



ADVOCATE HEALTH ADVISORS MEDICARE MARKETING POLICY

Mission: Advocate Health Advisors strives to maintain our standing as a compliance leader in the Medicare field by providing top level guidance and implementation to achieve our vision. To do this, Advocate Health abides by and enforces the current CMS Medicare Marketing Guidelines, as well as the individual Carrier Policies that we partner with.

Prohibited Marketing Activities. Producer acknowledges that certain marketing activities are prohibited by Medicare Program Requirements. The following description of prohibited marketing activities is not exhaustive and is subject to change based on CMS instructions or other changes in Medicare Program Requirements. Additionally, Advocate Health reserves the right to prohibit any marketing activities in its discretion and to adopt standards or practices that may be more rigorous than Medicare Program Requirements. Producer agrees that it shall not (i) conduct door-to-door solicitations and other instances of unsolicited contacts that may occur outside of advertised sales events, (ii) provide or subsidize meals for a Potential Member at any event or meeting at which plan benefits are being discussed and/or plan materials are being distributed, (iii) offer gifts to Potential Members unless such gifts are of nominal value (as defined by the Marketing Guidelines) and are provided whether or not the recipient enrolls in a plan, (iv) distribute marketing materials or collect Carrier applications at educational events, (v) conduct sales activities in healthcare settings except in common areas, or (vi) market non-health care related products (e.g. annuities or life insurance) during any Medicare related sales activity or presentation.

Marketing Through Unsolicited Contacts. Medicare Program Requirements restrict marketing Medicare Plans through unsolicited contacts including approaching Potential Members in public areas and telemarketing. Producer shall comply with all Medicare Program Requirements regarding unsolicited contacts and conduct any permitted telemarketing activities in compliance with Laws, including “do not call” requirements of Governmental Authorities. All outbound call scripts referencing a Carrier must be approved by Carrier in writing prior to use by Producer or its Representatives.

Scope of Appointment. A Scope of Appointment (SOA) is required to be submitted to the carrier with any MA, MAPD or PDP enrollment form or online/telephonic enrollment. All enrollment forms and SOA forms must be retained by the agent for a minimum of ten years.

70.4.3 – Scope of Appointment 42 CFR 422.2262, 422.2268(g) and (h), 423.2262, 423.2268 (g) and (h)

When conducting marketing activities, in-person or telephonically, a Plan/Part D Sponsor may not market any health care related product during a marketing appointment beyond the scope that the beneficiary agreed to before the meeting. The Plan/Part D Sponsor must document the scope of the appointment prior to the appointment. Distinct lines of plan business include MA, PDP and Cost Plan products. If a Plan/Part D Sponsor would like to discuss additional products during the appointment in which the beneficiary indicated interest, but did not agree to discuss in advance, the Plan/Part D Sponsor must document a second scope of appointment (SOA) for the additional product type to continue the appointment.

SOA documentation is subject to the following requirements:

- The documentation may be in writing, in the form of a signed agreement by the beneficiary, or a recorded oral agreement. Any technology (e.g., conference calls, fax machines, designated recording line, pre-paid envelopes, and email) can be used to document the scope of appointment.
- Date of appointment

- Beneficiary contact information (e.g., name, address, telephone number)
- Written or verbal documentation of beneficiary or appointed/authorized representative agreement
- The product type(s) (e.g., MA, PDP, MMP) the beneficiary has agreed to discuss during the scheduled appointment
- Agent information (e.g., name and contact information)
- A statement clarifying that:
 - beneficiaries are not obligated to enroll in a plan
 - current or future Medicare enrollment status will not be impacted
 - that the beneficiary is not automatically enrolled in the plan(s) discussed 41 A beneficiary may sign an SOA at a marketing/sales event for a future appointment. Marketing/sales events, as defined in section 70.5, do not require documentation of beneficiary agreement.

Note: Business reply cards (BRC) separate and independent from a marketing piece, must be submitted in HPMS if benefits and/or costs information is mentioned or the BRC is used as an agreement to be contacted, confirmation of attendance to a sales/marketing event, or request for additional information. Plans/Part D Sponsors should include a statement on the BRC informing the beneficiary that a sales person may call as a result of their returning a BRC. See section 90.2 for information on the material submission process.

Enrollment Applications. Agents are required to submit all MA, MAPD, and PDP enrollments directly to the carrier, within 24 hours of member signature date. Agents must use the carrier's preferred method to submit enrollment forms – fax, overnight mail, or electronic/telephonic applications. Record of submission must be kept and maintained, i.e. fax confirmation sheet, postage tracking number, or application ID. Agents are required to maintain enrollment records for a minimum of ten years.

Agent Licensure, Certification & Appointment. Advocate Health Advisors shall review and evaluate each Sales Agent's qualifications to provide Marketing Services, including, without limitation, such Sales Agent's qualifications relative to Laws.

Agents must have and maintain any and all licenses, permits, certifications or other similar permissions required by law to perform the services and any other activities on behalf of the plan, including such licenses required by the state and government authorities, and such licenses are in full force and effect and unrestricted.

120.3 – Agent/Broker Training and Testing 42 CFR 422.2274(c) and (d), 423.2274(c) and (d) Plans/Part D Sponsors must ensure that all agents/brokers (employed/captive or independent) selling Medicare products are trained and tested annually on Medicare rules, regulations, and on details specific to the plan products that they sell. This means that training and testing must take place prior to the agent/broker selling the product. In addition, agents/brokers must obtain a passing score of at least eighty-five percent (85%) on the test. CMS provides updated guidance annually for agents/brokers training/testing. Plans/Part D Sponsors must ensure that their agents/brokers training/testing programs are designed and implemented in a way that maintains the integrity of the training and testing and must have the ability to provide this information to CMS upon request.

Agents must also be appointed by the individual Plan Sponsors for whom the Agent will be selling/marketing products. Advocate Health will review each agent and verify licensure and appointment status via the National Insurance Producer Registry (NIPR) website.

Agent Oversight. Agents are responsible for knowing and following the CMS Medicare Marketing Guidelines. It is our responsibility to provide agents with the tools needed to conduct a compliant and comprehensive sales presentation. Advocate Health Advisors will comply with all applicable Laws and any requirements of an applicable government agency. Advocate Health, LLC will cooperate with Plan with respect to Plan's compliance with Laws, government agency requirements, and the requirements of accrediting bodies. Advocate Health shall report to Plan immediately any instances of potential non-compliance or fraud, waste and abuse associated with services, including, without limitation, any instance of non-compliance or fraud, waste or abuse by any Sales Agent and any related decision by Advocate Health Advisors to suspend or terminate a Sales Agent's performance. Advocate Health Advisors shall implement any

corrective action reasonable requested by Plan to resolve potential and future instances of non-compliance or fraud, waste and abuse.

Advocate Health will review and monitor their agent's Section A history to determine if any trending has occurred which signifies a potential for future compliance risk. Disciplinary process will range from corrective action plans, to termination of a Sales Agent's contract or employment with Advocate Health, LLC. We will document any and all coaching and counseling with a description of action taken, date it was completed, agent's signature or other proof of receipt, and any additional agent-required training.

Branded Marketing Materials. Sales Agents shall use only the Plan's designated marketing materials, including advertising material and application forms that have been provided to the Sales Agents by the Plan. Sales Agents shall return all marketing material to the Plan immediately upon termination. Agents are encouraged to use pre-approved marketing material provided by the Plan.

Materials created by agents or brokers that mention plan specific benefits must be submitted by the Plan/Part D Sponsor to CMS. Materials that include an agent's/broker's phone number should clearly indicate that calling the agent/broker number will direct an individual to a licensed insurance agent/broker.

Generic Marketing Materials. Producer may prepare marketing materials for use by Producer, provided that Producer shall not, and shall not allow any Representative to, use any marketing materials that are not first approved by Advocate Health, LLC or the Plan in writing. All generic materials created by Sales Partners must comply with CMS Medicare Marketing Guidance, applicable state and federal laws, Plan policy and procedures, and include all required disclaimers.

If Sales Agents maintain a website for the purpose of obtaining leads, then Sales Agents are required to submit their website to the Plan for approval. Advocate Health, LLC will also review their agent's websites for compliance with CMS Medicare Marketing Guidelines.

Partners will be required to maintain all generic materials and will be subject to a Retrospective Review by Advocate Health, LLC or the Plan upon request.

If any generic material is found to be noncompliant and presents a risk, the Agent will be alerted that they must immediately cease using the piece to solicit Medicare products. If warranted, the Sales Agent may also be placed on a corrective action. In addition to the random selection process, any Sales Agent that is identified as possibly using non-compliant marketing (either through a complaint or other compliance monitoring activities) may be subject to more frequent review or other corrective action.

Educational Events. You may not perform sales activities at educational events, including but not limited to, the distribution of marketing materials or distribution or collection of Medicare Advantage and/or Part D enrollment applications. Additionally, the following disclaimer must be included on all advertising materials at an educational event: "For educational purposes only." Materials distributed or made available at an educational event must be free of plan-specific information, (including plan-specific premiums, co-payments, or networks) and any bias toward one plan type over another. An educational event is one that is sponsored by a health insurance plan or by outside entities and are promoted to be educational in nature such as health information fairs, conference expositions, state-or community-sponsored events. Please refer to CMS policy for additional guidance.

You may not:

1. Discuss plan-specific premiums and/or benefits;
2. Distribute plan specific materials;
3. Distribute or display enrollment forms, and sign up sheets must be clearly marked "optional".
4. Display or distribute any material that is deemed "marketing" under current CMS guidelines

Formal Sales and Marketing Events. Formal marketing/sales events are designed to steer, or attempt to steer, potential customers toward particular products and/or plans. An Agent can discuss plan specific information and is allowed to collect enrollment applications. All materials, terminologies and statements expressed during these events must

be compliant with CMS and the Health Plan's regulatory guidance and all materials used at these events must be approved by the Health Plan and CMS prior to use. Please refer to policy.

Agents must notify the Health Plan of all formal marketing/sales events, including cancellations, within the regulated timeframes, so please ensure you follow CMS policy to meet these requirements.

You may not:

1. Discuss plan options beyond the scope of what was advertised in the event invitation. Non-healthcare related products (i.e., life insurance) cannot be discussed during a formal marketing/sales event.
2. Obtain referrals from event attendees.
3. Require persons responding (RSVP) to an event invitation to provide contact information as a condition for attending the event.
4. Sales presentations open to the public do not require documentation of prior beneficiary agreement to the scope of the presentation (SOA), but event advertising materials must indicate what products will be discussed at that time. **Note:** This applies to Informal Events too.
5. Discriminate against attendees based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, and genetic information, evidence of insurability or geographic location.
6. Target prospective customers from higher income areas.
7. Conduct formal marketing/sales events in healthcare settings; except in common areas.
8. Conduct health screenings or similar activities that could give the impression of "cherry picking".
9. Collect personal information in order to enter a raffle or a drawing during a formal marketing/sales event.

You must:

1. Arrive at least 15 minutes prior to the formal marketing/sales events scheduled start time to prepare the room for the event.
2. Bring enough marketing material to ensure each attendee will be given their own copy of materials presented (considering room size and RSVPs and ensuring an ample supply of extra materials are on hand).
3. Verify the marketing material to be used is appropriate for the plan year and the service area; as well the products advertised to be discussed during the event.
4. Verify appropriate Star Rating sheet is included in material provided to attendees.
5. Ensure sign-in sheets, if used, clearly read "optional".
6. Greet attendees and assure them that providing contact information is not required.
7. Provide business cards and marketing material to each attendee.
8. Begin the event on time, at the start time advertised.
9. Take time at the end of the event to answer questions.
10. Collect a Scope of Appointment document or recording via telephonic line for attendees requesting a follow-up appointment at a future time.
11. Ensure the event is recorded per CMS policy.

You may:

1. Return all calls or emails if requested by an attendee RSVP prior to the event.

Informal Events

Informal marketing/sales events occur in a less structured environment such as at a health fair or booth in a common area. The requirements are similar to those of a formal event;

Prohibition on the Provision of Meals

You may not provide meals or subsidize meals for any prospective enrollee of a Medicare Advantage or Part D plan at any event or meeting at which plan benefits are being discussed and/or plan materials are being distributed. You may provide refreshments and light snacks so long as the items provided could not be reasonably considered a meal and/or

that multiple items are not being bundled and provided as if a meal. The following light snacks could generally be considered acceptable: fruit, raw vegetables, pastries, cookies or other small dessert items, crackers, muffins, cheese, chips, yogurt or nuts.

Required Disclosure

You must provide the following disclosure or a substantially similar disclosure, prior to enrollment or at the time of enrollment, in writing, to a potential customer:

“The person that is discussing plan options with you is either employed by or contracted with <Medicare Health Plan>, and its applicable affiliates offering Medicare Advantage and/or Medicare Part D plans. The person may be compensated based on your enrollment in a plan.”

Additional disclosures and disclaimers may be required. Please contact Advocate Health Advisors for assistance.

Prohibition of Payment / Gifts / Incentives to Beneficiaries

You may not provide or offer gifts or payments to a Medicare Advantage and/or Part D customer as an inducement to enroll in a Medicare Advantage and/or Part D Product. You may provide an individual eligible for Medicare Advantage and/or Part D a gift of nominal value, so long as the gift is provided whether or not the individual enrolls in the plan. A nominal value is defined as an item having little or no resale value and which cannot be readily converted into cash. Nominal value gifts are worth less than fifteen dollars (\$15.00) based on the fair market value of the item or less, with a maximum aggregate of \$75 per person per year. Cash gifts or gifts readily converted into cash are prohibited in any amount, as are charitable contributions in the name of the potential customer. In addition, while you may describe legitimate benefits, you are prohibited from offering or giving rebates, dividends or any other incentives, especially those that in any way compensate for lowered utilization of health services by such eligible individuals. Please refer to the CMS policy for additional guidance, as changes in federal and state laws, rules, regulations, and CMS guidance may occur from time to time. See also Prohibition of provision of meals.