

# 2024 CMS Final Rule FAQ



The final rule takes critical steps to protect people with Medicare from confusing and potentially misleading marketing while also ensuring the prospect has accurate and necessary information to make coverage choices that best meet their needs.

**This resource will provide you with answers to commonly asked questions and scenarios regarding the 2024 CMS Final Rule.**

SOA and BRC

Events

Pre-Enrollment  
Checklist

Telephonic  
Recordings

TPMO  
Disclaimers

TPMO  
Oversight



## Additional Resources:

1. 2024 Selling with Integrity Do's and Don'ts Guide
2. CMS 2024 Final Rule: Federal Register
3. 2024 CMS Final Rule job aid



Visit [Producers' University](#) to access links in additional resources.





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## Cigna Healthcare Sales & Marketing FAQ

### Scope of Appointment (SOA) & Business Reply Card (BRC)

An SOA is required when scheduling a personal marketing appointment to discuss MA and PDP plans, regardless of the venue (i.e., in person, virtual, telephonic). The SOA must be completed at least 48-hours prior to the appointment unless it falls within an exception.

Exceptions:

- Unscheduled in person meetings (walk-ins) initiated by the beneficiary
- SOAs that are completed in the last four days of a valid election period for the beneficiary
- Inbound calls initiated by the beneficiary

### Can a non-licensed individual collect an SOA for a licensed agent/broker?

A non-licensed individual can obtain an SOA for a licensed agent/broker; however, the licensed agent/broker is required to sign the SOA form based on the applicable SOA option used and is held liable for the compliant completion of the SOA. Only the licensed agent/broker is permitted to present the plan at the appointment and enroll the beneficiary.

### Does a new SOA have to be obtained if the original agent is no longer with the company?

The SOA is specific to the licensed agent/broker; therefore, a new SOA would need to be obtained by the new licensed agent/broker.

### Are agents/brokers allowed to require an MBI or SSN to look up plans in a beneficiary's area?

No, the beneficiary's MBI or SSN is not required to determine available plans.





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**If an agent is in a booth at a registered event and a beneficiary approaches the agent/broker and starts asking questions does the SOA 48-hour apply or would this be treated as a beneficiary initiated walk-in?**

The 48-hour rule will still apply in this instance.

**How long are SOAs and BRCs valid for?**

An SOA is valid for 12 months from the beneficiary's signature date and BRCs are valid for 12 months from the date of the request for more information.





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### Events

#### Can a marketing event be held in an adjacent building where an educational event took place 10 hours earlier?

Marketing events cannot be held in the same location unless at least 12 hours have passed.

#### Can I distribute BRCs and business cards at educational events?

Yes, distributing BRCs and business cards is permitted at educational events.

#### Can I set a personal marketing appointment at educational events?

Collecting SOAs and setting future appointments is not allowed at educational events.

Visit [Producers' University](#) to learn more.

### Pre-Enrollment Checklist (PECL)

#### Do I need to cover the PECL during telephonic enrollments?

The PECL must be reviewed with all beneficiaries prior to enrollment.

#### Where can I find the PECL form?

The updated PECL which includes the “Effect on Current Coverage” is posted on Producers' University.





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### Telephonic Recordings

#### What type of interactions with beneficiaries must be recorded?

All MA and PDP Sales, Marketing, and Enrollment (inbound and outbound) calls must be recorded. Only the audio portion must be recorded when using web-based technology. A consent statement disclosing the call is being recorded should always be read. You must obtain the consent to record, and if the beneficiary declines, the call must end.

#### How long should call recordings be retained?

All records must be retained for at least 10 years and be producible upon request. (i.e., SOA, call recordings, etc.).





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### Medicare Image, Marketing Materials & Third-Party Marketing Organization (TPMO) Disclaimers

#### Can I use the CMS Medicare card image without approval?

CMS requires that all materials that include an image of the Medicare card be approved via a review process separate from the material review process. Below is CMS' process that should be followed for the review of materials that include the Medicare card image.

- Send an email to the CMS marketing mailbox at [Marketing@cms.hhs.gov](mailto:Marketing@cms.hhs.gov) with a copy of the material that has the Medicare card image on it. An email must be sent for both Marketing and Communication materials.
- CMS will provide the approval or disapproval.
- When filing marketing materials in HPMS, the approval email must be included with the material when submitted (in a zipped file that includes the material ID of the marketing piece).

**For TPMOs only:** CMS also requires that agencies add a disclaimer in the vicinity of the Medicare card image that indicates they are not affiliated or endorsed by CMS, HHS, the Federal Government, etc.

A missing disclaimer near the Medicare card image may indicate that the approval process was bypassed resulting in additional follow-up by the reviewer.

#### When advertising benefits do they have to be available to the beneficiaries in the service area?

Marketing of benefits in a service area where those benefits are not available is prohibited unless unavoidable due to use of local or regional media.





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### **Does the TPMO disclaimer need to be included in non-marketing materials?**

The Final Rule states that the disclaimer is only required on materials that are considered marketing.

### **How should the TPMO disclaimer be displayed on websites when the beneficiaries service area is not known?**

Once the beneficiary's zip code is entered, the following page must include the disclaimer with number of organizations the TPMO represents, and plan counts specific to that zip code.

### **How should national and local marketing materials display the TPMO disclaimer?**

When advertising at the national level, the disclaimer can include the number of organizations the TPMO represents and plans available at the national level, instead of the market-level number.

For materials used in local markets the disclaimer must include the number of organizations the TPMO represents and plans available in that market.

### **For the TPMO disclaimer on text/SMS/social media marketing can the disclosure be “one-click away”/hyperlinked?**

Yes, the TPMO disclaimer can be on a landing page after the user clicks on the marketing material.

### **At what point do I need to disclose the TPMO disclaimer when interacting with beneficiaries via telephone?**

The TPMO disclaimer must be stated within the first minute of the sales call.





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### TPMO Oversight

#### Are TPMOs required to report the TPMOs that they contract with?

TPMOs are required to report all subcontractors immediately upon entering into a contract.

#### When should I report issues of non-compliance to Cigna Healthcare?

Monthly, you should report:

- Any instances of non-compliance associated with a beneficiary interaction and/or any violations of requirements that apply to Cigna.
- Any staff disciplinary actions associated with beneficiary interaction to the plan.

[Search TPMO in Producers' University for corresponding templates.](#)

### How to report:

Follow the instructions and populate the appropriate template available on [Producers' University](#) and send to [Carl@CignaHealthcare.com](mailto:Carl@CignaHealthcare.com).

