

Provider Medicare Marketing Material Overview

Medicare Material Development Process



Christian
Aparicio,
Health Net

**Presentation for
Providers**

**Presentation by
Medicare Compliance**

Training Topics

Medicare Marketing Materials

- Where can I find the Medicare Marketing guidelines, What are Marketing Materials, Examples of Marketing Materials, Reminders

Medicare Marketing Material Development

- Helpful Links, Provider Information, Examples of Ads

Medicare Submission Process

- Submission of English Material and Translated Material, Rush Rule, Material ID issuance, Helpful Hints

Medicare Multiplan Process

- Development and Submission of Lead Plan and Non-Lead Plan

Roles and Responsibilities

- Description of internal and external responsibilities

References

- Definitions, Documents, Links

Disclaimer – any of the forms, links or requirements contained within this training document are subject to change at anytime without advance notice. Refer to the provider portal on HealthNet.com as well as the CMS website for updates.



Medicare Marketing Materials

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Where Can You Find the Medicare Marketing Guidelines

You can find the
CMS Marketing
Guidelines Medicare
Managed Care
Manual Chapter 3 at

.....

The CMS Website

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c03.pdf>

Or

Health Net

Communication regarding
marketing materials will
always be through your
Health Net Provider
Network Representative

Definition of Medicare Marketing Materials

The Centers for Medicare & Medicaid Services (CMS) defines “marketing materials” more broadly than the public’s general concept of advertising.

Marketing materials are any materials developed and or distributed by entities covered by the Medicare Marketing Guidelines (MMG) and are targeted to Medicare beneficiaries.

The following pages outline the types of materials considered to be marketing materials and examples from section 10 of the MMG.

Medicare Marketing Materials and Examples

Promote

- **Promote Health Net or any MA plan, MAPD plan, offered by Health Net.**
- General audience materials (magazines, TV, radio, billboards, Internet, direct mail.)
- Promotional materials (brochures, leaflets, including materials circulated by physicians, other providers, third-party entities.)
- Activities of plan sponsor's employees, delegated entities that contribute to the steering of beneficiaries to a specific plan or limited number of plans.

Inform

- **Inform Medicare beneficiaries that they may enroll, or remain enrolled in an MA plan, or an MA PD plan, offered by Health Net.**
- Marketing representative materials (scripts, outlines for telemarketing.)
- Membership communications (membership rules, member handbooks.)
- Communications to members about contractual changes, and changes in providers, premiums, benefits, plan procedures, etc.

Explain the benefits

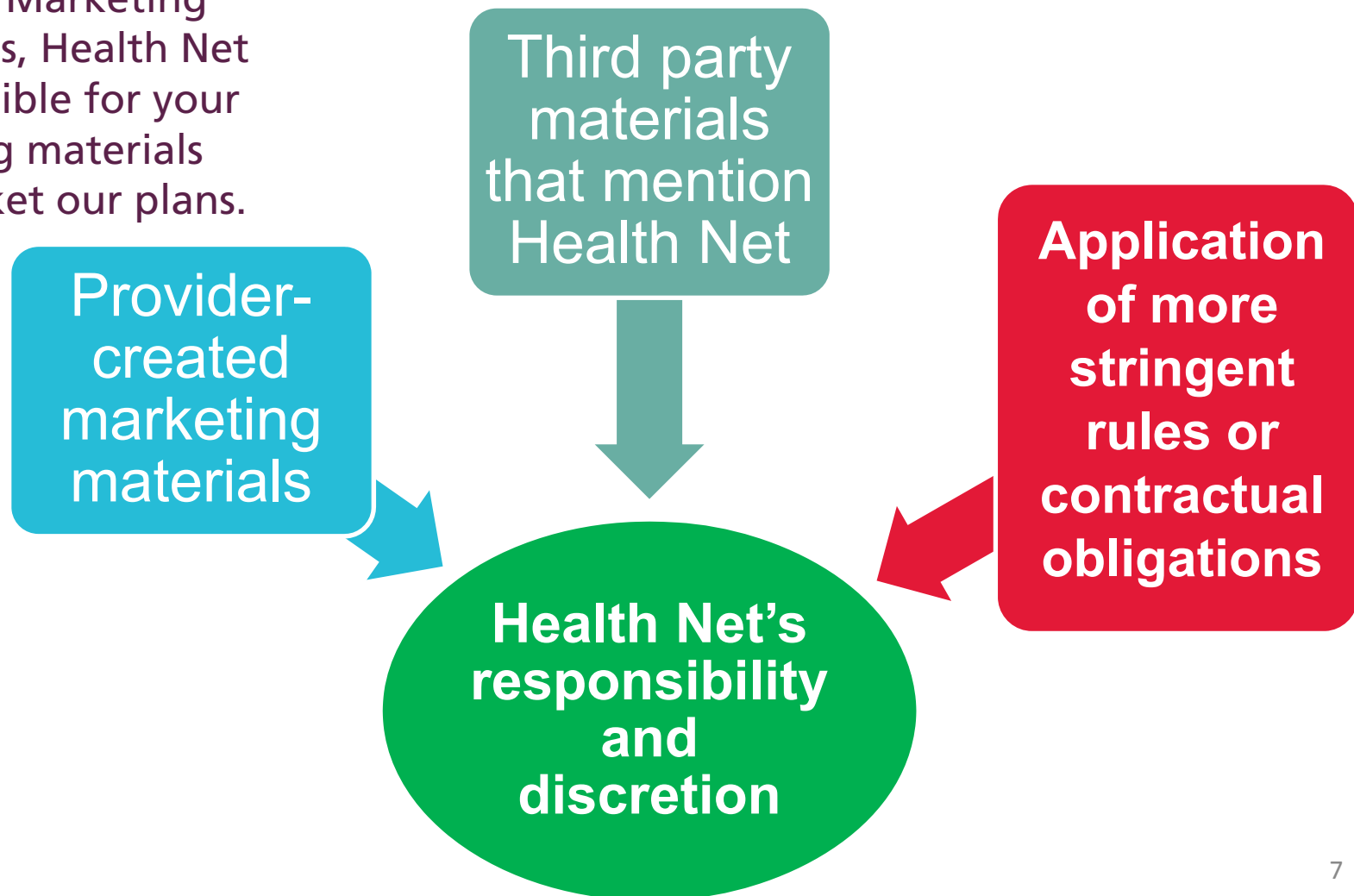
- **Explain the benefits of enrollment in an MA plan, MAPD plan, or the rules that apply to enrollees.**
- Marketing representative materials (scripts, outlines for telemarketing.)
- Membership communications (membership rules, member handbooks.)
- Communications to members about contractual changes, and changes in providers, premiums, benefits, plan procedures, etc.

Explain Medicare

- **Explain how Medicare Services are covered under an MA plan, or MAPD plan, including conditions that apply to such coverage.**
- Marketing representative materials (scripts, outlines for telemarketing.)
- Member communicated materials such as, Evidence of Coverage and Schedule of Benefits.
- Communications to members about contractual changes, and changes in providers, premiums, benefits, plan procedures, etc.

REMEMBER!

Per Section 30.3 of the Medicare Marketing Guidelines, Health Net is responsible for your marketing materials that market our plans.





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Health Net

Medicare Marketing Material Development

Medicare Marketing Material Development

Health Net's contracted and delegated entities, providers and vendors are bound by the Medicare Marketing Guidelines and Health Net policies as part of their contract with Health Net.



www.healthnet.com/provider
in the Health Net Provider Library>Operations Manuals>Compliance and Regulations>Approval of Marketing Materials (note: this access requires a user name and password.)



Information regarding the marketing review process and resources can be located at....

Provider Medicare Marketing Checklist

2013-V1

Page 1

- Complete Items A-K

Page 2

- Attest all items listed

Page 3

- Provides applicable disclaimers

Remember

- Checklist is required
- Complete in its entirety
- Find the checklist in the reference section of training guide



Provider Medicare Marketing Material Review Checklist

NOTE: The material cannot be used in the marketplace until Health Net has given its express written approval.

Section 1: GENERAL INFORMATION	
A. Material Title:	B. Submission Date:
C. Material Purpose: (Provide detailed explanation of how this material will be used)	
D. Will this material be mailed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you answered "Yes" and will be using an envelope for your mailing, you must use a CMS-approved envelope. All envelopes require a 45-day CMS review in addition to Health Net's review timing. For your convenience, provided below is an already CMS-approved envelope template ready for your use and you may populate existing placeholders to fit your business needs. Please note the following: <ul style="list-style-type: none"> • <u>There are four legal disclaimers listed on the envelope. Choose one that is most appropriate for your material. Note: one of four legal disclaimers MUST be included on the envelope.</u> • <Carets> = Variable data • [Brackets] = Field may be removed • Prior to use, remove all carets and brackets • Envelope size and orientation may vary CMS-approved envelope template
E. Plan Type Promoted: (Check all that apply)	<input type="checkbox"/> HMO Plans <input type="checkbox"/> PPO Plans <input type="checkbox"/> SNP Plans <input type="checkbox"/> N/A
F. Distribution Period:	<input type="checkbox"/> AEP <input type="checkbox"/> MADP <input type="checkbox"/> SEP <input type="checkbox"/> Year Round <input type="checkbox"/> Other (explain in Material Purpose)
G. Distribution Year:	<input type="checkbox"/> 2012 <input type="checkbox"/> 2013
H. Geography: (Check all that apply and include counties material will be distributed in)	<input type="checkbox"/> California: County(ies): <input type="checkbox"/> Oregon: County(ies): <input type="checkbox"/> Arizona: County(ies):
I. Are health plans, other than Health Net listed?	<input type="checkbox"/> No If "No," skip to section K. <input type="checkbox"/> Yes If "Yes," you must designate one of the health plans listed in your material as 'Lead Plan Sponsor'. The remaining health plans will be considered 'Non-Lead Plan Sponsors'. All health plans must review/approve the material. Lead Plan Sponsor will then do initial filing with CMS. All Non-Lead Plan Sponsors will also have to file the material as an Auxiliary Material with CMS after Lead Plan Sponsor filing.
J. Is Health Net a Lead Plan Sponsor?	<input type="checkbox"/> No If "No," skip to section K. <input type="checkbox"/> Yes If "Yes," you must provide written material approval from each of the health plans listed before this material can be filed with CMS. This written approval can be provided separately from the initial material submission. However, if written approvals from all the Non-Lead Plan Sponsors are not provided within 10 business days of initial submission, review timing may extend beyond 45 calendar days.
K. Submitter Name:	

Remember,

Ask yourself the following questions when considering whether a material needs to be submitted to Health Net for review.

If you answer yes to any of these questions you must submit the material to Health Net prior to distribution to Medicare Beneficiaries.

Does the material promote Health Net (HN), mention any HN MA (Medicare Advantage) or MAPD (Medicare Advantage Prescription Drug) plan (this includes affiliation notices.)

Informs Medicare beneficiaries that they may enroll, or remain enrolled in a Health Net MA or MAPD Plan.
Explains the benefits of enrollment in a Health Net MA or MAPD plan or any rules that apply to enrollees.

Explains how Medicare services are covered under a Health Net MA or MAPD plan, including conditions that apply to such coverage.
Mentions seminars where representatives will be present.

Additionally,

The following statements should be considered when determining whether a material needs to be submitted to Health Net for review.

Materials referencing Medicare Annual Enrollment Period and/or time frame (October 15 – December 7) only will not require approval.

Materials referencing Medicare Annual Enrollment Period and/or time frame (October 15 – December 7) will need to be submitted for approval if you answer yes to the Questions on the previous slide.

Providers are encouraged to review section 70.11 – Marketing in a Health Care Setting 70.11.1 – 70.11.5 of the Medicare Marketing Guide as well as CFR 42 422.2268 (j) and (k) for additional guidance.

At any time CMS and/or HN may conduct auditing or monitoring activities on marketing material, which may include “Secret Shopper” activities and requesting marketing pieces created for Medicare Beneficiaries.

Examples of Ads – Medicare Material Review

The following pages provide examples of marketing material. The final example reflects material that is not subject to Health Plan review.

If you are still unsure as to whether material should be submitted to Health Net, please contact your Health Net Provider Network Representative

The examples provide explanations for what makes a piece compliant or non-compliant as well as what should be submitted to the Health Plan

Know Your Medicare Health Benefits for 2013!



All required disclaimers are included and it was submitted to the plan(s) for review and approval.



First Star Physicians' Group

You are invited to a "2013 Medicare Health Benefits" meeting! It's time to compare you Medicare options.

From **October 15th to December 7th** you will have the opportunity to choose or change your Medicare Advantage health plan. You can no longer switch plans after December 7th. **Come to one of our Benefits Meetings and learn about 2013 Medicare Benefits.**

Now is the time to compare!

- Call 1-888-555-1111
- (TTY/TDD 1-800-555-2222)
- 7 days a week, 8:00 a.m. to 8:00 p.m.

All font is a equal to or greater than Times New Roman 12 point font in height/width

All required disclaimers are present per Section 50

Phone number to PPG is for RSVP only - does not allow enrollment per Section 70.11.1

A sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, call 1-888-555-1111 or TTY/TDD 1-800-555-2222. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Each is a Medicare Advantage organization with a Medicare contract. Other providers are available in our network.

Filed as Multi-Plan per Section 90.2.3

Material ID# H1234_MULTIPLAN_2013_0220 CMS Accepted 10242012

includes required material ID per Section 40.1

Non-Compliant Provider Ad

Health Net and two other plans are specifically being marketed and should have been submitted to the plan(s) for review/approval, per Section 10 of the Medicare Marketing Guidelines

The Medicare Annual Election Period is October 15 through December 7

Southern Valley Medical Group

an affiliate of the California Medical Network



- Quality, personal care from community doctors
- Over 400 primary care & specialty physicians
- Your ★ Fitness Program
- Access to - **Awesome Medical Center**
 - Accredited Chest Pain Center/Cardiac Center
 - Level 1 Trauma Center/Emergency Services
- Access to California Medical Network Hospitals

font size is too small - All text within the material should be a minimum of TNR 12 point font in height and width (Section 40.2)

Contracted Medicare Advantage Plans:

Health Net – MA 1 (HMO)

Customer Service Hours

8:00 a.m. to 8 p.m., 7 days a week

1-800-555-1111 – TTY/TDD – 1-888-555-2222

Seniority Horizons – Medicare ALL (HMO)

Customer Service Hours

8:00 a.m. to 8 p.m., 7 days a week

1-800-555-3333 – TTY/TDD – 1-888-555-4444

Golden Age Care – MA Plus (HMO)

Customer Service Hours

8:00 a.m. to 8 p.m., 7 days a week

1-800-555-5555 – TTY/TDD – 1-888-555-6666

All plans mentioned must review and agree to ad's content as a multi-plan material, per Section 90.2.3

UPCOMING ENROLLMENT EVENTS

Tuesday, October 18

Seniority Horizons

10 a.m. – 11 a.m.

California Medical Education Center

21600 Oxnard St.

Woodland Hills, CA, 91367

Wednesday, October 19

Golden Age Care

3 p.m. – 4 p.m.

Carrow's Restaurant

21534 Devonshire St.

Chatsworth, CA 91311

Space is limited.

Call (818) 555-1234 to RSVP today

Missing Material ID per Section 40.1 and should be Multiplan per Section 90.2.3

Missing several disclaimers per Section 50.1 (federal contracting statement), 50.2 (disclaimer when benefits are mentioned), 50.9 (disclaimer that the material is co-branded with providers), 50.10 (Sales/Marketing event disclaimers), and 50.13.1 (disclaimer that this is not a complete listing of plans available in the beneficiary's area)

Educational Ads

Wellness & Diabetes
FAIR
FREE Community Event



THURSDAY, November 7, 2012

FREE Health Screenings

- Blood Pressure
- Glucose

Ask the Expert

- Certified Diabetes Educators
- Diabetes Support Group
- Physical Therapy

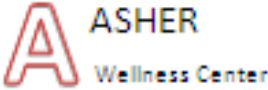
Education Booths

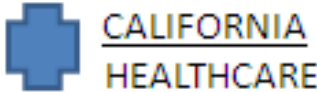
- Nutrition: How to read labels
- Fitness: Wii Fit and Physical Therapy Exercises
- Cardiac: Heart Disease and Prevention
- **FREE Flu Shots – for the First 150 RSVPs**

All are Welcome


Thursday, November 7, 2012 ~ 5:30 – 7:30 p.m.
RSVP by Oct. 31: 1.800.555.1234
California Medical Network
Trust Conference Center
4879 Sunnybrook Ln., Encino, CA 91356

Enjoy FREE Parking, FREE Health Screenings & Light Refreshments





Questions?
About California Healthcare



Asher Wellness Center

123 W. Willow St.
Agoura Hills, CA 91301

818.555.4545

Theasherwellnesscenter.com

Visit our Open House
Oct. 19, 10am

• Medicare Eligible Focused Health Care

• Specialized Senior Services such as:

- Care Coordination • Disease Management • Wellness Programs • Senior Advocates

• Comprehensive Network of Physicians, Hospitals, Specialists and Urgent Care Centers

**Enjoy healthy refreshments * Bring a friend *
Tour our Senior Center**

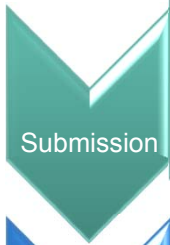
Educational events must follow the Medicare Marketing Guidelines under section 70.8 in order to be compliant.



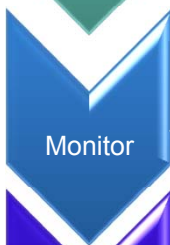
Medicare Submission Process

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Submission of Medicare Marketing Materials to Health Net



- All Marketing Materials (new or revised) submitted by providers must be sent to Health Net via the Marketing Review mailbox , along with a fully completed Provider checklist (see slide 13), to MedicareMktgReview@Healthnet.com.
- Materials should be submitted in one file, e.g. a zip file.



- The Medicare Marketing Department monitors the mailbox daily for submissions.



- Material is reviewed by the Medicare Marketing Department to ensure the documentation is complete, and subsequently submits the material through Health Net's material review process.



- Upon receipt of the Marketing Material, Health Net's Medicare Compliance Department determines whether the material qualifies for CMS' review (standard 45-day review), 5-day CMS Accepted filing, or an internal Medicare Compliance review/approval (based on current Medicare Marketing Guidelines).



- Marketing Materials submitted to Health Net cannot be utilized in the marketplace until Health Net has given its express written approval.
- The approval of the marketing material is not provided in perpetuity (indefinite period of time.)
- The material can only be utilized for the express purpose of the piece and for the duration as identified in the checklist.

Medicare Submission of Translated or Alternate Format Marketing Materials to Health Net



- Translated or Alternate Format Marketing Materials must be submitted to Health Net for review and approval and be based on a previously approved Health Net English material.
- Materials should be submitted in one file, e.g. a zip file.



- The Zip file should contain:
 - The final draft of the translated or alternate format material to be submitted.
 - A copy of the original English version that was CMS Approved or filed as File & Use/CMS Accepted.
 - A completed Attestation of Translation that attests to the translated material's accuracy.
 - Any supporting documentation.



- Translated or Alternate Format Marketing Materials may only be used upon express written approval from Health Net.
- The approval of the marketing material is not provided in perpetuity (indefinite period of time.)
- The material can only be utilized for the express purpose of the piece and for the duration as identified in the checklist.

The “Rush” Rule

CMS,
does NOT
expedite
material
reviews.

At their discretion, CMS can review certain materials ahead of others if, for example, the material is associated with an incident that impacts the beneficiary in a negative way.

**Health
Net,**
does NOT
expedite
material
reviews.

At our discretion, Health Net may review certain materials ahead of others if, for example, the material is associated with an incident that impacts the beneficiary in a negative way.

Your material cannot be used in any way until Health Net has provided you with written confirmation that the material is approved for use.

Medicare Material ID (MID) Numbers

As required by Sections 40.1 and 40.1.1 of the Medicare Marketing Guidelines

All marketing materials must contain a unique marketing material identification number

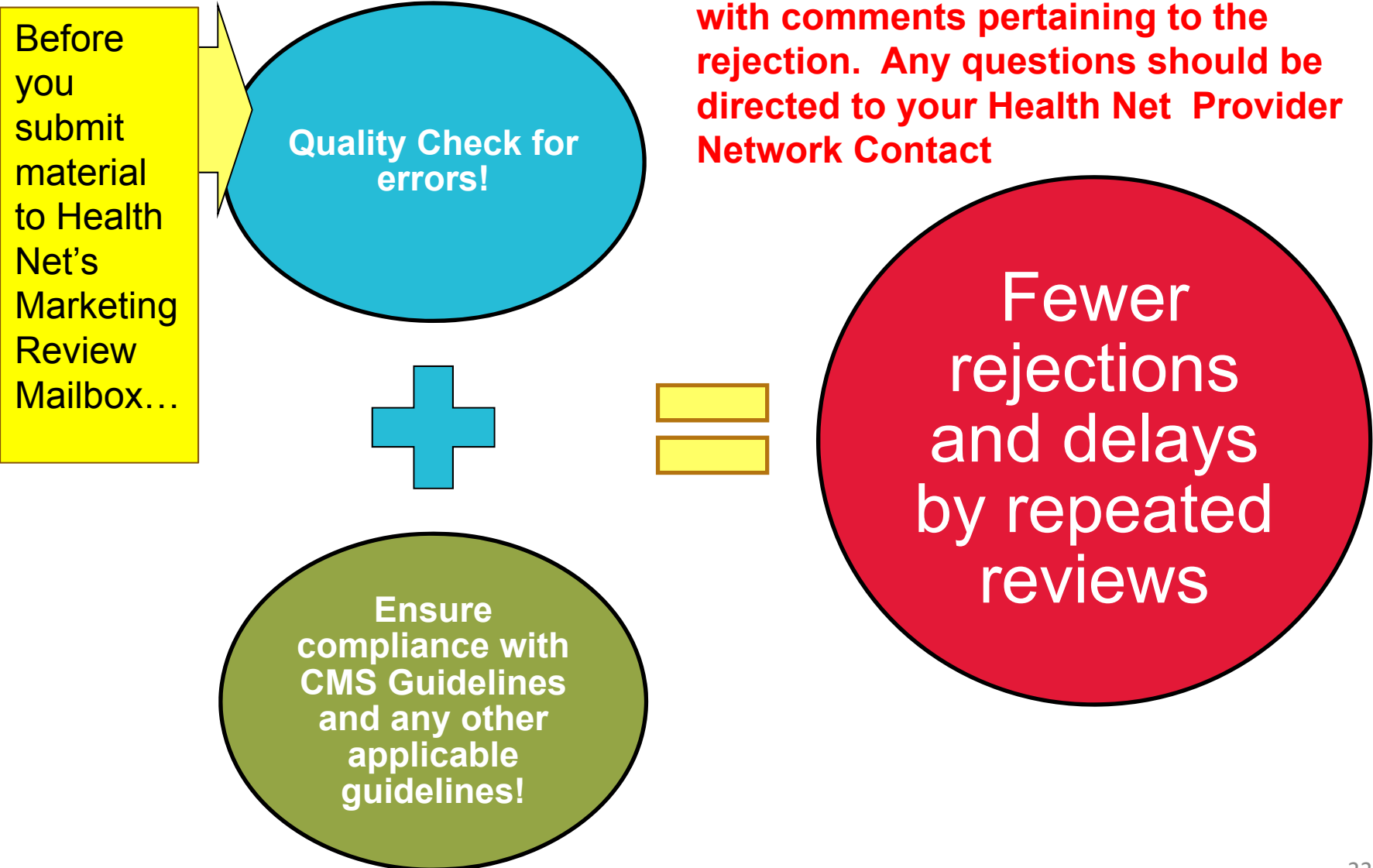
Upon receipt of a marketing material by the Medicare Compliance department, a unique material ID (MID) number is assigned to the material

The unique material ID must be correctly displayed on lower right or left corner of page 1 only and be equal or greater than Times New Roman 12 point font in height/width

Single MID Example: H0562_2013_0123 CMS Accepted < mmddyyyy >

Multiplan MID Example: H0562_MULTIPLAN_2013_0123 CMS Accepted < mmddyyyy >

Avoid Delays . . .





Medicare Multiplan Process

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The What, Who, and Why of Multi-Plan

See Section 90.2.3 of the Medicare Marketing Guidelines for more information about Multi-Plan Marketing Materials

What

- Multi-Plan Materials are those materials that are created by a third party entity on behalf of several plan sponsors.

Who

- Plan Sponsors must follow these procedures when submitting multi-plan marketing materials on behalf of a third party entity.

Why

- Plan Sponsors are held accountable for the marketing practices of their third party organizations and must ensure that all materials developed on their behalf are compliant with CMS marketing requirements.

Bonus

- Using the Multi-Plan process reduces duplicity of material for providers in complying with Medicare regulations with each Plan Sponsor.

Medicare Submission: Lead Plan Sponsor

Coordinating Entity (CE) creates the Material



Coordinating Entity elects a plan to be Lead Plan. Material is sent to Lead Plan and Non-Lead Plan Sponsors for review and comment



Coordinating Entity incorporates all Lead Plan and Non-Lead Plan Sponsors' edits into the Material



Once all edits are incorporated, Lead Plan Sponsor submits the material to CMS



Coordinating Entity or Lead Plan Sponsor provides all Non-Lead Plan Sponsors with the CMS Approved/Accepted Date and HPMS Submission Code

Medicare Submission: Non-Lead Plan Sponsor

Coordinating Entity (CE) creates the Material

Coordinating Entity elects a plan to be Lead Plan. Material is sent to Lead Plan and Non-Lead Plan Sponsors for review and comment

Coordinating Entity incorporates all Lead Plan and Non-Lead Plan Sponsors' edits into the Material

Once all edits are incorporated, Lead Plan Sponsor submits the material as a “Primary Material” to CMS

Coordinating Entity or Lead Plan Sponsor provides all Non-Lead Plan Sponsors with the CMS Approved/Accepted Date and HPMS Submission Code

Non-Lead Plan Sponsors submit the Material as an “Auxiliary Material” in HPMS using the HPMS Submission Code supplied by the Lead Plan Sponsor or Coordinating Entity



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Roles and Responsibilities

Roles and Responsibilities

Role	Responsibility
Medicare Compliance Department	Facilitates the transfer of documents between the Health Plan and CMS. Distributes new and revised Medicare Marketing Guidelines to Health Plan Internal Departments.
Marketing Department– Direct to Consumer Advertising Group	The point of contact at Health Net for Third Party Contractors that facilitate the marketing material review and approval process.
Provider Network Management Department - (PNM)	Responsible for the relationship between the Provider and the Health Plan
Medicare Material Review Team Department – (MMRT)	Facilitates the Health Plan internal material review process. Conducts quality reviews for grammar, spelling, addresses, phone numbers, etc.
Provider – Individual, Hospital, Participating Provider Group	Implement CMS Marketing requirements and appropriately submit documents to the Health Plan prior to Medicare beneficiary receipt.

Reminder:

CFR § 422.504(d) – “Maintenance of records. ..agrees to maintain for 10 years books, records, documents, and other evidence of accounting procedures and practices”



References

Pam White,
Health Net

Definitions – General Medicare Terminology

Centers for Medicare and Medicaid Services (CMS) - The federal agency within the Department of Health and Human Services that administers the Medicare program.

Health Plan Management System (HPMS) - The CMS system that is utilized to submit data, reports, applications, marketing material to CMS for review, approval and storage.

Medicare - The federal health insurance program for people 65 years of age or older, certain younger people with disabilities and people with End-Stage Renal Disease (ESRD)

Medicare Advantage (MA) – A Medicare program that allows for more choices among Medicare health plans. Everyone who has Medicare Part A and B is eligible, except those who have End-Stage Renal Disease (ESRD.)

Medicare Marketing Guidelines – A set of standards and guidelines that describe the requirements for material that will be viewed by any Medicare beneficiary.

Medicare Beneficiary - A person who has health care insurance through the Medicare or Medicaid programs . Anyone entitled to Medicare benefits based on the designation by the Social Security Administration.

Plan Sponsor - An entity that assumes the risk of paying for medical treatments, i.e. uninsured patient, self-insured employer, payer, or HMO

Definitions – General Marketing Terminology

Auxiliary Material - The secondary marketing materials developed based on the CMS-approved/accepted primary (original) material

Coordinating Entity - The third party entity that develops the primary (original) material for use by the plan sponsors with which it contracts

Lead Plan Sponsor - Contracted plan sponsor that submits the primary (original) material for CMS review or acceptance

Non-Lead Plan Sponsor - Contracted plan sponsor that submits the approved Lead Plan Material to CMS based on the primary (original) material.

Marketing Process –Process by which Provider and/or Brokers can submit marketing materials to Health Net for review and approval. Provider and/or Marketing box > Medicare Compliance> CMS> Medicare Compliance > Marketing> Provider and/or Broker> can use

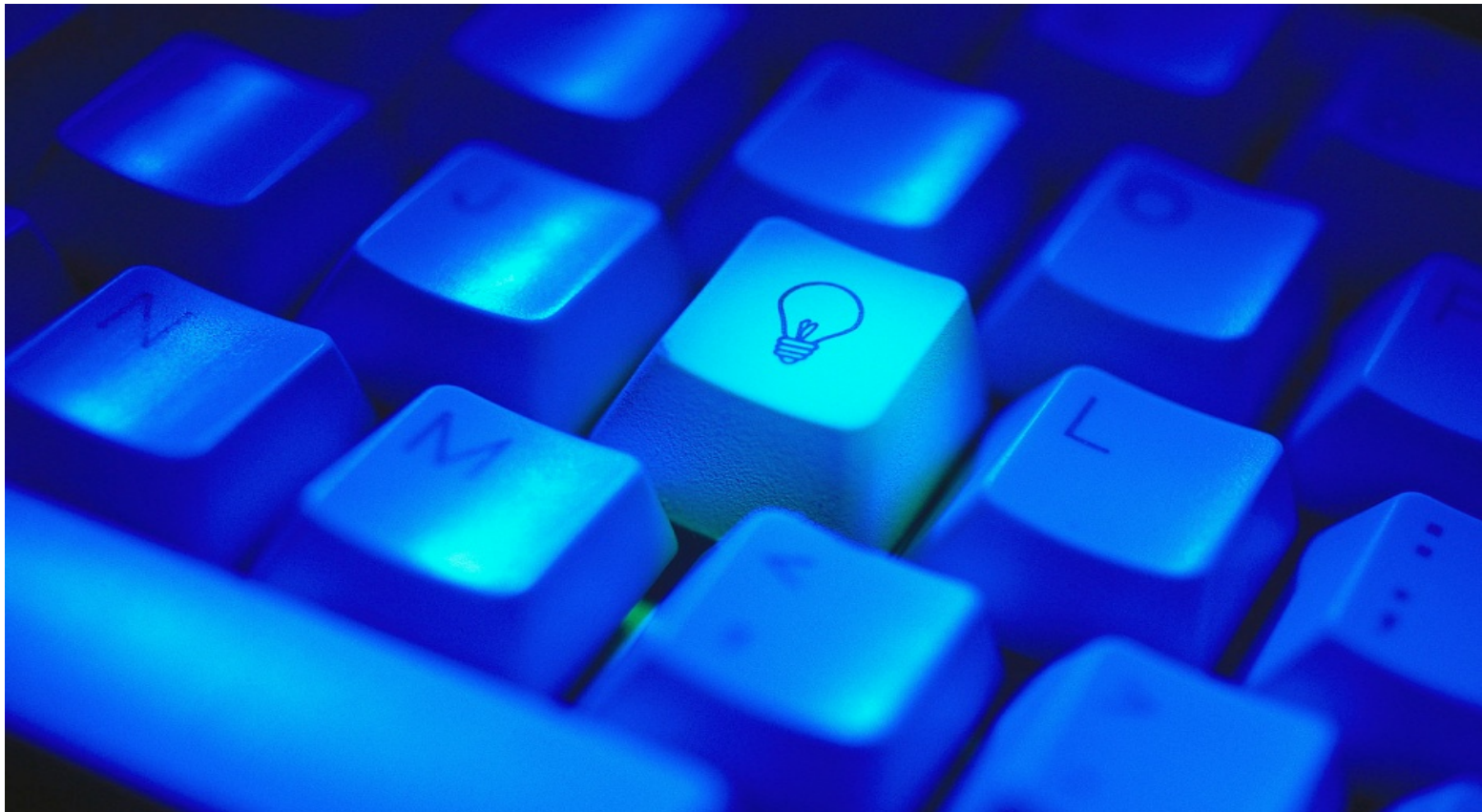
Primary Material - The base marketing material that serves as a model for submission by multiple plan sponsors

Documents and Links

Link Name	Link
Provider Medicare Material Review Checklist	www.healthnet.com/provider in the Health Net Provider Library>Operations Manuals>Compliance and Regulations>Provider Medicare Marketing Material Review Check
Provider Submission Process	www.healthnet.com/provider in the Health Net Provider Library>Operations Manuals>Compliance and Regulations>Approval of Marketing Materials
Medicare Marketing Guideline – Internet only Manual	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c03.pdf

Disclaimer – any of the forms, links or requirements contained within this training document are subject to change at anytime without advance notice. Refer to the provider portal on HealthNet.com as well as the CMS website for updates.

Knowledge Check



Questions/Answers

Question	Correct Response	Page Location	Answer
<p>Where can you find the Medicare Marketing Guidelines?</p> <p>A. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c03.pdf</p> <p>B. Contact your Health Net Representative</p> <p>C. Www.HealthNet.com</p> <p>D. A and B</p>	D	4	<p>You can find the CMS Marketing Guidelines Medicare Managed Care Manual Chapter 3 at The CMS Website</p> <p>http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c03.pdf</p> <p>Or</p> <p>Health Net</p> <p>Contact your Health Net Representative</p>

Questions/Answers

Question	Correct Response	Page Location	Answer
Marketing materials are any materials developed and or distributed by entities covered by the Medicare Marketing Guidelines (MMG) and are targeted to Medicare beneficiaries. True or False?	True	5	Marketing materials are any materials developed and or distributed by entities covered by the Medicare Marketing Guidelines (MMG) and are targeted to Medicare beneficiaries. The Centers for Medicare & Medicaid Services (CMS) defines “marketing materials” more broadly than the public’s general concept of advertising.

Questions/Answers

Question	Correct Response	Page Location	Answer
Providers and/or Beneficiaries can assign the CMS-required material identification number to a marketing piece. True or False.	False	21	A unique material ID (MID) number is assigned by Medicare Compliance in accordance with MMCM Chapter 3 (MMG), section 40.1 and 40.1.1.

Questions/Answers

Question	Correct Response	Page Location	Answer
I can wait till the last minute and submit marketing material to Health Net and the document will be "rushed" through the process to meet my deadline. True or False?	False	20	CMS and Health Net do not expedite material reviews. At CMS and Health Net's discretion, material may be reviewed ahead of others if, for example, the material is associated with an incident that impacts the beneficiary in a negative way

Questions/Answers

Question	Correct Response	Page Location	Answer
<p>Before you submit material to Health Net's Marketing Review Mailbox you should?</p> <p>A. Conduct a Quality Check for errors on the material being submitted</p> <p>B. Ensure compliance with CMS Guidelines and any other applicable guidelines</p> <p>C. Complete the Material Review Checklist in its entirety</p> <p>D. All the above</p>	D	22	<p>All of the above - a quality check of the material should be completed, the material should be reviewed against CMS guidelines as well as any other applicable guidelines and the Material Review Checklist must be completed in its entirety.</p>

Questions/Answers

Question	Correct Response	Page Location	Answer
<p>The Provider Marketing Material Review Checklist is located on the Provider Portal of Healthnet.com. True or False?</p>	<p>True</p>	<p>9</p>	<p>The Provider material checklist can be found on Healthnet.com.- www.healthnet.com/provider in the Health Net Provider Library>Operations Manuals>Compliance and Regulations>Approval of Marketing Materials (note: this access requires a user name and password.)</p>

Questions/Answers

Question	Correct Response	Page Location	Answer
<p>The following element(s) of a marketing material require that the font be equal to or greater than Times New Roman 12 point font in height/width:</p> <ul style="list-style-type: none"> A. Body Content B. CMS required material ID C. Disclaimers and footnotes D. All the above 	B	21	<p>CMS requires that all text included on materials, including footnotes, must be printed with a font size equivalent to or larger than Times New Roman twelve (12) point, per Section 40.2 of the MMG.</p>

Questions/Answers

Question	Correct Response	Page Location	Answer
After the material is submitted through the routing process it can be used in the marketplace. True or False?	False	18 and 19	Marketing Materials submitted to Health Net cannot be utilized in the marketplace until Health Net has given its express written approval

Questions/Answers

Question	Correct Response	Page Location	Answer
Once a material is approved for use, it can be used forever. True or False?	False	18 and 19	The approval is not provided in perpetuity. The material can only be utilized for the express purpose of the piece and for the duration as identified in the checklist.

Questions/Answers

Question	Correct Response	Page Location	Answer
<p>Which of the following questions should be considered when determining if a material should be submitted for approval?</p> <p>A. Does the material promote Health Net (HN), mention any HN MA (Medicare Advantage) or MAPD (Medicare Advantage Prescription Drug) plan (this includes affiliation notices.)</p> <p>B. Informs Medicare beneficiaries that they may enroll, or remain enrolled in a Health Net MA or MAPD Plan.</p> <p>C. Explains the benefits of enrollment in a Health Net MA or MAPD plan or any rules that apply to enrollees.</p> <p>D. All of the above</p>	D	11	<p>In addition to Does the material promote Health Net (HN), mention any HN MA (Medicare Advantage) or MAPD (Medicare Advantage Prescription Drug) plan (this includes affiliation notices), informs Medicare beneficiaries that they may enroll, or remain enrolled in a Health Net MA or MAPD Plan, explains the benefits of enrollment in a Health Net MA or MAPD plan or any rules that apply to enrollees, consider if the material explains how Medicare services are covered under a Health Net MA or MAPD plan, including conditions that apply to such coverage.</p>