



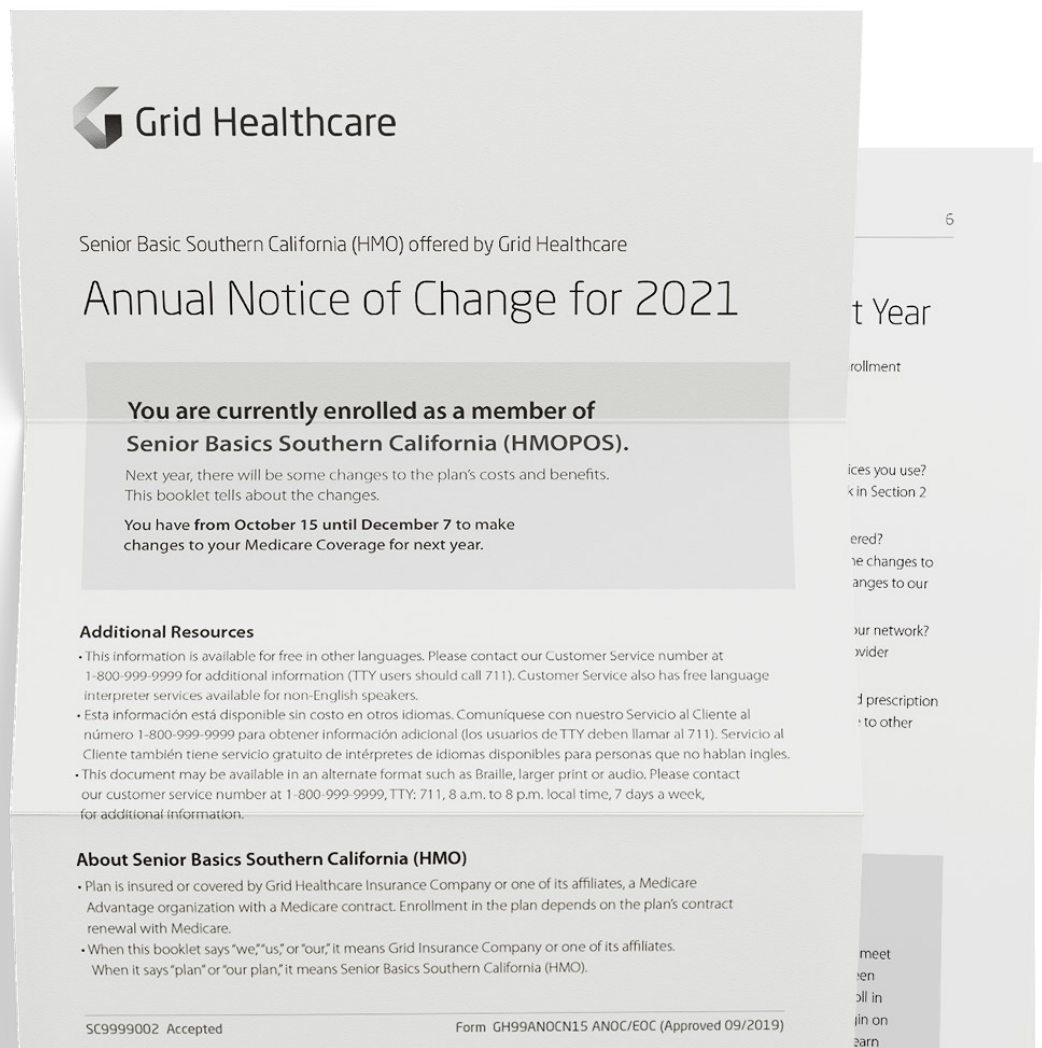
Automate the creation and annual updating of Medicare marketing materials



It's time to get your plan marketing materials under control

Creating and updating Medicare marketing materials is typically a time-intensive, stressful process for Medicare Advantage Organizations (MAOs).

You know the drill. Each year, from the beginning of June through the middle of August, your document preparation team works around-the-clock creating and updating annual plan materials. It's a mad dash to ensure all Annual Notice of Change (ANOC), Evidence of Coverage (EOC), and Summary of Benefits (SB) documents are 100% accurate, compliant with the Centers for Medicare and Medicaid (CMS) requirements, and ready-to-go in time for annual enrollment.



Current challenges related to ANOC/EOC/SB document preparation

The annual cycle of creating and updating marketing materials is slow, error-prone, and places a heavy burden on staff. It puts you at risk of errata, remediation actions, missed deadlines, and fines.

- Manual updates require staff to make the same change repeatedly in hundreds of locations, across hundreds of documents.
- Timelines are tight and deadlines difficult to meet. Last-minute changes from CMS are commonplace, difficult to support, and put additional pressure on the teams executing the process.
- Limited insight into the changes made and the progress of each plan's approval—paired with the inability to centrally control change management—further complicate the process and increase the coordination required.

When plans and materials are approved and out the door, most teams gain a temporary respite. But, since manual changes are prone to human error, remediation events are not unexpected. And their occurrence triggers potential fines and significant costs associated with communicating changes to customers.

Despite all these operational challenges, it's the opportunity cost that hurts your business the most. These unwieldy and manual processes prevent most organizations from growing their plan offerings and scaling their business.



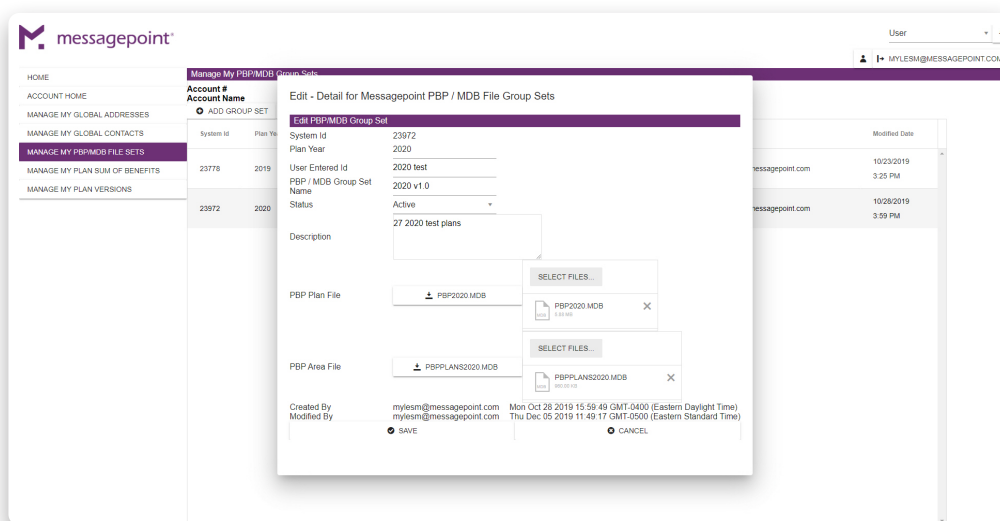
Healthcare Touchpoint Exchange

Messagepoint's [Healthcare Touchpoint Exchange](#) is a modern, SaaS solution purpose-built for MAOs to alleviate the burden of annual updates and give you the freedom to focus your resources where you need them—growing your business and market share.

Here's how the solution works, in a nutshell:

Directly incorporate PBP data

The solution incorporates your plan data directly from the Plan Benefit Package (PBP) database. By leveraging the PBP as the "single source of truth" you avoid having to enter the data manually and can rest assured new plan materials will match what you've submitted for approval.



Sync with pre-built up-to-date CMS model touchpoints

Customers gain access to updated ANOC, EOC, and SB model documents in the solution platform—where they're built and maintained for you. When creating new Medicare marketing materials each year, simply synchronize with the Healthcare Touchpoint Exchange and you'll be compliant from the get-go.

Configure plans through a guided experience

An intuitive, step-by-step question-and-answer process helps users capture additional and customized plan information not included in the PBP data. The solution brings together the PBP data, the customized data, and the updated model documents to dynamically generate ANOC, EOC and SB PDFs that are 508 compliant and tailored to your plans.

Gain insights and tracking with integrated QA

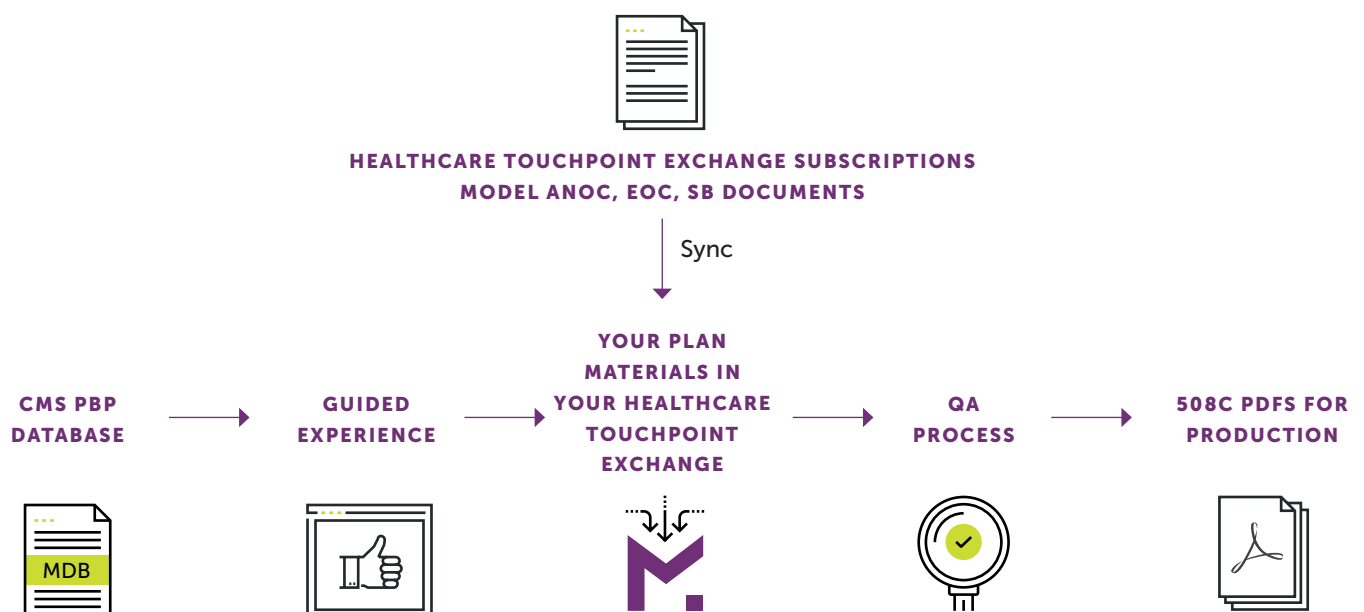
An integrated QA process provides automatic tracking and reporting of all stakeholder feedback. On-canvas annotations, versioning, and side-by-side comparisons of different versions show exactly what changes have been made—within a single year or year over year.

Easily apply last-minute CMS updates

When CMS requests changes to your plan submissions, it's easy to make those last-minute updates. Test, review, and approve your plan materials before sending to production.

Generate 508C PDFs

Finalize the process by sending your 508 compliant ANOC, EOC and SB PDFs to production, for print or digital delivery.





Why automate Medicare benefit plans with Messagepoint?

The Healthcare Touchpoint Exchange automates repetitive, manual steps to reduce complexity and cost, produce more accurate results, and accelerate your time to production. Here are some additional benefits our automated solution delivers.

Ensure plan materials accurately match your annual bid submission

Leveraging the PBP database to populate your plan marketing materials means you can rest assured materials are 100% accurate with what you've submitted to CMS.

Avoid time wasted on model updates

The solution makes updated model documents available each year, ensuring your new plan materials automatically comply with annual CMS requirements.

Dynamically apply changes across plan materials

The solution's content management, rule management, and version management capabilities provide points of efficiency and control. Within Messagepoint, users can make changes to bracketed content and rules quickly and easily by leveraging pre-built EOC benefit rules and language. Based on your choices, changes dynamically update across a single document or multiple versions.

Centrally manage shared content

The Healthcare Touchpoint Exchange enables you to centrally manage and share content such as company addresses, phone numbers, and other information you use across your plans—providing you with a single point of change. This enables you to change a piece of shared content once and have it automatically applied everywhere. The library of integrated content also includes up-to-date SHIP, QIO, ADP, and Medicaid address and contact information, as required, for the publication of plan materials.

Give business users direct control

By eliminating your document and marketing team's reliance on IT or third-party vendors, you can fully control the end-to-end document change process—tracking and controlling activities from start to finish and eliminating back and forth coordination between parties.

Create a new plan by easily cloning an existing one

For organizations looking to expand their plans, it's easy to create new ones by cloning similar plans updating the key points of information.

Healthcare Touchpoint Exchange enables you to:

- Generate 508C PDFs in multiple languages,
- Reduce overall time and effort by 70 percent,
- Avoid errors, errata, fines and remediation actions thereby reducing your costs, and
- Scale your plans and your business

Take control: transform your materials creation and updating process to scale your business

[Healthcare Touchpoint Exchange](#) empowers health insurers to work smarter and faster. It gives you the ability to bring unwieldy document creation and change cycles under control, leveraging automation to increase accuracy, control risk and cost, eliminate redundant and manual work, and accelerate your time to production—for an end result everyone is happy with.



You can't control CMS annual plan updates, but you can control how you manage them.



To learn more about Healthcare Touchpoint Exchange, visit messagepoint.com. If you're interested in scheduling a demo, please contact us at 1-800-492-4103, or email us at info@messagepoint.com.



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