Provider Manual

Section 15: Marketing Guidelines

Providers may market Commonwealth Care Alliance to prospective members; however, they must follow current Medicaid and Medicare Marketing Guidelines:

Provider-Based Activities

To the extent that a provider can assist a beneficiary in an objective assessment of his/her needs and potential options to meet those needs, they may do so. Contracted providers may engage in discussions with beneficiaries should a beneficiary seek advice. However, Commonwealth Care Alliance must ensure that contracted providers are aware of their responsibility to remain neutral when assisting with enrollment decisions and do not:

- Offer scope of appointment forms
- Accept Medicare enrollment applications
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- Mail marketing materials on behalf of Commonwealth Care Alliance
- Offer anything of value to induce plan enrollees to select them as their provider
- Offer inducements to persuade beneficiaries to enroll in a particular plan or organization
- Conduct health screening as a marketing activity
- Accept compensation directly or indirectly from the plan for enrollment activities
- Distribute materials/applications in an exam room

Contracted providers may:

- Provide the names of Plans/Part D Sponsors with which they contract and/or participate
- Provide information and assistance in applying for the low income subsidy (LIS)
- Make available and/or distribute plan marketing materials in common areas
- Refer their patients to other sources of information, such as SHIPS, Commonwealth Care Alliance marketing representatives, their State Medicaid Office, local Social Security Office, CMS’ website [www.medicare.gov](http://www.medicare.gov), or 1-800-MEDICARE
- Share information with patients from CMS’ website, including the “Medicare and You” Handbook or “Medicare Options Compare” ([www.medicare.gov/medicare-and-you/medicare-and-you.html](http://www.medicare.gov/medicare-and-you/medicare-and-you.html)), or other documents that were written by or previously approved by CMS
- Share information with patients from MassHealth’s Senior Care Options website [www.mass.gov/eohhs/consumer/insurance/senior-care-options/](http://www.mass.gov/eohhs/consumer/insurance/senior-care-options/)
- Share information with patients from MassHealth’s One Care website [www.mass.gov/eohhs/consumer/insurance/one-care/](http://www.mass.gov/eohhs/consumer/insurance/one-care/)
Provider Affiliation Information

Plans/Part D Sponsors may allow contracted providers to announce new or continuing affiliations.

Continuing affiliation announcements may be made through direct mail, email, phone or advertisement. The announcement must clearly state that the provider may also contract with other Plans/Part D Sponsors.

New provider affiliation announcements may be made once within the first 30 days of a new contract agreement. In the announcement, Plans/Part D Sponsors may allow contracted providers to name only one (1) Plan/Part D Sponsor. This may be done through direct mail, email, or by telephone. Neither the Plan/Part D Sponsor nor the contracted provider is required to notify beneficiaries that the provider may contract with other Plans/Part D Sponsors in new affiliation announcements. Any affiliation communication materials that describe plans in any way, (e.g., benefits, formularies), must be approved by MassHealth and CMS. Commonwealth Care Alliance is responsible to work with the contracted provider to ensure approval is granted from both MassHealth and CMS.

For more detail, please see the current Medicare Marketing Guidelines and Marketing Guidance for Massachusetts Medicare-Medicaid Plans. Marketing Guidelines are updated minimally once per year.