



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: August 5, 2019

TO: Medicare Advantage Organizations
Medicare Advantage - Prescription Drug Organizations
Section 1876 Cost Plans
Prescription Drug Plan Sponsors
Employer/Union-Sponsored Group Health Plans

FROM: Kathryn A. Coleman, Director

SUBJECT: HPMS Marketing Module Updates

The Centers for Medicare & Medicaid Services (CMS) will be updating the HPMS Marketing Module to streamline the material submission process outlined in the Medicare Communications and Marketing Guidelines (MCMG). This memorandum highlights the major changes to the Marketing Module, outlined below.

Material Code Updates

Retired Codes

CMS will be retiring codes that are not needed or not used. Many of these are for communication (non-marketing) materials, which do not need to be submitted into HPMS. The retired codes are outlined in the attached chart.

New Codes

There will be new codes for the following materials:

- Benefit highlights/snapshots, under code 4045. These are advertisements that typically include high-level summaries of plan benefits and/or cost sharing to entice or retain enrollment. HPMS submission is required if the material contains marketing content.
- CMS-requested communications, under category/code 11000. These are reserved exclusively for the submission of communication materials, as defined in section 20 of the MCMG, which CMS may request on an ad-hoc basis. Unless CMS indicates otherwise, no other materials may be submitted under this category.

Operational Clarifications/Updates

Standard Templates

To reduce submission burden, CMS is retiring all Final Expedited Review codes. Rather than requiring populated versions to be submitted within thirty days, CMS will require standard templates to be submitted with placeholders identifying all variable data (e.g., "<\$10 Copay/\$15

Copay/\$20 Copay>”). Spreadsheets may be used to list variable data if there are multiple PBPs. The spreadsheet must be submitted with the template using a zip file. Any changes must be resubmitted using the replacement functionality, which will be extended to codes previously associated with Final Expedited Review codes.

Additional SA/LIS

Plans should no longer use the Additional SA/LIS function to submit materials in HPMS. If there are multiple versions of a material for one PBP (e.g., Summary of Benefits), all versions must be submitted together in a zip file.

Direct Mail

CMS has noticed that materials (e.g., fliers, business reply cards, provider marketing) are being filed incorrectly as direct mail pieces, under code 4001. As a reminder, plans should not use this code when the material being submitted for review already has a specific designated submission code or does not require submission. Plans should focus on the content of the material rather than the mode of delivery.

Plan Comparison Indicator

There will be a new radio button for plans to indicate when materials include information about competitors, effective 8/9/19. This will be a required field when submitting new materials in HPMS, which will allow CMS to easily identify those materials.

Unless indicated otherwise, the above changes are effective August 19, 2019. Materials submitted in HPMS prior to this date will not be affected; plans do not have to resubmit them.

If you have any questions or would like to provide feedback, please email Marketing@cms.hhs.gov, and copy your Account Manager.

Attachment – Retired Codes

Code	Description
1019	Errata - Summary of Benefits
1020	Errata - Formularies
1059	Notification of Availability of Electronic Materials
1075	Member Handbook
1078	Final Exp Rev - Member Handbook
1080	Provider/Pharmacy Directories
1085	Formularies
1089	Final Exp Rev - Enrollment Form and Related Docs
1096	Final Exp Rev - Cover Letter
1097	Enrollment Kit - Other documents. Note: Kits may still be used, but the documents within them must be submitted separately, as required, under the appropriate code.
1130	LIS Rider
2070	Disenrollment Forms
2071	Enrollment Notices
2072	Disenrollment Notices
2073	Reinstatement Notices.
2074	Acknowledgement Notices
2076	Failure to Pay Premium Notices
2077	Non-Renewal Notice
2079	Member Identification Card
2080	Employer/Union Plan Notices
2081	Other Enrollment/Disenrollment Notices
2083	Part C EOB
2085	Crosswalk Notice
2087	OEV Letters
2090	Multi-Plan Auxiliary Submission
3032	Other Claims/Appeals/Grievances Notices
3033	Grievance Notices
3034	Plan Appeal Notices
3035	Standardized OMB Claims/Appeals/Grievances Notices
4011	Scope of Sales Appointment Confirmation Form
4021	Final Exp Rev - Direct Mail Pieces with Benefit Information
4022	Final Exp Rev - Newspaper Ads with Benefit Information
4023	Final Exp Rev - Radio Ads with Benefit Information
4024	Final Exp Rev - TV/Internet Commercials & Other Videos w/Benefit Info
4025	Final Exp Rev - Billboard/Banner Ads with Benefit Information
4027	Final Exp Rev - Marketing Posters
4029	Final Exp Rev - Fliers with Benefit Information
4033	Final Exp Rev - Physician Advertising Materials/Additional Promotions
4039	Final Exp Rev - Social Media Posts
4042	Final Exp Rev - Pamphlets/Booklets
5002	Part D EOB

Code	Description
5015	Utilization Management Notifications
5017	Excluded Provider Model Letter
5018	Prescription Transfer Letter
5035	Notice of Formulary Change
5040	Other Formulary/Drug Notices
5043	Multi-Plan Auxiliary Submission
6007	Non-Renewal Script
6009	OEV Script
6012	Final Exp Rev - Presentations/Scripts
6017	Other Scripts
8022	LEP/Creditable Coverage Notices
10001	LIS Letters