CMS Marketing Guidelines

- Providence Medicare Advantage Plans is required to comply with all Medicare marketing guidelines outlined in Ch.3 of the Medicare Managed Care Manual.
- This includes any materials sent on behalf of PHP by delegated entities.
- CMS releases updates to this guidance periodically, usually we see updates once a year.
- When CMS releases new guidance you will receive official communication from PHP with instruction and references on how any changes/updates apply to you.
Specific CMS Marketing Guidelines

- All communication with Medicare Advantage members must be in at least 12 point font.
- All communication with Medicare members must **not** be higher than a 12th grade reading level.
- All PHP marketing material, including those sent by a delegate, must contain a marketing ID number.
- All materials sent by a delegate must be approved by PHP Compliance and CMS.
Envelopes

- CMS has specific guidance regarding envelopes sent on behalf of PHP.

- PHP’s plan name or logo must be included on every mailing to current and prospective enrollees.

- One of the following disclaimers must be present on the front of all envelopes sent on behalf of PHP:
  - Advertising pieces – “This is an advertisement”
  - Plan information – “Important plan information”
  - Health and wellness information – “Health or wellness or prevention information”
  - Non-health or non-plan information - “Non-health or non-plan related information”
Envelopes (continued)

• The disclaimers and plan name or logo must be included in one of the following ways:
  ▫ The front of the envelope
  ▫ Through the front window of the envelope (only if the disclaimer is prominently displayed within the display window of the envelope and is separate and distinct from the beneficiary’s name/address)
  ▫ On the mailing itself when no envelope accompanies the mailer
OMB Process

- OMB forms are CMS issued standard forms and cannot be altered in any way.
- CMS releases updates to OMB forms periodically.
- You will receive updated OMB forms directly from PHP whenever they are updated. This will come in a formal PHP email/letter.
Record Retention

- CMS requires that all materials, documents, and records relating to Medicare Advantage members are kept for a period of 10 years plus the current year.
- After the record retention timeframe materials must be disposed of in a secure confidential manner. (i.e. shredding).
Data Validation

- All delegated entities who make Organization Determinations on behalf of Providence Medicare Advantage Plans are required to comply with all Data Validation Requirements.
- All delegated entities are required to submit Data Validation documents to Teri Radogna-Linquist according to the quarterly schedule.
Data Validation (Required Documents)

- The below items must be submitted to PHP every quarter for H9047:

  - Source Code used for pulling data.

  - A raw data Excel file for Pre-Service Organization Determinations (pre-authorizations requested for items/services) where decision date occurred in the quarter for **H9047**. (format next page)

  - Excel File with all contracted and non-contracted fully paid claims (all lines paid) that were paid in the quarter for **H9047**. (format next page) if applicable.

  - Excel File with all contracted and non-contracted partially paid claims (all lines partially paid) that were partially paid in the quarter for **H9047**. (format next page) if applicable.

  - Excel File with all contracted and non-contracted fully denied claims (all lines denied) that were denied in the quarter for **H9047**. (format next page) if applicable.

  - Final reporting numbers for **H9047**.
Data Validation (Data File Format)

- The file/tab should be labeled **by quarter, year, and contract number (H9047).**

- The required data fields are:
  - Member ID (that is, PHP membership number)
  - Date request received
  - Description of Item(s)/service(s) requested (this should be brief)
  - Date member was informed of the decision
  - Decision on the request (Fully Favorable, Partially Favorable, Adverse)

Note: Include expedited and non expedited pre-service requests. Exclude any requests that were cancelled/withdrawn
Questions or Comments:

Thank you!