



CareFree Insurance Services (CIS) Core Values & CMS Marketing Guidelines

I. CIS Core Values

CIS success is based upon our Core Values. These values reflect our culture. And they help guide our employee activities with both our clients and each other.

The values below show what's truly important to our organization. They're the beliefs we share and how we want to be known.

- Treating all people with respect and dignity; valuing how individuals differ
- Practicing excellence
- Building client relationships through value and high performance
- Conducting ourselves with the highest level of beliefs and honesty
- Taking accountability for our work
- Emphasizing teamwork; acting in the best interest of the Company; asking questions when unsure
- Obtaining and providing constructive feedback while supporting each other

WHAT CIS EXPECTS OF THEIR EMPLOYEES AND DOWNLINES

Understanding and following the guidelines defined in our Code of Conduct (the Code).

- Being honest in our activities and relationships
- Representing CIS professionally
- Following all policies that apply to our business
- Reporting immediately suspected violations of any laws or the Code
- Ensuring not to place others in a compromised position by asking them to do something illegal or unethical
- Fostering a safe setting where individual differences are valued and respected
- Completing required trainings in a timely manner

WHAT CIS EXPECTS OF THEIR LEADERSHIP

Understanding their additional responsibilities.

- Creating, promoting, and recognizing legal and ethical behaviors
- Ensuring business goals violating the laws or the Code aren't supported or encouraged
- Promoting ethics and compliance; employees feel comfortable raising questions without fear of retaliation
- Leading and serving as role models

OUR COMPLIANCE STANDARDS

This document translates our Core Values and Code of Conduct into practical terms. It helps guide our day-to-day business activities by providing ethical and compliance standards and expectations.

We operate in a highly regulated business. So, it's important we all work within the limits of all appropriate laws. Our goal has never been to only comply with the laws. But to follow the highest principles of integrity and ethics. This document, our Compliance Program policies, and the Code are resources for ALL employees. They apply to ALL without regard to an employee's position within the Company.

Contracted agents are an integral part of our operations. They have a critical role in our success. We try to conduct business with those who share our views on compliance and ethics. And we expect our agents to respect and comply with this document, our Compliance Program policies, and the Code when conducting business with us or on our behalf.

Failure to comply with the Company's Compliance Principles may result in disciplinary action. CIS investigates promptly and objectively all reported concerns. Corrective actions are put in place when necessary. CIS imposes disciplinary measures fitting the type and circumstances of each violation. Violations of a serious nature may result in suspension without pay, loss or reduction of merit increase, and termination of employment.

II. Medicare Communications and Marketing Guidelines (MCMG)

The Centers for Medicare and Medicaid Services (CMS) holds CIS and Carriers responsible for the actions of any person marketing their Medicare products. To ensure accountability, all **producers, brokers, and agents** agree to comply with this document. It's not all-inclusive.

The CMS *Medicare Communications and Marketing Guidelines (MCMG)* is available online. Be sure you're knowledgeable with it and all related Medicare and federal health care laws. You agree to comply with the requirements listed in the *MCMG*. This also includes any updates, and Medicare marketing guidance and Compliance Program requirements from CMS, CIS, and Carriers. Guidelines apply to all Medicare age-ins, existing beneficiaries, and plan members.

All **producers, brokers, and agents**:

- **Must** be properly licensed and appointed *prior* to selling Medicare products in accordance with applicable law in each state you intend to or are selling. **Must** notify CIS and Carriers immediately if your license is suspended or revoked. And you **must** be certified and "ready to sell" *prior to selling*.
- **Must** train/test annually on Medicare rules/regulations and details specific with Plan products you plan in selling.
- **Must** conduct compliant marketing activities in accordance with all state, CMS, CIS, and Carrier requirements.
- **Must** acknowledge consequences of engaging in inappropriate/prohibited marketing activities. This includes disciplinary action, termination, and forfeiture of compensation.

All **producers, brokers and agents** agree with the following:

1. **Will not** provide **inaccurate/misleading information**. Or engage in activities that could mislead/confuse beneficiaries or misrepresent CMS, Medicare products, or Carriers. **Will not** use unsubstantiated, absolute, and/or qualified superlatives or offensive comments.
2. **Will** only use CMS and Carrier-approved **marketing/presentation materials**, talking points and inbound/outbound call scripts for Medicare plans.
3. **Will not** deviate from **marketing guidance** set forth by CMS or as defined by Carrier. Or make any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials.
4. **Will** submit all **Medicare marketing materials** with appropriate Carriers. Carriers use their process for review and CMS approval as needed. *NOTE: CIS Compliance offers a compliance review of any agent/agency communications or marketing materials. This ensures you're protecting your business and staying in compliance with the latest CMS guidance. Some Carriers require submission of any materials used for them through CIS Compliance as their FMO/top of hierarchy.*
5. **Will not** claim recommendation or **endorsement** by CMS, Medicare, or the Department of Health and Human Services. Or claim that any of those entities recommend Medicare beneficiaries enroll in a plan, that you're calling on behalf of Medicare, or that Medicare asked you to call or see client.
6. **Will not** begin **marketing Medicare plans** or marketing/sales events for the upcoming plan year *prior* to **Oct. 1**. This includes advertising for marketing/sales events or educational events scheduled in early October.

7. **Will not** accept Medicare applications from potential enrollees for **Annual Election Period** (AEP) currently **Oct. 15** to **Dec. 7** prior to **Oct. 15**.
8. **Educational events: Will** clearly advertise these events as “educational.” **Will not** include marketing/sales activities or distribute marketing materials or enrollment forms. **May** only distribute business cards and have available Permission/Consent-to-contact forms. **NEW REG:** *Can no longer have Scope of Appointment (SOA) forms available or schedule future personal appointments.* All educational materials **must** be free of plan marketing/benefit information. **Will** report educational events to Carriers according to their policies. **NEW REG:** *Educational events and Marketing/ Sales events cannot take place within 12 hours of each other within the same or adjacent building.*
9. **Reporting marketing/sales events: Will** report all informal and formal marketing/sales events, and event revisions and cancellations to Carriers according to their policies
10. **NEW REG: Both Consent-to-Contacts (C2C) and SOAs are valid for 365 days / 1 year.** C2C only pertains to prospects, not your current clients whom you have a relationship with. All forms must include a date and be managed appropriately for the 12-month expiration. When a lead is purchased, you must ask the date when the C2C/SOA was granted so you know if you’re buying an expired lead. Must document the lead and keep any proof of it for audits by CMS or Carriers.
11. **Will** announce all **products and plan types** to be reviewed during a marketing/sales event at the beginning of the event (i.e., HMO, PPO, PDP, etc.).
12. **Will not** ask for **personal information** (i.e., address, phone number, Medicare number, bank account or credit card number). **Will not** require such information, including a signed SOA, *as a prerequisite* for attending formal/informal marketing/sales presentations, or educational events.
13. **Will** if using a **sign-in sheet**, use one supplied by the Carrier. It **must** contain a similar statement, *“Completion of any contact information is optional.”*
14. **Will** only schedule an appointment with a beneficiary residing in a **long-term care facility**, including nursing homes, board, and care homes, assisted living facilities, etc., *upon request of the beneficiary.*
15. **Will not** provide/subsidize **meals** at formal or informal marketing/sales events, or one-on-one appointments. **Will** only provide refreshments and snacks at these events.
16. **Will not** engage in **discriminatory marketing practices**. This includes attempting to enroll Medicare beneficiaries from higher income areas without a similar effort in lower-income areas and focusing only on aged Medicare-eligible population and not disabled beneficiaries. **Will not** conduct **genetic testing, health screenings** or other like activities that could give the impression of *“cherry picking.”* **Will not** churn beneficiaries between Medicare plans.
17. **Will not** market or have available **non-health care related products** (i.e., annuities, life insurance), also known as *“cross-selling,”* during any MA/MAPD/PDP sales presentation.
18. **Will not** intimidate, use inappropriate scare, **high-pressure sales tactics**, or require an in-home appointment to enroll a beneficiary into a plan.
19. **Will not** offer as an incentive to enroll in a plan **cash gifts or other monetary rebates**. This includes charitable contributions made on behalf of people attending a marketing presentation. Or gift certificates and gift cards that can be readily converted to cash.
20. **Will** provide reasonable accommodations for **beneficiaries with disabilities**. **Will** follow all federal/state laws regarding confidentiality and disclosure of patient information as outlined in **HIPAA Privacy Rule**.
21. **Will** provide overall plan’s **Star Ratings** information *prior* to enrollment. **Will** replace Star Ratings sheet with newest version within 21 calendar days of its release. (CMS generally releases mid-October.)
22. **REMINDER: Will** provide CMS mandatory Pre-Enrollment Checklist (PECL) prior to enrolling a client into a Medicare plan. **NEW REG: Will** discuss the effect of the new plan on the client’s current coverage.
23. **Will** comply and abide by TCPA (**Telephone Consumer Protection Act**). No calls may be made between 9 PM and 8 AM, local time of the patient, customer, plan member or provider. State law may further restrict hours. **Will** follow FCC (**Federal Communication Commission**) rules, Federal Trade Commission’s Requirement for Sellers & Telemarketers, National/State Do-Not-Call Registry, *“do not call”* requests and federal/state calling hours.

24. **Will not** make **unsolicited direct contact** with potential enrollees. This includes door-to-door solicitation *for any reason*, leaving information such as a leaflet or flyer at a residence/car, walking up to cars, approaching potential enrollees in parks, supermarkets, common areas, and telephonic solicitation. **Telephonic** includes text messaging, voicemails, calls and faxes. **Will** obtain a signed **Consent/Permission-to-contact or Business Reply Card (BRC) form** prior to calling a beneficiary.
25. **NEW REG: Will** ensure **Scope of Appointment (SOA) forms** are completed at least 48-hours prior to individual marketing appointments, whether held in-person, by phone, or online (virtual). **The 48-hour waiting period is not required for:** a) SOAs completed during the last four days of a valid election period for the client; b) unscheduled in-person meetings (walk-ins) initiated by the client; c) inbound unsolicited calls made by individuals to a sales agent. An SOA **will** be obtained when a Medicare-eligible visits you on their own accord. Or wishes to attend a pre-scheduled, individual meeting with another beneficiary. A second SOA must document additional product types of interest to the beneficiary not agreed to in advance. The meeting may then continue. **An SOA must be obtained and documented prior to any and all sales meetings discussing Medicare products with all potential enrollees (including current clients).** This includes all types of in-person sales appointments. Also includes individuals attending a formal or informal marketing/sales event who want to meet after the event.
26. **Will not** call a **referred beneficiary**. **Will** provide a business card for “referred” beneficiary to contact you.
27. **Will not** ask a potential beneficiary for a **referral**.
28. **Will not** take an **enrollment application during an outbound call**.
29. **Will not** accept enrollment applications in provider offices or other places where **health care is delivered**. This includes exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas, treatment areas where patients interact with provider/clinical team and receive treatment.
30. **Will not** use **providers** to offer anything of value to induce plan enrollees to select them as a provider. Or use providers to accept enrollment applications or offer incentives for persuading beneficiaries to join plans.
31. **Will not** engage or implement marketing practices that **discriminate** based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability or geographic location.
32. **Will not** knowingly target beneficiaries, call, or contact former enrollees who are in **OEP (Jan. 1 to Mar. 31)** because they made a choice during Annual Enrollment Period. This includes purchasing mailing lists or other means of identification.
33. **NEW REG: Will not** use the **Medicare name, CMS logo, and products or information issued by the federal government** in a misleading way. Disclaimers and taglines must be prominently placed, in a font size and color to be readily noticed. And clearly explains an entity or website is not affiliated with, endorsed by, or otherwise somehow related to the federal government, CMS, HHS and/or Medicare. **NEW REG: Must receive CMS approval to use Medicare ID card image.**
34. **Will** abide by all **REVISED: CMS requirements effective 10/1/2023 around Third Party Marketing Organizations (TPMOs)**, including but not limited to:
 - a. **Will record only marketing, sales, and enrollment calls.** This includes virtual call (video calls or conferencing). **Must** only record the audio portion of call, not the video portion. Marketing includes “retention-based marketing” or influencing a client’s decision to stay enrolled in a plan. Save such calls for a 10-year minimum.
 - b. **Will replace disclaimer language in marketing materials, consumer-facing websites, and verbally stating within the first minute of a call:** *“We do not offer every plan available in your area. Currently we represent <insert number of organizations> organizations which offer <insert number of products> products in your area. Please contact Medicare.gov or 1-800-MEDICARE (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, or your local State Health Insurance Program (SHIP) to get information on all your options.”*
 - c. **Reporting to carriers** every month:
 - Any subcontracted relationships used for marketing, lead generation, and enrollment.
 - Any staff disciplinary actions associated with Medicare beneficiary interactions.



35. **NEW REG:** **Will not** create communications or marketing materials that lists **any type of plan benefit unless names of all Carriers are included for each benefit.** Material **must** then receive **each Carrier's sign-off** and **must** also be reviewed and approved by CMS.

I have read and understand this document, *CIS Core Values & CMS Marketing Guidelines*.

(Signature required when this is included as part of agent training or a Corrective Action Plan.)

Signature: _____

Date: _____