INTEGRITY

New Medicare Marketing Rules and Guidelines Frequently Asked Questions

July 25, 2022

Agenda

- CMS Final Rule Background
- TPMO Frequently Asked Questions
- Third-Party CMS Submissions
- Marketing and Communications
- Disclaimers
- TPMO Checklist
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Final Rule Background

Final Rule Background

CMS recently finalized new Medicare marketing rules and guidelines that likely mean big changes for you and your organization. We can break these down into these three main categories:

1

Requirements

New requirements now applicable to third party marketing organizations

2

Process

New process for third party submissions of multi-plan marketing materials to CMS

3

Clarify

Clarify the definition of “marketing” and the need for third parties to submit marketing materials to CMS

Key Takeaway

Carriers can also impose additional requirements on their downlines as long as they do not conflict with the requirements in the CMS marketing rules or guidelines.

Since carriers must approve and opt-in to the marketing materials created by Third Party Marketing Organizations, it is strongly advised that you are familiar with and create materials that adhere to their additional requirements.

- Guardrails
- Checklists
- Best practices

We know the new requirements can be confusing, but Integrity is here with solutions to help you. The information in this presentation is intended for Integrity Partner Compliance Officers only. Integrity is preparing agent-facing information geared specifically for that audience.

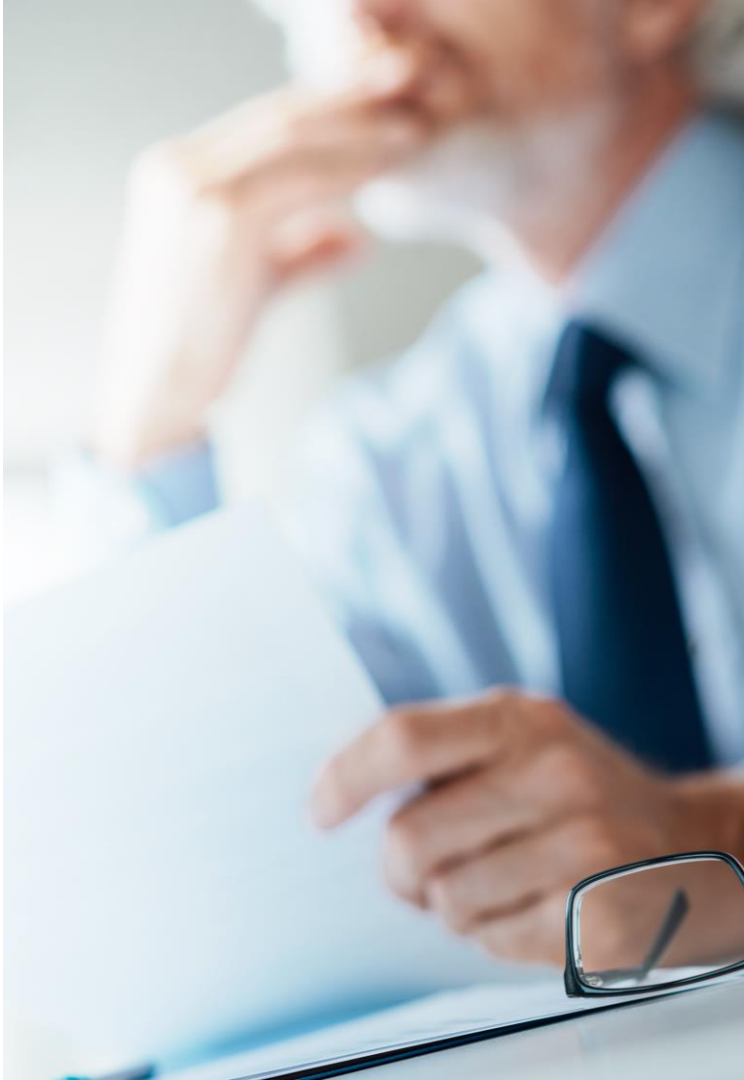
Frequently Asked Questions

Third Party Marketing Organizations

What is a “third party marketing organization” or “TPMO?”

A third party marketing organization or TPMO is now defined as:

An organization or individual, including independent agents and brokers who is compensated to perform lead generation, marketing, sales, and enrollment related functions as part of the chain of enrollment.



Third Party Marketing Organizations

Lead vendors and other vendors or subcontractors who are compensated to perform lead generation or marketing for a plan or for a first tier, downstream, or related entity (FDR) are also TPMOs.

Accordingly, you are a TPMO. The following are also TPMOs:

- Your lead vendors
- Your other vendors, contractors, and subcontractors that are compensated to provide any of the following services for you as part of the chain of enrollment:

Lead generation

Marketing

Sales

Enrollment-related functions

Third Party Marketing Organizations

If I am an MA or PDP plan first tier, downstream, or related entity (FDR), am I still a TPMO?

- Yes, you can be an FDR and a TPMO. In fact, you are probably both.
- A first-tier entity is a party that has a written arrangement with a plan to provide administrative or healthcare services for a Medicare eligible individual under the plan.
- Administrative services include sales, marketing, and enrollment.
- A downstream entity enters into a written arrangement below the first-tier entity continuing down to the ultimate provider of the administrative services.

Third Party Marketing Organizations

What do I need to do if my organization is a TPMO?

You must comply with all of the TPMO requirements below:

- Record all calls with beneficiaries in their entirety, including enrollment.
- Disclose to the plans subcontracted relationships used for marketing, lead generation, and enrollment.
- Report to plans monthly any staff disciplinary actions associated with beneficiary interaction to the plan.
- Report to plans monthly violations of any requirements that apply to the MA plan or PDP plan associated with beneficiary interaction to the plan.
- Use the TPMO Disclaimer as required.

Third Party Marketing Organizations

- When conducting lead generating activities, disclose to the beneficiary that he or she is being transferred to a licensed insurance agent who can enroll him or her into a new plan.
- When conducting lead generating activities, disclose to the beneficiary that his or her information will be provided to a licensed insurance agent for future contact. You must do this:
  - **Verbally** when communicating with a beneficiary through the telephone.
  - **In writing** when communicating with a beneficiary through mail or other paper.
  - **Electronically** when communicating with a beneficiary through email, online chat, or other electronic messaging platform.
- Adhere to any requirements that apply to the MA plan if the TPMO is not otherwise an FDR.

Third Party Marketing Organizations

What is the TPMO Disclaimer and when should it be used?

> *"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."*

TPMOs must use the TPMO Disclaimer in all of the following scenarios:

- Verbally within the first minute of a sales call.
- Electronically when communicating with a beneficiary through email, online chat, or other electronic means of communication.
- Prominently on your TPMO website.
- All marketing materials, including print materials and TV ads, that you develop, use, or distribute.

Third Party Marketing Organizations

What do I need to do if I contract with a TPMO?

At a minimum, you should revise your contracts with your TPMOs to require the TPMO to do all of the following:

- Disclose to the plans all of its subcontractors that provide sales, marketing, lead generation and enrollment services.
- Record all calls with beneficiaries in their entirety, including the enrollment process.
- Use the TPMO Disclaimer as required.
- Report to the plans monthly any staff disciplinary actions associated with beneficiary interaction to the plan.
- Report to the plans monthly any violations of any requirements that apply to the plan associated with beneficiary interaction to the plan.

Third Party Marketing Organizations

Because the carriers will likely also obligate you to impose the following requirements on your TPMOs as well, you should also revise your contracts with your TPMOs to require the TPMO to do all of the following:

- If the TPMO is not otherwise an FDR, adhere to any requirements that apply to the plan.
- When conducting lead generating activities, disclose to the beneficiary that he or she is being transferred to a licensed insurance agent who can enroll him or her into a new plan.
- When conducting lead generating activities, disclose to the beneficiary that his or her information will be provided to a licensed insurance agent for future contact as follows:
  - Verbally when communicating via phone.
  - In writing when communicating through mail or other paper.
  - Electronically when communicating through email, online chat, or other electronic messaging platform.

Third Party Marketing Organizations

What calls must be recorded by TPMOs?

- CMS requires that TPMOs record all calls with beneficiaries in their entirety, including the enrollment process.
- Note: this is different than *verbal* conveyance of the TPMO Disclaimer, which is only required in the first minute of a *sales* call, not in the first minute of all calls.
- What about post-enrollment business calls?

Third Party Marketing Organizations

How can I record calls in compliance with state recording laws?

Many states require that the consumer be notified that a call is being recorded. You may not always know the state in which a consumer is located or the law in that state.

As a best practice, you should:

- Notify the consumer at the beginning of inbound and outbound calls that the call is being recorded. Sample language to add to your call scripts after initial introductions is:

  "This call is being recorded."

- Record this notification so that it is documented.

If a consumer remains on the line, they have consented to the recording.

Third Party Marketing Organizations

If a consumer does not wish for the call to be recorded, you should either politely inform the consumer that you cannot continue the call or you may try to obtain the consumer's consent by explaining why the call is being recorded. For example, the script could state:

> *"I understand that you do not wish for the call to be recorded. However, new government regulations require certain calls with Medicare beneficiaries to be recorded in their entirety. The purpose is to maintain quality and help ensure the information you receive is accurate. Does that make sense now?"*

If they respond affirmatively, then state, *"OK. This call is being recorded,"* and the call may continue.

If they still do not wish for the call to be recorded, you should politely inform the consumer that you cannot continue the call.

Third Party Marketing Organizations

I am a TPMO, but I do not have the capability to record all calls with beneficiaries. What resources does Integrity have to help?

Integrity is making this easy for you! MedicareCENTER is being updated with advanced new features in time for AEP, including a call recording capability.

- The new call recording technology will be **FREE** for all Integrity partners and their downline independent agents and brokers.
- Agents will be given new MedicareCENTER personal contact numbers that will route to their included contact or mobile phone number.
- Using these new numbers, all inbound calls to the agent will be recorded and stored within a record's activity history.
- Outbound calls will also be recorded, giving agents the ability to control, filter, download, search and access those recordings.
- Call recordings will be retained within MedicareCENTER for 10 years.
- MedicareCENTER will be providing more information and agent/broker-specific training.

Third Party Marketing Organizations

When do I have to comply with the new TPMO requirements?

- The requirements are effective now for plan enrollments beginning on January 1, 2023.
- As AEP is the start of marketing for plan year 2023 enrollments, this means that you should record all calls in their entirety beginning on October 1, 2022.

Third Party Marketing Organizations

The following are relatively straightforward tasks that you should do immediately:

- Add the TPMO Disclaimer to your websites.
- Add the TPMO Disclaimer to all email communications.
- Make a list of all of your vendors, contractors, and subcontractors who perform lead generation, sales, marketing, and enrollment-related functions.
- Add the TPMO Disclaimer to all of your marketing materials, including print and TV ads.
- Add the TPMO Disclaimer to all sales call scripts within the first minute.

Third Party Marketing Organizations

How long do we need to retain the call recordings?

- Call recordings should be retained for 10 years.

Remember: MedicareCENTER will have the capability to store call recordings for that time. If you choose to use a different vendor, you must ensure that you have access to your call recordings for 10 years.

Third-Party Submissions

Third-Party Submissions

- **When can TPMOs submit marketing materials directly to CMS?**

- CMS permits third parties to submit marketing materials directly to CMS on behalf of contracted plans when the marketing materials created by third parties:

    1. Include marketing content; and

    2. Are used by two or more plans.

- Third parties should NOT use the third-party submission process for marketing materials that only mention one plan. In that case, the plan should submit the material directly to CMS using the standard submission process.

Third-Party Submissions

Where do third parties submit marketing materials?

Marketing materials should be submitted in CMS's new HPMS Marketing Module.

Who can submit third party marketing materials to CMS?

Only individuals with a third party who have been granted access by a plan to submit materials on the plan's behalf are permitted to submit materials. Some carriers restrict the categories of third parties that may submit materials on their behalf. For example, some may restrict access to TPMOs that have a direct contract with the plan, are of a certain level within the plan's hierarchy, or have a contracted multi-carrier call center. It is important to be aware of any limits that a carrier places on third parties to whom it grants access.

Third-Party Submissions

How do plans grant access to individuals with third parties?

- Plans submit an official letter via email to HPMSConsultantAccess@cms.hhs.gov that provides required information about the user and Plan executive approvals
- CMS will send an email confirmation to all individuals on the original email when access has been granted.
- Plans will inform the third-party that the access has been approved.

Third-Party Submissions

What do third parties need to do before submitting multi-plan materials through the HMPS Marketing Module?

Many carriers require third parties to submit all non-carrier branded marketing materials created by the third party to the carrier first for review and approval BEFORE filing the material in the HPMS Marketing Module.

You should be sure to review each carrier's process and requirements for review and approval. Carriers may require that only those individuals who have been granted access to submit materials may submit the marketing materials to the carrier first.

Allow plenty of time for the carrier's review process and the CMS multi-plan submission process.

Key Takeaway

You need to obtain approval of multi-plan marketing materials from each carrier **before** you submit the marketing materials to CMS.

Third-Party Submissions

What is the process for third parties to submit materials in the HPMS Marketing Module?

After consultant access has been granted and you've obtained any necessary carrier approvals of the marketing material, you may begin submitting multi-plan marketing materials into HPMS by doing the following:

- Select from any contracts/MCEs who have authorized access.
- Select a reviewer from a list of multi-plan dedicated CMS reviewers.
- Select the review process for the material – whether the material is being submitted under File & Use or the 45-day approval process. Most marketing materials are submitted under File & Use.

After the marketing material has been approved or accepted for File & Use (which is 5 days following submission), the plan will receive an email from HPMS notifying the plan that a multi-plan material has been submitted that includes their contract/MCE number. The plan then reviews the material and must either Opt-In or Opt-Out

Third-Party Submissions

Opting-In – This indicates that the plan is aware of the marketing materials and agrees that the materials will be used by the third-party for the contract/MCE noted.

Opting-Out – This indicates that the plan does not want to be associated with the submission and the materials will not be used by the third-party for the contract/MCE noted.

Opting-In or Opting-Out does not affect the status of the material in HPMS, so it will remain approved/accepted by CMS even if a plan Opts-Out.

HPMS sends an email to the third-party for all submission updates, including when each plan either Opts-In or Opts-Out. The third-party can add additional contracts/MCEs after the material has been approved.

Key Takeaway

A third party may NOT use the material for an associated contract/MCE unless the plan has Opted-In.

Third-Party Submissions

When can we use the materials that we submit through the multi-plan HPMS Marketing Module?

- Materials submitted under File & Use may be used 5 days following submission, which is the date that they are “accepted.”
- Remember that plans must Opt-In, and the material may only be used for plans that have Opted-In.
- A plan may be subject to compliance actions if materials are used before they are “accepted,” or if they are found during a CMS review to be out of compliance with the applicable requirements.

Marketing and Communications

Marketing and Communications

What are communications materials?

- Communications materials are created or used by plans or any downstream entity to provide information to current or prospective enrollees.

What are marketing materials?

- Marketing materials are a subset of communications.
- Marketing materials are communications materials that meet both standards for intent and content. A material must satisfy **both** standards for intent and content to constitute marketing, otherwise it is a communication material.

Marketing and Communications

Intent – Materials that CMS determines are intended to:

- Draw a beneficiary's attention to a plan or plans.
- Influence a beneficiary's decision-making process when making a plan selection.
- Influence a beneficiary's decision to stay enrolled in a plan (retention-based).

Marketing and Communications

Content – Materials that include or address content regarding:

- Information about plan benefits or benefits structure.
- Information about plan premiums or cost-sharing (including no premium, $0 premiums, $0 copays, plans that can lower your Medicare Part B costs).
- Information on Star Ratings.
- Comparisons to other plans.
- Ranking or measurements to other plans.
- Rewards and incentives.

Marketing and Communications

What are some examples of marketing?

The following are some examples of marketing content. If your materials include **any** of the following, it is considered "marketing" and the material should be submitted to CMS.

A billboard reads:

"Swell Health Offers $0 Premium Plans in Nowhere County."

A third-party TV commercial actor says:

"Call us to hear about plans that can provide hearing and dental benefits, zero-dollar monthly premiums, and can even lower your Medicare Part B costs."

A postcard reads:

"You may be eligible for plans with $2,500 in dental coverage."

A postcard reads:

"Call to learn about plans that can get you money back in your Social Security check."

Marketing and Communications

What types of statements should be avoided?

Communications and marketing materials should avoid the following:

- Words or imagery that may confuse beneficiaries.
- Words or imagery that may cause beneficiaries to believe the material is coming directly from the government.
- Language or imagery that are sales tactics designed to rush or push beneficiaries into a plan.

Marketing and Communications

Marketing materials should also avoid the following:

- Advertisements promoting plan benefits and/or cost savings that are not offered by the TPMO using the advertisement.
- Advertisements promoting plan benefits and/or cost savings that are not available in the area where promoted.
- Advertisements promoting plan benefits and/or cost savings that are directed at a broad/national audience but are for limited groups of enrollees.

This is not an exhaustive list. Please refer to the CMS Medicare marketing rules at 42 C.F.R. §§ 422 and 423 and recent Medicare Marketing Guidelines for a complete list.

Disclaimers

Disclaimer	Model or Standardized Content	Applicable Content and Notes	Example
Federal Contracting Statement	Model Content Must include: - Legal or marketing name - Type of plan - Statement that the organization has a contract with Medicare - Statement that enrollment depends on contract renewal	Required on all marketing materials except banners and banner-like advertisements, outdoor advertisements, text messages, social media, and envelopes.	Single Plan: “[Plan X] is a [Plan Type] with a Medicare contract. Enrollment in [Plan X] depends on contract renewal.” Multiple Plans: “Participating sales agencies represent Medicare Advantage [HMO, PPO, PFFS, and PDP] organizations that are contracted with Medicare. Enrollment depends on the plan’s contract renewal.”
Star Ratings	Model Content Must convey that plans are evaluated yearly by Medicare and that the ratings are based on a 5-star rating system.	Required on all marketing materials that mention Star Ratings. Because of space limitations with electronic media like search ads and social media, it is acceptable to provide the Star Ratings disclaimer to the viewer when the viewer clicks on the ad.	“Every year, Medicare evaluates plans based on a 5-year star rating system.”
Accommodations	Model Content Must convey that accommodations are available for persons with special needs and provide a telephone number and TTY number.	Required on all invitations to events, including educational events and market/sales events.	“For accommodations of persons with special needs at meetings call <insert phone and TTY number>.”

Materials Developed by a TPMO	Standardized Content "We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options." Note: Disclaimer is not required for TPMOs that truly offer every option in a service area.	Required on: • All TPMO marketing materials, including all print materials, TV ads, that are used, created or distributed by a TPMO and that meet the definition of "marketing" • All TPMO websites (prominently displayed). • Provided verbally within the first minute of a sales call. • Provided electronically when communicating with a beneficiary through email, online chat, or other electronic means of communication.	"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."
TPMO Lead Generation	TPMOs conducting lead generation activities must inform the Medicare beneficiary that their information will be provided to a licensed agent for future contact, or that the Medicare beneficiary is being transferred to a licensed agent who can enroll them in a new plan. To be done verbally, electronically, or in writing, depending on how the TPMO is interacting with the Medicare beneficiary.	Required to clearly state on all lead generation forms (including paper, electronic, or telephonic Business Reply Cards) that a licensed agent will be contacting the Medicare beneficiary. Required on call scripts, when transferring the call to a licensed agent, the individual speaking to the beneficiary must clearly state the call is being transferred to a licensed agent.	For lead generation forms, including paper, BRCs, electronic, or telephonic: "Your information will be provided to a licensed insurance agent. You may be contacted by a licensed insurance agent." For all call scripts when transferring the call to a licensed agent: "You are now being transferred to a licensed insurance agent who can enroll you in a new plan."

Special Supplemental Benefits for the Chronically Ill (SSBC)	Model Content Must convey the benefits mentioned are special supplemental benefits Must convey that not all members will qualify	Required whenever SSBCI benefits are mentioned.	“The benefits mentioned are a part of the special supplemental program for the chronically ill. Not all members qualify.”
Mailing Statements	Standardized Content Must include the following statement when mailing information about the enrollee’s current plan: “Important [Insert Plan Name] information.” Must include the following statement when mailing health and wellness information: “Health and wellness or prevention information.”	Required when mailing the applicable information to current members. Required to include the plan name. Downstream entities that conduct mailings on behalf of multiple plans must comply with this requirement, but they do not have to include a plan name.	“Important [Insert Plan Name] information.” “Health and wellness or prevention information.”
Promotional Giveaways, Prizes, Free Gifts, or Drawings	Model Content Must convey that there Is no obligation to enroll in a plan	Required when offering promotional giveaways such as drawings, prizes, or free gifts.	“Eligible for a free drawing, gift, or prizes with no obligation to enroll.” “Free gift without obligation to enroll.”

Product Endorsement or Testimonials	Model Content	Required to comply with the following with individuals endorse an MA organization's product: ▪ Speaker must identify the MA organization's product or company by name ▪ Medicare beneficiaries endorsing or promoting MA plans must have been a member of the plan at the time the endorsement or testimonial was created ▪ Endorsement or testimonial must clearly state that the individual was paid for the endorsement or testimonial, if applicable ▪ If an individual is used (such as an actor) to portray a real or fictitious situation, the endorsement or testimonial must state that it is an actor portrayal	"Paid endorsement" "Paid actor portrayal"
Not Affiliated with Medicare or the Government	Model Content Must convey that that the organization or agent is not affiliated with or endorsed by any government agency.	Required on all communications and marketing materials. If a material includes the word "Medicare" in the organization's name or logo, it must be clearly stated that this is a non-government entity," directly below the name or logo.	"Not affiliated with or endorsed by any government agency." "A non-government entity" directly below a name or logo that contains Medicare.

Provider Co-Branded Material	Model Content Must convey, as applicable, that other pharmacies, physicians, or providers are available in the plan's network	Required whenever co-branding relationships with network providers are mentioned, unless (for MA and cost plans, including MA-PD plans only) the co-branding is with a provider network or health system that represents 90% or more of the network as a whole.	"Other <Pharmacies/ Physicians/ Providers> are available in our network."
Out of Network Non-Contracted Provider	Standardized Content "Out-of-network/ non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services."	Required whenever materials reference out-of-network/ non-contracted providers. Does not apply to standalone PDP plans.	"Out-of-network/ non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services."

NCQA SNP Approval Statement	Model Content Must convey that the MA organizations has been approved by the NCQA to operate as a Special Needs Plan (SNP) Must include the last contract year of NCQA approval Must convey the approval is based on a review of plan's Model of Care May not include numeric SNP approval scores	Required on all documents that reference NCQA SNP approval. Must be used by SNPs who have received NCQA approval.	"Based on a Model of Care review, [Insert Plan Name] has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through [insert last contract year of NCQA approval]."

TPMO Checklist

TPMO Compliance Checklist

- ❑ Add the TPMO Disclaimer to all TPMO websites.
- ❑ Add the TPMO Disclaimer to all email communications.
- ❑ Add to all written communications to a beneficiary through mail or other paper that his or her information will be provided to a licensed insurance agent for future contact.
- ❑ Add to all electronic communications with a beneficiary, such as email, online chat, and electronic messaging that his or her information will be provided to a licensed insurance agent for future contact.
- ❑ Add the TPMO Disclaimer to all of your marketing materials, including print and TV ads.
- ❑ Add the following to all call scripts for lead generating activities:
- ❑ Disclose to the beneficiary that he or she is being transferred to a licensed insurance agent who can enroll him or her into a new plan.
- ❑ Disclose to the beneficiary that his or her information will be provided to a licensed insurance agent for future contact.
- ❑ If you do not have call scripts for lead generating activities, you should create scripts and obtain approval.
- ❑ Add the TPMO Disclaimer to all sales call scripts within the first minute.
- ❑ If you do not have scripts for sales calls, you should create scripts and obtain approval.
- ❑ Record all calls with beneficiaries in their entirety, including the enrollment process.

- ❑ Identify and make a list of all vendors, contractors, and subcontractors you use for marketing, sales, lead generation, and enrollment.

- ❑ Revise your existing written agreements with all of your TPMOs (vendors, contractors, and subcontractors for marketing, sales, lead generation, and enrollment) to require your TPMOs to do the following:
  - Disclose to the plans all of their subcontractors that provide sales, marketing, lead generation and enrollment services
  - Record all calls with beneficiaries in their entirety, including the enrollment process
  - Use the TPMO Disclaimer as required
  - Report to the plans monthly any staff disciplinary actions associated with beneficiary interaction to the plan
  - Report to the plans monthly any violations of any requirements that apply to the plan associated with beneficiary interaction to the plan
  - If the TPMOs are not otherwise an FDR, adhere to any requirements that apply to the plan
  - When conducting lead generating activities, disclose to the beneficiary that he or she is being transferred to a licensed insurance agent who can enroll him or her into a new plan
  - When conducting lead generating activities, disclose to the beneficiary that his or her information will be provided to a licensed insurance agent for future contact as follows:
  - Verbally when communicating via phone
  - In writing when communicating through mail or other paper
  - Electronically when communicating through email, online chat, or other electronic messaging platform
  - Comply with other requirements that the plans require you to impose on your TPMOs

- ❑ Enter into written agreements with all of your TPMOs (vendors, contractors, and subcontractors for marketing, sales, lead generation, and enrollment) with whom you have relationships but do not have written agreements that require the TPMOs to do the following:

1. Disclose to the plans all of their subcontractors that provide sales, marketing, lead generation and enrollment services
2. Record all calls with beneficiaries in their entirety, including the enrollment process
3. Use the TPMO Disclaimer as required
4. Report to the plans monthly any staff disciplinary actions associated with beneficiary interaction to the plan
5. Report to the plans monthly any violations of any requirements that apply to the plan associated with beneficiary interaction to the plan
6. If the TPMOs are not otherwise an FDR, adhere to any requirements that apply to the plan
7. When conducting lead generating activities, disclose to the beneficiary that he or she is being transferred to a licensed insurance agent who can enroll him or her into a new plan
8. When conducting lead generating activities, disclose to the beneficiary that his or her information will be provided to a licensed insurance agent for future contact as follows:
    a. Verbally when communicating via phone
    b. In writing when communicating through mail or other paper
    c. Electronically when communicating through email, online chat, or other electronic messaging platform
9. Comply with other requirements that the plans require you to impose on your TPMOs

- ❑ Develop a process for disclosing to the plans your vendors, contractors, and subcontractors you use for marketing, sales, lead generation, and enrollment. Your process should include a method for reporting changes to the list.
- ❑ Disclose to the plans your vendors, contractors, and subcontractors for marketing, sales, lead generation, and enrollment.
- ❑ Develop a process for reporting to plans monthly staff disciplinary actions associated with beneficiary interaction to the plan.
- ❑ Report to plans monthly any staff disciplinary actions associated with beneficiary interaction to the plan.
- ❑ Develop a process for reporting monthly to plans violations of any requirements that apply to the plan associated with beneficiary interaction to the plan.
- ❑ Report to plans monthly violations of any requirements that apply to the plan associated with beneficiary interaction to the plan.
- ❑ Adhere to any requirements that apply to the plan if you are not an FDR.

Who to go to for help

Where to go for help

If you would like assistance from Integrity or have questions about the content of your materials, please refer to these documents in the Integrity Resource Center:

- *The CMS Final Rule FAQ*
- *The updated Integrity Agent Medicare Compliance Guide*

You may also reach out to the Integrity Compliance Team or contact the Integrity Partner Marketing Team