

Medicare Marketing Standards of Conduct

Agents, brokers and Advocate Health Advisors' sales representatives may not engage in activities which have the potential to mislead, confuse or misrepresent Medicare products. When selling for Advocate Health Advisors Medicare products, you must comply with all state licensure laws, as well as all applicable MA and Part D laws, CMS policies, including CMS Marketing Guidelines, and all federal health care laws (including civil monetary penalty laws). The list below highlights certain prohibited activities that Agents, Brokers, Employees and Advocate Health Advisors' sales representatives may not engage in. By signing below, you acknowledge that you are aware of these prohibited activities and agree to refrain from engaging in them, and to otherwise comply with all applicable legal requirements.

Prohibited practices include, but are not limited to:

- Discriminatory practices
- Door to door solicitations
- Forgeries
- Misrepresentations or activities which would mislead, confuse, or misrepresent
- Conducting cold calls
- Distribution of incorrect enrollment materials
- Accepting enrollment applications or Scope of Appointments at educational events
- Marketing in healthcare settings other than common areas (i.e. waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas)
- Offering gifts or payments to induce enrollment
- Accepting gifts or any commissions from affiliated producers, vendors, and customers
- Distribution of unapproved marketing materials
- Using materials with the Medicare card image or other governmental card without permission
- Mentioning benefits in any materials without carrier and CMS approval

Among other requirements, Agents, Brokers and Advocate Health Advisors' employed sales representatives:

- May not claim recommendation or endorsement by the Centers for Medicare & Medicaid Services (CMS) or that CMS recommends that Medicare beneficiaries enroll in the plan;
- May not misrepresent themselves as an agent of Medicare, Social Security, or any agency of the Federal Government.
- May not make any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials;
- May not use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all Medicare Advantage Organizations' (MAO's) involved and unless the materials have received prior approval from CMS;
- May not accept enrollee applications in provider offices where healthcare is delivered unless it is in a common area. Sales presentations may be conducted and enrollment applications may be distributed and collected only in common areas of a healthcare setting, away from where care is delivered;
- May not conduct a sales event within 12 hours of an educational event in the same location;



- May not engage in any discriminatory marketing practice, such as attempting to enroll Medicare beneficiaries from higher income areas, without a similar effort in lower income areas;
- May not conduct door-to-door solicitation of Medicare beneficiaries;
- May not ask for personal information (i.e., Medicare number, bank account or credit card numbers) during sales presentations;
- Must comply with the National Do-Not-Call Registry, as well as applicable state telemarketing “Do Not Call” regulations, honor “do not call again” requests, and abide by Federal and State calling hours.
- CMS requires that all documents relating to a Medicare plan enrollment be maintained for a minimum of ten (10) years. This includes but is not limited to: all Scope of Appointment forms, Enrollment forms, recorded phone calls, and permission to contact records.
- Effective September 30, 2023 CMS requires a 48-hour waiting period for field agents before a sales meeting can be conducted. Outbound calls are also subject to the 48-hour waiting period.
 - Exceptions are walk-ins and the last four days of the enrollment period.
- Must record all telephone calls with a member or prospect related to the chain of enrollment in a Medicare Advantage plan or Part D Prescription Drug Plan. These call recordings must be maintained for a minimum of ten years.
- Must verbally convey the following Third Party Marketing Organization (TPMO) disclaimer within the first 60 seconds of the sales call and electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means of communication and must be included on TPMO consumer-facing websites that discuss or market Medicare Advantage and/or PDP plans. It must also be placed on all marketing materials including flyers and television commercials:

“We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.” Or

“Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.”

- When executing a direct mail campaign, agents must use only compliant, approved marketing or communications pieces, and remove any opt-out requests from future mailings.

Signature: _____

Print Name: _____

Agency Name (if applicable): _____

Date: _____