



Qualified Health Plan Issuer Marketing Guidelines

(September 12, 2013)

Overview and Purpose

The Covered California Marketing Guidelines (Marketing Guidelines) have been developed for Qualified Health Plan (QHP) Issuers that have contracted with Covered California to offer Individual & Family Plans and/or small business (SHOP) plans through the California Health Benefit Exchange (Covered California).

The overall purpose of these guidelines is to ensure coordination of spending and marketing strategies to promote the maximum enrollment possible in insurance coverage through Covered California or, on a non-subsidized basis, directly through health plans outside of Covered California. Covered California and its contracted QHP Issuers recognize that higher enrollment and effective use of marketing dollars will benefit consumers by expanding coverage and reducing costs.

In addition, the Marketing Guidelines provide guidance and references for the QHP Issuer related to marketing materials and activities aimed at prospective or existing members of the Covered California Health Benefit Exchange. These Marketing Guidelines supplement the QHP Contract and are not intended to limit or replace the obligations imposed on QHP Issuer in that Contract or under applicable Federal and State laws, rules and regulations, including license-issuing entity (DMHC/CDI) marketing guidelines. Citations to the QHP Contract language have been provided for reference. It is our intent that these Marketing Guidelines will lead to enhanced marketing actions as part of our Covered California and QHP Issuers' marketing efforts.

It is important to note that the Marketing Guidelines set forth in this document are subject to change as policy, communication technology, and industry marketing practices continue to evolve. Covered California may amend and alter these guidelines as new program or policy changes occur. Specific questions regarding marketing material or marketing practices should be directed to your Covered California Account Manager.

Marketing Materials Definition

The term "marketing materials" extends beyond the public's general concept of advertising materials and includes any materials developed or distributed by the QHP Issuer, which are aimed at prospective or existing members of the QHP Issuer's Individual & Family, and small business (SHOP) health benefit plans on and off the Exchange.

Coordination of Marketing Efforts

The QHP Issuer and Covered California recognize that enrollees and other health care consumers benefit from efforts relating to outreach activities designed to increase health awareness and encourage enrollment. In order to promote the effective marketing and

enrollment inside and outside the Exchange, QHP Issuer and Covered California agree to share the following:

I. Marketing Plans

To aid in mutual planning, the parties shall share marketing plans on an annual basis, and provide periodic updates of material changes. The marketing plans shall include proposed marketing approaches and channels (e.g., television, radio, digital, social) and shall provide samples of any planned marketing materials and related collateral as well as planned, and when completed, expenses for the marketing budget. Covered California and QHP Issuer mutually benefit when our marketing plans and investments are coordinated.

The marketing plans shall detail activities by channel and target market (e.g., by demographic, region or other segment targeted by the issuer). The QHP Issuer shall include this information for products inside and outside of the Exchange for each market in which it is active (individual or SHOP, or both) (per Contract Section 3.28(g)).

- (a) The Marketing Plan for enrollment that will be effective in 2014 shall be submitted to Covered California by October 31, 2013.
- (b) For subsequent years, the Marketing Plan shall detail the objectives of promoting new enrollment and retaining the Exchange-based enrollment, and shall be submitted to Covered California by September 1 of each year for the following year's effective enrollment.
- (c) The QHP Issuer shall provide updates to Covered California if there are significant changes in its plans or actual expenditures.
- (d) Please submit marketing plans in a PDF format as outlined above to:
QHPMarketingMaterials@covered.ca.gov
- (e) Covered California will share its marketing plans with QHP Issuers by August 1 for the following year's effective enrollment starting in 2014. Covered California will also provide periodic updates to the QHP Issuers throughout the year as marketing plans are being developed and implemented, as well as updates regarding any significant changes.

II. Advertising, Promotional and Outreach Marketing Materials

- (a) The QHP Issuer is not required to submit externally facing advertising, promotional and outreach materials to Covered California for prior review; however, the QHP Issuer should provide Covered California advance copies of all materials used to promote enrollment in QHPs through the Exchange as well as those materials used to promote enrollment in substantially similar products outside of the Exchange. (per Contract Section 3.28(c)). Please see Marketing Materials Submission Process Section for submission process details.

1. In the event the QHP Issuer sells Individual & Family Plans or SHOP products outside of the Exchange, the QHP Issuer agrees to fairly and affirmatively offer, market and sell all products made available to individuals and small employers in the Exchange to individuals and small business purchasing coverage outside the Exchange in accordance with Contract Section 3.04.

(b) Covered California shall share with QHP Issuers its advertising, promotional and outreach materials aimed to raise awareness and promote enrollment on an annual basis by August 1 for the following year's affective enrollment and throughout the year with periodic updates regarding any material changes.

III. Enrollee Marketing Materials

(a) The QHP Issuer is not required to submit enrollee marketing materials to Covered California for prior review, except it must provide Covered California with advance copies of the following enrollee materials as described in the Marketing Materials Submission Process:

1. All forms of notices that are required under Federal and State law to be sent to enrollee regarding rates, benefit design, network changes, or security/HIPAA references. (per Attachment 6; Section 4(a)).
2. New Enrollee enrollment packet materials and enrollee materials that communicate specific eligibility and enrollment and other key information to Enrollees. Such materials may include, but are not limited to (per Attachment 6; Section 6(b)):
 - i. Welcome letters
 - ii. Enrollee ID card
 - iii. Summary of Benefits and Coverage
 - iv. Pharmacy benefit and drug formulary
 - v. Nurse advice line information
 - vi. Billing notices and statements
 - vii. Notices of actions to be taken by the Plan that may affect coverage or benefits
 - viii. Termination grievance process materials

(b) For all remaining enrollee marketing materials that do not fall under the enrollee materials Section III (a) requirements above, QHP Issuer shall maintain an electronic file that is accessible to Covered California as required by applicable laws, rules and regulations and as otherwise mutually agreed upon by the parties (per Contract Section 3.28(a)). The materials provided to Covered California under this Section III (b) will not require approval by Covered California before the QHP Issuer distributes such materials; provided, however, that the QHP Issuer shall duly evaluate any changes proposed by Covered California with respect to such materials prior to producing the next enrollment period version.

1. QHP Issuer shall provide Covered California information on how to access its file by October 31, 2013.
2. Please send file access information to QHPMarketingMaterials@covered.ca.gov

Marketing Materials Submission Process

Please follow the Marketing Materials Submission Process below when providing Covered California; (a) on and off Exchange Individual & Family Plans and SHOP advertising, promotional and outreach materials used to promote enrollment, as well as; (b) enrollee materials that require advance notification per Section III (a) of Coordination of Marketing Efforts above.

- (a) Please submit an electronic copy to Covered California at least five (5) business days in advance of the message transaction. If the QHP Issuer is unable to notify Covered California in advance due to Federal or State notice requirements, the QHP Issuer shall send Covered California notification simultaneously.
- (b) Please submit marketing materials to QHPMarketingMaterials@covered.ca.gov
- (c) When submitting marketing materials, indicate the following in the subject line: Plan Sponsor name, material type, and license issuing entity name along with the corresponding material identification/form number (e.g. Kaiser ID Card – DMHC 223561).
- (d) When submitting revised material, please add “Revised” in subject line of the email (e.g. Kaiser ID Card – DMHC 223561 Revised) and the original material submission date and the material identification number.
- (e) For non-English language materials or alternative format materials, the corresponding English version or English translation of the same material must be included. Any changes or revisions that are made to the English version should be accurately reflected in non-English materials and vice versa, and are required to be re-submitted to Covered California pursuant to the Marketing Materials Submission Process.
- (f) If administratively feasible, please send a separate email for each material. Versions of the same material as well as translated materials can be bundled. NOTE, QHP Issuers may also submit materials in the same manner as they share materials with the regulators.

Confidentiality

All documents and information provided by the QHP issuer to Covered California or to the contractors of Covered California shall be treated by Covered California as confidential and exempt from public disclosure if they are deemed to be, or qualify for treatment as confidential information under the Public Records Act, Government Code Sections 6250, et seq. and other applicable Federal and State laws, rules and regulations (Contract Section 2.03). Covered

California will treat such material as confidential and not share it publicly or with other QHP Issuers.

Co-Branding

Covered California shall make its logo and the corresponding co-branding guidelines available for use by a QHP Issuer when developing Covered California-related marketing materials.

- (a) A QHP Issuer must co-brand all Covered California plan enrollee ID cards, Premium Invoices and Termination Notices (per Contract Section 3.28)
- (b) A QHP Issuer may also co-brand any other marketing materials that are aimed at prospective or existing members of its Covered California health benefit plans.
- (c) A QHP Issuer may also co-brand other Covered California relevant communications aimed at internal audiences (e.g. employees) and external partners (e.g. brokers and providers).
- (d) A QHP Issuer must comply with Covered California's co-branding requirements released 8/14/2013 relating to the format and use of the Covered California logo, including the corresponding legal disclaimer below.
 1. Applicable co-branding disclaimer:
 - i. Trademark legal disclaimer is required for publications and print materials that include Covered California logo: *Covered California is a registered trademark of the State of California.*
 - ii. Note: member identification cards are exempt from trademark legal disclaimer requirements due to space limitations.
 2. Co-branding language:
 - i. When making references to the relationship between the QHP Issuer and Covered California in co-branded materials, please consider use of the following statements:
Company Name is a proud partner of Covered California™
Company Name is proud to be a part of Covered California™

General Marketing Guidance

- I. **Regulatory approvals** - QHP Issuer's marketing materials shall comply with any necessary regulatory approvals from Health Care Regulators (e.g. DMHC/CDI) (per Attachment 6; Section 6(a)).
- II. **Include the Covered California website** www.coveredca.com for Exchange-related issues when providing direct contacts for its enrollees seeking membership assistance from a QHP Issuer (per Attachment 6; Section 4(c)).

III. **Customer Service**

- (a) During the Open Enrollment period, QHP Issuer's call center hours shall be Monday through Saturday eight o'clock (8:00) a.m. to eight o'clock (8:00) p.m. (Pacific Standard Time). During non-Open Enrollment periods, call center hours shall be Monday through Friday eight o'clock (8:00) a.m. to six o'clock (6:00) p.m. (Pacific Standard Time) (per Attachment 6; Section 1(a)).
- (b) QHP Issuer shall use a telephone system that includes welcome messages in English, Spanish and other languages as required by State and Federal Laws, rules and regulations (per Attachment 6; Section 1(c)).

IV. **Prohibited Activities** - The QHP Issuer may not:

- (a) Improperly use or misrepresent Covered California's marks or intellectual property;
- (b) Use Covered California's logo or marks in a manner that incorrectly suggests editorial content has been authored or represents the views or opinions of Covered California, its representatives, personnel or affiliates;
- (c) Use Covered California's logo or marks in a manner that is misleading, defamatory, diluting, obscene, infringing or otherwise objectionable.

V. **Standardization of Plan Names**

QHP Issuer shall use standard terminology for plan names in marketing materials whenever a specific plan(s) is mentioned or promoted. Please use the following naming convention: Company Name, Multi State Plan (if applicable), Metal Tier, Actuarial Value, Plan Type (e.g., Anthem Bronze 60 PPO).

VI. **Steering & Tax Credit Disclosure**

In the course of marketing or sales activities, a QHP Issuer is not required to present the prospective enrollee with plan options from a competing QHP Issuer. However, if the QHP Issuer seeks to provide services as a Certified Plan-Based Enroller, it must comply with all of the requirements and criteria of that program, including:

- (a) Disclosing to any subsidy eligible consumer that he or she can use the tax credit to purchase coverage from any QHP Issuer that offers coverage through Covered California.
 - 1. Information presented must be clear and it must be apparent to potential applicants that they are free to choose among ALL of the plans offered. Language steering potential applicants to a particular plan is prohibited. Below is Covered California proposed language:
"We can help you to enroll right now in (insert issuer name) through Covered California, to be able to receive a subsidy to help you with your premiums. Before we start, however, please be aware that there are other health plan choices available to you through Covered California if you would like to explore them. If you

want to explore those options I can transfer you to a person at Covered California to discuss them, or we can proceed to get you enrolled in ____.”

2. All Certified Plan-Based Enrollers must inform the caller that he or she works for or represents the Certified Plan-Based Enrollment Entity in which they are trying to enroll the caller in.
 - (b) Enrolling tax credit eligible beneficiaries in the QHP Issuer’s qualifying Covered California health plan.

Marketing Materials Guidance

Below are a summary of certain contract provisions related to development and distribution of QHP Issuer’s marketing materials:

I. New Enrollee Enrollment Materials.

- (a) The QHP Issuer shall mail or provide online enrollment packets to all new enrollees within ten (10) business days of receiving enrollment verification from Covered California. The QHP Issuer may deliver enrollee materials pursuant to other methods that are consistent with: (1) QHP Issuer’s submission of materials to enrollees of its other plans; (2) the needs of the enrollee; (3) the consent of the enrollee; and (4) applicable laws, rules and regulations. The enrollment packet shall include, at minimum, the following (per Attachment 6; Section 6(c)(i)):
 1. Welcome letter
 2. Enrollee ID card
 3. Summary of Benefits and Coverage
 4. Pharmacy benefit information
 5. Nurse advice line information
- (b) The QHP Issuer shall maintain access to enrollment packet materials: Summary of Benefits and Coverage (“SBC”); claim forms and other plan-related documents in both English and Spanish and any other languages required by State and Federal laws, rules and regulations to the extent required to meet all Contract requirements for mailing and delivery of plan materials to Enrollees pursuant to Marketing Materials Guidance Section I.(a) above. The QHP Issuer shall be responsible for printing, storing and stocking all materials, as applicable (per Attachment 6; Section 6(c)(ii)).

II. Identification Cards.

- (a) QHP Issuer shall issue identification cards to enrollees no later than 10 business days after receiving enrollment information from Covered California or by the 15th of the month prior to coverage affective date, whichever is later (per Attachment 6; Section 6(f)).
- (b) Covered California Enrollee Identification Cards shall be co-branded (per Contract Section 3.28). Please see co-branding requirements section for additional details.

III. **Termination of Coverage Notice.**

- (a) In the event the QHP Issuer terminates an enrollee's coverage due to non-payment of premiums, loss of eligibility, fraud or misrepresentation, change in Enrollees selection of QHP, decertification of QHP and/or as otherwise authorized under QHP Contract Section 3.22, the QHP Issuer must include the Health Insurance Regulator-approved appeals language in its notice of termination of coverage to the enrollee (per Contract Section 5.01(d)(ii)).
- (b) In cases of termination of coverage due to QHP Issuer's non-recertification election, QHP Issuer shall cooperate fully with Covered California to affect an orderly transfer of Covered Services to another QHP, including communication developed or otherwise approved by Covered California, to communicate new QHP information to Enrollees and Employers in accordance with a timeline to be established by the Exchange (per Contract Section 7.08(e)(ii)).
- (c) Enrollee termination notices shall be co-branded (per Contract Section 3.28). Please see co-branding requirements section for additional details.

IV. **Summary of Benefits and Coverage (SBC).** The QHP Issuer shall develop, maintain and update annually an SBC as required by Federal and State laws, rules and regulations. The SBC must be available online and upon request, a hard copy shall be sent to enrollees in English, Spanish, and other languages as required by Federal and State laws, rules and regulations (per Attachment 6; Section 6(d)).

V. **Explanation of Benefits.** QHP Issuer shall send each Enrollee, by mail/or email (if the member opted in for paperless), an Explanation of Benefits (EOB) to enrollees in plans that issue EOBs or similar documents as required by Federal and State laws, rules and regulations. The EOB and other documents shall be in a form that is consistent with industry standards (per Attachment 6; Section 6(h)).

VI. **Readability and Accessibility.**

- (a) Per Contract Section 3.07, the QHP Issuer shall provide applications, forms and notices to applicants and Enrollees in plain language and in a manner that is accessible and timely to individuals:
 - 1. Living with disabilities , including accessible web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and section 504 of the Federal Rehabilitation Act;
 - or

2. With limited English language proficiency. The QHP Issuer shall provide applications, forms, and notices in a manner that is accessible and timely to individuals who are limited English proficient as required by California Health and Safety Code Section 1367.04 and Insurance Code Section 10133.8. The QHP Issuer shall inform individuals of the availability of the services described in this Section and otherwise comply with notice requirements imposed under applicable laws, rules and regulations, including, those set forth at 45 C.F.R. § 156.250 and Government Code § 100503(k).
- (a) Enrollee materials shall be available in English, Spanish and other languages as required by applicable laws, rules and regulations. The QHP Issuer shall comply with Federal and State laws, rules and regulations regarding language access. To the extent possible, enrollee materials shall be written in plain language, as that term is defined in applicable laws, rules and regulations, including but not limited to (per Attachment 6; Section 6(b)):
 1. Welcome letters
 2. Enrollee ID card
 3. Billing notices and statements
 4. Notices of actions to be taken by the Plan that may impact coverage or benefit letters
 5. Termination grievance process materials
 6. Drug formulary information
 7. Uniform summary of benefits and coverage

Website Requirements

A QHP Issuer must:

- I. **Display the subsidy calculator tool prominently on the website** within a reasonable time after the receipt of and determination of its compatibility with QHP Issuer's system (per Contract Section 1.05(b)(i)).
- II. **Provide a link to Covered California's www.coveredca.com website on its website** (per Attachment 6; Section 4(b)). Please follow the "Link to us" instructions at <http://www.coveredca.com/link-to-us.html>
- III. **Make the Evidence of Coverage booklet for the next benefit year available** on its website no later than the first day of the Open Enrollment Period provided that QHP Issuer has received any revisions in the material that is to be included in the Evidence of Coverage from Covered California and the applicable Regulator in sufficient time to allow for posting on the first day of Open Enrollment. The Evidence of Coverage booklet for the then-current benefit year shall remain on the QHP Issuer's website through December 31 of the then-current benefit year (per Contract Section 3.28(f)).

- IV. **Create and maintain a continually updated electronic listing of all Participating Providers** and make it available online for enrollees, potential enrollees, and Participating Providers, 24 hours a day, 7 days a week. The listing shall comply with the requirements required under applicable laws, rules and regulations, including those set forth at 45 C.F.R. Section 156.230 relating to identification of providers who are not accepting new Enrollees (per Attachment 6; Section 6(e)).
- V. **Prominently post initial rate filing information and subsequent rate change filings on QHP Issuer website** in accordance with requirements set forth at 45 C.F.R. §156.210 and as applicable, Insurance Code §10181.7(d) or Health and Safety Code §1385.07(d) (per Contract Section 3.09(d)).
- VI. **Maintain a secure website for Enrollees and Providers**, 24 hours a day, 7 days a week. All content on the secure enrollee website shall be available in English upon implementation of Plan, and in Spanish within ninety (90) days after the Effective Date as well as any other languages required under applicable laws, rules or regulations. The secure website shall contain information about the enrollee's QHP, including, but not limited to, the following (per Attachment 6; Section 6(i)):
- (a) Upon implementation by QHP Issuer, any benefit descriptions, information relating to covered services, cost sharing and other information available;
 - (b) Ability for enrollees to view their claims status such as denied, paid, or unpaid claims;
 - (c) Ability to respond via e-mail to customer service issues posed by enrollees and Participating Providers;
 - (d) Ability to provide online eligibility and coverage information for Participating Providers;
 - (e) Support for enrollees to receive Plan information by e-mail; and
 - (f) Enrollee education tools and literature to help enrollees understand health costs and research condition information.