



Policy: MA.2022
Title: **Sales and Marketing Ethics Procedure**
Department: OneCare Sales & Marketing
Section: Member Outreach and Education

CEO Approval: /s/ Michael Hunn 08/22/2024

Effective Date: 07/01/2007

Revised Date: 08/01/2024

Applicable to: ☐ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the process by which CalOptima Health ensures that Community Partners conduct activities in accordance with the CalOptima Health Code of Conduct.

II. POLICY

- A. CalOptima Health shall monitor Community Partners through a variety of mechanisms on an ongoing basis to ensure continuous compliance with all State and Federal requirements as they pertain to sales and Marketing Activities.
- B. CalOptima Health shall provide a Community Partner with a copy of the Title 42 Code of Federal Regulations (CFR) Part 422, Subpart V - Medicare Advantage Communication Requirements, Medicare Communications and Marketing Guidelines, and Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans (D-SNP) Policy Guide, and shall provide training in accordance with CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners. A CalOptima Health Community Partner shall:
 - 1. Represent CalOptima Health truthfully and accurately;
 - 2. Treat customers, including Providers, Members, insurance companies, government regulators, and CalOptima Health staff, with respect, dignity, and with the highest level of confidentiality;
 - 3. Treat all potential Members, Providers, Community Partners, CalOptima Health and Health Network staff, and management with respect and professionalism; and
 - 4. Act in the best interest of the Member at all times.
- C. A Community Partner shall have clear understanding of prohibited Marketing behavior including, but not limited to:
 - 1. Representing himself or herself as anyone other than a CalOptima Health employee;
 - 2. Misrepresenting OneCare or any CalOptima Health plan or benefits; and

3. Using “heavy-handed” tactics or any type of actual or perceived coercion with a prospective Member.
- D. A Community Partner shall conduct themselves in an ethical and legal manner and in compliance with the CalOptima Health Code of Conduct and CalOptima Health Policy HH.2028: Code of Conduct.

III. PROCEDURE

- A. Upon completion of training, the Community Partner’s manager and/or supervisor shall provide instruction for access to a copy of this Policy and CalOptima Health Policy HH.2028: Code of Conduct on the CalOptima Health InfoNet.
 1. Upon receiving instructions on how to find the electronic copy of these items on CalOptima Health’s InfoNet, the Community Partner shall sign and date an E-Attestation.
 2. CalOptima Health shall file a copy of the E-Attestation on the Community Partner’s employee file.
- B. CalOptima Health shall monitor a Community Partner’s compliance with the provisions of this Policy through on-going monitoring and annual performance evaluation, in accordance with CalOptima Health Policies MA.2001: Marketing Material Standards and MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners. Failure to comply with these requirements shall result in disciplinary action, up to and including termination of employment.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Code of Conduct
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Policy HH.2028: Code of Conduct
- D. CalOptima Health Policy MA.2001: Marketing Material Standards
- E. CalOptima Health Policy MA.2012: Training and Oversight of CalOptima Health-Employed Community Partners
- F. Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans (D-SNP) Policy Guide (Issued July 11, 2024)
- G. Medicare Managed Care Manual, Chapter 3, Medicare Communications and Marketing Guidelines (MCMG) (Issued February 9, 2022)
- H. Title 42, Code of Federal Regulations (CFR.), Parts 417, 422 and 423 Subpart V – Medicare Advantage Communication Requirements

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2007	MA.2022	Sales and Marketing Ethics Procedure	OneCare
Revised	04/01/2010	MA.2022	Sales and Marketing Ethics Procedure	OneCare
Revised	07/01/2015	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	09/01/2016	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	09/01/2017	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	10/01/2018	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	12/01/2019	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	09/01/2020	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	11/01/2021	MA.2022	Sales and Marketing Ethics Procedure	OneCare OneCare Connect
Revised	12/31/2022	MA.2022	Sales and Marketing Ethics Procedure	OneCare
Revised	11/01/2023	MA.2022	Sales and Marketing Ethics Procedure	OneCare
Revised	08/01/2024	MA.2022	Sales and Marketing Ethics Procedure	OneCare

IX. GLOSSARY

Term	Definition
Communications	For purposes of this policy, communications means activities and use of materials to provide information to current and prospective enrollees.
Community Partner	A CalOptima Health employee who is a liaison between CalOptima Health and the community and acts as an advocate for CalOptima Health Members. Such employee performs education, Marketing, and enrollment tasks for CalOptima Health programs and shall possess California Department of Insurance (DOI) licensure, required to be renewed every two (2) years.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Marketing	Activities and use of materials that are conducted by CalOptima Health with the intent to draw a beneficiary's attention to CalOptima Health and to influence a beneficiary's decision-making process when selecting a plan for enrollment or deciding to stay enrolled in a plan (that is, retention-based marketing). Additionally, marketing contains information about CalOptima Health's benefit structure, cost sharing, measuring or ranking standards.
Marketing Activity	Any product or activity intended to encourage retention of or an increase in Contracted Membership or any occasion during which Marketing Materials are presented to Members or persons who may become Members through verbal exchanges or the distribution of Marketing Materials. Marketing Activities may include but are not limited to health fairs, workshops on health promotion, after school programs, raffles, informational sessions hosted by Providers, community-based social gatherings, and posting of Marketing Materials on the internet.
Member	A beneficiary enrolled in a CalOptima Health OneCare program.
Provider	Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Sales Person	An individual who markets and/or sells products for a single plan sponsor or numerous plan sponsors. It includes employees, brokers, agents, and all other individuals, entities, and downstream contractors that may be utilized to market and/or sell on behalf of a plan sponsor.