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## ***CMS Medicare Marketing Guidelines DOs & DON'Ts Sales Agent Summary***

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**CMS holds Florida Blue Medicare responsible** for the actions of **all Agents representing Florida Blue Medicare**. You must follow CMS regulations and guidelines in your daily Medicare activities. It's important that you know these regulations and guidelines and that you understand how they govern your business and conduct. **The guidelines apply to all potential and existing beneficiaries.** You are responsible for knowing the rules and complying with them.

This document is an overview of Medicare marketing guidelines and compliance program requirements from **CMS and Florida Blue Medicare**. It highlights specific regulations related to agent oversight as outlined in the eCFR and MCMG. We created it as a portable list for you to reference when selling Medicare products. We recommend you refer to it often to remain compliant. Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.



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# Table of Content

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- Seminars – Marketing/Sales Events 2
- Sales Events 3
- Educational Events 3
- Health Fairs/Senior Expos 3
- Health Care Setting Activities 4
- Cancellations & Changes of Marketing/Sales Events 5
- Enrollment Form 6
- Voluntary Disenrollment 6
- General Communication & Marketing Requirements 6
- Star Ratings 7
- Open Enrollment (OEP) 7
- Meals 7
- Permission/Consent-to-Contact 8
- Prohibited Terminology/Statements 8
- Nominal Gifts 9
- Referrals 9
- Scope of Appointment (SOA) 9
- State Licensure & Appointments Laws Agents/Brokers 10
- Training & Testing Agents/Brokers 10
- Unsolicited & Permissible Contact: 10
- Websites & Social/Electronic Media 12
- Related Laws & Regulations 12

	DO	DON'T
<b>Seminars – Marketing/Sales Events</b>	<p>Designed to steer, or attempt to steer, potential enrollees toward plan or limited set of plans. Agents may discuss plan-specific information (i.e., premiums, cost sharing, benefits), distribute health plan brochures &amp; enrollment materials, distribute/collect applications &amp; perform enrollments. Marketing of non-health care related products (i.e., annuities and life insurance) to beneficiaries during MA/MAPD/PDP marketing/sales seminars is cross selling and <b>PROHIBITED</b>.</p> <p><b>Two main types of marketing/sales events:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Formal:</b> formal presentation provided typically in audience/presenter style layout w/agent formally providing specific plan/product information. (If only one person attends formal event, you can discuss MA/MAPD/PDP products on individual basis. If attendee requests full presentation, you <b>MUST</b> do one. In this situation, SOA is not required as meeting falls under formal marketing sales event already reported.</li> <li>▪ <b>Informal:</b> conducted w/less structured presentation or in less formal environment; typically utilizes a table, kiosk, or recreational vehicle (RV) staffed by a plan rep who can discuss merits of FBM products; beneficiaries <b>MUST</b> approach you first.</li> </ul> <ul style="list-style-type: none"> <li>▪ <b>MUST</b> report all formal &amp; informal marketing/sales events to FBM according to Medicare Sales policy; commissions will not be paid for sales resulting from non-reported events; may result in contract termination</li> <li>▪ <b>MUST</b> report all marketing/sales events prior to advertising the event or 10 calendar days prior to event’s scheduled date, whichever is earlier</li> <li>▪ <b>MUST</b> announce all products/plan types to be covered during marketing/sales event at beginning of event (i.e., HMO, PPO, PDP, etc.)</li> <li>▪ <b>MUST</b> use only CMS-approved, sales presentations and/or talking points during formal &amp; one-on-one marketing events</li> <li>▪ <b>MUST</b> use MAPD/PDP sales presentation <b>video</b> if the venue is equipped to play a video. If not, the CMS-approved sales presentations/talking points <b>MUST</b> be used from beginning to end when discussing MA/MAPD/PDP products; read all sales presentation notes. Sales Video and presentation deck can be found on AgentPoint in the Toolkit – Medicare/Presentations, Guides &amp; Sales Videos</li> <li>▪ <b>MAY</b> obtain signed Scope of Appointment form at marketing/sales event for future appointment</li> <li>▪ <b>MAY</b> provide light snacks &amp; refreshments only</li> <li>▪ <b>MAY</b> provide nominal gifts to attendees with no obligation; <b>MUST</b> be of nominal gift value – refer to “Nominal Gift” section for more info</li> <li>▪ <b>MUST</b> provide w/enrollment form: 1) current Star Ratings sheet; 2) Summary of benefits; 3) Pre-Enrollment Checklist</li> <li>▪ <b>MUST</b> save documentation at least 10 years related to sales seminars, cancellations, revisions; documentation</li> <li>▪ <b>MUST</b> be available upon request by CMS/Florida Blue Medicare</li> <li>▪ If using sign-in sheet it <b>MUST</b> contain CMS required language: “Completion of any contact information is optional”</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> solicit enrollment applications prior to start of Annual Enrollment Period (AEP) – Oct. 15 unless beneficiary is entitled to another enrollment period</li> <li>▪ <b>DO NOT</b> conduct health screening, genetic testing or other like activities that could give the impression of “cherry picking”</li> <li>▪ <b>DO NOT</b> require beneficiaries to provide any contact information as prerequisite for attending formal/informal event; this includes requiring an email address or other contact info as a condition to RSVP for an event online or through the mail</li> <li>▪ <b>DO NOT</b> require SOA form to be filled out for beneficiary to attend formal/informal marketing/sales event</li> <li>▪ <b>DO NOT</b> use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose</li> <li>▪ <b>DO NOT</b> provide meals</li> <li>▪ <b>DO NOT</b> ask for referrals</li> <li>▪ <b>DO NOT</b> use absolute or qualified superlatives; see details listed under prohibited Terminology/Statements heading</li> <li>▪ <b>DO NOT</b> claim you or Florida Blue Medicare is recommended or endorsed by CMS, Medicare, or the Department of Health &amp; Human Services</li> </ul>

	DO	DON'T
<b>Sales Events</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> report to FBM according to Sales Guidelines; <b>MUST</b> be advertised as a sales event</li> <li>▪ <b>MUST</b> use only Florida Blue Medicare and CMS-approved presentations and talking points</li> <li>▪ <b>MUST</b> name all products and plan types you'll cover before starting event</li> <li>▪ <b>MUST</b> use sign-in sheets that clearly indicate providing contact information is optional</li> <li>▪ <b>MAY</b> give away promotional items that include plan name, logo, toll-free number, and Florida Blue Medicare website</li> <li>▪ <b>MAY</b> hand out objective educational materials on Medicare Advantage, Part D, and other Medicare programs</li> <li>▪ <b>MUST</b> discuss plan-specific premiums and/or benefits and distribute plan-specific materials</li> <li>▪ <b>MAY</b> distribute Star Ratings information, Summary of Benefits, Pre-Enrollment checklist, and the Multi-Language Insert. Collect leads, Enrollment Applications, arrange follow-up appointments</li> <li>▪ <b>MUST</b> provide refreshments or light snacks (e.g., coffee, soda, fruit, crackers)</li> </ul>	
<b>Educational Events</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> be advertised as "educational"</li> <li>▪ <b>MUST</b> be only educational &amp; comply w/CMS' educational requirements</li> <li>▪ <b>MUST</b> be free of materials w/plan-specific/benefit info, including premiums and copayments data</li> <li>▪ <b>MAY</b> schedule marketing appointment &amp; distribute business cards &amp; contact information for beneficiaries to initiate contact (Scope of Appointment &amp; permission/Consent-to-contact forms may be available) items <b>MUST</b> be free of plan marketing/benefit info</li> <li>▪ <b>MAY</b> provide promotional items, including those w/plan name, logo, and toll-free customer service number and/or website; <b>MUST</b> be free of benefit information &amp; consistent w/CMS definition of nominal gift requirements</li> <li>▪ <b>MAY</b> provide meals; <b>MUST</b> meet CMS definition of educational event</li> <li>▪ <b>MUST</b> display banner w/plan name and/or logo</li> <li>▪ <b>MAY</b> answer beneficiary-initiated questions; responses will not render event as marketing/sales, provided scope of your response does not go beyond question asked</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> include marketing (do not steer, or attempt to steer potential enrollee towards specific plan or limited number of plans)</li> <li>▪ <b>DO NOT</b> include sales activities, distribution of marketing materials, <b>or</b> distribution/collection of plan applications; includes distribution of material w/plan-specific information (i.e., premiums, copayments, or contact info)</li> <li>▪ <b>DO NOT</b> demonstrate any bias toward one plan type over another</li> <li>▪ <b>DO NOT</b> hold in-home or in one-on-one settings; <b>MUST</b> host in public venue by the plan or outside entity</li> <li>▪ <b>DO NOT</b> accept or have available enrollment forms; includes collecting forms or helping beneficiaries complete one &amp; placing it in an envelope for beneficiary to mail later</li> <li>▪ <b>DO NOT</b> solicit beneficiaries for individual appointments under the premise the appointment is for educational purposes</li> <li>▪ <b>DO NOT</b> conduct enrollment or sales activities when enrollee/member-only educational events are held, (enrollment forms are not permitted)</li> </ul>
<b>Health Fairs/Senior Expos</b>	<ul style="list-style-type: none"> <li>▪ Educational only when advertised as educational &amp; comply w/ CMS requirements for educational events; otherwise, CMS views them as marketing/sales events and <b>MUST</b> be recorded w/Florida Blue Medicare as such</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> conduct health screening <b>or</b> genetic testing</li> <li>▪ <b>DO NOT</b> conduct any sales activities such as distribution of marketing materials or distribution or collection of plan applications</li> <li>▪ <b>DO NOT</b> distribute plan-specific information (i.e., premiums, copayments)</li> </ul>

	DO	DON'T
<b>Health Care Setting Activities</b>	<p>CMS distinguishes between <b>provider-initiated</b> activities &amp; <b>plan-initiated</b> activities in healthcare settings to maintain safeguards while not impeding the provider/patient relationship.</p> <ul style="list-style-type: none"> <li>▪ <b>Provider-initiated</b> activities are those conducted by a healthcare professional, including pharmacists, at the request of the patient. Or, as a matter of a course of treatment when meeting with the patient as part of the professional relationship between healthcare provider &amp; patient. Provider-initiated activities <b>MAY NOT</b> include those conducted at the request of Florida Blue Medicare or pursuant to network participation agreement between FBM &amp; provider. Provider-initiated activities fall outside of the CMS definition of marketing and, therefore, not subject to the regulation as marketing</li> <li>▪ <b>Plan-initiated</b> activities are defined by CMS as activities where either FBM requests contracted providers to perform a task, or provider is acting on behalf of Florida Blue Medicare requests for providers to discuss benefits &amp; cost sharing fall under marketing definition &amp; prohibited from taking place where care is being delivered. Contracted providers <b>MUST</b> remain neutral when assisting w/enrollment decisions; may engage in discussions w/beneficiaries should a beneficiary seek advice</li> </ul>	
<b>Health Care Setting: Provider Initiated Activities</b>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> distribute unaltered, printed materials created by CMS, such as reports from Medicare Plan Finder, the “Medicare &amp; You” handbook, or “Medicare Options Compare,” including in areas where care is delivered Provide names of insurance carrier w/which they contract and/or participate answer/discuss merits of a plan(s), including cost sharing &amp; benefits info; discussions may occur in areas where care is delivered refer patients to other sources of info, such as State Health Insurance Assistance Program (SHIP) reps, plan marketing rep, their State Medicaid Office, Social Security Office, CMS website at <a href="http://www.medicare.gov">http://www.medicare.gov</a> or 1-800-Medicare</li> <li>▪ <b>MAY</b> refer patients to plan marketing materials available in common areas Provide info &amp; assistance in applying for LIS</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> accept/collect Scope of Appointment forms</li> <li>▪ <b>DO NOT</b> accept Medicare enrollment applications</li> <li>▪ <b>DO NOT</b> make phone calls, direct, urge, or attempt to persuade beneficiaries to enroll in specific plan based on financial or any other interests of provider</li> <li>▪ <b>DO NOT</b> mail marketing materials on behalf of Health Insurance carrier</li> <li>▪ <b>DO NOT</b> offer anything of value to induce selection of them as a provider</li> <li>▪ <b>DO NOT</b> offer inducements to persuade their patients to enroll in a plan or organization</li> <li>▪ <b>DO NOT</b> conduct health screening or genetic testing as a marketing activity</li> <li>▪ <b>DO NOT</b> accept compensation from Carrier for marketing/enrollment actions</li> <li>▪ <b>DO NOT</b> distribute marketing materials/applications in areas where care is delivered</li> </ul>
<b>Health Care Setting: Plan Initiated Activities</b>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> make available, distribute/display communication materials (not marketing materials), including areas where care is delivered</li> <li>▪ <b>MAY</b> provide/make available insurance carrier marketing materials &amp; enrollment forms outside of areas where care is delivered (common areas)</li> </ul> <p><b>Common Areas</b> of healthcare setting include:</p> <ul style="list-style-type: none"> <li>▪ Common entryways, vestibules, waiting rooms</li> <li>▪ Hospital or nursing home cafeterias</li> <li>▪ Community, recreational or conference rooms</li> <li>▪ Pharmacy counter area - space outside (approx. 20 ft.) of where one waits for</li> <li>▪ Services or interacts w/pharmacy provider and/or obtains medications</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> conduct sales activities, including sales presentations, distribute/accept enrollment applications, solicit Medicare beneficiaries in healthcare settings, except in common areas</li> </ul> <p><b>Restricted Areas</b> generally include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▪ Exam rooms</li> <li>▪ Hospital patient rooms</li> <li>▪ Treatment areas where patients interact with provider or clinical team &amp; receive treatment (including dialysis treatment facilities)</li> <li>▪ Pharmacy counter areas (where patients interact with pharmacy providers/obtain medications)</li> </ul>
<b>Health Care Setting: Provider Facility Activities</b>	<ul style="list-style-type: none"> <li>▪ Provider agreements held w/FBM <b>MUST</b> ensure compliance</li> <li>▪ Agreements <b>MUST</b> address marketing activity consistent w/Medicare regs/guidelines</li> <li>▪ Providers/facilities are permitted to make available and/or distribute plan-marketing materials as long as the provider/facility distributes or makes available marketing materials for all plans w/which they participate – CMS does not expect providers to proactively contact all participating plans</li> </ul>	

	DO	DON'T
<b>Cancellations &amp; Changes of Marketing/Sales Events</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> immediately report to Florida Blue Medicare of cancellations/revisions to formal/informal marketing/sales events more than 48 hours prior to event's originally scheduled date &amp; time, whenever possible</li> <li>▪ <b>MUST</b> notify Florida Blue Medicare &amp; follow cancellation process</li> <li>▪ <b>MUST</b> always follow Florida Blue Medicare process when applicable</li> <li>▪ <b>MUST</b> follow same Florida Blue Medicare method used when reporting marketing/sales events when advising Florida Blue Medicare of event cancellations/revisions</li> </ul> <p><b>Note:</b> you are <b>NOT</b> required to have representative present at seminar site if event canceled due to inclement weather</p>	
<b>Marketing/sales events canceled LESS than 48 hours before originally scheduled date &amp; time</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> notify venue, if applicable</li> <li>▪ <b>MUST</b> have plan rep present on site at scheduled start time of canceled event to inform attendees of cancellation &amp; distribute info about plan</li> <li>▪ <b>MUST</b> remain at least 30 minutes after scheduled start time – follow Florida Blue Medicare process when applicable</li> <li>▪ <b>MUST</b> as a courtesy to anyone arriving after you leave, try posting signage stating event canceled (includes cancellations for non-attendance); if appropriate, list alternate events; some venues may not permit a sign, check before posting one; confirm venue will remove</li> </ul>	
<b>Marketing/sales events canceled MORE than 48 hours before originally scheduled date &amp; time</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> notify venue, if applicable</li> <li>▪ <b>MUST</b> notify beneficiaries of canceled event using same means used to advertise event, ex: if advertised event via newspaper, <b>MUST</b> announce cancellation in same newspaper</li> <li>▪ <b>MUST</b> immediately notify Florida Blue Medicare and follow company guidelines</li> </ul> <p><b>Note:</b> You are <b>NOT</b> Required to have representative present at seminar site if event canceled due to inclement weather or if event was canceled w/FB more than 48 hours before event's originally scheduled date/time</p>	

	DO	DON'T
<b>Enrollment Form</b>	<p>When providing an enrollment form <b>MUST</b> also provide:</p> <ul style="list-style-type: none"> <li>▪ Current Star/Plan Ratings document</li> <li>▪ Summary of Benefits</li> <li>▪ Pre-Enrollment Checklist</li> </ul>	
<b>Voluntary Disenrollment</b>	<p>A member may request disenrollment from an MA plan only during one of the election periods by:</p> <ul style="list-style-type: none"> <li>▪ Enrolling in another plan (during a valid enrollment period)</li> <li>▪ Giving or faxing a signed written notice to the MA organization, or through his/her employer or union, where applicable</li> <li>▪ Calling 1-800-MEDICARE</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> contact plan members who are voluntarily disenrolling for sales Retention or Marketing activity.</li> <li>▪ Agent <b>MAY NOT</b> accept any requests to cancel or withdraw an enrollment application or terminate enrollment in a plan.</li> <li>▪ All plan cancellations <b>MUST</b> be directed to Member Services</li> </ul>
<b>General Communication &amp; Marketing Requirements</b>	<p>Florida Blue Medicare is responsible for ensuring all Marketing Materials used by any agent selling their Medicare plans are consistent w/ CMS &amp; all other relevant guidance. Use only marketing materials &amp; scripts previously reviewed by FBM you are marketing <i>prior</i> to usage.</p> <p>Marketing materials <b>MUST</b>:</p> <ul style="list-style-type: none"> <li>▪ Contain required CMS disclaimers</li> <li>▪ Comply w/your obligations under other anti-discrimination rules &amp; requirements</li> <li>▪ Made available basic services &amp; info upon request to individuals with disabilities</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> begin marketing Medicare plans &amp; marketing/sales events for upcoming plan year but <b>MUST</b> be no sooner than <b>Oct. 1</b> – this includes advertising for events scheduled in early October</li> <li>▪ <b>MAY</b> begin soliciting/accepting enrollment applications for a <b>Jan. 1</b> effective date but <b>MUST</b> be no sooner than start of Annual Enrollment Period (AEP) – <b>Oct. 15</b> - unless beneficiary is entitled to a Special Enrollment Period (SEP)</li> <li>▪ <b>MAY</b> simultaneously market current &amp; prospective years starting Oct. 1, provided marketing materials clearly indicate plan year being discussed</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> submit marketing materials directly to CMS yourself; materials <b>MUST</b> be submitted directly by Florida Blue Medicare to CMS for review &amp; approval – this includes any material that mentions a Medicare plan by name or logo and those with plan-specific benefits</li> <li>▪ <b>DO NOT</b> target beneficiaries from higher income areas or state or imply plans are available only to seniors rather than to all Medicare beneficiaries (Referred to as <b>(cherry picking)</b>)</li> <li>▪ <b>DO NOT</b> discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location</li> <li>▪ <b>DO NOT</b> print yourself marketing items representing Florida Blue Medicare that are not approved by CMS/ FBM</li> </ul>

	DO	DON'T
<p><b>Star Ratings</b></p>	<p>New Plans that have no Star Ratings are <b>NOT</b> required to provide until following contract year</p> <ul style="list-style-type: none"> <li>▪ <b>MUST</b> provide overall Star Ratings info through standardized CMS Star Ratings sheets</li> <li>▪ <b>MUST</b> be included when an enrollment form is provided</li> <li>▪ <b>MUST</b> be provided prior to enrollment</li> <li>▪ <b>MUST</b> use &amp; provide updated Star Ratings info (released annually in Oct.) within <b>21 calendar days</b> of release</li> <li>▪ <b>MUST</b> make it clear that rating is “out of five (5) stars”</li> <li>▪ <b>MUST</b> clearly identify which Star Ratings contract year applies</li> <li>▪ <b>MUST</b> be clear regarding rating for each contract identified; <b>DO NOT</b> reference Star Ratings based on prior year contract year</li> <li>▪ <b>MUST</b> include start rating disclaimer</li> <li>▪ <b>MAY</b> direct to <a href="http://www.medicare.gov">http://www.medicare.gov</a> for additional rating info</li> <li>▪ <b>MUST</b> only add Plan logo to sheet; no other changes/alterations permitted</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> display or release <b>Star Rating</b> info until CMS releases Star Rating on Medicare Plan Finder (MPF) — generally issued in Oct. of each year</li> <li>▪ <b>DO NOT</b> encourage enrollment based on argument that if enrollee dissatisfied with a plan, they could later request an SEP and change to a higher-rated plan</li> <li>▪ <b>DO NOT</b> attempt to discredit or refute a Low Performing Icon (LPI) assigned by CMS by only showcasing a higher overall Star Rating</li> </ul>
<p><b>Open Enrollment (OEP)</b></p>	<p>OEP allows individuals enrolled in an MA plan, including newly MA-eligible, to make a One-time election to switch to another MA plan (with or without Part D coverage) or return to original Medicare (with or without Part D Coverage)</p> <ul style="list-style-type: none"> <li>▪ <b>MAY</b> at beneficiary’s proactive request, send marketing materials, have one-on-one meeting, provide information on the OEP through the call center</li> <li>▪ <b>MAY</b> market to age-ins who have not yet made an enrollment decision</li> <li>▪ <b>MAY</b> market to dual-eligible &amp; LIS beneficiaries who, in general, may make changes once per calendar quarter during the first nine months of the year</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> send unsolicited materials advertising opportunity/ability to make additional enrollment changes or reference the OEP</li> <li>▪ <b>DO NOT</b> call or contact former enrollees who have selected a new plan during AEP</li> <li>▪ <b>DO NOT</b> engage or promote agent/broker activities w/intent to target the OEP as an opportunity to make further sales</li> </ul>
<p><b>Meals</b></p> <p>Refreshments and light snacks are not considered “meals”</p>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> provide refreshments/light snacks at formal/informal sales events (i.e., coffee, soda, fruit, small dessert items, crackers, cheese, yogurt)</li> <li>▪ <b>MAY</b> provide meals at educational events ONLY; <b>MUST</b> comply with CMS’ strict definition of educational event</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> provide or subsidize meals at formal/informal sales events; ensure provided items can’t be reasonably considered a meal</li> <li>▪ <b>DO NOT</b> “bundle” multiple items &amp; provide as if a meal at sales/ marketing events</li> </ul>



	DO	DON'T
<p><b>Permission/Consent-to-Contact</b></p>	<ul style="list-style-type: none"> <li>▪ Referred individual <b>MUST</b> call you or Plan directly You MAY provide business card that someone can give to a friend/relative who they want to refer you</li> <li>▪ <b>MUST</b> follow TCPA (Telephone Consumer Protection Act) &amp; FCC (Federal Communication Commission) rules, and applicable Federal and State laws; Federal Trade &amp; Commission’s Requirements for Sellers &amp; Telemarketers, including National-Do-Not-Call Registry; “Do not call again” requests; Federal/State calling hours</li> <li>▪ <b>MUST</b> use Permission/Consent-to-Contact forms to contact beneficiaries by phone; find approved forms on Florida Blue Medicare Agent Point Portal</li> <li>▪ <b>MUST</b> be completed prior to conducting outbound call to Medicare prospect</li> <li>▪ <b>MUST</b> be completed prior to placing follow-up call to meeting attendee</li> <li>▪ <b>MAY</b> contact your own clients to discuss plan business</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> call a referred beneficiary</li> <li>▪ <b>DO NOT</b> call or visit beneficiaries who attended a sales event unless beneficiary gave permission at event for follow-up call (completed a Permission/Consent-to-Contact form) or visit (completed a Scope of Appointment form)</li> <li>▪ <b>DO NOT</b> request personal identification numbers (i.e., Social Security number, HICN) except as required to verify membership, determine enrollment eligibility, or process an enrollment request</li> </ul>
<p><b>Prohibited Terminology/Statements</b></p> <p><b>CMS PROHIBITS</b> distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations or could confuse beneficiaries</p>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> use term “<b>Medicare-approved</b>” to describe benefits &amp; services within marketing materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> provide inaccurate or misleading information, or engage in activities that could mislead or confuse beneficiaries or misrepresent CMS, FBM, yourself, or Plan benefits and/or services</li> <li>▪ <b>DO NOT</b> use words, symbols, or state you or products mentioned are recommended or endorsed by CMS, Medicare, or Department of Health &amp; Human Services (DHHS)</li> <li>▪ <b>DO NOT</b> use absolute superlatives (i.e., “the best,” “highest ranked,” “rated number 1”) unless substantiated w/supporting data provided during CMS marketing review process</li> <li>▪ <b>DO NOT</b> use qualified superlatives (i.e., “one of the best,” “among the highest rank”) unless substantiated w/supporting data provided during CMS marketing review process</li> <li>▪ <b>DO NOT</b> make offensive/insulting statements</li> <li>▪ <b>DO NOT</b> state enrollees will not be disenrolled due to failure to pay premiums</li> <li>▪ <b>DO NOT</b> use term “<b>free</b>” to describe zero-dollar premium, reduction in premiums (including Part B buy-down), reduction in deductibles or cost sharing, low-income subsidy (LIS), cost sharing for those with dual eligibility</li> <li>▪ <b>DO NOT</b> intimidate, use high-pressure tactics (aggressive marketing behavior), or scare tactics to enroll beneficiary into a plan or to acquire an in-home appointment: if told they are <b>NOT</b> interested, end visit/conversation immediately - MIPPA, Oct. 2008</li> </ul>

	DO	DON'T
<b>Nominal Gifts</b>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> be offered to beneficiaries for marketing purposes as long as gifts are of nominal value (\$15 or less based on fair market, with a maximum of \$75 aggregate, per person, per year) &amp; provided regardless of enrollment &amp; without discrimination</li> <li>▪ If nominal gift is one large gift (i.e., concert, raffle, drawing), total fair market value <b>MUST</b> not exceed nominal per person value based on attendance (\$15 per person); for planning purposes, anticipated attendance may be used, but based on venue size, response rate, or advertisement circulation</li> <li>▪ All gifts <b>MUST</b> be approved by your Florida Blue Medicare Area Manager</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> offer gift over \$15 based on the retail purchase price of item; if more than one item is offered (ex: pen &amp; flashlight), combined value of all items <b>MUST</b> not exceed nominal value of \$15</li> <li>▪ <b>CANNOT</b> be in the form of cash or monetary rebates, even if worth is \$15 or less; cash gifts include charitable contributions made on behalf of potential enrollees &amp; gift certificates/gift cards that can be readily converted to cash, regardless of dollar amount. Gift cards for retailers or online vendors that sell a wide variety of consumer products would also fall under this prohibition (e.g., Walmart and Amazon).</li> </ul>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> ask for referrals from enrollees/members – names, mailing addresses, email address <b>ONLY</b></li> <li>▪ All emails <b>MUST</b> have opt-out feature in every communication</li> <li>▪ <b>MUST/MAY</b> solicit potential new members by conventional mail &amp; email</li> <li>▪ Gifts <b>MUST/MAY</b> be of nominal value</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> request phone numbers; <b>NOT</b> permitted to make calls w/o permission form signed prior to placing call</li> <li>▪ <b>DO NOT</b> announce gifts will be offered for referrals in any solicitations for leads</li> </ul>
<b>Scope of Appointment (SOA)</b> <b>Individual/Personal Marketing Appointments</b>	<p>ALL individual/personal appointments discussing MA/MAPD/PDP products w/beneficiaries are marketing appointments, regardless of venue (i.e., in home, telephonic, library); SOA parameters &amp; documentation are required for all one-on-one appointments.</p> <p>You are responsible for following CMS SOA guidelines when holding individual/one-on-one appointments in person or telephonically. Individual appointments are documented on the SOA form; individual appointments are <b>NOT</b> reported as formal/informal sales events.</p> <p>Signed SOA is a documented agreement between Medicare beneficiary &amp; agent, broker, or producer; it lists products agreed upon for discussion prior to individual/one-on-one marketing appointment.</p>	
	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> complete SOA for all new individual marketing appointment. SOA documentation can be: <ul style="list-style-type: none"> <li>▪ Beneficiary signed hard copy</li> <li>▪ Telephonic recording, or</li> <li>▪ Electronically signed; check w/FBM for process guidelines</li> </ul> </li> <li>▪ <b>Walk-in or unexpected beneficiary:</b> when a beneficiary visits you on his/her own accord or wishes to attend a pre-scheduled, individual meeting w/another beneficiary <b>MUST</b> obtain SOA prior to discussing MA/MAPD/PDP products</li> <li>▪ <b>MAY</b> leave Medicare info at a potential enrollee's residence if pre-scheduled appointment at beneficiary's residence becomes a "no show"</li> <li>▪ <b>MAY</b> call &amp; confirm appointment already have agreed to by a completed SOA</li> <li>▪ <b>MAY</b> distribute, collect enrollment forms &amp; provide educational content</li> <li>▪ <b>MUST</b> obtain from beneficiary a second SOA form during individual meeting if beneficiary requests info regarding different plan type than previously agreed upon; after second SOA is completed, marketing appointment can continue</li> <li>▪ <b>MUST</b> keep all SOA documentation for at least <u>10 years</u>, includes initial &amp; additional SOA forms obtained at same appointment; <b>MUST</b> be available upon request by CMS/Florida Blue Medicare</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> discuss plan options, leave enrollment form, market plans <b>NOT</b> agreed to by beneficiary prior to meeting</li> <li>▪ CMS does <b>NOT</b> require SOA to attend formal/informal sales events; <b>DO NOT</b> obtain; CMS views as pressuring for personal contact info</li> <li>▪ <b>DO NOT</b> return uninvited to beneficiary's home/residence even if earlier appointment was not kept</li> <li>▪ <b>DO NOT</b> solicit/accept enrollment applications for Jan. 1 effective date prior to start of AEP (Oct. 15) unless beneficiary is entitled to Special Election Period (SEP) or within their initial enrollment period</li> <li>▪ <b>DO NOT</b> market non-health care related products or leave info (i.e., annuities or life insurance) – referred to as cross selling</li> <li>▪ <b>DO NOT</b> ask beneficiaries for referrals</li> <li>▪ <b>DO NOT</b> provide meals or have meals subsidized</li> </ul>

	DO	DON'T
	<ul style="list-style-type: none"> <li>▪ <b>Signed agreements:</b> CMS-approved SOA forms are available on Florida Blue Medicare &amp; Agent website; <b>MUST</b> attach a copy of signed SOA to any paper application received from one-on-one/individual appointment before submitting application; follow FBM Guidelines</li> </ul>	
<b>State Licensure &amp; Appointments Laws Agents/Brokers</b>	<p>In order to maintain a license(s), licensees <b>MUST</b> be appointed for each class of insurance listed on the license within 48 months after the date they became licensed for that particular class of insurance. Failure to be appointed for each class of insurance listed on the license will result in the expiration of the license. If the license expires, the person will need to apply and qualify as a first-time applicant to obtain the license again.</p> <p>POST LICENSING REQUIREMENTS</p> <ul style="list-style-type: none"> <li>▪ The passing score for all examinations is 70%</li> <li>▪ There is a limit of five (5) examination attempts for the same examination type during twelve (12) month period</li> <li>▪ Agents or Company Employee Adjusters <b>MUST</b> be appointed by an insurance company through eAppoint</li> <li>▪ The initial appointment is valid for two (2) years plus the remaining months, until the licensee's birth month</li> <li>▪ Florida Statutes require continuing education every two years Health/Life insurance licenses</li> <li>▪ Change of address, Department of Financial Services within 30 days of the change</li> </ul>	
<b>Training &amp; Testing Agents/Brokers</b>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> complete FBM training &amp; testing prior to selling Medicare products to satisfy annual CMS certification requirements</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> cheat, obtain, request help for any testing; it's a violation of Code of Conduct &amp; can result in corrective action, including, but not limited to loss of compensation &amp; termination</li> <li>▪ If you <b>DO NOT</b> pass any testing w/passing score of 90% or better w/in three attempts, you're locked out &amp; unable to progress w/certification</li> </ul>
<b>Unsolicited &amp; Permissible Contact: Electronic, Marketing, and Telephonic</b>	<p>CMS has strict guidelines around contacting Medicare beneficiaries. In general, you CAN'T market through unsolicited direct contact (referred to as cold calling and includes going door-to-door). Referred beneficiaries <b>MUST</b> contact you or the plan directly. Also, NO marketing can be conducted prior to the start of AEP (Oct. 1) of year.</p> <p>This includes any contact with a prospective client to offer your services or schedule a meeting if it's targeted to the new plan year's benefit options. <b>MUST</b> adhere to TCPA (Telephone Consumer Protection Act) restrictions on calls, texts, and faxes, in addition to consent and do not call requirements. NO calls can be made between 9pm and 8am, local time of the patient, customer, plan member or provider. State laws may further restrict hours. <b>MUST</b> follow FCC (Federal Communication Commission) rules &amp; applicable State laws, Federal Trade Commission's Requirement for Sellers and Telemarketers, National/State Do-Not-Call Registry, "Do not call again" requests &amp; Federal/State calling hours.</p>	
<b>Electronic Contact (Emails)</b>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> initiate contact via email to prospects &amp; to retain enrollment for current Enrollees</li> <li>▪ <b>MUST</b> provide opt-out process on each communication to no longer receive emails</li> <li>▪ <b>MAY</b> rent/purchase email lists to distribute info about MA/MAPD/PDP plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> text message or use other forms of electronic direct messaging (e.g., social media platforms)</li> <li>▪ <b>DO NOT</b> send emails on your own to prospects without referring to CAN- SPAM Act; these types of communications are highly regulated, <b>require opt out</b> features &amp; many other federal requirements (see <a href="#">CAN-SPAM law</a>)</li> </ul>

	DO	DON'T
<p><b>Marketing Contact</b></p>	<ul style="list-style-type: none"> <li>▪ <b>MAY</b> use conventional mail &amp; other print media (i.e., advertisements, direct mail) to contact beneficiaries</li> <li>▪ <b>MAY</b> use emails to contact beneficiaries provided emails contain an opt-out function</li> <li>▪ <b>MAY</b> leave info at beneficiary’s residence if pre-scheduled <b>appointment</b> at beneficiary’s residence becomes a “no-show”</li> <li>▪ <b>MAY</b> discuss plan specifics at informal marketing/sales event if a person approaches your table or kiosk and asks about the plans</li> <li>▪ <b>MAY</b> provide contact information (ex: business card) when an individual wants to refer a friend/relative to you</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> use telephonic solicitation, includes text messaging &amp; leaving electronic voicemail messages</li> <li>▪ <b>DO NOT</b> leave info such as leaflet or flyer at a residence or on a car</li> <li>▪ <b>DO NOT</b> solicit door-to-door</li> <li>▪ <b>DO NOT</b> approach beneficiaries in common areas (i.e., parking lots, hallways, lobbies, sidewalks, etc.)</li> </ul>
<p><b>Telephonic Contact</b></p>	<p>This includes any contact with a prospective client to offer your services or schedule a meeting if it’s targeted to the new plan year’s benefit options. <b>MUST</b> adhere to TCPA (Telephone Consumer Protection Act) restrictions on calls, texts, and faxes, in addition to consent and do not call requirements. <b>NO</b> calls can be made between 9pm and 8am, local time of the patient, customer, plan member or provider. State laws may further restrict hours. <b>MUST</b> follow FCC (Federal Communication Commission) rules &amp; applicable State laws, Federal Trade Commission’s Requirement for Sellers and Telemarketers, National/State Do-Not-Call Registry, “Do Not Call Again” requests &amp; Federal/State calling hours.</p> <ul style="list-style-type: none"> <li>▪ <b>MAY</b> contact your own current enrollees to discuss plan business, but <b>DO NOT</b> market prior to Oct. 1 under the pretense of plan business</li> <li>▪ <b>MAY</b> call former enrollees after disenrollment effective date to conduct disenrollment surveys for quality improvement purposes (disenrollment surveys conducted telephonically, by email or convention mail; <b>DO NOT</b> include sales/marketing info)</li> <li>▪ <b>MAY</b> call beneficiaries who submit <b>enrollment applications</b> to conduct business related to enrollment</li> <li>▪ <b>MAY</b> call your <b>current Florida Blue Medicare enrollees</b>, including those in non-Medicare products, to discuss plan business (ex: includes calls to enrollees aging-in to Medicare from commercial products offered by same organization, calls to organization’s existing Medicaid enrollees to talk about its Medicare products, and calls to current MA enrollees promoting other Medicare plan types, or to discuss plan benefits)</li> <li>▪ <b>MUST</b> follow Medicaid rules when discussing Medicaid</li> <li>▪ <b>MAY</b> return phone calls or messages; not considered unsolicited contact</li> <li>▪ <b>MAY</b> call individuals who gave permission for agent/plan to contact them (ex: filling out a business reply card/permission/consent-to-contact form, or asking a Customer Service Rep to have agent contact them); permission applies <b>ONLY</b> to entity from which the individual requested contact and for the duration and topic of that transaction</li> <li>▪ <b>MAY</b> call your current clients to discuss/inform them about general plan <b>info</b> (i.e., AEP dates, flu shots availability, upcoming plan changes, educational events &amp; other important plan info)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> make unsolicited calls to prospective enrollees</li> <li>▪ <b>DO NOT</b> use bait-and-switch strategies – making unsolicited calls about other business as a means of generating leads for Medicare plans</li> <li>▪ <b>DO NOT</b> place calls based on referrals – if an individual wants to refer someone, agent may provide contact information and the “referred” individual <b>MUST</b> contact the agent or plan</li> <li>▪ <b>DO NOT</b> call former members who have disenrolled, or current members in the process of voluntarily disenrolling for sales purposes, to market plans or products, or ask for consent in any format to further sales contacts</li> <li>▪ <b>DO NOT</b> call beneficiaries who attended a sales event, unless the beneficiary gave permission at the event for a follow-up call (completed Permission/ Consent-to-Contact forms) or visit (completed Scope of Appointment form); documentation of permission <b>MUST</b> be saved</li> <li>▪ <b>DO NOT</b> call prospective enrollees to confirm receipt of mailed info</li> </ul>

	DO	DON'T
<p><b>Websites &amp; Social/Electronic Media</b></p> <p><b>Refer to FBM Leadership for necessary approvals</b></p> <p>CMS has many rules and regulations around social media and website marketing; be sure, you check with and obtain necessary approvals <b>from Florida Blue Medicare</b> before you proceed.</p>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> ensure if you direct a consumer to call a phone number, you <b>MUST</b> clearly indicate that “calling the phone number will direct the individual to a licensed agent/broker” (when applicable)</li> <li>▪ <b>MUST</b> ensure any sites used for the purpose of generating leads also comply with FBM and CMS requirements.</li> <li>▪ <b>MUST</b> ensure if you purchase leads from any lead generation websites, those websites <b>MUST</b> comply with CMS requirements.</li> <li>▪ <b>MUST</b> use required marketing disclaimers on websites containing info specific to FBM MA, MAPD, PDP products.</li> <li>▪ <b>MUST</b> have written approval from FBM before using/creating a website listing their products and their name/brand/logo.</li> <li>▪ <b>MUST</b> be certified (licensed, appointed, trained) to sell the FBM MA, MA-PD, and/or PDP plans described on your page; this does not apply to lead generation sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> ask for any health info, including (but not limited to): pre-existing medical conditions, weight, whether beneficiary smokes, their age, etc.</li> <li>▪ <b>DO NOT</b> ask for any beneficiary identification numbers, including (but not limited to): Social Security, Health Insurance Claim Number (HICN), and Medicaid</li> <li>▪ <b>DO NOT</b> ask for beneficiary financial info, including credit card numbers, income, and resource limits, etc.</li> <li>▪ <b>DO NOT</b> require any info be entered by an individual, other than a zip code, county, and/or state for access to non-beneficiary specific website content</li> <li>▪ <b>DO NOT</b> ask for referrals from beneficiaries via your website or offer enrollment into FBM /MAPD/PDP plans on your website</li> <li>▪ <b>DO NOT</b> use the word “free” when referring to Medicare plan benefits</li> <li>▪ <b>DO NOT</b> inaccurately identify/refer to a Medicare Supplement plan as an MA/MAPD/PDP plan</li> <li>▪ <b>DO NOT</b> use absolute and/or qualified superlatives when referring to Florida Blue Medicare Plans (e.g., “the best”, “the lowest”/ “one of the best”)</li> <li>▪ <b>DO NOT</b> claim Florida Blue Medicare is recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services</li> <li>▪ <b>DO NOT</b> charge any fee for providing information about FBM MA/MAPD/PDP plans</li> </ul>
<p><b>Social Media</b></p>	<ul style="list-style-type: none"> <li>▪ Social media posts (i.e., Tik-Tok, Facebook, Instagram, Twitter, YouTube) that meet definition of marketing <b>MUST</b> be submitted into HPMS</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>DO NOT</b> include content on website or on social/electronic media (i.e., Facebook, Twitter, YouTube, LinkedIn, Scan Code, or QR Code) for the next contract year prior to October 1</li> </ul>
<p><b>Related Laws &amp; Regulations</b></p>	<ul style="list-style-type: none"> <li>▪ <b>MUST</b> provide reasonable accommodations for beneficiaries’ w/disabilities - Americans with Disabilities Act of 1990</li> <li>▪ <b>MUST</b> ensure effective communication w/individual’s w/disabilities &amp; provide auxiliary aids/services, such as alternate formats - Section 504 of Rehabilitation Act</li> <li>▪ <b>MUST</b> prohibit discrimination on basis of race, color, national origin, sex, age or disability in certain health programs or activities – Section 1557 of patient Protection and Affordable Care Act</li> <li>▪ <b>MUST</b> write all Medicare publications, documents &amp; forms in a clear, concise, well-organized manner - Plain Writing Act of 2010</li> <li>▪ <b>MUST</b> follow all Federal &amp; State laws regarding confidentiality &amp; disclosure of patient information; this includes compliance w/provisions of HIPAA Privacy Rule &amp; its specific rules pertaining to disclosures of beneficiary information; additional information on <b>HIPAA Privacy Rule</b> can be found at <a href="http://www.hhs.gov/ocr/privacy">http://www.hhs.gov/ocr/privacy</a></li> </ul>	