Integrated Marketing Rules and Practices for Medicare and Medicaid Managed Care

ICRC Study Hall Call
October 23, 2014
4:00-5:00 PM Eastern
Agenda

• Welcome, Introductions, and Roll Call
• Moving Toward Integrated Marketing Rules and Practices for Medicare and Medicaid Managed Care
• A Review of Coordinated Marketing Strategies and Experiences in the Massachusetts Medicare-Medicaid Program
• Questions and Discussion
Participants

• Michelle Herman Soper, Integrated Care Resource Center
• Derek Tymon, One Care Program Contract Manager, Mass Health
What Does “Marketing” Mean in Each Program?

- Medicare and Medicaid define marketing differently

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<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
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<td>• Health plan communication with <em>both potential and current enrollees</em> that promotes the plan; informs beneficiaries that they may enroll or remain enrolled in the plan; explains the benefits of enrollment; or explains how Medicare services are covered under the plan (42 CFR §417.428, §422.2260, and §423.2260)</td>
<td>• Health plan communication with <em>potential enrollees</em> that can be reasonably interpreted as intended to influence their enrollment decisions</td>
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<td>• Requirements are outlined and updated annually in the Medicare Marketing Guidelines (MMG)</td>
<td>• Federal Medicaid Managed Care Regulations for Marketing Activities (42 CFR §438.104); other federal Medicaid regulations govern information for current enrollees (42 CFR §438.10)</td>
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<td>• Each state has additional requirements for Medicaid managed care marketing</td>
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Differences in Medicare & Medicaid Requirements. . .

• For example:
  • Literacy/reading level standards;
  • Translation requirements;
  • Allowable marketing techniques, including unsolicited marketing of a plan’s products;
  • Use of independent agents and brokers; and
  • CMS and/or state review and approval processes for marketing materials.
May Create Challenges for Stakeholders

- **States**: Difficult to monitor inconsistent requirements for health plans that cover both Medicare and Medicaid benefits

- **Health plans**: Must comply with multiple and sometimes conflicting requirements between the two programs

- **Medicare-Medicaid enrollees**: Must navigate separate marketing and educational materials for each program, even if the benefits are offered through a single health plan
State Interaction with Medicare Marketing Activities

• MA open enrollment: October 15-December 7th
  • MAOs (and MMPs after the first year of the demonstration in their state) may begin marketing on Oct 1
  • CMS sends “Medicare and You” handbook to all beneficiaries
  • Special Enrollment Period (SEP)

• Opportunities for states to work with D-SNPs
  • Can encourage Medicare-Medicaid beneficiaries to enroll in D-SNPs that promote alignment
  • Include Medicaid benefits in Evidence of Coverage (EOC) document
  • Apply other state Medicaid requirements to plans’ activities
Use of D-SNP Contracts to Increase Alignment of Marketing Practices

• States may include provisions related to marketing in D-SNPs contracts; for example:
  • Submit marketing materials for state review prior to CMS review and approval or public distribution;
  • Submit an annual outreach plan to the state and/or CMS for approval;
  • Restrict or prohibit plans from using any eligibility or enrollment information provided by the state for marketing materials or activities; and/or
  • Ensure marketing materials meet cultural sensitivity standards.
Joint Marketing Approach for Financial Alignment Demonstrations

• CMS and states pursuing capitated financial alignment demonstrations develop a single set of marketing rules for MMPs
  • State-specific MMP marketing guidance documents
    • MMG is the foundation; states tweak certain elements to fit their program
    • Beneficiary protections must be at least as beneficiary-favorable as under Medicare
  • Joint marketing materials review process in Health Plan Management System (HPMS)
Examples of State-Specific Marketing Requirements for MMPs

• Translation of materials into “prevalent languages” if more beneficiary-friendly than MMG requirements

• Timeline for beneficiary receipt of materials depending on enrollment mechanism (e.g., opt-in vs. passive enrollment)

• Restrictions on marketing other lines of business in MMP materials

• Prohibitions on use of independent or plan-employed brokers (i.e., related MMG provisions do not apply to MMPs)
Templates for Integrated Marketing Materials

• States can use and tailor templates for integrated marketing materials:
  • Single identification card for both programs
  • Member handbook
  • Summary of benefits with all services
  • Combined provider/pharmacy directories for all providers
  • Annual notice of change (ANOC) to current beneficiaries
  • Integrated formulary
  • Integrated denial notice
Resources

• Medicare Marketing Guidelines: http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html

• State specific marketing guidelines for the financial alignment demonstrations: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html

• Moving Toward Integrated Marketing Rules and Practices for Medicare and Medicaid Managed Care Plans
  http://www.integratedcareresourcecenter.com/PDFs/ICRC%20Moving%20To
  ward%20Integrated%20Marketing.pdf
One Care: MassHealth plus Medicare

A Review of Coordinated Marketing Strategies and Experiences in the Massachusetts Medicare-Medicaid Program

October 23, 2014
Derek Tymon
MassHealth One Care Contract Manager
Contents

- Background
- Development of the Joint Review Process
- Plan Engagement
- 2014 Preparation, Experiences, and Lessons Learned
- 2015 Preparation, Experiences, and Lessons Learned
- Statistics to Date
- Key Take-Away Tips
The Massachusetts Medicaid program operates under the name “MassHealth.” The duals demonstration is called “One Care.”

In August of 2012, the Massachusetts Executive Office of Health and Human Services (EOHHS) signed the Demonstration to Integrate Care for Dual Eligible Beneficiaries MOU with CMS.

MassHealth issued and completed a competitive procurement to select One Care Plans.

3-way contracts were executed with MassHealth, CMS, and a total of 3 Massachusetts-based health plans in the Summer of 2013.

The Readiness Review process ran from Fall of 2012 to Fall of 2013.

Plans went live on 10/1/13 (the first effective enrollment date).

As of 10/1/14, the demonstration has 17,465 members enrolled.

- Drafted by the CMS Medicare Medicaid Coordination Office (MMCO)
- Jointly edited by CMS and MassHealth (policy, legal, providers and plans units) to include state-specific policy and language
- Questions we considered
  - Which material do we want to review? (were there materials coded as “file and use” that MassHealth would prefer to review and approve prior to use?)
  - What is a reasonable timeframe for review? (10 days with a model, 45 days without?)
  - Were there categories listed for all MMP documents?
- Other resources
  - Current MassHealth Managed Care Organization marketing review policy
  - CMS Medicare Marketing Guidelines
Simultaneous to the materials development, CMS and MassHealth reviewed an initial list of MMP marketing codes and made changes as appropriate to reflect MassHealth’s specific needs.

- **Non-Part D Claims/Org Determinations/Appeals/Grievances**
  - MassHealth and CMS agreed on the creation of new codes for non-Part D services (Joint CMS and MassHealth-Review)

- **Part D Related Documents**
  - MassHealth deferred to CMS expertise regarding review of most Part-D items (CMS-Only Review)

- **Advertising such as Newspaper, Radio, and Billboards**
  - MassHealth chose to review these items to be in-line with current MassHealth MCO requirements (State-Only Review)

- **Direct Mail Pieces**
  - CMS permitted direct mail but MassHealth prohibited it. Joint discussions resulted in approval of Direct Mail for One Care (State-Only Review)
Development of the Joint Review Process: Building Relationships

Developing a Relationship between MassHealth/CMS Marketing Reviewers

- Identified Key Contact and primary reviewers for MassHealth and CMS Boston Regional Office
- Held a face-to-face “meet and greet” between the MassHealth marketing review team and the CMS Boston Regional Office marketing review team
- Side-by-side walkthrough/review of the HPMS system
- Side-by-side “test” of the submitted material review process
- Ad hoc email/phone communication as well as weekly meetings through early 2014
Development of the Joint Review Process: Building Relationships (cont’d)

Developing a Coordinated Material Review Process for Integrated Materials

- Development of MassHealth/CMS protocol for how Dual-Review materials are processed through respective agencies and HPMS determinations are made
- When possible, MassHealth and CMS provide integrated comments on Disapproved materials
- Should dispositions be mismatched (ex. MassHealth approves and CMS Disapproves) the other side will respectfully Disapprove as well (to prevent the material from entering a state of limbo in HPMS)
- MassHealth and CMS marketing reviewers keep in close contact throughout the process
Development of the Joint Review Process: Building Relationships (cont’d)

Developing a Relationship with Plans’ Operations/Marketing Teams

- MassHealth and CMS reviewers held a meeting with each plan to jointly introduce the team and the review process
- Bi-directional key contact identification
- Ad-Hoc emails to all One Care Plans with updated information regarding material review process or clarifications in marketing codes/rules
- Periodic check-in calls with each One Care Plan
The Year One Marketing Review (2013 and 2014 Materials)
Experience

During Year One preparation:

- Plans frequently contacted MassHealth/CMS with questions around marketing material templates
- Many pieces were submitted without required disclaimers or other mandatory elements
- Plans struggled with completion of all fields in the Provider Directory template
- Plans’ 3rd party translation vendors took longer than anticipated to produce translated documents
- Plans were delayed in their release of some English and/or Spanish documents
- The Federal Government shutdown added an extra complication
The Year One Marketing Review: Lessons Learned

By the end of Year One material submission, it was clear:

- Open lines of communication between MassHealth, CMS, and the plans are critical to a smooth process
- Plans needed time to get accustomed to unique MMP Marketing requirements
- Earlier release of the marketing material templates by MassHealth/CMS would be very beneficial
- Plans should have the opportunity to recommend changes to marketing material templates for the coming year
- Giving plans the ability to request “Priority Review” of submitted materials could yield great benefits
- The MassHealth/CMS team could take a more proactive approach in tracking that plans have submitted required materials to HPMS and plans are prepared to release the materials (on the web and/or in print) by required deadlines
Year Two Marketing Review (2015 Materials)
Preparation

Based on our Year One lessons:

- MassHealth and CMS marketing reviewers kept track of consumer feedback on Year One marketing material templates.
- MassHealth and CMS marketing reviewers solicited plan feedback on Year One marketing templates in designing Year Two marketing material templates.
- Consumer and plan feedback informed the final Year Two marketing material templates.
- MassHealth and CMS worked to release the final Year Two templates as early as possible to plans.
- A tracking tool was devised in order to keep tabs on the status of each plan’s mandatory Year Two marketing materials.
- Plans were allowed to request a “Priority Review” of marketing materials in order to better meet printing and translation deadlines.
Year Two Marketing Review
Experience and Lessons Learned

- Plans understood the need for the new marketing material tracking tool and provided the information needed to complete it
- The tracking tool elicited productive conversations with each health plan around their planning for Year Two marketing and timely receipt of member materials
- Plans raised fewer questions around the templates, as they had already been provided with an opportunity to suggest changes for Year Two
- Plans responsibly utilized the “Priority Review” option, and were very appreciative of it

Results
- All 3 plans successfully released their required marketing materials online and in print by October 1st (with the exception of one document’s Spanish translation)
- Fewer instances of missing disclaimers and other errors, meaning more materials were approved upon first review
Statistics to Date

- As of 10/1/14, a total of 643 materials have been received
- All materials have been reviewed within the allotted amount of time
Key Take-Away Tips

■ Open channels for ad-hoc communication and coordination between the state and CMS are critical
■ Build working relationships with key marketing contacts at each plan
■ Consider plan and consumer feedback around marketing material templates
■ Proactively work with plans to ensure they are on track to meet marketing deadlines
■ Consider new ideas that can enhance the process (ex. offering Priority Review)
Visit us at www.mass.gov/masshealth/onecare

Email us at OneCare@state.ma.us
Questions and Discussion
About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees and other Medicaid beneficiaries with high costs and high needs

- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies

- Visit [http://www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com) to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges

- Send additional questions to: ICRC@chcs.org