Healthy Connections
PRIME

Memo Date:	**March 24, 2020**
Memo Topic:	**Clarification on the Use of the Prime Inbox as a Marketing Material Submission Process**
To:	All Medicare-Medicaid Plans
From:	Dustin Welch, MHA, PAHM, South Carolina Department of Health and Human Services (SCDHHS)

Background Information

Since the beginning of the Healthy Connections Prime program, Medicare-Medicaid Plans (MMPs) have used the Health Plan Management System (HPMS) as the primary means of submitting program-related marketing material for review. The HPMS database allows State and/or CMS stakeholders to review material, displays recent documents in one place, facilitates work flow during the review process, preserves a recorded rationale for approval or disapproval, archives material, and provides a dashboard report for reviewers. Some materials, however, are not required to be submitted as marketing materials in HPMS and have always been emailed directly to prime@scdhhs.gov (the Prime Inbox) for State review only. Items sent to the Prime Inbox are tracked manually and internally by the State, sent out for State review on an ad-hoc basis, and not supported by HPMS' work flow or reporting functions.

Over the past year, the types and volume of Prime Inbox submissions has expanded to the point that it is no longer serving the program well, and reviewers have noticed inconsistencies in how each MMP is interpreting the guidance about which items should be submitted where. **Going forward, if a member-facing item has a marketing code under which it may fall in HPMS, then that item should be submitted to HPMS.**

The Prime Inbox and the materials for which it is to be used are explained in the Marketing Guidance for South Carolina Medicare-Medicaid Plans. This memo does not alter the Medicare Communications and Marketing Guidance (MCMG) or State-specific guidance, but is meant to help streamline and clarify this topic.

Examples of Materials That Should Be Submitted in HPMS

The following table gives examples of recent materials that were correctly submitted or should have been submitted to HPMS. These are only examples; this is not a comprehensive list. In general, MMPs should search for an applicable code in HPMS, and, only if one cannot be found, email the Prime Inbox.

Item Category	Recent Example from MMPs	Appropriate HPMS Code(s)*
Supplemental benefit information	Over-the-Counter (OTC) catalogs, reminders, postcards, etc.	• 16949 (SC) Other Post-Enrollment Materials • 16930 - (SC) Fliers • 16954 - (SC) Booklets/Pamphlets
Appeals and Grievances letters	Acknowledgment of grievance, acknowledged request for expedited decision, and numerous other member-facing A&G documents	• 16920 - (SC) Non-Part D Appeals/Griev. Notices – Other • 16917 - (SC) Part D Appeals and Grievance Forms/Letters
Letters to members, with or without benefit information	Letter reminding members to get their annual wellness exam	• 16949 (SC) Other Post-Enrollment Materials
Letters accompanying HPMS-approved items	Cover Letter to members for the Provider Directory**	• 16949 (SC) Other Post-Enrollment Materials, • 16940 - (SC) Formulary/Drug - Other Documents
Rewards program material	Rewards reminder postcard, letter mentioning incentives for preventive care	• 16949 (SC) Other Post-Enrollment Materials
Member educational material	Where to Get Care ER diversion material	• 16949 (SC) Other Post-Enrollment Materials
Member website material, even if seasonal, time-sensitive, or temporary	COVID-19 and flu-related pages	• 16927 - (SC) Internet Web Pages

*More than one code may apply. To access the list of marketing codes in HPMS go to: HPMS > Monitoring > Marketing Code Lookup (codes 16900-16961). MMPs should use their best judgment when selecting HPMS marketing codes and recognize that several categories, especially 16949 (SC) Other Post-Enrollment Materials, are quite broad and could cover many items.

** This piece should have been submitted into HPMS for several reasons. All items describing referral/prior authorization requirements, appeals and grievances timelines, or referring to sections of the Member

Handbook (or other key marketing pieces) should always be submitted in HPMS so reviewers can ensure alignment across pieces.

Examples That Should Continue to Be Emailed to the Prime Inbox

Again, these are only examples, not a comprehensive list. Section 20 of the State Specific Guidance contains additional guidance on what should be submitted to the Prime Inbox and instructions on how to do so. If an MMP is not sure whether to submit an item into HPMS or the Prime Inbox, they can email their state marketing reviewer to ask.

Item Category	Example(s) from MMPs
Provider-facing material	• Provider newsletters • Provider website content • Other provider-facing material
Items that use the Healthy Connections Prime logo and are not member-facing OR do not otherwise fit into an HPMS code	• Promotional material such as pens, jar openers, etc. • Letters to stakeholders other than members which include the Healthy Connections Prime logo
Member-facing Items with an OMB number*	• Notice of Denial of Medicare Part D Prescription Drug Coverage
Member Advisory Committee (MAC) material	• MAC invitation letters • MAC agendas
Items prepared for a very small number of members (so-called "ad-hoc" material)	• Letter to resolve a single member's issue (not a form letter)

* MMPs may submit items with an OMB number to either the Prime Inbox or via HPMS, as some already have been. For the example listed, the appropriate HPMS code would be code 16913 - (SC) Part D Non-Coverage Notices.

Concerns About Expediting

Many items arrive in the Prime Inbox instead with a request to expedite. Plans may be concerned that moving away from this process will slow down reviews. However, reviewers have always been responsive to requests for expediting important items when necessary, regardless of the method they are submitted.

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Historically, reviews have been completed in far less than the standard 45-day HPMS review period. Items are *generally* shared with stakeholders late in the week and processed by the second Thursday following submission, identical to the timing for most Prime Inbox items. If items miss this weekly "batch", they are typically covered in the next week's batch.

After uploading an item into HPMS, if your plan needs it to be reviewed more quickly than normal, you may email your state and federal marketing reviewers to request they expedite the review.

Materials Not Subject to Review (NSR)

We recognize that the Medicare Communications and Marketing Guidance (MCMG) and the State-specific guidance may not be as clear for MMPs regarding which materials are not subject to review, as described in previous guidance. **Because many items that were considered "NSR" may also have an appropriate HPMS marketing code, we request that all member-facing material be submitted through HPMS whenever possible.**

Going forward, if plans email the Prime Inbox with an item that they consider NSR, but which would be more appropriate for HPMS, the state will direct them to use HPMS instead.

Thank you for your continued cooperation in this program and for the efforts you make to serve our members.