

**Preventing Medicare Fraud** 

# Marketing and Senior Medicare Patrol Updates

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# **Session Topics**

- ✓ Overview of marketing guidelines
- ✓ What's new with guidelines for 2023?
- **✓ SMP Resources**

✓ Medicare Fraud in Wisconsin



# **Senior Medicare Patrol (SMP)**The mission is...

to empower and assist Medicare beneficiaries, their families, and caregivers

to prevent, detect, and report health care fraud, errors, and abuse

through outreach, counseling, and education.









# Medicare Parts C & D Marketing Guidelines

- ✓ Rules that insurance companies and plan representatives (insurance agents and brokers) must follow when selling Medicare Advantage plans, Part D plans, cost plans, and Medicare-Medicaid plans (with some exceptions)
- ✓ Guidelines intended to prevent plans from presenting misleading information about plan costs and benefits
- ✓ Includes rules for how plan representatives may contact and market to beneficiaries



#### **Educational Events**

- ✓ Information only, no marketing or sales pitches during the presentation
- ✓ Must be advertised explicitly as educational
- ✓ Beneficiary-initiated questions can be answered
- ✓ Can set-up marketing appointment if requested by beneficiary
- ✓ No marketing materials or enrollment forms can be distributed
- ✓ Insurance rep can distribute business cards and contact info for beneficiaries to initiate contact



### **Marketing/Sales Events**

- Designed to steer potential enrollees or retain current enrollees toward a plan or limited set of plans
- ✓ Health and Drug plans:
  - ✓ Must submit talking points and presentations to CMS prior to use including those to be used by agents/brokers
  - ✓ Can not require attendees to provide contact information as a pre-requisite for attending an event
- ✓ Sign in sheets must be clearly labeled as OPTIONAL
- ✓ Health screenings or other activities that may be perceived as, or used for, "cherry picking" are not permitted
- ✓ Contact information provided for raffles or drawings may only be used for that purpose



### **Scope of Appointment**

- ✓ Scope of Appointment documentation is required for ALL marketing appointments, regardless of venue
- ✓ Scope of Appointment must include:
  - ✓ Product types to be discussed
  - ✓ Date of appointment
  - ✓ Beneficiary and agent contact information
  - ✓ Statement that no obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur
- ✓ Encourage beneficiaries to request a copy of the Scope of Appointment documentation for their records



#### What's new in 2023?

- ✓ Beneficiary Contact
- ✓ Marketing Requirements
- ✓ Third Party Marketing Organization (TPMO) Requirements



### **Beneficiary Contact Changes**

- ✓ Business Reply Cards (BRC) and Scope of Appointments (SOA)
  are not allowed to be distributed at educational events
- ✓ A marketing event may not occur within 12 hours of an educational event at the same venue
- ✓ Requirement: enrollees be notified annually in writing of ability to opt-out of plan business calls
- ✓ Requirement: there must be 48 hours between scheduling a personal marketing appointment/filling out an SOA and the meeting with the beneficiary
- ✓ Authority for agent to talk to member based on a request for more information limited to 12 months



#### **TV Ads to Attract Enrollees**



# TV Commercials by the numbers, 2022 open enrollment period:

- √ 650,000 airings of Medicare ads appeared during nine weeks of advertising, more than 9,500/day
- ✓ One in every five TV ads sponsored by brokers and other third-party entities/marketing firms
- ✓ TV ads for Medicare Advantage(MA) plans counted for 85% all airings
- ✓ TV ads for MA often showed images of government-issued Medicare card or urged viewers to call a "Medicare" hotline other than 1-800-MEDICARE
- ✓ Some ads suggested people were missing out on benefits entitled to them if not enrolled in a MA plan
- Vast majority highlighted low costs and extra benefits
- Ads sponsored by brokers/third-party entities used celebrity endorsements



### **Marketing Requirement Changes**

- ✓ Limits placed on use of the Medicare name, logo, and image of the Medicare ID card
- ✓ All TV ads and print materials to be submitted to CMS ahead of time and reviewed PRIOR to airing/distributing
- ✓ Door-to-door contact considered unsolicited and prohibited
- ✓ Superlatives (best, most, biggest) not allowed in marketing copy without evidence to support the statement



### Marketing Requirements (cont.)

- ✓ To provide meaningful comparisons, medical benefits are required to be in a specific order and listed at the top of a plan's Summary of Benefits
- ✓ Requiring (online) provider directories to be searchable by every element
- ✓ Marketing of benefits not available by any of the plans in that service area is prohibited



# Third Party Marketing Organizations (TPMO) Requirements

- ✓ Definition: an organization or individual, including independent agents and brokers, who is compensated to perform lead generation, marketing, sales, and enrollment-related functions as part of the chain of enrollment
- ✓ Plans must have an oversight program to monitor agent/broker activity and report incidences of non-compliance to CMS
- ✓ Clarifying that the requirement to ensure that TPMOs record all marketing calls with beneficiaries includes technology like Zoom



### **TPMOs Requirements (cont.)**

- ✓ TPMO disclaimer to include all plans the TPMO sells (in print) or mention how many organizations the TPMO sells (when spoken)
- ✓ Adding the State Health Insurance Assistance Program (SHIP) to the TPMO disclaimer
- ✓ Requiring agents to explain the effect of enrollment on current coverage (e.g., enrolling in Medicare Advantage plan will cancel current plan/coverage, primary care provider status)
- ✓ Requiring agents to go through a CMS-developed list of items before enrollment (pre-enrollment check list)



# Misleading Statements

#### **ALLOWED:**

- May call beneficiary who has given advanced permission
- ✓ Must use approved disclaimer language in the first minute of the call
- ✓ All calls/virtual communications must be recorded and stored.

#### **NOT ALLOWED:**

- ✓ Cannot state they are from Medicare or use words or symbols including "Medicare" in misleading manner
- ✓ Cannot state they are approved, endorsed or authorized by Medicare, or that Medicare asked them to call or see the beneficiary







#### Is This Allowed?

A representative tried to talk with me about their plan in the hospital patient room.



#### This is NOT Allowed

- ✓ May conduct marketing/sales activities in common areas of healthcare settings.
  - ✓ Appropriate common areas: waiting rooms, cafeterias, community or recreational rooms and conference rooms in hospitals, nursing homes, assisted living centers, or other congregate housing units.
- ✓ Restricted areas include exam rooms, hospital patient rooms, dialysis centers, and pharmacy counter areas.

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A representative tried to talk with me about their plan in the hospital patient room.



#### Is This Allowed?

I'm getting calls and texts from a plan without my permission, and I'm not a member.



#### This is NOT Allowed

✓ Plans are not allowed to cold call/text individuals.

✓ Permission must be given by the beneficiary for contact if not already a member of that plan.

I'm getting calls and texts from a plan without my permission, and I'm not a member.





#### Is This Allowed?

A plan is offering cash if I join.



#### This is NOT Allowed

- ✓ Plans can offer nominal gifts to potential enrollees for marketing purposes, but it may NOT be in the form of cash or other monetary rebates.
- ✓ Per individual: \$15 or less in value
- ✓ Given regardless of enrollment and without discrimination
- ✓ May not provide or subsidize meals but may provide refreshments and light snacks

  A plan is

A plan is offering cash if l join.





#### Is This Allowed?

I got an unwanted email, but it included an "opt-out" function.



#### This IS Allowed

✓ Direct messaging is allowed but must have an "optout" function

I got an unwanted email, but it included an "opt-out" function.



# What happens when a marketing violations is reported to the Senior Medicare Patrol?

- ✓ Suspected marketing violations/agent misconduct issues go to the Centers for Medicare and Medicaid Services SMP liaison
- ✓ If an insurance agent is involved, agent information is reported in a complaint to the Wisconsin Office of the Commissioner of Insurance
- ✓ If a Complaint Tracking Module (CTM) entry has occurred, SMP will include that in case information
- ✓ The more information/details available, the stronger the complaint/case



## Resources

- ✓ Wisconsin Senior Medicare Patrol Website
  - ✓ Home Page Banner: Important things to know about Medicare's Open Enrollment Period





Medicare Open Enrollment: October 15 – December 7: Important things to know >

- ✓ Decision Making Tools
  - ✓ Ask the Right Questions
  - ✓ Comparing Medicare Coverage Options
  - ✓ <u>To Navigate the Medicare Maze, Know Your Resources!</u>
- ✓ Fall 2023 Edition of The SMP Scoop



# Resources (cont.)

- √ Toll-Free Helpline: (888) 818-2611
- ✓ Statewide Radio Campaign and Interviews
- ✓ GWAAR Open Enrollment Toolkit
  - ✓ October 2023 Medicare Minute: Protecting Yourself from Marketing Violations handout
  - ✓ Other resources to be uploaded as available.



# Resources (cont.)

- √ Facebook Accounts to Follow/Share:
  - **✓ SHIP National TA Center**
  - **✓ SMP National Resource Center**
  - ✓ Wisconsin Senior Medicare Patrol
  - **✓** <u>Medicare</u>





# What are we hearing from Wisconsin Medicare beneficiaries?

- ✓ Durable Medical Equipment Scams
  - ✓ Urinary Catheter Kits
- ✓ New Medicare card scams
- ✓ Covid-19 Test Kit Scams
  - ✓ As of September 25<sup>th</sup>: Four free rapid tests from the government
  - ✓ <u>www.covid.gov/tests</u>
  - ✓ 1-800-232-0233
  - ✓ TTY: 1-888-720-7489





# How to contact the Wisconsin Senior Medicare Patrol

- ✓ Visit us online
- ✓ Call our Toll-Free & Confidential Helpline: (888) 818-2611
- √ Follow Us on Facebook

✓ Email:smp-wi@gwaar.org



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