

# AHCP Medicare Marketing and Communication Guidelines and Materials Review Process

|   |    |
|---|----|
| Introduction  | 2  |
| The Submission Process  | 2  |
| HST/AHCP Compliance Department  | 2  |
| A Communications v. Marketing Piece   | 3  |
| What is Typically Deemed a Communication                                      | 3  |
| What is Typically Deemed a Marketing Material                                 | 3  |
| Our Carrier Partners  | 3  |
| Communication Material Submission Process                                     | 3  |
| Marketing Material Submission Process   | 4  |
| Required Disclaimers  | 4  |
| The Carrier Statement   | 4  |
| Marketing Material TPMO Disclaimer  | 5  |
| SEP-Specific Disclaimers  | 6  |
| Special Supplemental Benefits for Chronically Ill (SSBCI) Required Disclaimer | 6  |
| Technical Requirements for Submission   | 6  |
| Phone Number Call-to-Action Requirements                                      | 6  |
| Logo & Brand Name Requirements  | 7  |
| Bracket Requirements  | 7  |
| Alternative Text Requirements   | 7  |
| Click Call-to-Action Requirements   | 8  |
| Data Lead Requirements  | 8  |
| Lead Form Requirements  | 9  |
| TCPA Language   | 9  |
| Suggested Verbiage Based on Previous Submissions                              | 10 |
| Medicare  | 10 |
| Agents  | 10 |
| Superlatives & absolute language  | 10 |
| Specific benefits   | 11 |
| Free  | 11 |
| Negative language   | 11 |
| Miscellaneous   | 12 |
| Requested Format of Website Submissions                                       | 12 |
| Requested Format of Direct Mail Submissions                                   | 12 |
| Requested Format of SEM Submissions   | 12 |
| Requested Format of Social Submissions  | 13 |
| Requested Format of Email Submissions   | 13 |
| Requested Format for Warm Transfer Script Submissions                         | 13 |
| Requested Format for TV Commercial or YouTube Video Submissions               | 13 |

## Introduction

In recent years, the Centers for Medicare & Medicaid Services (CMS) started releasing new, more aggressive requirements related to Medicare marketing materials used during and outside of the Annual Enrollment Period. The process has gotten more complicated, more confusing and more time consuming. As a result, Healthcare Solutions Team (HST) and America's Health Care Plan (AHCP) have established comprehensive Medicare Marketing Guidelines to help its external marketing partners understand the process and requirements for submitting materials, both communications and marketing, for use during the Annual Enrollment Period and Special Enrollment Period.

The purpose of this process is to receive feedback from the carriers on consumer-facing marketing and educational materials so that they are compliant with CMS rules and regulations, but these comments and edit requests do not necessarily mean that the material and the content contained therein comply with all applicable laws, rules and regulations. The guidance contained in this document does not constitute legal advice and every external marketing entity is still required to comply with all required laws, rules and regulations.

### **Neither HST nor AHCP assumes any liability regarding third-party marketing activities.**

Third party marketing organizations ("TPMO's) are responsible for compliance with CMS's Final Rule CMS-4190-F2; 42 CFR § 422.2260 - § 422.2274 & 42 CFR, § 423.2260 - 42 CFR §423.2276, Chapter 2 of the Medicare Managed Care Manual, Chapter 3 of the Medicare Prescription Drug Benefit Manual, CMS memos, CMS interim sub-regulatory guidance, HST/AHCP policies and procedures, each carrier's policies and procedures and any other applicable state or federal laws, rules or regulations. Not only must the content of the material meet all applicable requirements, but also how and when the material is used must comply.

## The Submission Process

The following process outlines the steps that an independent agent must take in order to submit their marketing material to the HST/AHCP for compliance review.

### HST/AHCP Compliance Department

HST/AHCP maintains an internal compliance team who have spent the past several years navigating the ever-changing requirements of CMS Medicare Marketing Material Guidelines. This team is available to review and process communication and marketing materials through the appropriate channels for your eventual use.

Prior to submission to the carriers and/or CMS we will review the material being submitted and work with you on making any necessary revisions to facilitate the carrier review and approval process. This will include ensuring the material is compliant with the type of verbiage and formatting that the carriers require. Our compliance team will also determine whether the material is considered a communication or a marketing piece according to CMS regulations and instruct you on how to meet the relevant requirements.

## A Communications v. Marketing Piece

### What is Typically Deemed a Communication

A communication material is one that is considered generic. For instance, you may reference the fact that a Medicare Advantage plan may include “routine dental care and/or vision or hearing coverage” but you may not also reference prescription drug coverage. It should not reference specific benefits, specific carrier names or specific plan pricing.

Additionally, **a communication material may not communicate an intent from the sender to have the consumer switch their Medicare plan.** An example of messaging with this intent is asking the consumer to call to enroll in a plan as opposed to asking the consumer to call to shop and see what plans and benefits are available in their area.

Communication materials do not need to be filed with CMS’s Health Plan Management System (HPMS) and may be used to generate phone calls and leads right away.

### What is Typically Deemed a Marketing Material

A marketing material is one that does reference prescription drug coverage and specific carriers, benefits and pricing. It is much more detailed and includes specifics about the plan(s).

## Our Carrier Partners

We follow a strict interpretation of the CMS Medicare Marketing Guidelines, which require agencies that write policies to have all of the marketing used to derive those leads reviewed by all of their carrier partners who wish to participate in the process.

There are a several nuances among our contracted carriers that we’ve identified over the years. For example, Humana and UnitedHealthcare (UHC) are the most strict and typically request/require the most edits. Additionally, UHC will push any material that it deems a “website,” which typically includes landers used in marketing, into a 45-day mandatory review period. We occasionally get feedback before the 45 days is up, but this isn’t typical.

## Communication Material Submission Process

For your convenience, we have a many pre-approved direct mail and communication pieces available for your immediate use. Any text in brackets should be replaced with your specific contact information. No other text may be modified without being submitted and approved through our Compliance department. You should also replace any bracketed logos with your own or remove it entirely.

You can access pre-approved material by clicking on these links:

[Direct Mail Platform](#)

[Lead Master](#)

**If you have a Communications piece that you wish to submit for review and approval, please submit it to [Marketingreview@myhst.com](mailto:Marketingreview@myhst.com), on a word document and also provide some details in the email about what type of communication piece it is, who will use it, when will it be used, and who will receive the communication piece. You should anticipate at least seven business days for the initial review period.**

## Marketing Material Submission Process

**If you have a piece that you believe constitutes marketing because it references carriers specifically and/or benefits and/or pricing, please submit it to [Marketingreview@myhst.com](mailto:Marketingreview@myhst.com), on a word document and also provide some details in the email about what type of marketing piece it is, who will use it, when will it be used, and who will receive the marketing piece. You should anticipate at least one month for the initial review period.**

After all carriers have received and reviewed the content, the final, clean marketing piece will be submitted to HPMS, which is CMS's filing system. There is a five (5) calendar day waiting period before the material can be used for marketing. Carriers are advised to start opting into that material as soon as possible.

The marketing piece can then be used during the time period it was intended to be used. For example, if it's an AEP only piece, then it can be used in market from October 1st - December 7th. If it's an SEP only piece, then it can be used in market from December 8th to September 30th. If it's a year-round piece, it can be used starting on October 1st to September 30th.

## Required Disclaimers

### The Carrier Statement

All marketing materials are required to have a statement advising consumers of the carriers that they could enroll in a plan with when the carriers are connected to a licensed insurance agent through that external marketing company's partnerships. For example:

*Medicare Advantage and Part D plans and benefits offered by the following carriers: [Aetna Medicare], [Anthem Blue Cross Blue Shield], [Anthem Blue Cross], [Anthem Blue Cross and Blue Shield], [Aspire Health Plan], [Cigna Healthcare], [Dean Health Plan], [Devoted Health], [Florida Blue Medicare], [Health Care Service Corporation], [Humana], [Molina Healthcare], [Mutual of Omaha], [Medica Central Health Plan], [Optimum HealthCare], [SCAN Health Plan], [Simply], [UnitedHealthcare(R)], [Wellcare].*

If a licensed agent is working with a different subset of carriers, the marketing piece should include that list of carriers only.

This carrier statement must be present on the main section of the marketing material, not in the disclaimer section, and in the same font size as the other marketing content (larger than disclaimer font). Traditionally, this is at least 12 pt. font. This is a requirement for social and SEM ads as well, which could be difficult or impossible due to spacing and character limits, which is why it is best for social and SEM ads to be a communication and not a marketing piece.

If there's a voice-based advertisement, like for television, online or social media, the carrier names must be either read at the same pace as the phone number or must be displayed throughout the entire advertisement in a font size equivalent to the advertised phone number, contact information or benefits.

Carriers will update their marketing brand name from time-to-time and that change will be communicated to our external marketing partners so they can update the list everywhere practical.

## Marketing Material TPMO Disclaimer

Certain disclaimers are required to be present on every material deemed marketing. This is typically called the "TPMO disclaimer."

This statement is required to be present for social and SEM ad copy according to most carriers as well. Due to character limitations, especially for SEM ad copy, it would be impossible to include these disclaimers, which means that all SEM ad copy and likely most social ad copy needs to be written as a communication.

Additionally, some carriers want the TPMO disclaimer statement to be its own standout paragraph and not a continuation of other disclaimers in a large paragraph.

Standard disclaimer statements are as follow:

*We do not offer every plan available in your area. Currently, we represent [7] organizations, which offer [1,850] products in your area. Please contact [Medicare.gov](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.*

*We represent Medicare Advantage HMO, PPO and PFFS organizations and stand-alone PDP prescription drug plans that are contracted with Medicare. Enrollment depends on the plan's contract renewal.*

*Not all plans offer all of these benefits. Benefits may vary by carrier and location. Limitations and exclusions may apply.*

If you have a marketing material that is presenting rates and benefits, then you must also present this disclaimer:

*Every year, Medicare evaluates plans based on a 5-star rating system.*

## SEP-Specific Disclaimers

If you are going to run marketing materials during SEP (December 8th - September 30th), you must add this additional disclaimer:

*Enrollment in Medicare/Medicare Advantage may be limited to certain times of the year unless you qualify for a Special Enrollment Period*

## Special Supplemental Benefits for Chronically Ill (SSBCI) Required Disclaimer

This disclaimer is required whenever a SSBCI benefit is mentioned in the marketing material. Examples of SSBCI benefits are: chronic condition care assistance, healthy options allowance, extra debit card, music therapy.

Any reference to these SSBCI benefits must be indicated with an asterisk to identify the benefit that this disclaimer may apply to. An example is: “\*Chronic Condition Care Assistance”.

If the SSBCI benefit is mentioned in a verbal marketing material like a television or radio or voice-based social media ad, the disclaimer must be read at the same pace as the rest of the voice-based marketing, displayed at the same font size as the phone number.

If the marketing language makes it clear through the messaging that the benefit is associated with enrolling in a D-SNP plan then the SSBCI disclaimer is not required.

*\*Benefit(s) mentioned may be part of a special supplemental program for chronically ill members with one of the following conditions: Diabetes mellitus, Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic lung disorders, Chronic heart failure. This is not a complete list of qualifying conditions. Having a qualifying condition alone does not mean you will receive the benefit(s). Other requirements may apply.*

## Technical Requirements for Submission

### Phone Number Call-to-Action Requirements

CMS typically wants every material to include a phone number. That phone number should be put in brackets because it could change in the future. “[Phone Number]” is sufficient as well. Most important is the requirement for the notice to the hearing impaired (“TTY 711”),

which is also illustrated below. “TTY 711” must be in close proximity to the phone number and in a font size that is close to the size of the phone number.

It is also required that you advise consumers who they could speak to if they called the phone number (a “licensed sales agent” or a “licensed insurance agent”) and the hours of operation, which should also be in brackets because they could change throughout the year or season as well.

Here is an example of how a phone call to action should look:

Call a Licensed Insurance Agent  
[800-555-5555] / TTY 711  
[Monday - Friday 8 a.m. - 8 p.m. EST]

## Logo & Brand Name Requirements

If your marketing brand name, company name or the logo you use in marketing contains “Medicare,” you must include a statement immediately beside or below your logo or brand name that states “a non-government entity.” This statement must be a font size that is easy to read. Below is an example of a logo with this reference statement:



## Bracket Requirements

Any content within the body of a marketing piece that could change at some point during the relevant period it can be used should be placed in brackets. This could include references to dates and years, enrollment periods, call center hours and company names, among other content. Here’s an example:

“Please call [Agent or Agency Name] at [phone number] during their business hours, [Monday through Friday 8 a.m. - 8 p.m. EST] to learn about the Medicare Advantage plans available in your area for [2025].”

## Alternative Text Requirements

If you want to submit a material with an alternative language for testing or for use during different times of the same plan year (i.e. during 2025 AEP and during 2025 SEP), then you can

put the alternative language in brackets immediately after the sentence you're going to use immediately. If you want to use material for an upcoming plan year, you must have it re-filed. For example:

*Take some time during the Annual Enrollment Period to review your current Medicare Advantage plan and benefits with a licensed insurance agent. [Take some time out of your day to review your current Medicare Advantage plan and benefits with a license insurance agent. You may be eligible to switch to a plan that better fits your medical and financial needs if you qualify.]*

## Click Call-to-Action Requirements

If your website or email has a button that, if clicked, would send the consumer to another page, the carrier wants to know the url of that other page and the SMID, if it's complete. You can put the website url in brackets on the word document, immediately beside or underneath the image of the button. You can also put it as a comment on the word document. For example:



Compare Plans

[this click goes to [https://medicareenrollment.com/plan-type/MULTIPLAN\\_HCIHNMENRPLTYPE03\\_M](https://medicareenrollment.com/plan-type/MULTIPLAN_HCIHNMENRPLTYPE03_M)]

## Data Lead Requirements

The carriers have very specific requirements around obtaining a consumer's personal information for the purpose of sharing it with another entity so that the other entity can outbound dial the consumer. The requirements in order to receive proper consent for this funnel - an outbound dial funnel - is as follows:

- 1) The marketing piece must specifically ask whether the consumer wants to receive a phone call from a particular entity. That particular entity must be named in the marketing piece
- 2) The marketing piece must specifically state that the phone call from the particular entity will occur no less than 48 hours later.
- 3) There must be a separate opt-in for this outbound dial call from a specifically named entity that is separate from the TCPA consent given.

Form:

Name: (Optional) \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone Number: (Optional) \_\_\_\_\_

*\*Disclaimer: This is a solicitation for insurance. By submitting information on this site, I am providing my written consent for [Agent or Agency Name] to contact me (even if I am on a state or national do not call registry) at the phone number or email address listed to provide me with quotes or information about Medicare Advantage, Medicare Part D and/or Medicare Supplement plans. I further consent to such calls or texts sent via autodialer, automated technology, prerecorded message and/or artificial voice. I understand my consent is not a condition of*



*purchase and that I can revoke my consent at any time by emailing [privacy@agencydomain.com] Additional charges may apply to SMS, call or Internet usage depending on your data providers.*

**Outbound Dial Consent: (Optional) Do you want to receive a phone call from a licensed insurance agent at [Agency Name] in 48 hours?**  
[Yes, please] [No, thanks]

## Lead Form Requirements

If your lead form will lead to the consumer seeing plans and benefits, then that needs to be stated specifically too.

The carriers are also testing and verifying that the only required field on the lead form is the ZIP Code. No other field can be required unless it is purely a data lead marketing funnel with valid outbound dial consent and the contact information is required to make contact. The carriers want to see the word “Optional” beside every field but ZIP Code.

See examples of these scenarios below:

|   |                |      |       |                |               |  |      |      |       |                |               |
|---|----------------|------|-------|----------------|---------------|--|------|------|-------|----------------|---------------|
| <h3>Your Information</h3> <p>With this information, we can help you compare local plans from the nation's top carriers.</p> <p>First Name (optional)      Last Name (optional)</p> <table border="1"><tr><td>test</td><td>test</td></tr></table> <p>ZIP Code      Phone Number (optional)</p> <table border="1"><tr><td>17602</td><td>(561) 555-5555</td></tr></table> <p>Email Address (optional)</p> <table border="1"><tr><td>test@test.com</td></tr></table> <p><b>Compare Plans*</b></p> | test           | test | 17602 | (561) 555-5555 | test@test.com | <h3>Compare Medicare Advantage Plans from Major Carriers</h3> <p>To compare Medicare Advantage plans available in your area, please provide your ZIP code below. If you want to speak with a licensed insurance agent, please call or provide your phone number and a licensed insurance agent will contact you in 48 hours.</p> <p>First Name (optional)      Last Name (optional)</p> <table border="1"><tr><td>test</td><td>test</td></tr></table> <p>ZIP Code      Phone Number (optional)</p> <table border="1"><tr><td>17602</td><td>(561) 555-5555</td></tr></table> <p>Email Address (optional)</p> <table border="1"><tr><td>test@test.com</td></tr></table> <p><b>Compare Plans*</b></p> | test | test | 17602 | (561) 555-5555 | test@test.com |
| test  | test           |      |       |                |               |  |      |      |       |                |               |
| 17602   | (561) 555-5555 |      |       |                |               |  |      |      |       |                |               |
| test@test.com   |                |      |       |                |               |  |      |      |       |                |               |
| test  | test           |      |       |                |               |  |      |      |       |                |               |
| 17602   | (561) 555-5555 |      |       |                |               |  |      |      |       |                |               |
| test@test.com   |                |      |       |                |               |  |      |      |       |                |               |

## TCPA Language

The carriers are reviewing and critiquing the TCPA disclaimers on websites, paying particular attention to whether you are indicating all of the ways that consumers could be contacted by a licensed entity and the products that they can inquire about. Below is an example of the TCPA approved by Allstate as a reference. Keep in mind that the new FCC

ruling will eliminate the reference to “trusted partner” links, and we will soon have to identify the single receiver of the lead information.

*\*Disclaimer: This is a solicitation for insurance. By submitting information on this site, I am providing my written consent for Health Network Group, its affiliates, or one of its [trusted partners](#) to contact me (even if I am on a state or national do not call registry) at the **phone number** or **email address** listed to provide me with quotes or information about **Medicare Advantage, Medicare Part D and/or Medicare Supplement plans**. I further consent to such calls or texts sent via autodialer, automated technology, prerecorded message and/or artificial voice. I understand my consent is not a condition of purchase and that I can revoke my consent at any time by emailing [privacy@healthnetwork.com](mailto:privacy@healthnetwork.com) Additional charges may apply to SMS, call or Internet usage depending on your data providers.*

## Suggested Verbiage Based on Previous Submissions

Based on previous feedback and in accordance with current Medicare marketing guidelines, use the following tips and requirements to inform your marketing and communication content.

### Medicare

- “Original Medicare” should only be referred to as such and not “Traditional Medicare” or just “Medicare.”
- Clarify which Medicare products you’re describing. You cannot be vague and say “Medicare” but must be specific about a plan or clarify that you mean Medicare Advantage, Original Medicare with a Medicare Supplement and/or Medicare Part D.

### Agents

- Agents should be referred to as either “licensed insurance agents” or “licensed sales agents.”

### Superlatives & absolute language

- Avoid superlatives like “best,” “largest,” “greatest,” “#1,” and/or “outstanding” unless you can cite or source the data that supports the statement. Note: the data must apply to the current or prior contract year.

- Avoid using exaggerated words, such as “full,” “comprehensive,” or “unlimited” when describing benefits.
- Avoid using absolute language such as “guarantee” or “promise.”
- The only reference to “highly rated” that is permitted is if it is in relation to the CMS star ratings of the plan.

## Specific benefits

- Unless your marketing piece is targeted to people who live in a ZIP with access to plans with particular perks, your marketing piece may not reference extra benefits and perks like “grocery or fitness benefits.”
- Do not advise consumers that they can “find the right plan,” but you can say that by calling or clicking, consumers will “get help finding the plan that is right for you” or “find coverage that best fits your needs.”
- Don’t use “get the money you deserve” or “get the benefits you deserve” or “see what benefits are available to you.”
- Never use the word “entitled” or “customized.”

## Free

- Do not use the word “free” when describing zero-dollar premiums. You can only use the term “free” with respect to plan benefits. The proper verbiage is: “Based on where you live, you could have access to zero-dollar premium plans.”
- Humana in particular likes to see this phrase near the phone call to action: “Professional guidance is completely free, and there’s no obligation to enroll” or “Call for a free consultation and there’s no obligation to enroll.” This edit has come up frequently in relation to emails and direct mail pieces

## Negative language

- Do not use disapproving/disparaging or favoring comments about any plans because it will persuade or dissuade the beneficiary.
- Avoid language that could create undue fear or anxiety in beneficiaries, such as “beware of some plans whose copays could bust your budget.”
- Avoid language that would cause a false sense of urgency, such as “Call Now” or “Act Now” or “You may lose your benefits.”
- Avoid verbiage that would incite fear or mislead beneficiaries to respond quickly out of fear of losing their plan or benefits. Also, don’t use capitalization, color or punctuation that may incite fear or mislead, like “**URGENT!**”

## Miscellaneous

- May use “Fall Open Enrollment Period” or “Open Enrollment Period” instead of “Annual Enrollment Period” (“Annual Enrollment Period” is still permitted too)

## Requested Format of Website Submissions

Although it can be difficult, the carriers want to see the website content and photos on a word document so they can make tracked changes and comments on the document.

They want to see the url of the website at the top of the page as well so they can see the live website; however, make sure that if the url is brand new and not previously approved and filed with HPMS that the lander cannot be accessed by anyone until it’s approved.

## Requested Format of Direct Mail Submissions

Direct mail pieces should be submitted on a word document just like all other marketing materials. Other than making sure the material has all of the requirements listed above, there’s nothing else particularly special required for direct mail pieces.

## Requested Format of SEM Submissions

Below is how the carriers have requested to see proposed SEM content. Remember that there’s practically no way to include all of the required marketing disclaimers on SEM content because of the character constraints, so SEM content has to qualify as a communication.

SMID:

URL click through from ad:

**(Example:**

**Ad ·**

[Headline1] [Headline2] [Headline]

[Description] [**Description**] [Description]

[Callout] · [Callout] · Non-Government Entity)

**([Headline1] variants)**

- 1.
  - 2.
  - 3.
  - 4.
- (as many as you have)

**([Headline2] variants)**

- 1.

- 2.
  - 3.
  - 4.
- (as many as you have)

**([Headline3] variants)**

- 1.
- 2.
- 3.

- 4.
- (as many as you have)

**([Description] variants)**

- 1.
  - 2.
  - 3.
  - 4.
- (as many as you have)

|                             |   |                             |
|-----------------------------|---|-----------------------------|
| <b>[[Callout] variants)</b> | 4.<br>(as many as you have)               | 1.                          |
| 1.                          |   | 2.                          |
| 2.                          | <b>[[state]][other variables in ads])</b> | 3.                          |
| 3.                          |   | 4.<br>(as many as you have) |

## Requested Format of Social Submissions

The carriers want to see the completed social ad on a word document, including all images. If you're going to make it a marketing piece instead of a communication, you'll also need to include all of the required disclaimers.

## Requested Format of Email Submissions

The email marketing piece must include the subject line, headline, and the To and From name if known. The footer must also include an unsubscribe link and the sender's name and address.

Any call-to-action buttons must include a reference to the website where the reader will be sent and that website's SMID if provisioned already. All phone calls to actions need to comply with the requirements mentioned previously.

## Requested Format for Warm Transfer Script Submissions

The warm transfer script must contain everything the representative will say on the phone to the beneficiary and must include a recitation of the TPMO statement within the **first minute** of the sales call.

Should we choose to receive warm transfer calls from an external marketing company, we will audit occasionally that a lead was generated at least 48 hours before the warm transfer call happened. Additionally, the external marketing company will need to record their side of the call and ensure that they have valid TCPA consent for that lead.

## Requested Format for TV Commercial or YouTube Video Submissions

Video submissions also need to be formatted on a word document. The carriers prefer an image of each frame along with written text of what is said and written on the screen below that frame image.

The phone number, TTY 711, call center hours and reference to a licensed insurance/sales agent needs to be prominently displayed, and the TPMO statement also needs to be easy to read.