

MARKETING AND PROMOTIONAL MATERIAL/ACTIVITY REQUIREMENTS FOR CMHRS SERVICES

“Marketing Materials and Services” activities as defined shall apply to Medicaid/FAMIS Plus beneficiaries who may or may not be currently enrolled with the Provider. Beneficiaries include children under the age of 21 and their families using CMHRS services. All Providers may utilize subcontractors for marketing purposes; however, Providers will be held responsible by the Department of Medicaid Assistance Services (“Department”) for the marketing activities and actions of subcontractors who market on their behalf.

Marketing and promotional activities (including provider promotional activities) must comply with all relevant Federal and State laws, when applicable. Providers that market services to beneficiaries or to those interested in enrolling must provide clear, written descriptions of the Medicaid mental health service, eligibility requirements for the service, service limitations, fees and other charges, and other information necessary for beneficiaries and their families to make an informed decision about enrollment into the service.

Providers must distribute marketing materials only to the potentially eligible beneficiaries based on the service locations approved within the license issued by the Licensing Division of the Department of Behavioral Health and Developmental Services.

1. Prohibited Marketing and Outreach Activities

The following are prohibited marketing and outreach activities for CMHRS services:

- a. Engaging in any informational or marketing activities which could mislead, confuse, or defraud beneficiaries or misrepresent the service or the Department.
- b. Conducting door-to-door, telephonic, or other “cold call” marketing directed at prospective or current beneficiary residences.
- c. Conducting marketing outreach efforts directed at provider sites, day care, community organizations, church or other faith-based organizations, other social networking groups, health fairs, or school sites, unless approved by the Department through its marketing plan.
- d. Making home visits for direct marketing or enrollment activities except when requested by the beneficiary.
- e. Offering discounts or cash incentives, rewards, gifts, or other opportunities to potentially eligible beneficiaries as an inducement to enroll in the Provider’s service.

- f. Continuous, periodic marketing activities to the same prospective beneficiary, e.g., monthly or quarterly give-aways, as an inducement to enroll.
- g. Using Medicaid protected health information (PHI) provided by another entity (including, but not limited to, a school system) to identify and market its plan to prospective beneficiaries, or any other violation of confidentiality involving sharing or selling beneficiary lists or lists of eligibles with any other person or organization for any purpose other than the performance of the Provider's obligations under its provider agreement.
- h. Contacting beneficiaries who choose to disenroll from the Provider after the effective disenrollment date except as required by the Department.
- i. Conducting service assessment or enrollment activities at any marketing, community, or other event.
- j. Asserting or stating (whether written or oral) that the Provider is endorsed by the Centers for Medicare and Medicaid Services (CMS); Department of Medical Assistance Services; Federal or State government; or similar entity.
- k. Offering rebates or other cash inducements of any sort to beneficiaries or individuals or organizations that refer beneficiaries to the Provider.
- l. Asserting or stating that the beneficiary must enroll with the Provider in order to keep him/her from losing Medicaid/FAMIS Plus benefits.
- m. Collecting Medicaid/FAMIS Plus ID numbers, addresses, or names to be used for marketing purposes.
- n. Offering of free, non-cash promotional items and "give-aways" that exceed a total combined nominal value of \$25.00 to any prospective or enrolled beneficiary or family for marketing or beneficiary retention purposes. Items that do not promote health (such as, but not limited to cigarettes) should not be used.

To ensure compliance with these requirements, the Provider shall:

- a. Submit to the Department a complete marketing plan if marketing is conducted. This applies to marketing plans in place prior to July 1, 2010. Any changes to the marketing plan must be submitted to the Department for approval prior to use. The Department will review individual marketing materials and services as they are submitted (prior to their planned use), and approve, deny, or ask for modifications within thirty (30) calendar days of the date of receipt by the Department.

- b. Submit all new and/or revised marketing and informational materials to the Department before their planned distribution. This includes materials in use prior to July 1, 2010. The Department will approve, deny, or ask for modifications to the materials within thirty (30) calendar days of the date of receipt by the Department.
- c. Submit a description of incentive award packages to the Department for approval prior to implementation. (Incentive award packages are not reimbursable by the Department.) This includes incentive award packages in use prior to July 1, 2010. The Provider is allowed to offer non-cash incentives to their enrolled members for the purposes of marketing, retaining the beneficiary within the service, and/or rewarding for compliance with stated goals and objectives within the beneficiary's Individual Service Plan. Non-cash incentives may include gift cards.

Providers will be subject to a fine or termination of the Provider's participation agreement if it conducts any marketing activity that is not approved in writing by the Department. The first violation will result in a \$1,000 fine, with the second violation resulting in a \$2,000 fine. The third violation will result in the termination of the provider's participation agreement with DMAS.

Existing marketing plans, marketing and informational materials, and/or incentive award packages must be submitted to DMAS for review by August 31, 2010.

If a new provider enrolls with Medicaid, the provider has thirty (30) calendar days to submit the marketing and informational materials, and/or incentive award packages to DMAS for review. These materials shall not be used by the provider until receiving DMAS approval.

Once approved, marketing plans, marketing and informational materials, and/or incentive award packages must be reviewed and approved by DMAS whenever changes in content are made.

Providers may submit the marketing plan, marketing and informational materials, and/or incentive award packages for DMAS review via e-mail (preferred method), fax, or by regular mail.

E-mail: cmhrsmarketing@dmas.virginia.gov	<u>Preferred Method of Submission</u>
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Fax: (804) 612-0045

Physical address:
Office of Behavioral Health
Virginia Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

****Note****

Please ensure that electronic documents are either in .doc, .docm, .pdf, .ppt, or .jpg form. We are unable to accept Publisher documents or any other designing software-based documents. If you are unsure of whether or not your software base is acceptable, please feel free to contact us.

DMAS will review and approve, pend, or reject a marketing plan, marketing and informational material, and/or incentive award package within 30 calendar days of receipt of the request. If DMAS requests changes, the provider will have eight (8) business days to respond to the request. DMAS will then review the proposed changes and will make a decision within fifteen (15) business days of receipt regarding the plan, materials, or incentive award package.