



TEXAS
Health and Human
Services

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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	N/A	October 15, 2007	Initial version Uniform Managed Care Manual Chapter 4.3, Uniform Managed Care Marketing Policy and Procedures Manual. This chapter replaces both Chapter 4.1, Medicaid Managed Care Marketing Policy and Procedures Manual, and Chapter 4.2, CHIP Marketing Policy and Procedures Manual.
Revision	1.1	August 1, 2009	The "Applicability" section is revised to change the reference to the "Comprehensive Healthcare Program for Foster Care" to "STAR Health Program." Policies MP-01.00, MP-06.00, MP-07.00, and MP-08.00 are revised to require MCOs to use the style and preferred terms required by the Consumer Information Tool Kit for all Member Materials and communications. Policy MP-16.00 is revised to correct the fax number for "Other Events".
Revision	1.2	March 1, 2010	The "Applicability" section is revised to include the CHIP Dental Program. "Form - MCO Checklist for Other Events" is revised to add a checkbox for the CHIP Dental Program.
Revision	2.0	January 15, 2015	Chapter title is revised from "Uniform Managed Care Marketing Policy and Procedures Manual" to "Marketing and Member Materials Policy and Procedures." Numbering for entire chapter is revised to clarify that the chapter is a single policy. Section I. "Applicability" section is updated to include Children's Medicaid Dental Services. Section II. "General Instructions to MCOs" is retitled "Purpose" and revised to require the MCOs to complete HHSC's Marketing Trainer Certification Program.



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			<p>Section III. "Applicable Legal Authorities" is updated to include dental and pharmacy.</p> <p>Sections IV. Through XIX. are revised to include new requirements resulting from the new contracts.</p> <p>Section XX. "Glossary" is updated to delete definitions already found in the contract and to add new definitions for Enrollment Form, Exclusive Medicaid Managed Care Enrollment Event, Extra Member Benefit, Health Fair, Marketing Materials, MCO Exclusive Event, Medicaid Managed Care Enrollment Event, Medicaid Other Event, Medicare Advantage, Member Materials, Member Orientation, Monetary, Non-monetary, Plan-Specific, Potential Member, and Public Assistance Office.</p> <p>Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers X29-06-0293, X29-08-0001, X29-10-0020, X29-12-0002, X29-12-0003, and X29-13-0042.</p>
Revision	2.1	September 1, 2016	<p>Chapter title is revised from "Marketing and Member Materials Policy and Procedures" to "Marketing and Member Materials Policy."</p> <p>Section I. "Applicability" is updated to include the STAR Kids Program.</p> <p>Section III. "Applicable Legal Authorities" is modified to update the citations.</p> <p>Section IV. "General Information" is updated with content moved within relevant new sections</p> <p>Section V. "Prohibited Practices" is deleted in its entirety with content moved within relevant new sections. Subsequent sections are reordered and renumbered.</p> <p>Section VI. "Reporting Alleged Marketing Violations" and the CHIP and Medicaid Managed Care Marketing Complaint Form are removed and incorporated into new UCMC Chapters 4.12 "Reporting Alleged</p>



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			<p>Marketing Violations," 4.12.1 "Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions," and 4.12.2 "Medicaid/CHIP Managed Care Alleged Marketing Violation Form."</p> <p>Section V. "Marketing Training/Certification" is added.</p> <p>Section VI. "Material Development" is added.</p> <p>Section VII. "Use of Logos" is modified to remove item 6.</p> <p>Section VIII. "Value-added Services and Extra Member Benefits References" is added.</p> <p>Section IX. "MCO Misrepresentation" is added.</p> <p>Section X. "Marketing and Material Distribution" is added.</p> <p>Section XI. "Use of Other Agents or Third Party Vendors" is added.</p> <p>Section XII. "Enrollment Prohibitions (Influencing Member Choice)" is added.</p> <p>Section XIII. "CHIP and Medicaid Managed Care Program Providers" (previously Section VII) is reordered and renumbered.</p> <p>Section XIV. "MCO Website" is modified to clarify the requirements.</p> <p>Section XV. "Print Media, Broadcast Media (Television/Radio), and Electronic Communication" is created by consolidating Section X. "Print Media" and Section XI. "Broadcast Media (Television/Radio Media)/ Mobile Media" with revisions to language.</p> <p>Section XVI. "Cold Call Marketing" is modified to delete items 2, 3, and 4.</p> <p>Section XVII. "Direct Mail Marketing" is modified to delete items 2 and 3.</p> <p>Section XVIII. "MCO Responses to Potential Member Inquiries" is added.</p>



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			<p>Section XIX. "Use of Giveaways and Incentives" is modified to add item 9.</p> <p>Section XX. "Sponsorship/Donations" is modified to remove item 3.</p> <p>Section XXI. "Periodic Surveys" is modified to change "may" to "must" in item 2.</p> <p>Section XXII. "Events" is added.</p> <p>Section XXII. A. "Member Events" (previously Section XV) is reordered and renumbered.</p> <p>Section XXII. B. "Medicaid Managed Care Enrollment Events" (previously Section XVIII) is reordered and renumbered. Item 11 is deleted.</p> <p>Section XXII. C. "Medicaid Other Events" (previously Section XIX) is reordered and renumbered.</p> <p>"MCO Notification of a Medicaid Other Event Form" is removed and incorporated into new UMCM Chapters 4.3.1 "MCO Notification of a Medicaid Other Event Form Instructions" and 4.3.2 "MCO Notification of a Medicaid Other Event Form."</p> <p>Section XXII. D. "Nursing Facility Activities Events" is added.</p> <p>Section XXII. E. "MCO Marketing at Statewide Conferences" is added.</p> <p>Section XXIII. "Glossary of Terms" is removed and incorporated into new UMCM Chapter 4.15 "Marketing Glossary of Terms."</p> <p>Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers X29-08-0001, X29-10-0020, X29-12-0002, X29-12-0003, X29-13-0042, X29-13-0071, and X29-15-0001.</p>
Revision	2.2	November 15, 2018	<p>Section VI. "Material Development" is modified to add item 2.d. regarding large print tagline and information on how to request auxiliary aids and services.</p>



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			Section X. "Marketing and Material Distribution" is modified to add item 7 regarding distribution of Marketing Materials and all subsequent items are renumbered.
Revision	2.3	February 15, 2019	<p>Chapter 4.3 is modified to align Giveaway dollar limit amounts with Nominal Gift dollar amounts specified in the Medicare Communications and Marketing Guidelines (MCMG).</p> <p>Clarification MCOs are prohibited from providing or subsidizing meals at marketing events; this prohibition is currently specified in the MCMG.</p> <p>These revisions update guidance for all MCOs and eliminate contradictory guidance for the STAR+PLUS/MMP MCOs.</p> <p>Section VI. Material Development was modified to reflect the name change from HHS Consumer Tool Kit to HHS Brand Guide and to add the link to the HHS Brand Guide.</p> <p>Section VI was modified to revise the policy to address situations in which non-Members may be in attendance at Member Events.</p>
<p>¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions</p> <p>² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.</p> <p>³ Brief description of the changes to the document made in the revision.</p>			



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I. Applicability of Chapter 4.3

This Chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, and STAR Health Programs, and Dental Contractors providing Children’s Medicaid Dental Services or CHIP Dental Services. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors and any other entities licensed or approved by the Texas Department of Insurance.

In this Chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to all CHIP services and CHIP Dental Services. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health healthcare services, and Children’s Medicaid Dental Services.

The requirements in this Chapter apply to all Programs, except where noted.

II. Purpose

This Chapter establishes Marketing requirements. These requirements are based on the authorities noted in Section III of this Chapter.

All MCOs contracting with HHSC are required to comply with this Chapter and maintain staff who have successfully completed HHSC’s Marketing Trainer Certification Program in accordance with this Chapter. This Chapter applies to the MCO, its employees, Agents, subcontractors, and providers.

III. Applicable Legal Authorities

- 15 U.S.C §§ 6101-6108
- 15 U.S.C §§ 7701-7713
- 42 U.S.C. § 1396u-2
- 16 C.F.R. Part 310
- 16 C.F.R. Part 316
- 42 C.F.R. § 422.2264
- 42 C.F.R. § 423.2264
- 42 C.F.R. § 438.104
- 42 C.F.R. § 457.1224
- Texas Gov’t Code §§ 531.02115 and 533.008
- 1 Tex. Admin. Code § 353.405
- 1 Tex. Admin. Code § 354.1871
- 1 Tex. Admin. Code § 354.1452
- 1 Tex. Admin. Code § 371.1669
- 1 Tex. Admin. Code § 370.601
- UMCM Chapter 4.6 MCO Materials Submission Process
- UMCM Chapter 4.15 Marketing Glossary of Terms



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HHS OIG Special Advisory Bulletin: Offering Gifts and Other Inducements to Beneficiaries, August 2002

Texas HHSC-OIG Special Advisory Bulletin: Offering Gifts and Other Inducements to Beneficiaries, March 6, 2013

IV. General Information

1. Violation of this Chapter is subject to remedies as outlined in the Contract.
2. The MCO is responsible for ensuring that its employees, Agents, Subcontractors, and Providers comply with the Marketing and Member Materials Policy.
3. Defined terms are capitalized in this Chapter, and definitions are located in UCM Chapter 4.15 Marketing Glossary of Terms or in the MCO's Contract.
4. The MCO must not discriminate against a Member or Potential Member because of race, creed, age, color, religion, national origin, ancestry, marital status, sexual orientation, physical or mental disability, Health Status, or existing need for medical care.
5. HHSC may amend the Marketing and Member Materials Policy at any time and distribute changes to the MCO. HHSC will review any concerns or comments the MCO submits in writing to HHSC.
6. The MCO must refer to UCM Chapter 4.6, "MCO Materials Submission Process," for information on the required materials for submission, submission guidelines, and the HHSC approval process and timeframes.

V. Marketing Training/Certification

1. All MCO personnel, including volunteers, who are involved in the development of MCO materials or who have direct or indirect contact with Members, Potential Members, or providers must successfully complete either the HHSC Marketing Trainer Certification Program or the MCO Marketing Training Program.
2. The MCO must maintain and make available upon request the training logs which, at a minimum, must include the date(s) of the training, the name(s) of the trainer(s), the name(s) of the trainee(s), and the test scores.

VI. Material Development

1. The MCO must comply with the Contract requirements, including those within Attachment A, Section 3.07, regarding the use of HHSC's, the State's, or an HHS Agency's name in a media release, public announcement, or other public disclosure.
2. All materials intended for, or directed to, CHIP and Medicaid Managed Care Members and Potential Members must be:



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- a. Written at or below a 6th grade reading level except for language required or provided by HHSC.
 - i. Press releases and materials created for the general public are exempt from the 6th grade reading level requirements.
 - b. Written and distributed in English, Spanish, and the languages of any other Major Population Groups in the Service Area. HHSC will notify the MCO if a Service Area includes other Major Population Groups.
 - c. Culturally appropriate.
 - d. Written as required by UMCC 8.1.5.1 and 42 CFR § 438.10.
3. The MCO must use the HHS Brand Guide to clarify and conform all materials for the CHIP and Medicaid Managed Care Members and Potential Members. The HHS Brand Guide includes the Associated Press Style Guide and Gregg Reference Manual; Plain Language Terms and Phrases; Preferred Medical, Social and Program Terms; and Respectful, Person-First Language. The HHS Brand Guide can be found at <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/vendor-contract-information/hhs-brand-guide.pdf>.
 4. Materials developed for Name Recognition may include the MCO name, MCO logo, MCO toll-free phone number, and MCO website.
 5. Health-related materials must not be Plan-specific and must not reference the CHIP and Medicaid Programs or include CHIP or Medicaid logos.
 6. The MCOs must not reference the private insurance line of business, including its health insurance marketplace product, in any of its CHIP or Medicaid Managed Care Marketing Materials. The MCO may mention its Medicaid/CHIP Managed Care line of business in the MCO's private insurance line of business.
 7. The MCO must not portray competitors in a negative manner.

VII. Use of Logos

1. HHSC logos are insignias established to identify HHSC as the administrator of the CHIP and Medicaid Managed Care Programs.
2. Marketing Materials for Potential Members related to the CHIP and Medicaid Managed Care Programs must include the appropriate Program logo, unless HHSC waives this requirement in writing.
3. The MCO must use all appropriate Program logos per the following website: <http://www.chipmedicaid.org/CommunityOutreach/Logos-and-Graphic-Standards>.
4. The MCO may not alter or modify a Program logo.
5. The size of the logo may vary, but it must be visible and legible.



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VIII. Value-added Services and Extra Member Benefits References

1. The MCO must refer to Medicaid/CHIP Covered Services as "at no cost" rather than "free." The MCO may refer to Value-added Services and Extra Member Benefits as "free" if there is no cost to the Member.
2. The MCO must specify the conditions and parameters regarding the delivery of the Value-added Services in the MCO's Member Handbook and must clearly describe any limitations or conditions specific to the Value-added Services.
3. The MCO must include a legible and visible disclaimer in its Marketing Materials and Provider directory indicating that restrictions and limitations may apply to Value-added Services.
 - a. The disclaimer must be shown in close proximity to the Value-added Services being described.
 - b. The MCO must place an asterisk next to both the Value-added Service listed and the disclaimer to associate the two when placing the Value-added Service and the disclaimer in close proximity to each other is not practical.

IX. MCO Misrepresentation

1. The MCO must not make any oral or written statements that the MCO is endorsed by CMS, a federal or state governmental agency, or similar entity.
2. The MCO must not make any oral or written statements that a Potential Member or Member must enroll with that specific MCO in order to obtain benefits or in order to not lose benefits.
3. The MCO must not make false, misleading, or inaccurate statements, or misrepresentations of fact or law, benefits or services, of the Medicaid/CHIP benefits/services, iNetwork and Out-of-Network providers or potential providers, or the MCO.
4. The MCO must not use misleading terms such as "sponsored by Medicaid/Medicare."
5. The MCO must not describe itself as being the "best," "number one," "top," etc.

X. Marketing and Material Distribution

1. The MCO must not distribute Marketing Materials or Member Materials without prior HHSC approval.
2. The MCO must not distribute Marketing Materials or Member Materials written above the 6th grade reading level except for language required or provided by HHSC.
3. The MCO must not market in or around Public Assistance Offices. Public Assistance Offices including the Social Security Administration (SSA), Office of Eligibility Services (OES), Women, Infants and Children (WIC), and Community Based Organizations (CBOs) that determine eligibility. The Texas Works Commission, Housing Authority, and food banks generally are not a Public Assistance Office.



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4. The MCO must not market in or around the area immediately near the door of a WIC or Medicaid public assistance office located in a multi-service center. However, an MCO may market in other areas of the multi-service center or attend a WIC sponsored Health Fair or event held elsewhere "off campus."
5. The MCO must not knowingly or willfully market to a Member of another CHIP or Medicaid MCO unless information is requested by that Member.
6. The MCO must not market by posting, displaying, or making available Plan-specific, non-Health-related Materials or banners in or around the area immediately near the door of provider offices or provider facilities such as hospitals or labs.
7. The MCO must distribute its Marketing Materials throughout the entirety of each Service Area in which the MCO is contracted to provide services. Marketing Materials describing the MCO's Medicaid and/or CHIP product's benefits or services, including Value-added Services, must be specific to the Service Area in which they are distributed.
8. The MCO must not market its Medicaid and/or CHIP product's benefits or services, including Value-added Services, outside of the defined Service Area in which it is contracted to provide the product's services. A broadcast that reaches outside of the defined Service Area may be allowed if it is unavoidable. For example, a television or radio broadcaster's range may be broader than the Service Area but necessary to reach the targeted audience. Refer to Section XXI, letter E, "MCO Marketing at Statewide Conferences" for the exception.
9. The MCO must not market Extra Member Benefits to Potential Members.
10. The MCO may conduct Member Orientation and health education for its Members in a private/conference room at a Provider's office but must not conduct Member Orientation in Common Areas at a Provider's office.
11. The MCO may market its health insurance marketplace product to its current Medicaid and CHIP Members.

XI. Use of Other Agents or Third Party Vendors

1. The MCO may co-brand Marketing Materials with a willing CBO.
2. The MCO must not use Marketing Agents who are paid solely by commission.
3. The MCO must not purchase or otherwise acquire mailing lists from third-party vendors or pay HHSC contractors or subcontractors to send Plan-specific materials to Potential Members.
4. The MCO must not allow Marketing Materials, Member Materials, or Giveaways to be distributed by a third party.

XII. Enrollment Prohibitions (Influencing Member Choice)

1. The MCO must not induce or accept a Potential Member's or Member's enrollment or disenrollment in an MCO.



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2. The MCO must not use terms that would influence, mislead, or cause Potential Members to contact the MCO for enrollment into an MCO, rather than the HHSC Administrative Services Contractor (HHSC ASC).
3. The MCO must not influence enrollment of Potential Members in conjunction with the sale or offer of any private insurance, including its health insurance marketplace product.
4. The MCO must not assist with Enrollment Forms or influence MCO selection.
5. The MCO must not use telephone number “2-1-1” for enrollment purposes to promote enrollment into the MCO.
6. The MCO may outreach to a Member whose eligibility terminated in an effort to assist with the Application. The MCO must not entice for re-enrollment into its MCO.
7. The MCO must not allow providers to solicit enrollment or disenrollment in an MCO or allow providers to distribute Plan-specific materials.

XIII. CHIP and Medicaid Managed Care Program Providers

The MCO is required to inform its Network Providers of, and Network Providers are required to comply with, the following marketing policies.

1. Providers are permitted to inform their patients about the CHIP and Medicaid Managed Care Programs in which they participate.
2. Providers may inform their patients of the benefits, services, and specialty care services offered through the MCOs in which they participate. However, Providers must not recommend one MCO over another MCO, offer patients Incentives to select one MCO over another MCO, or assist the patient in deciding to select a specific MCO.
3. At the patients’ request, Providers may give patients the information necessary to contact a particular MCO or refer the patient to an MCO Member Orientation.
4. Providers must distribute or display Health-related Materials for all contracted MCOs or choose not to distribute or display for any contracted MCO:
 - a. Health-related posters cannot be larger than 16” x 24”.
 - b. Health-related Materials may have the MCO’s name, logo, and contact information.
 - c. Providers are not required to distribute or display all Health-related Materials provided by each MCO with whom they contract. A Provider can choose which items to distribute or display as long as the Provider distributes or displays one or more items from each contracted MCO that distributes items to the Provider and the Provider does not give the appearance of supporting one MCO over another.
5. Providers must display stickers submitted by all contracted MCOs or choose not to display stickers for any contracted MCOs. MCO stickers indicating the provider participates with a particular MCO cannot be larger than 5” x 7” and cannot indicate anything more than “MCO is accepted or welcomed here.”



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6. Providers may choose whether to display items such as children’s books, coloring books, and pencils provided by each contracted MCO. Providers can choose which items to display as long as they display one or more from each contracted MCO. Items may only be displayed in Common Areas.
7. Providers may distribute Applications to families of uninsured children and assist with completing the Application.
8. Providers may direct patients to enroll in the CHIP and Medicaid Managed Care Programs by calling the HHSC ASC.
9. Bargains, premiums, or other considerations on prescriptions may not be advertised in any manner in order to influence a Member’s choice of pharmacy or promote the volume of prescriptions provided by the pharmacy. Advertisement may only convey participation in the Program.

XIV. MCO Website

1. The MCO website must include general information about the MCO’s Programs, its health or dental plan as it relates to the CHIP and Medicaid Managed Care Programs, its Provider Network, its customer services, and its Complaints and Appeals process. The MCO must refer to UCMC Chapter 3.32 Medicaid Managed Care/CHIP Website Critical Elements for website requirements.
2. HHSC must pre-approve all information relating to the CHIP and Medicaid Managed Care Programs intended to be utilized for the MCO website before posting on the MCO website.
3. The MCO must post a copy of all HHSC-approved Mass Communication Member Materials. The MCO may post MCO event notifications and maintain a Member events calendar.
4. The MCO must notify HHSC when its MCO website is first operational, its intent to re-design the MCO website, or for implementation of an MCO specific mobile app. The MCO must submit for review and approval its re-design layout and language/content, including a beta link/mock-up.
5. The MCO must remain HIPAA-compliant when providing Member eligibility or Member identification information on the website, including Member and/or provider portal(s).
6. The MCO website must include the appropriate Program logo and indicate the applicable Service Area.
7. The MCO website must provide access to the MCO’s Provider Network as specified in the Contract and UCMC for each applicable MCO Program on its MCO website. The MCO must ensure that Members and Potential Members have access to the most current and accurate information concerning the MCO’s Network Provider participation.
8. The MCO may post Marketing Materials specific to HHSC-approved Value-Added Services or comparison charts and MCO report cards.
9. The MCO website must minimize download and wait times and avoid tools or techniques that require significant memory or special intervention.
10. The MCO must not charge a fee for accessing the MCO’s website.



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XV. Print Media, Broadcast Media (Television / Radio) / Electronic Communication

1. The MCO must submit to HHSC for review and approval all print media prior to publication or display. The MCO must provide HHSC with a final copy of all print media prior to publication. In situations where advertising space is purchased by the MCO, the MCO must maintain detailed records indicating when and where print media will appear. These records must be made available and provided to HHSC upon request. Print media includes newspaper articles, news releases, advertisements, billboards, decals, bus and bench displays, banners, brochures, re-enrollment/re-certification notices, Outreach materials, non-Marketing correspondence to Members, or any other print media designed or intended to be read by CHIP and Medicaid Managed Care Program Members or Potential Members.
2. All television and radio media containing CHIP and Medicaid Managed Care Program information or references must be reviewed and approved by HHSC prior to broadcast. The MCO must maintain detailed records indicating the schedule of when the media advertisements will be aired, including date and station. These records must be made available and provided to HHSC upon request.
3. The MCO may have Social Media (such as Facebook and Twitter) and reference the Medicaid and/or CHIP programs in which it is contracted to provide services. See policies applicable to Social Media in UCM Chapter 4.13 Social Media Policy.
4. The MCO must submit to HHSC for review and approval all electronic communication prior to display or use. The MCO must provide HHSC with a final copy of all electronic communication prior to display or use, including when and where they will appear. Electronic communication includes electronic ads, email, mobile apps and presentation, member apps, and text messages.
5. All materials and all media referencing the CHIP and Medicaid Managed Care Programs must contain the appropriate Program logo unless HHSC provides a written waiver of this requirement.
6. Terms such as “choose,” “pick,” “join,” etc. are allowed in Marketing Materials as long as the MCO does not direct the reader to contact the MCO’s toll-free telephone number or website for enrollment. The MCO may choose whether or not to include the HHSC ASC or the local community-based organization telephone number. The HHSC ASC telephone number is 800-964-2777. The MCO may include its contact information, such as toll-free telephone number and website address; however, the MCO cannot include its contact information without the inclusion of the HHSC ASC or local community-based telephone number. The MCO must clearly indicate that the HHSC ASC or local community-based organization telephone number is for enrollment purposes. The MCO’s contact information must not be displayed in a position of prominence over the HHSC ASC or local community-based organization contact information.
7. The MCO must provide the option to unsubscribe from receiving electronic communications.
8. The MCO must not use Spam or engage in any kind of Spamming.



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XVI. Cold Call Marketing

Cold Call Marketing is strictly prohibited.

XVII. Direct Mail Marketing

Direct Mail Marketing to Potential Members is strictly prohibited.

XVIII. MCO Responses to Potential Member Inquiries

1. The MCO is permitted to respond to verbal, written, or electronic requests for information made by Potential Members. The MCO may respond to the Potential Member through the means in which the Potential Member contacted the MCO or through the means in which the Potential Member requested the MCO to contact them. The Potential Member must make contact with the MCO first to request contact from the MCO. The MCO may not initiate the contact. All materials must be approved by HHSC prior to distribution.
2. The MCO may send Plan-specific materials (print media) to Potential Members at the Potential Member's request
3. The MCO may only conduct telephone Marketing during incoming calls from Potential Members. The MCO may return telephone calls to Potential Members only when requested to do so by the caller. The MCO may provide information concerning benefits, services, or Value-added Services to help the Potential Member make an educated choice if a Potential Member initiates a call.
4. The MCO must refer all inquiries from Potential Members in reference to CHIP and Medicaid Managed Care Program enrollment to the HHSC ASC.

XIX. Use of Giveaways and Incentives

1. The MCO may provide promotional Giveaways or Incentives to Potential Members provided that these items have an individual retail value of no more than \$15 and no more than \$75 in the aggregate annually per Potential Member.
2. The MCO is allowed to accept items from third-party sources and distribute them to CHIP and Medicaid Managed Care Program Members and Potential Members as Giveaways. The same dollar limits listed in this policy apply. The MCO may adhere its MCO sticker to third-party items.
3. The MCO may not make enrollment into the MCO a condition of Giveaways or Incentives to Potential Members.
4. The MCO may not willfully or knowingly provide multiple Giveaways or Incentives to Potential Members which exceed the value limitation.
5. The MCO may provide promotional items to a Provider at the MCO's discretion. However, the MCO must not provide Giveaways or Incentives to Providers for the purpose of distributing them to Members or Potential Members.



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6. The MCO may provide Giveaways or Incentives to encourage Member attendance at MCO events or participation in MCO periodic surveys, Member Advisory Committees, and Health-related Wellness Programs.
7. The MCO Giveaways may contain the MCO name or initials, logo, and contact information (phone number or website address). Giveaways may not make any reference to the CHIP/Medicaid Managed Care program.
8. The MCO may collect the name and telephone numbers of Potential Members who wish to participate in a door prize drawing at an event; however, the MCO must not use the Potential Members' contact information for any purpose other than to arrange pick-up of the door prize by the winner.
9. The MCO must not give gift cards to Members or Potential Members that are redeemable for cash or allow the Members or Potential Members to purchase alcohol, tobacco, or illegal drugs.

XX. Sponsorship / Donations

1. The MCO is not allowed to make charitable contributions or donations from the CHIP or Medicaid Managed Care Program funds.
2. The MCO may make charitable contributions or donations from its general revenue, earned income funds, or other corporate income funds without HHSC approval, as long as the MCO does not report those charitable contributions or donations as an Allowable Expense. (See UMCM Chapter 6.1, "Cost Principles for Expenses.")

XXI. Periodic Surveys

1. The MCO may survey its former and currently-enrolled Members.
2. The MCO must not use satisfaction/dissatisfaction surveys for the purpose of soliciting the re-enrollment of former Members.
3. The MCO may periodically survey its voluntarily disenrolled Members by methods other than face-to-face encounters.

XXII. Events

1. The MCO may provide or make available Plan-specific Marketing Materials at events with the exception of Nursing Facility Activities Events. See Subsection D. Nursing Facility Activities Events, below, for additional clarification regarding this exception.
2. The MCO must not leave unused Marketing Materials, Member Materials, or Giveaways at event sites without express permission (acknowledgement and approval) of the event sponsor.
3. The MCO may provide Giveaways to an event sponsor for distribution to Potential Members/Members in situations where a donation of items is a pre-requisite to participate in the event. The MCO must obtain and keep on file documentation from the event sponsor that



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indicates the donation was necessary for MCO participation in the event. The same dollar limits listed in Section XIX still apply to these Giveaways.

4. The MCO must not leave Marketing Materials, Member Materials, or Giveaways at any location other than an event site.
5. The MCO must not charge Members or Potential Members for goods or services distributed at events. This does not include admission, food, or parking fees charged by a non-MCO event sponsor.
6. The MCO may market Medicaid/CHIP Managed Care benefits and services at employer-sponsored enrollment events upon invitation from an appropriate person or entity. The MCO must notify the HHSC ASC, by e-mail, regarding the invitation. The MCO must provide information about the Marketing events the MCO will conduct at the particular business. However, the MCO must not engage in Marketing activities at an employer-sponsored enrollment event where employee participation is mandated by the employer.
7. The MCO must not display materials related to the health insurance marketplace at Enrollment Events or Medicaid Other Events; however, the MCO may provide such information upon request
8. The MCO is allowed to use funds directly or indirectly from the CHIP and Medicaid Managed Care Program allocations for Marketing or events, but not for charitable contributions or donations to the events.
9. The MCO must not provide or subsidize meals at any event at which a Potential Member will be in attendance. Refreshments and light snacks may be provided. The MCO must ensure that items provided could not be reasonably considered a meal or that multiple items are not being "bundled" and provided as if a meal. This policy does not apply to Member events at which a Potential Member, or other non-Member, accompanies a Member to facilitate the Member's attendance at the event.

A. Member Events

1. The MCO may solicit and compensate its current Members for participation in MCO events, including focus groups and advisory committees.
2. The MCO must maintain evidence that it informs Members that any Monetary Compensation received must be reported to the Office of Eligibility Services/Social Security Administration. Also, the MCO must document and advise Members in writing that Monetary Compensation can affect the Members' Medicaid eligibility. The MCO must develop its own Member notification form, which is subject to the requirements of this Chapter.
3. The MCO is not required to submit notice to the HHSC ASC of MCO Member-only events for approval.

B. Medicaid Managed Care Enrollment Events

1. The HHSC ASC coordinates Exclusive Medicaid Managed Care Enrollment Events and Medicaid Managed Care Enrollment Events. An MCO may not participate in an Exclusive Medicaid



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Managed Care Enrollment Event but is encouraged to participate in Medicaid Managed Care Enrollment Events.

2. The HHSC ASC will notify the MCO upon receiving notification of an Enrollment Event cancellation.
3. The HHSC ASC will make the events calendar available to each MCO by Program and by Service Area and will provide event updates to the designated MCO contacts through the events calendar. To participate in an event, the MCO must register by contacting the event coordinator to arrange for a table. When there is limited availability, registration may be on a first come, first served basis. The HHSC ASC will confirm registration within 2 Business Days.

The MCO is responsible for notifying the HHSC ASC of designated MCO contact changes by sending a notification update to the HHSC ASC mailbox at: **TXMedicaidEvents@maximus.com**

4. The HHSC ASC will provide notice of events at least 10 Business Days prior to the Medicaid Managed Care Enrollment Event. On occasion, there may be less than a 10 Business Day notification period. When applicable, the registration deadline will be indicated on the notice. Any questions or concerns regarding Medicaid Managed Care Enrollment Events should be directed to the HHSC ASC mailbox. Due to space availability, invitation may be limited to MCOs by Program by Service Area.
5. The HHSC ASC will make Applications and comparison charts available during Medicaid Managed Care Enrollment Events. The MCO may also make Applications, comparison charts, and MCO report cards available at Medicaid Managed Care Enrollment Events and may assist with the Applications.
6. The HHSC ASC will not share a display table with any MCO. The MCO is responsible for contacting the event coordinator to arrange for a table before the event starts.
7. The MCO is responsible for complying with the Marketing and Member Materials policy during Medicaid Managed Care Enrollment Events. The HHSC ASC will not provide oversight or monitor compliance. The MCO may leave the event at its own discretion.
8. Except as provided below, the MCO is not allowed to have more than 5 Marketing representatives, health educators, or Provider relations representatives at a Medicaid Managed Care Enrollment Event.
 - a. The HHSC ASC may limit the number of participating Marketing representatives, health educators, or Provider relations representatives to less than 5 based on the location or availability of space.
 - b. If the anticipated/estimated attendance at a Medicaid Managed Care Enrollment Event is over 5,000 participants, those Medicaid Managed Care Program MCOs that are also CHIP MCOs may have a total of 8 Marketing representatives, health educators, or Provider relations representatives.
9. The MCO may offer Giveaways valued at \$ \$15.00 or less as long as these Giveaways are not a condition of enrollment into the MCO. Employees of the MCO, its agents, or subcontractors who have successfully completed and passed the Marketing Training Program may distribute Giveaways.



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10. An MCO promoting or announcing a Medicaid Managed Care Enrollment Event must comply with Section XV Print Media, Broadcast Media (Television/Radio), and Electronic Communication.
11. The MCO may have the following reference materials available at the Medicaid Managed Care Enrollment Events:
 - a. Plan-specific Marketing Materials;
 - b. Provider directories;
 - c. Member handbooks; and
 - d. Medicare Advantage products at STAR+PLUS Medicaid Managed Care Enrollment Events provided that MCO staff is Medicare licensed and certified. The MCO must hold a separate table for this product.
12. The MCO is allowed to offer health screenings to Potential Members as long as they are not conditioned upon enrollment in the MCO. The health screenings cannot be used to identify and discourage less healthy Potential Members from enrolling into the MCO.
13. The MCO representative may wear MCO logo branded shirts while providing Application assistance.

C. Medicaid Other Events

1. The MCO will be allowed to organize or participate in other events relating to the following:
 - a. MCO recognition
 - b. Health education/health fair
 - c. Program education
 - d. Marketing
 - e. Distribution of Applications
2. The MCO must provide prior notice of other events to the HHSC ASC by e-mailing the *MCO Notification of a Medicaid Managed Care Other Event* form to **TXMedicaidEvents@maximus.com**. The *MCO Notification of a Medicaid Other Event* form can be located in UCM Chapter 4.3.2 and instructions in UCM Chapter 4.3.1. Notice must be provided by close of business at least 2 Business Days prior to the event. The MCO should clearly indicate in the event notification form if it is financially sponsoring the event. In addition, a sponsoring MCO should clearly communicate any requests/expectations with its community partner.
3. An MCO-sponsored Medicaid Other Event submitted by an MCO as an MCO Exclusive Event does not guarantee it will remain an MCO Exclusive Event. At HHSC's discretion, HHSC may convert the event to a Medicaid Managed Care Enrollment Event. The MCO should clearly indicate on the *MCO Notification of a Medicaid Managed Care Other Event* form if the MCO is sponsoring the event. The HHSC ASC will notify the MCO if the event is converted to a Medicaid Managed Care Enrollment Event. The MCOs that choose to participate in a converted event will share the financial responsibility equally with the sponsoring MCO for any part of the event in which they participate.
4. The sponsoring MCO may choose to invite other MCOs in the Program and Service Area to participate. If the sponsoring MCO invites other MCOs to participate, the HHSC ASC will notify



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the invited MCOs, and the event may become a Medicaid Managed Care Enrollment Event. If the event becomes a Medicaid Managed Care Enrollment Event, the HHSC ASC will provide the *Notification of a Medicaid Managed Care Enrollment Event* to the MCOs by Program by Service Area.

5. The HHSC ASC may participate in other events to conduct or perform Outreach and educational activities only.
6. The MCO may organize and participate in a Health Fair with a willing provider in which the provider assists with immunizations, blood pressure checks, etc. as long as the provider is not soliciting enrollment or distributing MCO specific materials.
7. The HHSC ASC will not provide oversight or monitoring of compliance of Marketing policies during Medicaid Other Events. The HHSC ASC cannot authorize event participation.
8. The number of MCO Marketing representatives, health educators, or Provider relations representatives during other events is unlimited.
9. The MCO is allowed to offer health screenings to Potential Members at other events, as long as they are not conditioned upon enrollment into the MCO. The health screenings cannot be used to identify and discourage less healthy Potential Members from enrolling into the MCO.
10. The MCO is allowed to assist Potential Members with the Application, including submission to the HHSC ASC.
11. The MCO is allowed to attend a Health Fair at a provider's office for purposes of providing health education, health screenings, vaccinations, and Application assistance. The MCO must not distribute and/or utilize MCO specific materials.

D. Nursing Facility Activities Events

1. The MCO may organize and conduct a Nursing Facilities Activities Event for its Members in Nursing Facilities.
2. The Nursing Facilities Activities Event must be scheduled in advance with the permission of the Nursing Facility activities director or other appropriate Nursing Facility representative.
3. The MCO must not distribute Plan-specific or Health-related Materials at Nursing Facility Activities Events with exception of an HHSC ASC organized Medicaid Managed Care Enrollment Event.
4. The MCO may participate in a Nursing Facility Activities Event organized by a Nursing Facility in which all residents will be in attendance, even non-Members.
5. The MCO must provide prior notice of Nursing Facility Activities Events to the HHSC ASC by e-mailing the *MCO Notification of a Medicaid Other Event* form located in UMCM Chapter 4.3.1 to: TXMedicaidEvents@maximus.com. Notice must be provided by close of business at least 2 Business Days prior to the event. The MCO should clearly indicate in the event notification form if it is financially sponsoring the event. In addition, a sponsoring MCO should clearly communicate any requests/expectations with its community partner.



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E. MCO Marketing at Statewide Conferences

1. The MCO may attend and participate in a statewide conference held in a Service Area in which the MCO is not contracted to provide services.
2. The MCO may distribute Plan-specific Marketing Materials at statewide conferences in accordance with the policies of this Chapter.
3. Marketing Materials distributed at statewide conferences must clearly indicate the Service Areas in which the MCO is contracted to provide services.