

# CMS Provider Marketing Guidelines for Physicians and Medical Groups

The 2009 Annual Election Period for Medicare Advantage and Medicare Advantage-Part D is fast approaching. Listed here are Medicare guidelines that govern how you can and cannot inform or educate patients about enrollment and plan information. To the extent that you are able to assist a beneficiary in an objective assessment of his or her needs, and potential plan options that may meet those needs, CMS encourages you to do so. CMS is concerned, however, that providers

may not at times be fully aware of all plan benefits and costs and that beneficiaries may be confused if they perceive their physician acting on behalf of a plan. So, it is important that you adhere to the Medicare guidelines, stay informed, and act always in the best interest of your patients when responding to requests for assistance or advice. Remember, Universal American wants the best for your patients — and you.

## Do...

- **Provide the names of plans** with which you are affiliated to your patients.
- **Encourage your patients to seek out other sources of information** regarding plan benefits such as the State Health Insurance Assistance Programs, plan marketing representatives, their State Medicaid Office, local Social Security Administration Office, or <http://www.medicare.gov> or 1-800-MEDICARE.
- **Provide the plan's contact information** to a beneficiary, if requested, so that he or she may contact the plan directly (e.g., toll free number, agent business card, address, etc.).
- **Allow plans or plan agents to conduct sales presentations** and distribute and accept enrollment applications in your office as long as the activity takes place in the common areas (common areas, where marketing activities are allowed, include areas such as hospital or nursing home cafeterias, community or recreational rooms, and conference rooms) and patients are not misled or pressured into participating in such activities.
- **Make available MA and/or MA-PD marketing materials**, excluding enrollment application forms, and inform beneficiaries where they can obtain information on all available options within the service area (i.e., 1-800-MEDICARE or [medicare.gov](http://www.medicare.gov)). If you make available information for one plan, you must make available information for ALL plans with which you are affiliated.
- **Provide contact information** for any plan for which a beneficiary expresses an interest and requests such contact information from you.
- **Distribute CMS-approved Plan Finder information.** You may also print out and share information with patients from CMS's Web site.
- **Announce plan affiliations through general advertising** (e.g., publicity, radio, television). However, new affiliation announcements which name only one plan may occur only once when using direct mail and/or email; additional communications must include all plans with which the provider contracts.
- **Display affiliation banners, displays, brochures, and/or posters**, however, include all plans with which you are affiliated that have provided you with such materials (please note: any affiliation communication materials that describe plans in any way (e.g., benefits, formularies) must be approved by CMS).
- **Provide links on your website** of all plan enrollment applications and/or provide downloadable enrollment applications to all plans with whom you participate, or in the alternative, you may feel free to link to the CMS Online Enrollment Center.
- **Participate in educational events**, including Health Fairs. However, you should not engage in marketing activities at educational events.

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# Don't...

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- **Make phone calls**, direct, urge, offer inducements, or attempt to persuade, any prospective Medicare enrollee to enroll in a particular plan.
- **Accept enrollment applications.**
- **Offer sales or sales appointment forms** from your staff.
- **Mail marketing materials** (e.g., Enrollment Kits) on behalf of plans with whom you participate.
- **Provide a beneficiary's contact information** to a plan (or its agents) unless beneficiary explicitly requests the plan contact them in writing.
- **Health screen when distributing information** to patients, as health screening is a prohibited marketing activity.
- **Expect or accept compensation**, directly or indirectly, in consideration for the enrollment of a beneficiary or for enrollment or marketing activities.
- **Allow plans to conduct sales presentations** and distribute and/or accept enrollment applications in areas where patients primarily intend to receive health care services (these areas generally include, but are not limited to, waiting rooms, exam rooms, hospital patient rooms, and pharmacy counter areas).
- **Compare plan benefits against other health plans**, unless the materials were written or approved by CMS (for example, information generated through CMS' Plan Finder via a computer terminal for access by beneficiaries).
- **Make available sales or plan promotional materials** that are not CMS-approved.
- **Suggest that a particular plan is approved**, endorsed or authorized by Medicare.



A Healthy Collaboration<sup>SM</sup>

*Universal American is a specialty health and life insurance holding company, with an emphasis on providing a broad array of health insurance and managed care products and services to the growing senior population.*