

# Medicare Compliance 101





# Discussion Topics

- Marketing Definitions
- Marketing/Sales Event vs. Educational Event
- Marketing/Sales Event Checklist
- Permission-to-Contact (PTC) & Scope of Appointment (SOA) Forms
- CMS Prohibited & Appropriate/Permitted Marketing Behaviors
- 10 Ways to Help Prevent Member Complaints
- Common Secret Shop Findings
- Producer Monitoring & Responsibilities
- How to be Compliant & Reporting Compliance Concerns
- DOs & DON'Ts – CMS regulation parts 422 and 423, subparts V
- Producer Contact Information
- Medicare Compliance Resources





# Marketing Definitions

## Marketing/Sales Events

**Marketing/Sales Events** are events designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans.

Agents may:

- Discuss plan-specific information (i.e., cost sharing, premiums, benefits)
- Distribute health plan brochures and enrollment materials
- Distribute and collect applications
- Perform enrollments

# Marketing/Sales Events

There are two main types of Marketing/Sales events – *formal and informal*.

Both types must be reported to the carrier *prior* to being held. Report the majority of your events to the carriers by their respective deadlines. All events must be reported *prior* to being advertised or 10 calendar days *prior* to the event's scheduled date, whichever is earlier.

Neither type of event requires a Scope of Appointment form in order for a beneficiary to attend it or to receive marketing information or materials. Do not obtain one. CMS views it as pressuring for personal contact information and is prohibited.

## Formal Marketing/Sales Event

is typically structured in an audience/presenter style layout. It generally has a sales person formally providing specific plan or product information via a formal presentation on Medicare products being offered.

**Informal Marketing/Sales Event** is conducted with a less structured presentation or in a less formal environment. It typically utilizes a table, kiosk or a recreational vehicle (RV) that is manned by an agent who can discuss the merits of the plan's products *when approached by a beneficiary*.

# Personal/Individual Marketing Appointment

**One-on-one** personal/individual marketing appointments typically take place in the Medicare beneficiary's home. However, these appointments can take place in other venues such as a library, coffee shop, or by phone. Regardless of where they are held, Scope of Appointment (SOA) guidelines must be followed when holding a one-on-one marketing appointment with a Medicare beneficiary. These one-on-one meetings are held *outside of a formal or informal marketing/sale event*.

You must obtain an SOA form *prior to the start of all* personal/individual marketing appointments held in person or by phone when MA, MAPD and PDP products are discussed. And, you may only discuss what was agreed to on the SOA. A second scope must be obtained *if the beneficiary requests* other products to discuss not agreed upon for the initial appointment. After the second SOA is completed for new product(s), the marketing appointment can then continue.

When a beneficiary visits you on his/her own accord or wishes to attend a pre-scheduled, individual meeting with another beneficiary, you must obtain an SOA *prior* to discussing MA, MAPD and PDP products with that person.

# Marketing in the Health Care Setting

Marketing activities and the distribution of marketing materials, including sales presentations, distributing and collecting enrollment applications are permitted in healthcare settings in *common areas* only. This includes common entryways, vestibules, hospital or nursing home cafeterias, community, recreational or conference rooms, and outside of pharmacy counter areas in retail stores, away from where individuals wait for services or interact with pharmacy provider or obtain medications).

Marketing activities are prohibited in any areas *where patients receive health services* (includes exam rooms, hospital patient rooms, treatment areas where patients interact with their provider or clinical team/receive treatment (including dialysis treatment facilities), and pharmacy counter areas.

*Only upon request by the beneficiary* are you permitted to schedule appointments with beneficiaries residing in long-term care facilities (including nursing homes, assisted living facilities, board and care homes, etc.).

# Educational Event

**Educational Event** is an event designed to inform and provide Medicare beneficiaries with objective information (*communication materials*) about the Medicare Program, MA/MAPD and/or PDP plans. It does not include marketing, (i.e., agent or plan does not steer, or attempt to steer, potential enrollees toward a specific plan or limited number of plans).

Educational events may need to be reported to the carrier, please check with your particular carrier to confirm requirements.

Educational events may be hosted by you or an outside entity, and must be held in a public venue.

Educational events may not include any sales activities. This includes the distribution of plan-specific/benefit information, including premium and copay data (*marketing materials*), or the distribution or collection of plan applications.

An Educational event must be explicitly advertised as “educational,” *otherwise, CMS considers it a marketing/sales event and must be reported as such.*

# Enrollee/Member-only Educational Event

You may hold an **Enrollee/Member-only Educational Event**, but these events may not include any enrollment or sales activities (enrollment forms are not permitted at the event).

Marketing of these events must only target *existing* enrollees/members (i.e., direct mail fliers) and not the mass marketplace (i.e., radio or newspaper ad).

You may discuss plan-specific premiums and/or benefits and distribute plan-specific material to enrollees/members. In this context only, the discussion of benefits is not considered a sales activity and must be for promoting the understanding of their current plan benefits.

**Enrollee/Member-only Educational Events** must be advertised as educational; otherwise, CMS considers them as marketing/sales events and must be reported as such.

If your **Enrollee/Member-only Event** will have enrollment forms available, it must be reported as a marketing/sales event for members.



# Health Fairs

Health and wellness presentations may take place at multiple locations throughout the service area. This includes community centers and churches in the neighborhoods where the carrier Medicare members live and work.

The carrier may participate in health fairs and health promotional events as either a sole sponsor or co-sponsor of an event hosted by multiple organizations.

You are not permitted to conduct health screenings, genetic testing, or other like activities that give the impression of *“cherry picking.”*


Health Fairs may be educational or marketing in nature. However, event must comply with either the educational or marketing requirements based on the type of event the health fair is advertised as - educational or marketing/sales.

## Reminders:

A “referred” beneficiary must contact you or the plan directly. You may not contact them.

During Educational events, you may set up future marketing appointments and distribute business cards and contact information to initiate contact.

*Scope of Appointment & Permission-to-contact forms may be available.*



**Marketing/Sales Event  
vs.  
Educational Event**

## Marketing/Sales Event

*Designed to steer/attempt to steer potential enrollees toward a plan or limited set of plans*

- Must be reported to the carrier as either formal or informal
- Must be advertised with product type listed which will be discussed at the event – all advertisements must be submitted to us for review and CMS approval
- Can have available your contact information, as well as Scope of Appointment & Permission-to-contact forms
- May discuss plan-specific information such as cost-sharing, benefits and premiums, etc.
- Must only have available the carrier and CMS-approved marketing materials
- May distribute and collect enrollment applications
- Can offer light snacks and refreshments
- SOA is not required and is not to be requested at a formal or informal event; SOA is only required for *all* one-on-one individual/ marketing appointments
- Held in public venue, in-home or by phone
- Use only CMS-approved sales presentations for formal and one-on-one marketing appointments; refer to it during informal events

## Educational Event

*Designed to only inform beneficiaries about MA/MAPD, PDP and other Medicare programs*

- Educational events may need to be reported to the carrier, please check with your particular carrier to confirm requirements.
- Must be advertised explicitly as “educational,” otherwise CMS views it as a marketing/sales event and must be reported as such
- May distribute *business cards* and have available *contact information* for beneficiaries to initiate contact
- May set up future marketing appointments by having *Scope of Appointment* and *Permission-to-contact* forms available
- Must not discuss or have available any marketing materials or plan-specific information such as cost-sharing, benefit, premiums, etc.
- May provide meals
- SOA is not required
- Can’t distribute, collect, or have available enrollment applications
- Must be held in a public venue

## Marketing/Sales Event may not ...

- Conduct health screenings, genetic testing or other like activities giving the impression of “*cherry picking*”
- Compare one sponsor to another by name
- Provide meals
- Require beneficiaries to provide any contact information as a prerequisite for attending an event or providing information or materials
- If using a sign-in sheet, use the carriers if possible, which should include mandatory language, “*Completion of any contact information is optional*”
- Ask for phone numbers for referrals
- Use prohibited statements as listed in CMS Regulations parts 422 and 423, subparts V
- Market or advertise Medicare plans for the upcoming benefit/plan year *prior* to Oct. 1
- Solicit or accept enrollment applications for a Jan. 1 effective date *prior* to the start of AEP (Oct. 15) *unless* enrollee is entitled to another enrollment period
- Target knowingly or send unsolicited marketing materials to any MA or Part D enrollee during OEP (Jan. 1 to Mar. 31)
- Offer nominal gifts in the form of cash or other monetary rebates, even if their worth is \$15 or less

## Educational Event may not ...

- Distribute or collect applications or other sales materials, or demonstrate any bias towards one plan type over another
- Distribute plan-specific plan/benefit information or cost-sharing or premium information
- Solicit for individual appointments under the premise that the appointment is for education purposes
- Advertise an educational event and hold a marketing/sales event immediately following in the same location (i.e., same hotel) unless they are clearly identified as different events. The member must be given the opportunity to exit the educational event once it concludes.
- Hold in-home or in one-on-one settings

# Marketing/Sales Events Checklist

- Ensure you're setting up and ready at the start time reported for the event
- Upon arrival, check-in with the venue so they know you are onsite, and have your carrier Verification Form signed at the same time
- If you find your event will not start on time or is moved or canceled, you must immediately notify the plan and your upline – the reporting records must be accurate
- Ensure you are using CMS-approved MAPD or PDP sales presentation during a formal marketing/sales event or personal/individual one-on-one appointment
- Read the *notes* or *talking points* comments within the presentation deck as part of the script
- When possible, display the presentation on a laptop, iPad, projector, or distribute copies
- If you're presenting for someone else and not the person originally listed for the event, *immediately* notify the plan and upline – reporting records must be correct



# Marketing/Sales Events Checklist

- Give every person attending a marketing/sales event a complete sales/enrollment kit - do not just hand out *Plan Guides*
- Announce all products or plans to be reviewed during the presentation at the beginning of it (i.e., HMO, PPO, PDP, etc.)
- Do not misrepresent CMS, the carrier, yourself, plan benefits or services
- Do not use absolute superlatives (i.e., “the best,” “highest ranked,” “rated number 1”) or qualified superlatives (i.e., “one of the best,” “among the highest ranked”) unless substantiated with supporting data provided during CMS marketing review process or used in logos/taglines
- Only distribute CMS-approved materials
- When providing an Enrollment Form, you must also provide: 1) *current* Star/Plan Ratings sheet, and 2) Summary of Benefits, with 3) Pre-Enrollment Checklist
- You must cover Part D and include: co-share information, coverage gap, how drugs are covered (tiers), how to look up a drug (plan formulary), prescription assistance, and how to find out about extrahelp
- *If* a sign-in sheet is available, make sure it contains the required statement in large letters across the top, “*Completion of any contact information is optional*”



# Permission-to-Contact Form

- **Permission-to-Contact** form is required prior to conducting an outbound call to a Medicare prospect.
- If a prospect calls in to RSVP for a meeting, a Permission-to-Contact form is not required for that meeting. But, it would be required for a representative to place a follow-up call to a meeting attendee.
- Requests for identification numbers, bank or credit card information are prohibited.
- An agent may contact a client without PTC if they are the agent of record of the members current policy



**Please Contact me about Medicare Plans**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Text Message  YES  NO  
Medicare Eligible:  YES  NO  
 I am not eligible to enroll before October 15<sup>th</sup>, please contact me between October 1 and December 7

I am interested in plan information for the following (check all that apply):  
(plan availability may vary by location)  
 Prescription Drug Plans  
 Medicare Supplement Plans  
 Medicare Advantage Plans  
 Dental Plans  
 Hospital Indemnity Plans

Email Address: \_\_\_\_\_  
*By providing my e-mail address or telephone number, I agree to allow a licensed sales representative to contact me regarding information related to Medicare health plans and health insurance plans, products, services and/or educational information related to health care.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*According to Medicare rules, we need your permission to contact you to discuss your Medicare plan options. By accepting this form, you are agreeing to a sales telephone call or an email from a licensed sales agent to discuss the specific types of products above. The person who will be discussing plan options with you is with or contracted by a Medicare health plan or prescription drug plan that is not the Federal Government, and they may be compensated based on your enrollment in a plan. Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.*

# Scope of Appointment (SOA) Requirements

- All individual/personal appointments discussing MA/MAPD and PDP products with beneficiaries are marketing appointment, regardless of the venue (i.e., in-home, library, over the phone).
- SOA documentation is required *before* any one-on-one appointment can take place.
- The signed SOA is a documented agreement between a Medicare beneficiary and an agent, broker or producer. It lists the Medicare products agreed upon for discussion *prior* to an individual/personal appointment.

*You are responsible for following CMS SOA guidelines when conducting individual Medicare appointments held in person or over the phone.*

- Your SOA can be documented: 1) **in writing** with a signed CMS-approved SOA form; or it can be 2) as a **telephonic**; or, as an 3) **electronic** agreement. The same SOA rules apply to all.
- You must attach a copy of a signed SOA to any paper application received from a one-on-one individual appointment *before* submitting the application to the carrier if required by the carrier.
- You're not to obtain an SOA for a beneficiary to attend a formal or informal marketing/sales event. CMS doesn't require it. And, they'll view it as pressuring for personal contact information. And, it's not required to provide plan/benefit information or to answer questions at a formal or informal event.



# Scope of Appointment (SOA) Requirements

- You can't discuss plan options that weren't agreed to by the beneficiary *prior* to the meeting.
- A completed SOA is not open-ended permission for future contact. It's only valid for the duration of that transaction/appointment.
- You can discuss various plan options, offer educational and plan materials, and provide and collect enrollment forms.

***Remember***, you must provide with an enrollment form the following:

- 1) *Current Star Ratings document, and*
- 2) *Summary of Benefits, with* 3) *Pre-Enrollment Checklist.*

- You'll find CMS-approved SOA forms and instructions on *the carrier's websites*.
- You must maintain SOAs for at least 10 years. And, you'll want them readily available upon request. This includes initial and additional SOAs obtained during appointments.
- *If a beneficiary requests* other products not documented on the SOA, you must obtain a second SOA for the additional product(s). Your marketing appointment can then continue.
- If a beneficiary visits you or wants to attend a pre-scheduled meeting with another beneficiary, you must get an SOA. Be sure to obtain it *prior* to discussing Medicare products with the unexpected attendee.

# Scope of Appointment (SOA) Requirements

## *What you can't do – ever.*

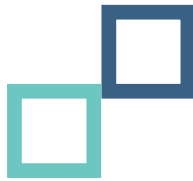
- Discuss plan options not agreed to by the beneficiary
- Ask beneficiaries for referrals
- Market non-healthcare products (such as annuities or life insurance) – referred to as *cross selling*
- Solicit or accept enrollment applications for a January 1 effective date *prior* to the start of the Annual Election Period (AEP) *unless* the beneficiary is entitled to another enrollment period (i.e., Special Election Period (SEP) or within their initial enrollment period)
- Provide meals or have meals subsidized
- Market through unsolicited contacts



# Your SOA Documentation can be:



- **in writing** with a signed CMS-approved SOA form
- a **telephonic** agreement
- an **electronic** agreement through the carriers application if any



### Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**  
(Refer to page 2 for product type descriptions.)

<input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)	<input type="checkbox"/> Dental/Vision/Hearing Products
<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans	<input type="checkbox"/> Supplemental Health Products
	<input type="checkbox"/> Medicare Supplement (Medigap) Products

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.** Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
[Plan use only]	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	
Stand-alone Medicare Prescription Drug Plans (Part D)	
<b>Medicare Prescription Drug Plan (PDP)</b> : A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.	

# CMS Prohibited Marketing Behaviors



- **May not** use words, symbols, or state you or products are *recommended/endorsed* by CMS, Medicare, or Department of Health and Human Services (DHHS)
- **May not** *solicit* door-to-door or approach people in *common areas*, such as parking lots, hallways or sidewalks
- **May not** market through *unsolicited contact* (referred to as *cold calling*). Email marketing may be used as long as there is an “opt out” option for the beneficiary to opt out of receiving emails.
- **May not** conduct sales activities in *healthcare settings* (exam rooms, dialysis centers, pharmacy counters), except in *common healthcare areas*
- **May not** use *providers* to collect enrollment forms or inducement to join plans
- **May not** offer *gifts* as a condition of enrollment or offer gifts of more than \$15 based on fair market value of item(s)
- **May not** offer *cash, gift cards, lottery tickets* or anything that can be exchanged for monetary amounts
- **May not** call a *referred* beneficiary
- **May not** intimidate, nor use high-pressure tactics (*aggressive marketing behaviors*), or scare tactics
- **May not** provide *meals* during any marketing/sales event or individual/personal marketing appointment

# CMS Prohibited Marketing Behaviors



- **May not** discuss products during a *one-on-one appointment* not agreed upon by a beneficiary and documented on a Scope of Appointment form prior to meeting
- **May not** require an attendee to *provide any contact information* in order to attend a formal or informal marketing/sales event or educational event, or in order to provide plan information or answer questions.
- **May not** contact people with Medicare *under the guise* of selling a non-MA/MAPD/PDP product and allow the conversation to turn to MA/MAPD/PDP
- **May not** conduct marketing or sales activities at an *educational event* (i.e., discussing plan benefits, distributing/collecting plan applications)
- **May not** market non-health related products (i.e., annuities and life insurance) during MA/MAPD/PDP events (referred to as *cross-selling*)
- **May not** target people from higher income areas or state/imply plans are only available to seniors rather than to all Medicare beneficiaries; this includes conducting health screenings or genetic testing or other like activities that could give the impress of *cherry-picking*
- **May not** *discriminate* for any reason
- **May not** hold *unreported* formal or informal marketing/sales events or educational events; all must be reported to the carrier if required.

# CMS Appropriate/ Permitted Marketing Behaviors



- **May** state you represent a plan that has a Medicare contract
- **May** leave information at a beneficiary's house if you had a scheduled *one-on-one appointment* and the beneficiary was not at home
- **May** initiate contact via *email* to prospective enrollees and to retain enrollment for current enrollees; you must provide an *opt-out process* on each communication to elect to no longer receive emails
- **May** contact beneficiaries who have given *prior* permission; permission applies only to the plan or agent/broker the person that requested contact from, for the duration of that transaction, and for the scope of products; *Permission-to-contact form* is required for calls; *Scope of Appointment form* for one-on-one marketing appointments
- **May** contact your *own current enrollees* to discuss plan business, including calls to enrollees who have been involuntarily disenrolled to resolve eligibility issues; but cannot market prior to October 1 under the pretense of plan business
- **May** offer gifts to *all* attendees at an event at a nominal value of \$15 or less
- **May** complete an SOA at a *marketing/sales event* for a future individual marketing appointment
- **May** discuss plan specifics during an *informal event after* beneficiary approaches you
- **May** at an *educational event* set up future marketing appointments and distribute business cards and contact information for beneficiaries to initiate contact – *Scope of Appointment & Permission-to-contact forms* may be available – must be free of plan marketing/benefit information

# CMS Appropriate/ Permitted Marketing Behaviors



- **May** at an *educational event* respond to a question or statement initiated by a beneficiary, but may not address subjects *beyond* the scope of the question/statement
- **May** contact beneficiaries who attended a sales event only when a signed compliant *Permission-to-Contact form* is obtained for a call
- **May** initiate a phone call to confirm an appointment; SOA may be changed with appropriate documentation
- **May** conduct sales activities in *common areas of healthcare settings* (cafeterias, community or recreational rooms, conference rooms); must secure a signed SOA *prior* to an appointment
- **May** provide refreshments and light snacks at *formal or informal marketing/sales events*
- **May** schedule appointments with people who live in *long term care facilities* only upon request
- **May** leave business cards with clients to give to friends or family - "*referred*" person must contact the agent/broker directly
- **May** discuss other products *if requested by a beneficiary* during a *one-on-one marketing appointment* not included on the original SOA, only after a second SOA is documented for the additional product

# 10 Ways to Help Prevent Member Complaints

1. Verify enrollee's *eligibility* for an Individual Medicare Plan (MA/MAPD). Be sure to include their Medicare health insurance claim number (HICN) on the application.
2. Explain enrollee is not joining a *Medicare Supplement (Medigap) plan*. Be clear that after joining Medicare Advantage plan, the MA plan (not the government) will provide all of their Medicare Part A (hospital insurance) and Medicare Part B (medial insurance) coverage.

*If an enrollee already has a Medicare Supplement plan, remind them Medigap plans can only be used with Original Medicare (plan supplied by government) and can't be used with MA plans.*
3. Confirm enrollee's doctor (*primary care physicians and specialists*) are participating in the plan's network. Use the online search tools available to you.

Keep in mind doctors may participate in one plan type and not another in the same area. Let your client know if the doctor or facility is or is not currently a network provider or facility. Do not comment a doctor or facility may participate in the network in the future.
4. Provide and explain the *plan's benefits, limitations and rules*, including copays, coinsurance, coverage gap and Part D penalty.
5. Verify enrollee's *medication coverage* through the formulary/drug lookup tool available to you, or reference [www.medicare.gov](http://www.medicare.gov). Discuss tier level and any restrictions (for example, prior authorization, quantity limit, step therapy). Also explain preferred versus non-preferred pharmacy, if applicable.
6. Remind members that Medicare Supplement plans may not automatically cancel when enrolling into a Medicare Advantage plan. They should contact the carrier to ensure that proper cancelation occurs.



# 10 Ways to Help Prevent Member Complaints

6. Verify the *election period*. Choose the appropriate election period for the enrollee.
7. Explain the *cancellation/disenrollment* process.
8. Ensure proper *plan selection* on the application.
9. Conduct a *final review of the enrollment form*. Confirm all information is correct and complete, including enrollee's phone number, and that enrollee's doctors and pharmacy are in network.
10. Verify enrollee understands they are completing an *enrollment form*. Explain to the enrollee to call the *Member Services* phone number on their ID card for quick resolution of any issues with their plan.

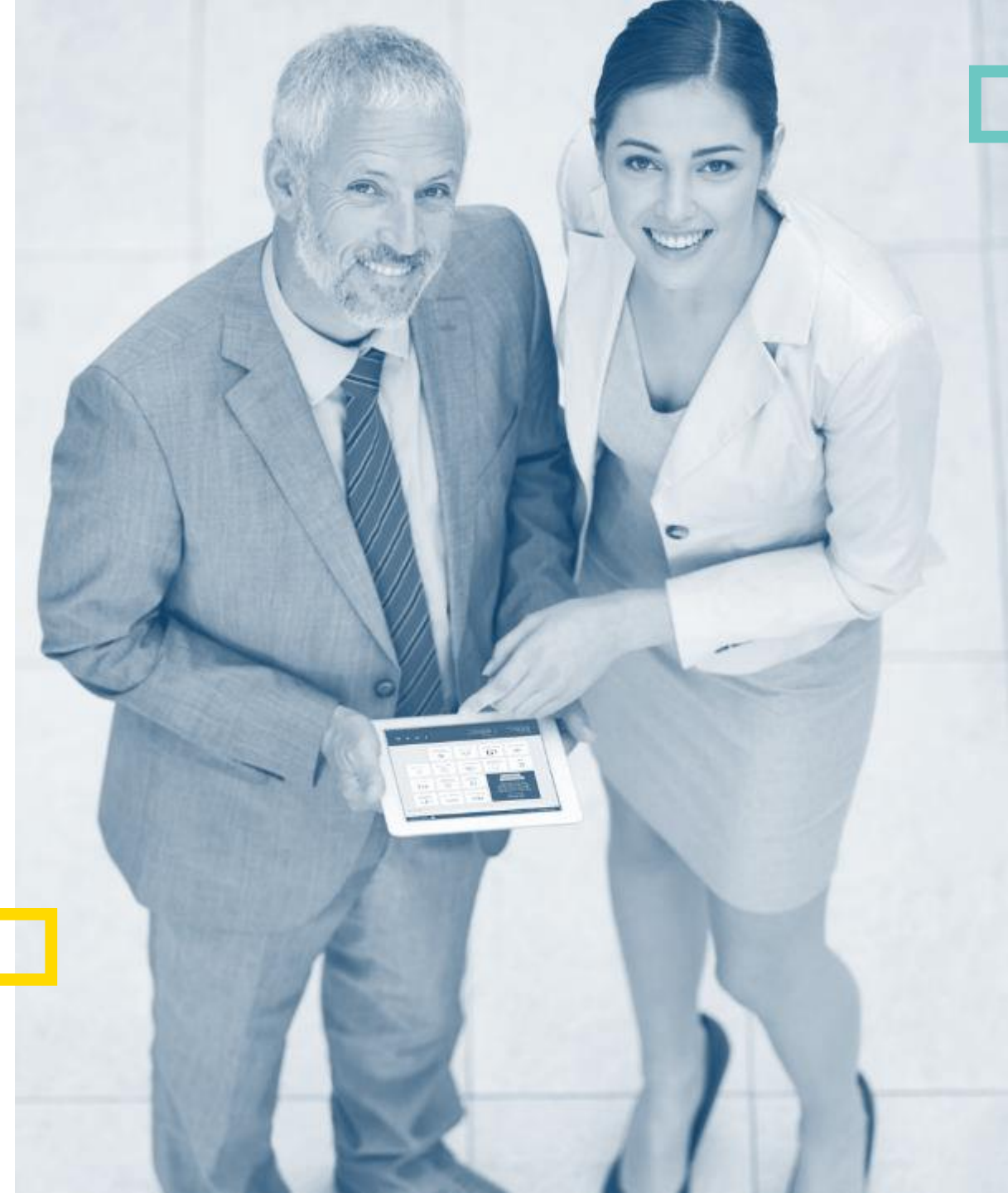


# Common Secret Shopper Findings

- No Shows - this includes events starting later than the start time reported to us. If your event won't be starting at its original start time (*no matter the reason*), or won't be taking place at all, you must *immediately* notify the carrier and your upline.
- Not distributing current Star Ratings sheet - this includes not explaining star/plan ratings or showing where to locate it in the Enrollment Kit or online.
- Asking multiple times for a personal/individual one-on-one marketing appointment. CMS considers it pressuring when asking more than once.
- Not stating something similar to, "You must keep paying your Medicare Part B premium in addition to paying your Medicare Advantage plan's premium, if there is one."
- Requiring an SOA be signed at a formal or informal marketing/sales event in order for a beneficiary to be able to attend the event, obtain materials, or have questions answered.
- Reporting events incorrectly – report formal events as formal and informal events as informal. The same CMS guidelines apply to both. But, events are held in different formats. And, educational events must be advertised as educational and held following their strict guidelines.
- *If you use a sign-in sheet, use one found on the carrier's Producer World. It clearly states providing contact information is optional. You can not verbally request any type of personal contact information, nor ask repeatedly for attendees to sign-in. CMS considers this pressuring for personal information.*
- Questions regarding Medicaid – refer beneficiaries to their state Medicaid department or 1-800-MEDICARE; if it's a Dual- eligible Special Needs (D-SNP) event, you can then also include your plan's information.

## It's the producer's responsibility to:

- Review and abide by all MA/MAPD, PDP and 1876 Cost Plan guidance as detailed in the *CMS regulations parts 422 and 423, subparts V and subsequent HPMS memos, etc.*
- Follow CMS requirements for marketing materials and related activities. Ensure you only use marketing materials provided by the carrier, which have already been CMS-approved.
- Ensure every application is received by the carrier **within 24-48 hours** of completing it with the beneficiary.
- Abide by the terms of your *carrier Marketing Agreement*.
- Read and abide by all carriers' *Code of Conduct, Medicare Compliance Program Policies & Procedures and Medicare Marketing regulations*



# How to be Compliant and Reporting Compliance Concerns

## Why Compliance is important:

- Any agent/broker/producer representing Individual Medicare products (MA/MAPD and/or PDP plans) must follow the carrier's policies and the Centers for Medicare & Medicaid Services (CMS) regulations and guidelines in your daily Medicare activities.
- You're responsible for knowing the rules and complying with them.
- The guidelines apply to both Medicare age-ins and existing beneficiaries.
- Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination and forfeiture of compensation.

## How to Report Compliance or Fraud, Waste and Abuse (FWA) Concerns:

As an agent contracted to sell Individual Medicare Advantage / PDP products, you're required to prevent and report suspected or actual non-compliance and/or fraud, waste and abuse.

## There are 3 ways to report suspected or actual compliance or FWA issues:

1. Contact the carrier directly via their phone or email process
2. Email Warner Pacific's compliance department: [medicarecompliance@warnerpacific.com](mailto:medicarecompliance@warnerpacific.com)
3. Contact Warner Pacific's Medicare Compliance Officer:  
Steve McCormick (800) 801-2300, ext. 5766 or [steve.mccormick@warnerpacific.com](mailto:steve.mccormick@warnerpacific.com)



**ANY  
QUESTIONS?**



Thank  
you

## Producer Contact Information

Who can I contact if I need assistance?

Warner Pacific Medicare Sales Team

Phone: 1-800-801-2300

Email: [MedicareCompliance@warnerpacific.com](mailto:MedicareCompliance@warnerpacific.com)

