


Provider Cal MediConnect Marketing Material Review Checklist

NOTE: The material cannot be used in the marketplace until Health Net has given its express written approval.

Section 1: GENERAL INFORMATION			
A. Material Title:		B. Submission Date:	
C. Material Purpose: (Provide detailed explanation of how this material will be used)			
D. Will this material be mailed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you answered "Yes" and will be using an envelope for your mailing, you must use a CMS-approved envelope. All envelopes require a 45-day CMS review in addition to Health Net's review timing. For your convenience, provided below is an already CMS-approved envelope template ready for your use and you may populate existing placeholders to fit your business needs. Please note the following: <ul style="list-style-type: none"> There are four legal disclaimers listed on the envelope. Choose one that is most appropriate for your material. Note: one of four legal disclaimers MUST be included on the envelope. <Carets> = Variable data [Brackets] = Field may be removed Prior to use, remove all carets and brackets Envelope size and orientation may vary CMS-approved envelope template  C:\Documents and Settings\A081785\De		
E. Plan Type Promoted: (Check all that apply)	<input type="checkbox"/> Cal MediConnect (MMP)		
F. Distribution Period:	<input type="checkbox"/> Year Round <input type="checkbox"/> Other (explain in Material Purpose)		
G. Distribution Year:	<input type="checkbox"/> 2015 <input type="checkbox"/> 2016		
H. Geography: (Check distribution area)	<input type="checkbox"/> Los Angeles, CA <input type="checkbox"/> San Diego, CA		
I. Submitter Name:			

Section 2: MATERIAL ATTESTATION		
REVIEWED FOR:	ORIGINATOR	Applicable CMS/MMP Marketing Guidelines Section #
Material has been proofread.	<input type="checkbox"/>	90.1
Did not use "seniors" to describe Duals beneficiaries.	<input type="checkbox"/>	40.4/90.1
Did not use "traditional Medicare" to describe Original Medicare.	<input type="checkbox"/>	40.4/90.1
Did not use "free" when describing benefits. (Alternatively something like "included at no additional cost" may be used, if applicable.)	<input type="checkbox"/>	40.4/90.1
Did not use absolute superlatives. (If absolute superlatives are used, supporting documentation validating the claim must be provided.)	<input type="checkbox"/>	40.4/90.1

Section 2: MATERIAL ATTESTATION		
REVIEWED FOR:	ORIGINATOR	Applicable CMS/MMP Marketing Guidelines Section #
All font, including legal disclaimers = minimum 12 point Times New Roman in height & width or the equivalent.	<input type="checkbox"/>	40.2
Correct benefit information (if applicable)	<input type="checkbox"/>	40.4/90.1
Plan Type Identifier (MMP)	<input type="checkbox"/>	40.10
Material contains phone number	<input type="checkbox"/>	40.6
Material contains TTY number (state relay may be used as follows: TTY 711)	<input type="checkbox"/>	40.7
Phone number and TTY number are the same font, size and style	<input type="checkbox"/>	40.7
If Health Net's member services phone number is listed, Health Net's hours of operation must also be listed. In addition, hours of operation information for the State enrollment broker must be listed (Health Care Options)	<input type="checkbox"/>	40.6
Material does not market or offer non-MMP (e.g., HMO, PPO) health plan options	<input type="checkbox"/>	40.8
Correct Variable Data Indicators <Caret> = variable text (use carets to indicate variable data. Phone numbers, hours of operations, seminar information, dates and signatory information may be submitted as variable text) [Brackets] = information can stay as is or be removed	<input type="checkbox"/>	90.8
Material does not mislead or confuse beneficiaries by words, symbols, logos or terminology that would imply or give the false impression they are endorsed/approved/authorized by Medicare or any other federal agency or program. In addition, the materials should include accurate terminology and timelines set forth by CMS or any other federal agency referenced.	<input type="checkbox"/>	40.4
Material does not steer or attempt to steer an undecided potential enrollee or any Duals beneficiary to a particular plan based on financial or any other interests of the provider	<input type="checkbox"/>	70.11.1
Materials from providers to their patients regarding affiliations include all plans with which the provider contracts, except for new affiliation announcements. (new affiliation announcement must be sent to patients within 30 days of the new contract agreement to qualify for the exception)	<input type="checkbox"/>	70.11.2
Material does not provide a link to foreign drug sales	<input type="checkbox"/>	100
Applicable legal disclaimers included (see the chart on Page 3 for legal disclaimers and when to include them)	<input type="checkbox"/>	30.2.1, 40, 50

Section 3: REQUIRED LEGAL DISCLAIMERS FOR MARKETING MATERIALS	
SITUATION:	APPLICABLE CMS-REQUIRED LEGAL:
If benefit information is mentioned in the material, add the following:	Limitations, [, copays,] and restrictions may apply. For more information, call Health Net Cal MediConnect Plan Member Services or read the Health Net Cal MediConnect Plan Member Handbook. Benefits [and/or copayments] may change on January 1 of each year.

Section 3: REQUIRED LEGAL DISCLAIMERS FOR MARKETING MATERIALS

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SITUATION:	APPLICABLE CMS-REQUIRED LEGAL:
Health Net is mentioned in the material, add the following:	<Provider Name> is a contracted provider with Health Net. Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Other <Providers> are available in our network.
If a promotional item/gift is offered in the material, add the following:	Free gift provided without obligation to enroll, while supplies last.
Marketing Through Unsolicited Contacts (this disclaimer should be added to any permitted unsolicited marketing activities such as conventional mail and other print media)	For information on Health Net Cal MediConnect Plan and other Cal MediConnect options for your health care, call the Department of Health Care Services at 1-800-430-4263 (TTY: 800-735-2922), or visit http://www.healthcareoptions.dhcs.ca.gov/HCO CSP/Home/default.aspx .
If your marketing material is being mailed, 1 of the 4 legal disclaimers must be present on the mail panel (same side where recipient's address will appear). Choose legal disclaimer that is most appropriate for your material.	This is an advertisement Important plan information Health and wellness or prevention information Non-health or non-plan related information