2024	<b>Archive Date:</b>
<b>Interactive Related Department(s)</b>			
<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing		<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Care Management <input type="checkbox"/> Pharmacy <input type="checkbox"/> Enrollment <input type="checkbox"/> Member Services	<input type="checkbox"/> Plan Administration <input type="checkbox"/> Quality Management <input type="checkbox"/> Claims <input type="checkbox"/> Utilization Management <input type="checkbox"/> Other

**POLICY PURPOSE**

Troy Health, Inc. is committed to complying with marketing and communications requirements for Medicare Advantage and Part D Prescription Drug plans, codified under Title 42 Parts 422 and 423.

The purpose of this policy is to outline the process that Troy Health follows to ensure member materials are written uniformly, are reviewed by the Compliance Department to ensure compliance with CMS, and to assign material ID numbers for tracking purposes.

Troy Medicare is committed to complying with federal and state rules and regulations.

**SCOPE**

This policy applies to all areas that communicate with Medicare beneficiaries and/or Troy Medicare members in writing, verbally, and in person.

**REFERENCES**

- 42 CFR §§422.2260 – 422.2262(d), 422.2265, 422.2267
- 42 CFR §§423.2260 – 422.2276
- Medicare Communications and Marketing Guidelines (MCMG)

**RESPONSIBLE PARTIES**

- Chief Compliance Officer
- All management of areas communicating with beneficiaries in person, verbally, or in writing.

## DEFINITIONS

- **Communications** – materials created or administered by Troy or any FDR to provide information to prospective or current members or their authorized representatives.
- **Co-Branding** – when a plan displays the name or brand of another entity to signify a business relationship.
- **Content** – Materials or activities that include or address content regarding 1) the plan’s benefits, benefits structure, premiums, or cost sharing; measuring or ranking standards (i.e., plan comparisons); or rewards and incentives.
- **File & Use** – there is a 5-day hold on certain marketing materials designated by CMS based on the content, audience, and intended use. This type of HPMS submission is called File & Use.
- **HPMS** – the Health Plan Management System is a CMS system that handles certain communications between the health plan and CMS.
- **Intent** – Material or activities are considered marketing when it is intended to draw a beneficiary’s attention to a plan or plans; influence the decision-making process when deciding on a plan selection; influence the decision-making process to stay enrolled in a plan.
- **Marketing** – a subset of communications and must, unless otherwise specified, adhere to all communication requirements. To be considered “marketing”, the communication must meet both intent and content standards.
- **Material ID (MID)** – the material ID assigned for materials not submitted in HPMS (i.e., MID\_1234).
- **Model Materials.** Model materials and content are those required materials and content created by CMS as an example of how to convey beneficiary information. When drafting required materials or content based on CMS models, the plan:
  - a. Must accurately convey the vital information in the required material or content to the beneficiary, although the MA organization is not required to use CMS model materials or content verbatim; and
  - b. Must follow CMS's specified order of content, when specified.
- **Required Materials** – materials required under 42 CFR §422.2267(e) and 423.2267(e) (i.e., EOC, explanation of benefits, ANOC, PECL, SB, Enrollment form, etc.)
- **Standardized Materials.** Standardized materials and content are required materials and content that must be used in the form and manner provided by CMS. When CMS issues standardized material or content, the plan must use the document without alteration except for the following:
  - a. Populating variable fields.
  - b. Correcting grammatical errors.
  - c. Adding customer service phone numbers.
  - d. Adding plan name, logo, or both.
  - e. Deleting content that does not pertain to the plan type (for example, removing Part

D language for a MA-only plan).

f. Adding the SMID.

g. A Notice of Privacy Practices as required under the HIPAA Privacy Rule (45 CFR 164.520).

- **Standardized Material ID (SMID)** – the material ID number used for marketing and member communications materials. Required format is the CMS contract number (H4676), followed by underscore, assigned material ID, underscore, followed by a capital letter “M” or “C” (i.e., H4676\_123\_M). “M” is used on marketing materials, and “C” is used on communication materials.

## **POLICY**

Troy Health, Inc. has established a process to review marketing and communication materials for compliance with applicable Federal laws and regulations, including CMS’ marketing and communications regulations. This includes monitoring and overseeing the activities and materials used by delegated entities. **Troy will not distribute or use any materials that are pending CMS review or less than 5 days following submission under File & Use.**

The Standardized Material ID (SMID) is assigned by Compliance following the compliance review process. If the material requires submission in HPMS, the Standardized Material Identification number will be assigned. The SMID is assigned for communications not requiring submission in HPMS.

To present a polished public image of Troy Medicare, all materials will have a uniform placement of the logo, including the member’s full name and address, the member ID number, and the same closing paragraph.

Troy will not submit materials in HPMS that do not require approval or File & Use submission. Materials that require CMS approval must comply with requirements under 42 CFR §§422.2260-422.2267 and 42 CFR §§423.2260-423.2267, and reflect benefits and costs accurately from the Troy approved bid. Troy will not use or distribute the material until final CMS approval is obtained, or the 5-day hold for File & Use has passed.

### **Written materials**

All Marketing materials, enrollment forms, websites, and certain required materials must be submitted by Troy Compliance using the HPMS Marketing Module.

Plan-developed member communications (i.e., letters) do not require submission in HPMS, but still require compliance review and the SMID placed in the lower left corner of each page. All materials must include the Troy Medicare logo, the standard closing paragraph, and as applicable, the member name and address, the member ID number, and .

### **Scripts/Talking Points**

Outbound telephone calls and texts for marketing solicitation purposes are not permitted. Outbound calls to existing members about plan business are allowed. Talking Points for handling outbound or inbound calls is an industry best practice.

## Website

Troy is required to have a website and there are specific requirements for what needs to be posted. Any website that contains marketing content must be submitted to CMS for approval on an annual basis. All materials posted on the website must have aSMID, assigned by Compliance. Websites must include the current SMID on all web pages.

## Disclaimers

Some materials require disclaimers, depending on the purpose and content. The following disclaimers are the most common. Refer to the MMCG and 42 CFR §422.2267 and 42 CFR §423.2267 for additional information.

- **Federal Contracting Statement** is required on all marketing materials except banners, outdoor advertising, text messages, social media, and envelopes. “Troy Medicare is an HMO / HMO SNP and has a contract with Medicare [or/] a contract with Medicare and Medicaid, and enrollment depends on contract renewal.”
- **Star Ratings** disclaimer must be used whenever Star Ratings are mentioned in marketing materials. Example disclaimer: “Every year, Medicare evaluates plans based on a 5-star rating system.”
- **Accommodations** disclaimer for persons with special needs must be in any advertisement or invitations to all events (sales or educational) and must include telephone number and TTY. Example disclaimer “For accommodations of persons with special needs at meetings, call <phone number and TTY number>.”
- **Promotional Give-Away** disclaimer is required when offering promotional giveaways such as drawings, prizes, or free gifts. Example disclaimer “Free gift without obligation to enroll.”

## PROCEDURE

1. Prepare material for review.
2. **Submit marketing or communication piece to Troy Compliance for review and approval. Submission may be either via electronic mail or by tagging Troy Compliance in a Google document.**
3. Troy Compliance will assign Material ID, Review Date, indicate if the material is uploaded into HPMS and if so, the review type (Approval (45 day or 10 day) or under the File & Use process).

4. Compliance will upload all materials requiring submission into HPMS.
5. Compliance will assign the Final Status and you will receive notification through electronic mail.

**Other Notes:**

- If your material is clean, turnaround time will be less than 2 business days.
- CMS review and approval takes up to 45 calendar days.
- File & Use has a 5-calendar day hold before it can be used.
- Communication materials may be used immediately.

**Closing Paragraph that must be included on all communications materials:**

Thank you for being a Troy Medicare member! If you have any questions, or need assistance, please contact us at [1-888-494-8769]. TTY users call 711. We are available 8am to 8pm Eastern Time, Monday through Friday and from October 1 through March 31, we are available 8am to 8pm, 7 days a week.

**Multi-Language Insert:**

The Multi-language insert (MLI) is required to be included in all Required Materials listed in 42 CFR §§422.2267(e) and 423.2267(e). The MLI must state: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxx-xxxx]. Someone who speaks [language] can help you. This is a free service.”

**ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES**

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**APPROVALS**

*Sally Scott*

Chief Compliance Officer

Dec 2, 2024

Date

*Christina Ja*

Policy Committee

Dec 2, 2024

Date

CZ

**Revision History:**

Date	Author	Revision Notes
1.1.2023	S Scott	Initial policy
12.21.2023	E Young	Annual review, no revisions
11.19.2024	S Scott	Updated references, policy, procedure.