

Aetna Individual Medicare Producer Guide

**2017/2018 Individual Medicare products
MA/MAPD, PDP (Aetna and Coventry)**

Release date: October 2017

Making it easy to do business and grow with Aetna

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Introduction

Section 1

aetna[®]

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna
Producer World

Broker communications

Table of contents

Key terms

The Aetna brand, mission
& values

Welcome!

Thank you for contracting with Aetna and becoming ready to sell our Individual Medicare products. As a health company, our focus is on clinical excellence and service excellence to ensure the unique needs of your clients. Aetna's strong network of providers delivers affordable, personalized care at each point of their health care journey.

As a partner with Aetna, you also make a valuable difference in your local market and help simplify the Medicare experience. Our high-quality Medicare Advantage and Part D plans give you the opportunity to offer complete solutions and win more sales and referrals.

We're committed to making it easy to do business, ensuring quality products and valuable provider collaborations that improve and deliver better health care. The Medicare Producer Guide is a key tool for your success — a resource for you to grow and retain business.

We want to help you execute your marketing and sales strategies for year-round selling. Information in the guide includes a summary of our Aetna, Coventry Health Care and First Health Part D products and service area updates, along with key resources for Aetna processes and CMS compliance requirements.

- Be sure to take advantage of the table of contents, and use the active links to navigate easily to new and updated information
- Take note of the explanatory information about the Telephone Consumer Protection Act (TCPA)
- Leverage the list of convenient URLs to make best use of resources and information located on Producer World in the section for Individual Medicare (MA/MAPD, PDP)
- On our consumer website, www.AetnaMedicare.com, there is a For Producers page where you can find a list of key links to use when assisting your clients

The entire Aetna Medicare team is ready to help you achieve your goals. For assistance at any time, please contact the Medicare Broker Services Department or your local Aetna Medicare Sales team.

Service excellence and strong partnerships ensure success and growth.

Thank you for all that you do as an Aetna Medicare partner.



Armando Luna, Jr.
Vice President of Individual Medicare Sales & Distribution

Table of contents »

1. Introduction

Welcome!

[How to use this guide](#)

- [Log on to Aetna Producer World](#)

Broker communications

Table of contents

Key terms

The Aetna brand, mission & values

Use this guide to deliver solutions with confidence

You can always access the latest version of this guide on [Aetna Producer World](#).

To the extent there is any conflict between the descriptions in this guide and the terms of your contract with Aetna, the terms of the contract control.

Aetna Producer World

Appointed Aetna agents, this is your go-to site for information, tools and reports on Aetna Medicare (MA/MAPD, PDP) products. Use it to learn about products, compensation, certification and licensing. You can order enrollment kits here and get sales and marketing material.

Log in or register at <http://www.aetna.com/insurance-producer.html>. Click “Log In/Register” in the top navigation bar. Once logged in, click “Individual Medicare” at the top of the page to access all Individual Medicare information and materials.

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Home > Producers > Welcome Producers > Producer World Registration

Producer World® Registration: Select Registration Path

Please select the role which best describes you:

- I am an individual agent/broker appointed with Aetna.
- I am the principal of a firm.
- I am an agent/broker/employee associated with a firm that is appointed with Aetna.**
- I am the firm employee chosen to set up Producer World access for other employees.

[Continue](#) [Cancel](#)

Help

** Your firm's Principal must be registered first before you may register. Please contact your firm's principal if you are unable to register.

Questions about Producer World registration? Watch the registration tutorial below or call 1-800-225-3375 Monday through Friday 8:00 a.m. to 5:00 p.m. Local Time.

[\(Download transcript\)](#)

Security / Encryption Info

[About Producer World Security/Encryption](#)

[Table of contents »](#)

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna
Producer World

[Broker communications](#)

Table of contents

Key terms

The Aetna brand, mission
& values

Broker communications

You'll regularly get information from us through email. We'll provide updates on:

- Products and benefits
- Updated marketing materials
- Compliance information
- Training opportunities and more

We send communications to the email you gave us when you first contracted. To start receiving our communications at a new email address, or if you're not getting our communications, please call or email the Broker Services Department.

It's your responsibility to make sure we have a valid email address on file.

To help ensure you receive our emails, please add our sender address MedicareBrokerNews@comms.aetna.com to your email address book or contact list.

If needed, you can always access an archive of past broker communications on [Producer World](#).

[Table of contents »](#)

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna Producer World

Broker communications

[Table of contents](#)

Key terms

The Aetna brand, mission & values

Table of contents

Use the quick links on this page to jump to specific sections. Helpful hint: If you'd like to search for a specific term, just press Ctrl+F.

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna Producer World

Broker communications

Table of contents

Key terms

The Aetna brand, mission & values

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

3. Broker Services: Resources, Online Tools & Reporting

Making it easy to do business with Aetna

- Aetna Producer World
- Reports

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)
- Ascend Virtual Sales Office app
- Provider Lookup Tool
- Pharmacy Finder

Aetna Medicare Broker Services Department key functions

4. Everything You Need to Be Ready-to-Sell

What "ready to sell" means*

- **New for 2018: Aetna Medicare identifier, your NPN**

Ready-to-sell checklist

- New writing agents
- New licensed-only agents (LOAs)
- New uplines, principals and payees
- Existing agents

- Existing uplines, principals and payees

4.1 Contracting, Licensing and Appointment

Contracting in nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or hierarchy changes

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing oversight

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

[Table of contents »](#)

Content subject to change to ensure compliance with CMS and Aetna requirements.

*Market-specific training is required in addition to completing certification.

Continued →

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna Producer World

Broker communications

[Table of contents](#)

Key terms

The Aetna brand, mission & values

Table of contents

Use the quick links on this page to jump to specific sections. Helpful hint: If you'd like to search for a specific term, just press Ctrl+F.

4.2 Certification

Certify to be ready to sell

Key reminders

Transferring AHIP certification

- Certification support

5. Compensation

Compensation overview

- Definition of compensation
- Overview—how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes

- 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of Record

- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/MAPD commission rates

6. The Front Runners Program

The Front Runners program

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018:** TCPA information
- How to stay compliant
- DO'S AND DON'TS MMG Agent Summary

How to report compliance and fraud, waste and abuse concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

Scope of appointment SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

8. Marketing Materials

Marketing policy overview

Sales presentations

Your marketing resources

Using our logos

Co-branding requirements

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

[Table of contents »](#)

Content subject to change to ensure compliance with CMS and Aetna requirements.

Continued →

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna
Producer World

Broker communications

[Table of contents](#)

Key terms

The Aetna brand, mission
& values

Table of contents

Use the quick links on this page to jump to specific sections. Helpful hint: If you'd like to search for a specific term, just press Ctrl+F.

9. Enrollment

How to order your sales kits

Description of enrollment kits

Enrollment kit essentials

- Scope of Appointment form
- Permission-to-Contact form

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual Sales Office

New for 2018: e-kit

Coventry enrollment options

CMS "Trumping" rule

The enrollment process: what
you need to know

Referral-only sales

Telesales requirements

11. Member Experience

After submitting the application

Once CMS approves the
enrollment

- Enrollment denials

Following up with new members

Enrollment application
cancellation, withdrawal
or disenrollment

Member Services

Representation on behalf of
your Medicare client to
Member Services

Online tools for members

Member engagement programs

[Table of contents »](#)

Content subject to change to ensure compliance with CMS and Aetna requirements.

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna Producer World

Broker communications

Table of contents

Key terms

The Aetna brand, mission & values

Key terms

Take a minute to review key terms and acronyms below, which are used in this guide in addition to other key terms in your Aetna agreement.

| | |
|--|---|
| AEP | Annual Election Period |
| Aetna | Unless we specify “Aetna” and “Coventry” separately, “Aetna” refers to all products and requirements under Aetna and Coventry. |
| Aetna Producer World | Your website for Aetna Individual Medicare information: https://www.aetna.com/producer/Login.do |
| Affiliate | Means a person or entity that controls, is controlled by or under common control with another person or entity. For purposes of this definition, “control” shall mean holding 50% or more of ownership or controlling interests. |
| Applicable Law | Means any local, state and federal laws, statutes, regulations, rules, codes, ordinances, orders, decisions, licensing requirement, regulatory guidance, pronouncements, and instructions, declarations, decrees, directives, legislative enactments, other binding restrictions or requirements of or by any governmental authority, any interpretation of any of the foregoing by a governmental authority having jurisdiction or authority or any modified or supplemented version of the foregoing items, which applies to or affects the services provided or the other obligations of the parties hereunder. “Applicable Law” includes but is not limited to HIPAA, the regulations, guidance and instructions issued by CMS (including but not limited to the MMG), the Medicare Improvement for Patients and Providers Act, the False Claims Act (31 U.S.C. §§ 3729 et seq.), the anti-kickback statute (42 U.S.C. § 1320a-7b(b)), Section 1557 of the Patient Protection and Affordable Care Act, TCPA and state and federal laws applicable to telemarketing, and laws or regulations applicable to insurers, agents and brokers. |
| Certified | A status achieved based on completing the annual certification process training and successfully passing the related tests. |
| CMS | The Centers for Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services (DHHS) that administers the Medicare program. |
| Downline agent | A person or entity whose contract connects to one or more uplines; or a licensed-only agent. |
| FDR | Refers to First Tier, Downstream and Related Entities as defined by CMS Managed Care Manual, Chapter 21. A First Tier Entity is any party that enters into a written arrangement acceptable to CMS, with an MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA program or Part D program. Downstream Entity written arrangements continue down to the level of the ultimate provider of both health and administrative services. A Related Entity means any entity that is related to an MA organization or Part D sponsor by common ownership or control and performs some of the MA organization or Part D plan sponsor management functions under contract or delegation; furnishes services to Medicare enrollees under oral or written agreement; leases real property or sells materials to the MA organization or Part D plan sponsor at a cost of more than \$2,500 during a contract period. |
| Licensed-only agent or LOA | Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline. |
| MA/MAPD | Medicare Advantage/Medicare Advantage and Prescription Drug |
| Medicare Marketing Guidelines (MMG) | Medicare Marketing Guidelines (MMG) contains CMS’ marketing requirements and related provisions for Medicare Advantage Plans (MA), Medicare Advantage Prescription Drug Plans (MAPD), Medicare Prescription Drug Plans (PDP), Employer/Union-Sponsored Group Health Plans, Medicare-Medicaid Plans (MMP) and Section 1876 Cost Plans. http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html |
| Payee | Someone who receives a commission on behalf of the writing agent. (Both the writing agent and the payee need to be certified, licensed and appointed in the state of sale.) |
| PDP | Medicare Part D, a stand-alone prescription drug plan. |

Table of contents »

Continued
→

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna
Producer World

Broker communications

Table of contents

[Key terms](#)

The Aetna brand, mission
& values

Key terms

| | |
|---|--|
| Ready to sell (RTS) | When an upline, principal or agent, as applicable, has completed and maintains compliance with all Aetna, CMS and applicable state law requirements for selling specified in the Producer Guide and has received a written confirmation from Aetna specifying that the upline, principal or agent, as applicable, has completed all such requirements and may commence selling a particular Medicare product in a particular state. |
| Renewal | Means a sale to a Medicare beneficiary, when the Medicare beneficiary was enrolled in any like plan offered by Aetna or its affiliates in the month immediately preceding the Medicare product's effective date. |
| Telemarketing | Refers to calls that offer, market or promote products or services to consumers or that have a telemarketing purpose. If a call is made to induce the purchase of goods or services, then or in the future, it is a telemarketing call. As a general rule, calls that are not purely informational in purpose and message constitute telemarketing. Per FCC regulations, "Telemarketing" refers to both telemarketing and advertisements. (Note: state telemarketing rules may be more restrictive than the TCPA and must be addressed and appropriate solutions implemented.) |
| Telephone Consumer Protection Act (TCPA) | A federal consumer privacy statute enacted in 1991. It regulates and restricts the use of automated technology to call mobile phones. The statute applies to outbound telephone calls, including voice messages, prerecorded or artificial voices, SMS text messages and faxes (i.e., telemarketing). |
| Termination without cause | This Agreement may be terminated for any reason or no reason, at any time, by either party, upon written notice to the other party, which notice shall be provided no later than 30 days prior to the termination date. Any termination effected under this Section 8.2 shall be deemed a termination without cause. |
| Unlike plan | Means an "unlike plan type" as described by CMS in the applicable MMG. |
| Upline | A firm, agency, organization or person with downline agents. |
| We (and other first-person pronouns) | Your team at Aetna. It includes the departments that support Aetna and Coventry Medicare products. We'll also use other pronouns here, like "our" and "us." |
| You (and other second-person pronouns) | You, the reader. We'll note if a topic is specific to upline partners, writing agents or downline agents only. Sometimes we'll use other pronouns, like "your." |

[Table of contents »](#)

1. Introduction

Welcome!

How to use this guide

- Log on to Aetna
Producer World

Broker communications

Table of contents

Key terms

[The Aetna brand, mission & values](#)

The Aetna brand, mission & values

Who we are

Aetna is one of the nation's leading diversified health care benefits companies. We serve an estimated 46 million people with information and resources to help them make better health care decisions. Our mission, values and goals are expressed through The Aetna Way and encompass our shared sense of purpose as we pursue our operational and strategic goals.

Why we exist: The Aetna mission and values

We're committed to helping people achieve health and financial security. We do this by providing easy access to safe, cost-effective, high-quality health care and protecting their finances against health-related risks. Building on our 163-year heritage, Aetna is a leader in working with doctors, hospitals, employers, patients, public officials and others to build a stronger, more effective health care system.



Table of contents »

Product

Section 2

aetna[®]

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

National footprint — Your opportunities

The Aetna-Coventry Individual Medicare product portfolio is stronger than ever

We offer an Individual Medicare product portfolio that includes Medicare Advantage (MA), Medicare Advantage Prescription Drug (MAPD), stand-alone Prescription Drug Plans (PDP), Medicare Supplement and Ancillary products to meet the varied needs of your clients. Our Individual Medicare products reach 54 million Medicare beneficiaries across the United States.

- MA/MAPD plans available in 39 states + D.C. and 991 counties
 - A Medicare Dual Eligible Special Needs Plan (D-SNP) is for beneficiaries who are eligible for both Medicare and Medicaid. If you have Medicare and get help from Medicaid, you can join any Medicare SNP you qualify for or switch plans at any time. Aetna Medicare D-SNPs are only available in certain markets
- Stand-alone PDP products are available in all 50 states and below benchmark in 49 states + D.C. Prescription Drug Plans (PDP) go hand in hand with a Medicare Supplement

[Table of contents »](#)

*Not all products are available in every state.

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- [MA/MAPD](#)
- [Part D Prescription Drug Plan](#)
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

Brands that support health ambitions

Our broad portfolio of services



Medicare Advantage/Medicare Advantage Prescription Drug Plans

- HMO and PPO plans
- NEW for 2018: Innovation Health Medicare Advantage HMO and PPO (in select northern Virginia counties)
 - Innovation Health is the result of a partnership between Aetna and Inova Health System, two nationally recognized leaders in health

Marketing of Innovation Health and its Medicare Advantage plans, and any marketing of Aetna and its Medicare Advantage plans, must be done separately.

(Separate Scope of Appointment required; review Marketing Do's and Dont's in section "Compliance and Agent Oversight")

NEW for 2018: Aetna will be introducing a new "Explorer" PPO plan feature in select counties in 11 states.* This feature will be geared toward mobile members who may need to obtain preventive or urgent care outside their plan service area, and within Aetna's multistate provider and pharmacy network. In addition, these members will also have customized member service support, access to travel discounts, and a travel pass — a helpful summary of their medical and pharmacy information.

*The Explorer PPO plan will be offered in AZ, CO, FL, DE, NV, MA, ME, KY, PA, OH and UT. Specific plans offering Explorer option will be identified in the Summary of Benefits and Plan Guides.

Stand-alone Prescription Drug Plans

- Aetna Medicare Rx Saver (PDP) — available in all regions
- Aetna Medicare Rx Select (PDP) — available in 14 CMS regions
- First Health Part D Value Plus (PDP)
- First Health Part D Premier Plus (PDP) — available in 14 CMS regions

[Table of contents »](#)

*Not all products are available in every state. Please contact your Aetna representative for assistance or questions regarding the use of Aetna brands.

Continued →

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

Brands that support health ambitions (continued)

Please note that this Producer Guide only provides information related to MA/MAPD and PDP products.

There is a separate appointment and contracting process to sell these Medicare Supplement and Ancillary products. For information about our Medicare Supplement and Ancillary products, please contact our Medicare Supplement Agent Services team at (800) 264-4000, Option 3, and then Prompt 1. Or by email: AetSSIInformation@aetna.com.

Individual Medicare Supplement and Ancillary products are sold in 43 states. Most states offer:

- plans A, B, F, HF, G and N
- Some states offer additional plans: C or D, or both
- Two states, WI and MN, use a build-a-plan approach; Ancillary products are also available in these states

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Senior Supplemental Insurance

Company names:

Aetna Health and Life Insurance Company (AHLIC)

Aetna Life Insurance Company (ALIC)*

American Continental Insurance Company (ACI)

Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Individual Medicare Supplement plans

- Offered through AHLIC, ALIC,* ACI and CLI

Ancillary products

- Final Expense (whole life) insurance from ACI and CLI
- Cancer and Heart Attack or Stroke from CLI and ALIC*
- Hospital Indemnity from CLI
- Continental Care (hospital indemnity) from CLI
- Home Care from CLI
- Nursing Facility Care from CLI
- Recovery Care from CLI

[Table of contents »](#)

*FL and NY only as of 7/28/17; commission eligibility varies.

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

[Star Ratings](#)

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

Aetna Star Ratings continue to shine*

Once again, Aetna achieves the highest percentage of members in 4-star plans among publicly traded companies!

- Aetna MAPD ranks No. 1 among national public competitors with over 250,000 enrollees
- 87% of Aetna's Medicare members are enrolled in plans rated 4.0 stars or higher — the highest percentage among publicly traded companies**
- Our 2017 Star Ratings for MAPD plans reflect Aetna's commitment to improving member health and experience
- Aetna's MAPD plans earned an overall weighted average rating of 4.0 out of 5.0 stars
- We're offering individual Medicare plans in 991 counties across the country in 2018. 91% of these counties will have a plan offering rated 4.0 stars or greater



[Table of contents »](#)

*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. See www.medicare.gov for individual plan ratings.

**Includes publicly traded companies with over 250,000 Medicare Advantage enrollees.

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

[2018 product availability map](#)

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

2018 MA/MAPD product availability map*

For more information about our 2017 product offerings, see our [2017 First Look on Aetna Producer World](#)

MA/MAPD markets

Arizona (AZ)

California (CA)

Capitol (DC, MD, VA)

NEW for 2018: Innovation Health Medicare Advantage HMO and PPO (in select northern Virginia counties)

Colorado (CO)

Deep South (AL, GA, LA)

Florida (FL)

Great Lakes (IL-North, IN, MI, WI)

Heartland (AR, KS, MO-West, OK)

Keystone (DE, PA, WV)

Mid South (MS, NC, SC, TN)

Midlands (IA, NE, SD)

Nevada (NV)

New England (CT, MA, ME)

New Jersey (NJ)

New York (NY)

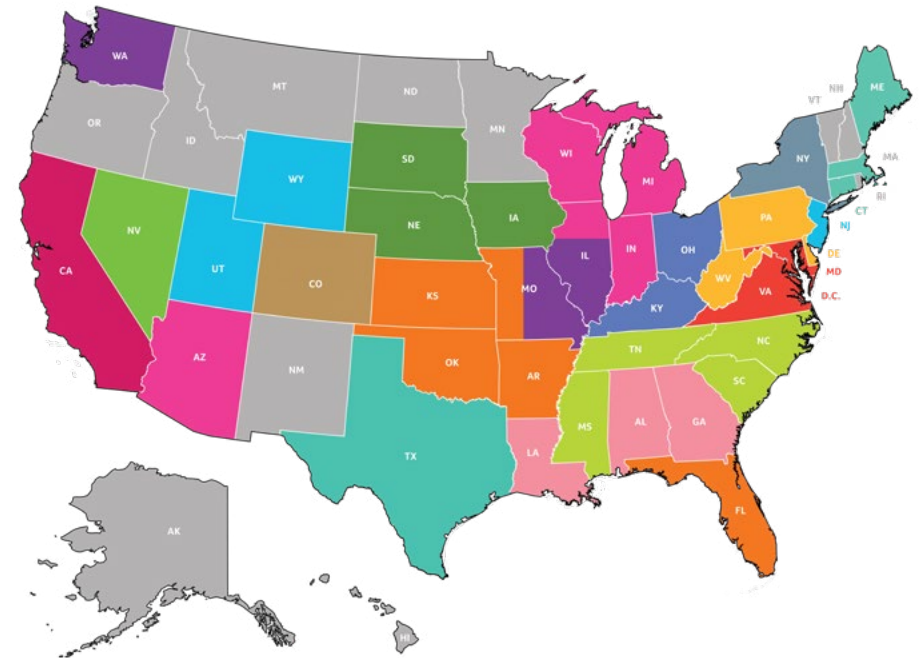
Northwest (WA)

Ohio/Kentucky (OH, KY)

Show Me (IL-Central/South, MO-East)

Texas (TX)

Utah/Wyoming (UT, WY)



MA/MAPD plans available in 39 states + D.C.

Stand-alone PDP products available in all 50 states + D.C.

[Table of contents »](#)

*Not all products are available in every state.

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

[Our local MA/MAPD markets](#)

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

MA/MAPD local market names

2018 market name/market territory

| Market name | Market territory |
|---------------|---------------------------|
| Arizona | AZ |
| California | CA |
| Capitol | DC, MD, VA |
| Colorado | CO |
| Deep South | AL, GA, LA |
| Florida | FL |
| Great Lakes | IL-North, IN, MI, WI |
| Heartland | AR, KS, MO-West, OK |
| Keystone | DE, PA, WV |
| Mid South | MS, NC, SC, TN |
| Midlands | IA, NE, SD |
| Nevada | NV |
| New England | CT, ME, MA |
| New Jersey | NJ |
| New York | NY |
| Northwest | WA |
| Ohio/Kentucky | OH, KY |
| Show Me | IL-Central/South, MO-East |
| Texas | TX |
| Utah/Wyoming | UT, WY |

2017 market name/market territory

| Market name | Market territory |
|---------------|---------------------------|
| Arizona | AZ |
| California | CA |
| Capitol | DC, MD, VA |
| Colorado | CO |
| Deep South | AL, GA, LA |
| Florida | FL |
| Great Lakes | IL-North, IN, MI, WI |
| Heartland | AR, KS, MO-West, OK |
| Keystone | DE, PA, WV |
| Mid South | NC, SC, TN |
| Midlands | IA, ND, NE, SD |
| Nevada | NV |
| New England | CT, ME |
| New Jersey | NJ |
| New York | NY |
| Northwest | WA |
| Ohio/Kentucky | OH, KY |
| Show Me | IL-Central/South, MO-East |
| Texas | TX |
| Utah/Wyoming | UT, WY |

[Table of contents »](#)

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

[MA/MAPD availability by local market, state and county](#)

MA product types

Prime network products

Medicare Part D

Table of contents »

2018 MA/MAPD availability by local market, state and county

| | | | | | | |
|-----------------------------|---------------------|-------------------|---------------|------------------|--------------------|--------------------|
| Arizona | Fluvanna | Arapahoe | Dooly | Paulding | Duval | Indiana |
| Arizona | Franklin | Boulder | Dougherty | Peach | Hillsborough | Allen |
| Maricopa | Fredericksburg City | Broomfield | Douglas | Pickens | Lee | Brown |
| Pima | Gloucester | Denver | Effingham | Quitman | Manatee | Hamilton |
| Pinal | Goochland | Douglas | Elbert | Randolph | Marion | Hendricks |
| | Greene | Jefferson | Emanuel | Richmond | Martin | Johnson |
| | Hampton City | | Evans | Rockdale | Miami-Dade | Marion |
| California | Hanover | Deep South | Fannin | Schley | Orange | Morgan |
| California | Henrico | Alabama | Fayette | Spalding | Osceola | Posey |
| Kern | Henry | Barbour | Forsyth | Stephens | Palm Beach | Vanderburgh |
| Los Angeles | Hopewell City | Henry | Franklin | Stewart | Pasco | Warrick |
| Orange | James City | Houston | Fulton | Sumter | Pinellas | Wells |
| Riverside | King and Queen | Jefferson | Gilmer | Taylor | Polk | Whitley |
| San Bernardino | King William | Macon | Gwinnett | Terrell | Saint Johns | |
| San Diego | Loudoun | Mobile | Habersham | Toombs | Saint Lucie | Michigan |
| | Louisa | Russell | Hall | Towns | Sarasota | Allegan |
| Capitol | Madison | Shelby | Hancock | Treutlen | Seminole | Clare |
| D.C. | Manassas City | Walker | Harris | Turner | | Gladwin |
| District of Columbia | Manassas Park City | | Hart | Twiggs | Great Lakes | Kent |
| | Martinsville City | Georgia | Heard | Warren | Illinois | Livingston |
| Maryland | Mathews | Appling | Henry | Washington | Boone | Macomb |
| Frederick | Middlesex | Baker | Houston | Wayne | Bureau | Midland |
| Howard | Nelson | Baldwin | Irwin | White | Carroll | Muskegon |
| Montgomery | New Kent | Banks | Jackson | Worth | Cook | Oakland |
| Prince Georges | Newport News City | Barrow | Jasper | | DeKalb | Ottawa |
| | Pittsylvania | Bibb | Johnson | Lousiana | DuPage | Saint Clair |
| Virginia | Poquoson City | Bryan | Jones | Ascension | Hancock | Washtenaw |
| Albemarle | Powhatan | Burke | Laurens | Bossier | Henderson | Wayne |
| Alexandria City | Prince William | Camden | Lee | Caddo | Henry | |
| Amelia | Richmond City | Chatham | Liberty | East Baton Rouge | Jo Daviess | Wisconsin |
| Arlington | Roanoke | Chattahoochee | Lincoln | Iberville | Kane | Kenosha |
| Botetourt | Roanoke City | Cherokee | Macon | Jefferson | Kankakee | Milwaukee |
| Charlottesville City | Salem | Clarke | Madison | Lafourche | Kendall | Ozaukee |
| Chesterfield | Spotsylvania | Clay | Marion | Orleans | Lee | Racine |
| Colonial Heights City | Stafford | Clayton | McDuffie | Saint Tammany | McHenry | Sheboygan |
| Craig | Williamsburg City | Cobb | McIntosh | | Mercer | Walworth |
| Danville City | York | Columbia | Meriwether | Florida | Ogle | Washington |
| Essex | | Coweta | Morgan | Florida | Rock Island | Waukesha |
| Fairfax | Colorado | Crawford | Muscogee | Broward | Stephenson | |
| Fairfax City | Colorado | Crisp | Newton | Charlotte | Warren | |
| Falls Church City | Adams | DeKalb | Oconee | Clay | Will | |
| | | | Oglethorpe | | Winnebago | |

Bold = 2018 expansion counties.

Continued →

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

[MA/MAPD availability by local market, state and county](#)

MA product types

Prime network products

Medicare Part D

Table of contents »

2018 MA/MAPD availability by local market, state and county (continued)

| | | | | | | |
|------------------|---------------|---------------------|--------------------|-------------------|-----------------------|------------|
| Tennessee | Ida | Nebraska | New England | Cape May | Ontario | Carroll |
| Cannon | Iowa | Burt | Connecticut | Cumberland | Orange | Champaign |
| Cheatham | Jackson | Butler | Fairfield | Essex | Orleans | Clark |
| Davidson | Jasper | Cass | Hartford | Gloucester | Oswego | Clermont |
| Fayette | Jefferson | Colfax | Litchfield | Hudson | Putnam | Clinton |
| Hickman | Johnson | Cuming | Middlesex | Hunterdon | Queens | Columbiana |
| Rutherford | Jones | Dodge | New Haven | Mercer | Rensselaer | Coshocton |
| Shelby | Keokuk | Douglas | New London | Middlesex | Richmond | Crawford |
| Trousdale | Linn | Gage | Tolland | Monmouth | Rockland | Cuyahoga |
| Williamson | Louisa | Jefferson | Windham | Morris | Saint Lawrence | Darke |
| | Lucas | Knox | | Ocean | Saratoga | Defiance |
| | Lyon | Lancaster | | Passaic | Schenectady | Delaware |
| | Madison | Otoe | Maine | Salem | Schuyler | Erie |
| Iowa | Mahaska | Sarpy | Androscoggin | Somerset | Seneca | Fairfield |
| Adair | Marion | Saunders | Aroostook | Sussex | Steuben | Fayette |
| Appanoose | Marshall | Seward | Cumberland | Union | Suffolk | Franklin |
| Benton | Mills | Washington | Franklin | Sullivan | Tioga | Fulton |
| Black Hawk | Monona | Wayne | Kennebec | Warren | Tompkins | Gallia |
| Boone | Monroe | | Knox | New York | Ulster | Geauga |
| Bremer | Montgomery | South Dakota | Lincoln | New York | Wayne | Greene |
| Buchanan | Muscatine | Bon Homme | Oxford | Albany | Westchester | Guernsey |
| Buena Vista | O'Brien | Brookings | Penobscot | Bronx | Yates | Hamilton |
| Butler | Osceola | Clay | Piscataquis | Broome | | Hancock |
| Calhoun | Page | Hutchinson | Sagadahoc | Cayuga | | Hardin |
| Carroll | Plymouth | Lake | Waldo | Chemung | | Harrison |
| Cass | Polk | Lincoln | York | Chenango | | Henry |
| Cedar | Pottawattamie | McCook | | Columbia | | Highland |
| Cherokee | Poweshiek | Minnehaha | | Cortland | | Hocking |
| Clinton | Ringgold | Moody | | Delaware | | Holmes |
| Crawford | Scott | Turner | | Dutchess | | Huron |
| Dallas | Shelby | Union | | Greene | | Jackson |
| Decatur | Sioux | Yankton | | Jefferson | | Jefferson |
| Delaware | Story | | | Kings | | Knox |
| Dickinson | Tama | Nevada | | Lewis | | Lake |
| Fayette | Union | Nevada | | Livingston | | Lawrence |
| Fremont | Warren | Nevada | | Madison | | Licking |
| Greene | Washington | Carson City | | Monroe | | Logan |
| Grundy | Wayne | Clark | | Nassau | | Lorain |
| Guthrie | Webster | Washoe | | New York | | Lucas |
| Hamilton | Winneshiek | | | Oneida | | Madison |
| Harrison | Woodbury | | | Onondaga | | Mahoning |
| Henry | Wright | | | | | Marion |

Bold = 2018 expansion counties.

Continued →

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

[MA/MAPD availability by local market, state and county](#)

MA product types

Prime network products

Medicare Part D

2018 MA/MAPD availability by local market, state and county (continued)

| | | | | | |
|------------|-------------------|------------------|--------------|--------------|---------------------|
| Medina | Franklin | Putnam | Texas | Hood | Utah/Wyoming |
| Meigs | Jefferson | Randolph | Texas | Jefferson | Utah |
| Mercer | Kenton | Saint Clair | Aransas | Jim Hogg | Box Elder |
| Miami | | Sangamon | Atascosa | Jim Wells | Cache |
| Monroe | Show Me | Scott | Austin | Johnson | Daggett |
| Montgomery | Illinois | Shelby | Bandera | Kendall | Davis |
| Morgan | Adams | Stark | Bastrop | Kenedy | Duchesne |
| Morrow | Bond | Tazewell | Bexar | Kerr | Morgan |
| Muskingum | Brown | Vermilion | Blanco | Kleberg | Rich |
| Noble | Calhoun | Washington | Bosque | La Salle | Salt Lake |
| Ottawa | Cass | Woodford | Brazoria | Lee | Summit |
| Paulding | Christian | | Brazos | Liberty | Tooele |
| Perry | Clark | Missouri | Brooks | Limestone | Uintah |
| Pickaway | Clinton | Audrain | Burnet | Llano | Utah |
| Pike | Cumberland | Boone | Caldwell | Lubbock | Wasatch |
| Portage | DeWitt | Callaway | Cameron | Matagorda | Washington |
| Preble | Douglas | Cole | Chambers | Medina | Weber |
| Putnam | Edgar | Cooper | Collin | Montague | |
| Richland | Effingham | Crawford | Comal | Montgomery | Wyoming |
| Ross | Fayette | Franklin | Cooke | Nueces | Uinta |
| Sandusky | Ford | Gasconade | Dallas | Orange | |
| Scioto | Fulton | Howard | Denton | Parker | |
| Seneca | Greene | Jefferson | Dimmit | Rains | |
| Shelby | Jasper | Knox | Duval | Rockwall | |
| Stark | Jersey | Lewis | El Paso | San Jacinto | |
| Summit | Livingston | Lincoln | Ellis | San Patricio | |
| Trumbull | Logan | Maries | Fort Bend | Smith | |
| Tuscarawas | Macon | Marion | Galveston | Somervell | |
| Union | Macoupin | Miller | Gillespie | Starr | |
| Van Wert | Madison | Moniteau | Gonzales | Tarrant | |
| Vinton | Marshall | Montgomery | Grayson | Travis | |
| Warren | Mason | Osage | Gregg | Van Zandt | |
| Washington | McLean | Perry | Grimes | Walker | |
| Wayne | Menard | Pike | Guadalupe | Waller | |
| Williams | Monroe | Ralls | Hardin | Washington | |
| Wood | Montgomery | Saint Charles | Harris | Webb | |
| Wyandot | Morgan | Saint Louis | Harrison | Wharton | |
| | Moultrie | Saint Louis City | Hays | Willacy | |
| | Peoria | Sainte Genevieve | Henderson | Williamson | |
| | Piatt | Shelby | Hidalgo | Wilson | |
| | Fayette | Warren | Hill | Wise | |
| | | Washington | | | |

Bold = 2018 expansion counties.

Table of contents »

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

Medicare Part D

We offer the following Medicare Advantage products*:

| Traditional HMO | Open Access HMO | HMO-POS | PPO |
|--|--|--|---|
| Members can use any network providers. | Members can use any network providers. | Members may save money by using in-network providers. Higher costs may apply when services are rendered by physicians who do not accept Medicare. | Members may save money by using in-network providers. Higher costs may apply when services are rendered by physicians who do not accept Medicare. |
| For most plans, requires members to select a network provider as their primary care physician (PCP). Members should check their specific plan for details. | Members may choose a primary care physician (PCP). | Encourages members to select a network provider as their primary care physician (PCP). | Although members are not required to select a PCP, they are encouraged to do so. They will benefit by having a doctor who can coordinate their care and help them with important medical decisions. |
| PCP coordinates care and provides referrals to network providers for nonemergency specialty or hospital care. Referrals are not needed for emergency and urgent care or direct access services. | Allows members the freedom to visit network providers without a referral. | Some HMO-POS plans allow members to visit providers without a referral; others require members to get a referral. Check the Evidence of Coverage. Referrals are not needed for emergency and urgent care or direct access services. | Gives members the flexibility to choose doctors and hospitals both in and out of our network without a referral. |
| Aetna Prime and Coventry Total Care HMO | Aetna Prime and Coventry Total Care PPO | | |
| Offers members an affordable monthly premium with access to a network of local providers. | Offers members an affordable monthly premium with access to a network of local providers. | | |
| Members must use network providers, except in emergency or urgent care situations, or for out-of-area renal dialysis. | Members have the flexibility to choose doctors and hospitals both in and out of our Prime network, but they'll save money by using a network provider. | | |

*Medicare Advantage Optional Supplemental Benefits (OSBs) may be offered for an extra cost with some HMO and PPO plans. Plans vary by service area

[Table of contents »](#)

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

[Prime network products](#)

Medicare Part D

Aetna Prime and Coventry Total Care network products

We believe the future of health care is rooted in collaboration and innovation. That's why we partner closely with select groups of local care providers across the country to offer Aetna Prime and Coventry Total Care network products.

These unique products offer some key advantages, including:

- **Affordability**—They typically offer lower premiums than others in the market
- **Collaboration**—We work with providers to help ensure our members get the right care at the right time
- **Accountability**—Both Aetna and our provider partners are accountable for performance goals that support our plans' Star Ratings and member satisfaction goals

What are Prime and Total Care network plans?

Prime and Total Care network plans have networks built either exclusively (i.e., HMO plans) or predominantly (i.e., PPO plans) around a select group of local care providers.

Should I describe/sell these plans any differently?

It's critical that you ask the prospect which doctors and hospitals they like to use and ensure they can continue to see those providers under the Prime/Total Care product. If the person's providers are not in the network, explore alternative plan options or help member select a provider that is in network.

[Table of contents »](#)

Continued
→

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

[Prime network products](#)

Medicare Part D

Aetna Prime and Coventry Total Care network products (continued)

What are these plans called?

They have several different names, based on Aetna and Coventry service areas. These are the key words to look for:

| Key word | Description | Plan names |
|-------------------|---|---|
| Prime | "Prime" appears on the member ID card. | Advantra Beaver Valley Prime (HMO) Advantra Butler Prime (HMO) Advantra Excelsa Prime (HMO) Advantra Fayette Prime (HMO) Advantra Mt. Nittany Prime (HMO) Advantra Penn Highlands Prime (HMO) Advantra Susquehanna Prime (HMO) Advantra Washington Prime (HMO) Aetna Medicare Main Line Health Prime Plan (HMO) Aetna Medicare Mon Valley Prime (HMO) Aetna Medicare NNJ Prime Plan (HMO) Aetna Medicare NNJ Prime Plan 1 (HMO) Aetna Medicare PinnacleHealth Prime Plan (HMO) Aetna Medicare Prime Plan (HMO) Aetna Medicare Prime Plan (PPO) Aetna Medicare SNJ Prime Elite Plan (PPO) Aetna Medicare SNJ Prime Value Plan (HMO) Aetna Medicare UVA Health System Prime Plan (HMO) |
| Total Care | "Total Care" is part of the plan name and it appears on the member ID card. | Advantra Total Care (HMO) Coventry Medicare Advantage Total Care (HMO) Coventry Total Care (HMO) Coventry Total Care (HMO-POS) Coventry Total Care (PPO) |

[Table of contents »](#)

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

[Prime network products](#)

Medicare Part D

Aetna Prime and Coventry Total Care network products (continued)

How are these plans different from other Medicare Advantage plans?

These plans offer a specific local network of selected contracted providers from which members can receive care. Members of these plans do not have access to a national network, they do not have network reciprocity, and they must select providers within their plan's network in their home service area to receive health care services covered by this plan.

How can members find in-network providers?*

- For Aetna-branded plans: Use the Aetna Medicare Find a Provider site and make sure you select the specific Prime plan (don't skip this step!). Or you can find and refer to the plan's provider directory on www.aetnamedicare.com/findprovider
- For Coventry and Advantra-branded plans: Use the Coventry Provider Lookup tool and make sure you select the specific plan (don't skip this step!). Or you can find and refer to the plan's provider directory on www.coventry-medicare.com/findprovider

Note: For Aetna Medicare Connect Plus (PPO) plans, "Connect" is part of the plan name and it appears on the member ID card. Refer to your contract for commission terms.

Where can you find more information?

Speak to your local Aetna broker manager about plan availability in your market. You can also find more information and additional resources on [Producer World](#).

*Please note: There may be other contracts with a limited network component; please always check the network provider participant through the online look-up tools.

[Table of contents »](#)

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

[Medicare Part D](#)

Aetna Medicare Part D products

Overview

Aetna Medicare Part D prescription drug plans provide quality service and savings at a variety of premium levels. Aetna offers convenient access through preferred and standard network pharmacies to varying levels of drug coverage.

We offer stand-alone Individual Prescription Drug Plans (PDP) in all 50 states and D.C.

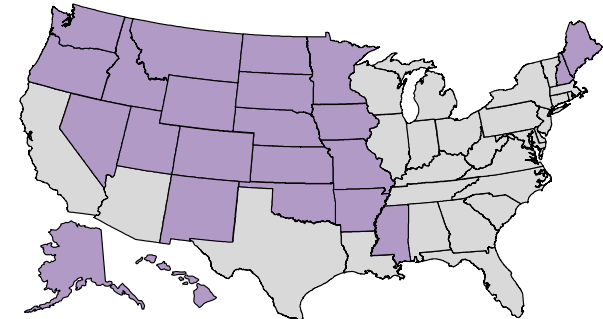
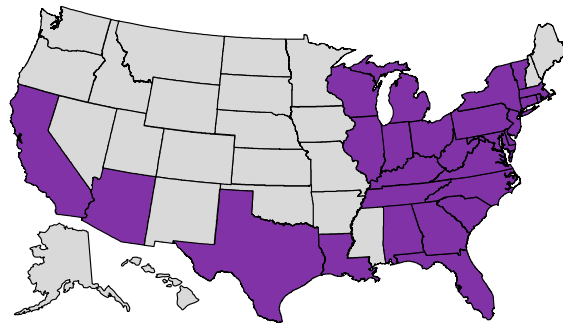
Product Portfolio

Portfolio:

- Aetna Medicare Rx Saver
- Aetna Medicare Rx Select
 - Available in 20 of 34 CMS regions
- First Health Value Plus

Portfolio:

- Aetna Medicare Rx Saver
- First Health Value Plus
- First Health Premier Plus



[Table of contents »](#)

2. Products to Grow Your Business

National footprint — Your opportunities

Our brands

- MA/MAPD
- Part D Prescription Drug Plan
- Senior Supplemental Insurance
- Ancillary products

Star Ratings

2018 product availability map

Our local MA/MAPD markets

MA/MAPD availability by local market, state and county

MA product types

Prime network products

[Medicare Part D](#)

Aetna Medicare Part D products (continued)

New for 2018, we offer two retail pharmacy networks:

1. A network with over 65K pharmacies, more than 23K of which are preferred. This network is used with the Saver, Value Plus and Premier Plus plans.
2. A network with over 41K pharmacies, more than 18K of which are preferred. This network is used with the Select plan.
 - A “preferred pharmacy” is a network pharmacy in which we’ve negotiated lower cost-sharing for our members. Prescriptions can still be filled at any network pharmacy, but your clients may save even more money by using a preferred pharmacy.

Helpful tools

Use the following links to find network pharmacies and formulary drug information for our Medicare plans:

www.aetnamedicare.com/findpharmacy

www.aetnamedicare.com/formulary

www.coventry-medicare.com/find_pharmacy

www.coventry-medicare.com/formulary

PDP referral program

Through our easy and exciting [referral program](#), writing agents who wish to refer clients can earn a one-time referral payment for each referred client who chooses to enroll in an Aetna or Coventry PDP. To participate in the referral program, you must be contracted with Aetna, but you don’t have to complete the annual certification process.

[Table of contents »](#)

Broker Services: Resources, Online Tools & Reporting

Section 3

aetna[®]

3. Broker Services: Resources, Online Tools & Reporting

Making it easy to do business with Aetna

- Aetna Producer World
- Reports

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)
- Ascend Virtual Sales Office app
- Provider Lookup Tool
- Pharmacy Finder

Aetna Medicare Broker Services Department key functions

Making it easy to do business with Aetna

| Agent/broker tools | Aetna-specific tools |
|---|--|
| Aetna agent website | Aetna Producer World: https://www.aetna.com/producer/Medicare/medicare_individual.html See next page. |
| Marketing materials | The Aetna Medicare Marketing Studio: www.aetnahub.com/MMS |
| Find in-network pharmacies | www.aetnamedicare.com/findpharmacy www.aetnamedicare.com/formulary www.coventry-medicare.com/findpharmacy www.coventry-medicare.com/formulary |
| BenefitsCheckUp® site | www.benefitscheckup.org/aetna |
| Enrollment kits | Aetna Producer World: https://www.aetna.com/producer/Medicare/medicare_individual.html |
| Online enrollment tool | The Ascend Virtual Sales Office app . All agents are contracted to sell Aetna/Coventry plans. There is only one online enrollment tool. |
| Reports | Access on Aetna Producer World (see “How to access reports” on next page). |
| Find in-network doctors, hospitals and specialists | www.aetnamedicare.com/findprovider www.coventry-medicare.com/findprovider |
| Consumer/member tools | |
| Consumer-facing website | www.aetnamedicare.com www.coventry-medicare.com |
| Find in-network doctors, hospitals and specialists | www.aetnamedicare.com/findprovider www.coventry-medicare.com/findprovider |

Table of contents »

3. Broker Services: Resources, Online Tools & Reporting

[Making it easy to do business with Aetna](#)

- [Aetna Producer World](#)
- Reports

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)
- Ascend Virtual Sales Office app
- Provider Lookup Tool
- Pharmacy Finder

Aetna Medicare Broker Services Department key functions

Making it easy to do business with Aetna (continued)

Get access to view Medicare reports

Here's how to access reports in Producer World:

First, **register for [Aetna Producer World](#)** as the principal of the firm. (If you plan to delegate Aetna Producer World tasks to others, you can do so during registration or after you complete registration.)

Then, log in. Click "Manage Profile & User Access" on the left menu, then "Principal – Manage Firm Access." Choose to give yourself Compensation privileges. This lets you view Medicare reports for all agents in your firm.

If you're the firm principal: On the "Principal – Manage Firm Access" page, you can designate up to four people with different privilege levels so they too can view Medicare reports for your firm. Your designees must first register for **[Aetna Producer World](#)** as an employee or agent of the firm. After choosing your designees, assign them Compensation privileges so they can see the Medicare reports.

Ready-to-sell agents, log in to Producer World to access information and tools. See next page.

[Table of contents »](#)

3. Broker Services: Resources, Online Tools & Reporting

Making it easy to do business with Aetna

- Aetna Producer World

- Reports

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)

- Ascend Virtual Sales Office app

- Provider Lookup Tool

- Pharmacy Finder

Aetna Medicare Broker Services Department key functions

Making it easy to do business with Aetna (continued)

Producer World (continued)

Appointed Aetna agents, this is your go-to site for information, tools and reports on Aetna Medicare (MA/MAPD, PDP) products. Use it to learn about products, compensation, certification and licensing. You can order enrollment kits here and get sales and marketing material.

Log in or register at <http://www.aetna.com/insurance-producer.html>. Click “Log In/Register” in the top navigation bar. Once logged in, click “Individual Medicare” at the top of the page to access all Individual Medicare information and materials.

aetna

[Home](#) > [Producers](#) > [Welcome Producers](#) > Producer World Registration

Producer World® Registration: Select Registration Path

Please select the role which best describes you:

- I am an individual agent/broker appointed with Aetna.
- I am the principal of a firm.
- I am an agent/broker/employee associated with a firm that is appointed with Aetna.**
- I am the firm employee chosen to set up Producer World access for other employees.

[Continue](#) [Cancel](#)

Help

** Your firm's Principal must be registered first before you may register. Please contact your firm's principal if you are unable to register.

Questions about Producer World registration? Watch the registration tutorial below or call 1-800-225-3375 Monday through Friday 8:00 a.m. to 5:00 p.m. Local Time.

[\(Download transcript\)](#)

Security / Encryption Info

[About Producer World Security/Encryption](#)

[Table of contents »](#)

3. Broker Services: Resources, Online Tools & Reporting

[Making it easy to do business with Aetna](#)

- Aetna Producer World
- [Reports](#)

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)
- Ascend Virtual Sales Office app
- Provider Lookup Tool
- Pharmacy Finder

Aetna Medicare Broker Services Department key functions

Making it easy to do business with Aetna (continued)

Reports

Log in to [Aetna Producer World](#) 24/7 to access reports on your Aetna Individual Medicare book of business. Just log in to Producer World, click “Individual Medicare” at the top of the page, and then under Quick Links click the orange Reporting button.

You can then access the reports listed below, export them to Excel, or print and save copies for your records.

| | |
|---|--|
| Pending enrollment report | It shows applications that are being processed or that were denied. (Once approved, applications appear on the enrollment roster report.) |
| Your Medicare book of business | It shows individuals enrolled in an Aetna Medicare plan, and those who terminated their policy in the past calendar year. |
| Month/YTD/prior year commission report | It shows the commission paid by Aetna. Detailed reports show commission by member. Summary reports show commission by product. These reports show the current month and year only. They do not show history. |
| Licensing reports | Use these reports to check if your license is up to date, in accordance with state law. If you manage an agency, you can view data for the producers who report to you. See “Here’s how” on page 30. |
| Broker readiness report | Shows a list of agents who are ready to sell, when they became ready to sell, and the markets and products (MA/MAPD, PDP) that they are approved to sell, in accordance with state law. |
| Coventry App Tracker report | Shows a suite of reports including membership, commissions and downline (if applicable) information. |

[Table of contents »](#)

3. Broker Services: Resources, Online Tools & Reporting

Making it easy to do business with Aetna

- Aetna Producer World
- Reports

[More tools for your Aetna and Coventry Medicare business](#)

- [Aetna Medicare Marketing Studio \(MMS\)](#)
- [Ascend Virtual Sales Office app](#)
- [Provider Lookup Tool](#)
- [Pharmacy Finder](#)

Aetna Medicare Broker Services Department key functions

More tools for your Aetna and Coventry Medicare business

Aetna Medicare Marketing Studio (MMS)

www.aetnahub.com/MMS

Visit this site to order customizable print-on-demand Aetna and Coventry Medicare marketing materials such as postcards and fliers. You need a username and password to log in. Request access through the login page.

www.benefitscheckup.org/aetna

Use this site as a one-stop shop to see if members are eligible for programs that can help cover costs for health care, prescriptions, taxes, utilities and more.

Ascend Virtual Sales Office app

Available for use on any device — including your laptop or tablet — that runs with an iPad platform (iPad 2 or later model running iOS 7 or later version) or a Windows platform (Windows 7 or later and x86 processor).

Once you're ready to sell, you can request access on the Coventry Broker Portal located at <http://broker.cvty.com>. After logging in, simply click "Ascend App Request Form" in the left menu, answer one question and then submit your request. Please allow 2-7 days for processing.

www.aetnamedicare.com
www.coventry-medicare.com

These are the consumer-facing websites for all Aetna and Coventry Medicare products. You can use them to find and download plan documents such as:

- Summary of Benefits
- Star Ratings
- Formularies

Note: You may not use these sites for online enrollments.

Provider Lookup Tool

www.aetnamedicare.com/findprovider

www.coventry-medicare.com/findprovider

Use these sites to look up in-network doctors, hospitals and specialists for Aetna and Coventry Individual Medicare plans (MA/MAPD).

Pharmacy Finder

www.aetnamedicare.com/findpharmacy

www.aetnamedicare.com/formulary

www.coventry-medicare.com/find_pharmacy

www.coventry-medicare.com/formulary

Use these sites to find in-network pharmacies for your Aetna and Coventry Individual Medicare clients. Enter the ZIP code and click "Find Plans" to begin.

[Table of contents »](#)

3. Broker Services: Resources, Online Tools & Reporting

Making it easy to do business with Aetna

- Aetna Producer World
- Reports

More tools for your Aetna and Coventry Medicare business

- Aetna Medicare Marketing Studio (MMS)
- Ascend Virtual Sales Office app
- Provider Lookup Tool
- Pharmacy Finder

[Aetna Medicare Broker Services Department key functions](#)

[Table of contents »](#)

Aetna Medicare Broker Services

Department key functions

When calling the Broker Services department, please make sure that the caller is the agent, the agent's upline or on the agent's/upline's contact list.

The Broker Services Department can help answer your questions on the following:

The Aetna Medicare Broker Services Department can help answer your questions about:

- Contracting, certification and commissions
- Ready-to-sell information
- Navigation support for Aetna's Medicare website and the Aetna AHIP certification site
- General questions on finding information
 - Aetna's Producer World and available reports
 - nomoreforms electronic contracting site
 - Coventry's Medicare Broker Portal and App Tracker
 - Verification of member enrollment application status, effective date of coverage, disenrollment dates and/or cancellation dates/reasons

Contracting and hierarchy assistance:

- New and returning agent contracting setup
- National distribution and strategic hierarchy onboarding, maintenance or changes
- Tax ID number changes
- Principal changes

- Payee changes
- W9/EFT setup and requirements
- State appointment requests
- Agent of Record reassignment

Additional assistance available:

- Drug/formulary look-ups
- Needing a customer service phone number or fax
- Commissions inquiries, first year and renewals, true up payments, proration
- Compliance requirements
- Service areas
- General information about marketing and advertising campaigns
- Field communications
- Agent demographic changes
- Agent background reviews
- Agent terminations

The Aetna Medicare Broker Services Department

Phone: 1-866-714-9301

Email: brokersupport@aetna.com

Hours: Monday through Friday, 8 a.m. - 8 p.m. ET (5 p.m. PT)

Fax number: 1-724-741-7285

Everything You Need to Be Ready to Sell

Section 4

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4. Everything You Need to Be Ready to Sell

What “ready to sell” means

- [New for 2018: Aetna Medicare identifier, your NPN](#)

Ready-to-sell checklist

- New writing agents
- New licensed-only agents (LOAs)
- New uplines, principals and payees
- Existing agents
- Existing uplines, principals and payees

[Table of contents »](#)

What does it mean to be “ready to sell”?

DEFINITION: The term “ready to sell” means that an upline, principal or agent has completed and maintains compliance with all Aetna, CMS and applicable state law requirements for selling as specified in this document and has received a written confirmation (a ready-to-sell notice) from us specifying that the upline, principal or agent has completed all requirements and may commence selling a particular Medicare product in a particular state.

Your Aetna Medicare agent identifier is your NPN

In general, to ensure you receive commission for accepted enrollments, you’ll need to use:

Your National Producer Number (NPN) on Aetna/Coventry Individual Medicare (MA/MAPD, PDP) applications.

You can look up your NPN on the [National Insurance Producer Registry](#) website.

Here’s an overview of what you need to complete to be ready to sell:

To become “ready to sell” our 2018 Aetna and Coventry Individual MA/MAPD and PDP products and receive commissions, you’ll need to complete all of these requirements prior to marketing or selling:

- 1. Certification:** You’ll need to successfully complete the annual Aetna Individual Medicare certification process for the product(s) you intend to sell.
- 2. Contracting:** You must have an active contract at the time of sale and be licensed and appointed. If you are an LOA, your upline must be contracted at the time of sale and be licensed and appointed.
 - New agents: If you’ve never contracted with Aetna to sell our Individual Medicare products, please contact your upline to obtain a contracting package code and instructions on how to submit through our online contracting site, [nomoreforms](#)
 - Existing agents: Agents who are currently contracted and ready-to-sell Aetna MA/MAPD and/or PDP plans do not need to re-contract unless they are changing hierarchy or contract level. See contract level or hierarchy changes section for hierarchy change requirements
 - If you need to change hierarchy or contract level, you’ll need to request those changes in [nomoreforms](#)
 - LICENSING AND APPOINTMENT: You’ll need to be properly licensed in states where you sell in accordance with state law. You’ll also need to be properly appointed by Aetna for all products you intend to sell in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale
 - BACKGROUND INVESTIGATION: New agents will also need to pass a background investigation
 - You cannot be listed on the EPLS/OIG exclusion lists (Excluded Parties List System/Office of Inspector General)
- 3. Receive a ready-to-sell notice:** You’ll receive a ready-to-sell notice confirming your ready-to-sell status. It will list out the specific states and products that you’re ready to sell and for which you can receive commissions.

4. Everything You Need to Be Ready to Sell

What “ready to sell” means

- **New for 2018: Aetna Medicare identifier, your NPN**

Ready-to-sell checklist

- New writing agents
- New licensed-only agents (LOAs)
- New uplines, principals and payees
- Existing agents
- Existing uplines, principals and payees

Ready-to-sell checklist

Are you an upline, principal or payee? If so, to become ready to sell our 2018 Individual MA/MAPD and PDP products, you'll need to be fully certified, licensed and appointed in ALL states and markets where your downline agents or employees intend to sell. **Also**, see the Compensation section for a list of the specific requirements to be eligible to receive commissions or administrative fees.

New writing agents (AG 1-4)

Complete annual certification requirements. Log in to our [Medicare certification site](#) and complete the required training modules and exams. See Certification requirements section for details.

1. Complete annual certification.
2. Obtain a package code from your upline or local Aetna market.
3. Once logged in, complete and submit all required contracting paperwork.
4. As part of contracting process, you must:
 - Request state appointments, in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale
 - Attest to having an active Errors and Omissions (E&O) policy of at least \$1,000,000 per claim and \$1,000,000 aggregate
 - Complete the W9 and EFT forms to be eligible to receive Aetna Medicare commissions
 - Complete the following forms:
 - Background Disclosure form
 - Background Acknowledgement/Authorization

Complete and submit a contracting package through [nomoreforms](#). See the Contracting section for details. As part of the contracting process, you must satisfy licensing and appointment requirements.

Receive your ready-to-sell confirmation. See Ready-to-Sell Notice section for details.

Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale.

New licensed-only agents (LOAs)

Complete annual certification requirements. Log in to our [Medicare certification site](#) and complete the required training modules and exams. See Certification requirements section for details.

1. Complete annual certification.
2. Obtain a package code from your upline or local Aetna market.
3. Once logged in, complete and submit all required contracting paperwork.
4. As part of contracting process, you must:
 - Request state appointments, in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale
 - Attest to having an active E&O policy of at least \$1,000,000 per claim and \$1,000,000 aggregate
 - Complete the following forms:
 - Background Disclosure form
 - Background Acknowledgement/Authorization

Complete and submit an LOA-specific forms package through [nomoreforms](#). See the Contracting section for details. As part of the contracting process, you must satisfy licensing and appointment requirements.

[Table of contents »](#)

Continued
→

4. Everything You Need to be Ready to Sell

What “ready to sell” means

- New for 2018: Aetna Medicare identifier, your NPN

Ready-to-sell checklist

- New writing agents
- New licensed-only agents (LOAs)
- **New uplines, principals and payees**
- Existing agents
- Existing uplines, principals and payees

Ready-to-sell checklist (continued)

New uplines, principals and payees

Complete annual certification requirements. Log in to our [Medicare certification site](#) and complete the required training modules and exams. See Certification requirements section for details.

1. Complete annual certification.
2. Obtain a contracting package code from your upline or local Aetna market.
3. Once logged in, complete and submit all required contracting paperwork.
4. As part of contracting process, you must:
 - Request state appointments (i.e., identify the states for which you hold Medicare Advantage licenses and intend to sell)
 - Attest to having an active E&O policy of at least \$1,000,000 per claim and \$1,000,000 aggregate
 - Complete a W9/EFT to receive commissions via electronic funds transfer of compensation from Aetna
 - Complete the following forms:
 1. Background Disclosure form
 2. Background Acknowledgement/Authorization

Complete and submit a contracting package through [nomoreforms](#). See the Contracting section for details. As part of the contracting process, you must satisfy licensing and appointment requirements.

Receive your ready-to-sell confirmation. See Ready-to-Sell Notice section for details.

Reminder: Under the terms of your Aetna agreement, upline must ensure that non-agent employees and any other persons conducting enrollment activities on Aetna’s behalf must be certified. Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale.

[Table of contents »](#)

Continued
→

4. Everything You Need to be Ready to Sell

What “ready to sell” means

- New for 2018: Aetna Medicare identifier, your NPN

Ready-to-sell checklist

- New writing agents
- New licensed-only agents (LOAs)
- New uplines, principals and payees
- [Existing agents](#)
- [Existing uplines, principals and payees](#)

Ready-to-sell checklist (continued)

Existing agents (AG 1-4, LOAs)

Those who are currently contracted

You do not have to re-contract. However, if you need to change hierarchy or contract level, you'll need to request those changes through [nomoreforms](#). See contract level or hierarchy changes section for hierarchy change requirements.

Complete annual certification requirements.

1. Log in to our [Medicare certification site](#) and complete the required training modules and exams. See the Certification requirements section for details.

Receive your ready-to-sell confirmation. See the Ready-to-Sell Notice section for details.

Existing uplines, principals and payees

Those who are currently contracted

You do not have to re-contract. However, if you need to change hierarchy or contract level, you'll need to request those changes through [nomoreforms](#).

Complete annual certification requirements.

1. Log in to our [Medicare certification site](#) and complete the required training modules and exams. See the Certification requirements section for details.

Receive your ready-to-sell confirmation. See the Ready-to-Sell Notice section for details.

Reminder: Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale.

Ready-to-sell agents needing to add new state appointments: Use the Scope of Submission to indicate you are adding additional appointments, and select your additional appointments on the Contract Information Sheet. Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted and licensed in the applicable states and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale. Once we process the additional appointment request and your ready-to-sell status is updated, you'll get an email notification. You can contact the Broker Services Department at 1-866-714-9301 if you have any questions.

[Table of contents »](#)

Ready-to-Sell Requirements: Contracting

Section 4.1

aetna[®]

4.1 Contracting, Licensing and Appointment

Contracting in nomoreforms™

- nomoreforms
user guide
- How to update your
information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration
related to Medicare
sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

Table of contents »

Contracting

Be sure to contract for all opportunities with Aetna Medicare.

Aetna Medicare agents are responsible for maintaining the continuing education requirements to ensure valid licensure and to update state appointments.

There is a single Aetna Individual Medicare contract if you want to sell, market and/or refer our Medicare Advantage and Part D products.

Newly added: A common background check process makes it efficient and easy so you can be ready to offer our portfolio of MA, PDP and Med Supp plans.

nomoreforms™

nomoreforms is the electronic contracting and onboarding system, for agents who desire to sell, market or refer Aetna individual Medicare products. You'll need to use nomoreforms to contract with us. You can access it directly, through the [Aetna Producer World](#) website, the [Coventry Broker Portal](#) or through www.aetna.com.

You must use nomoreforms to update your W9 or EFT banking information, change your hierarchy alignment or to request new appointments in additional states.

To change your information in nomoreforms:

Log in as a Returning User on the nomoreforms login page. The [nomoreforms User Guide](#) provides step-by-step instructions to assist with the submission process.

How to update your information with the Medicare Broker Services Department

To update your W9/EFT (change your banking information), change your hierarchy alignment or request appointments in additional states, you'll need to resubmit your documents through nomoreforms.

Note: To update your demographic information (address, phone number, email or name), call us at 1-866-714-9301 or email us at brokersupport@aetna.com.

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms
user guide
- How to update your
information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration
related to Medicare
sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

Contract types

For more information, contact the Broker Services Department at 1-866-714-9301

There are two types of contract agreements within the nomoreforms contracting system:

- **Upline agreement**—Applies to a contracted firm, agency, organization or person with downline agents
- **Producer agreement**—Applies to a writing agent who has no downline agents. Your upline will give you the appropriate contracting package code
 - All writing agents have at least one upline. The upline for directly contracted agents is their local market
 - If a writing agent wants to sell in more than one market, then he or she must contract through one of our uplines that sells nationally. This could be an NMO, RMO, GMO or even an LMO

National distribution partners

Distribution partners must have downline agents who are individually certified, licensed and appointed with Aetna. Distribution partners must have an insurance license and line of authority to be appointed in their state of residence and in any state where they or their downline agents perform sales activities. Per each state's appointment guidelines, appointments must be active before a member policy is written or appointments must be ordered when the member policy is written.

The State License-Appointment Requirements table provides all state licensing, appointment and ordering requirements for your reference. Please click on the following link and select the State License-Appointment Requirements table in the drop-down menu:

<https://www.aetna.com/insurance-producer/become-appointed-with-aetna.html>

Table of contents »

Continued
→

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

Contract types (continued)

Licensed-only agents (LOAs)

- LOAs don't enter into a contract with Aetna. Instead, they're subject to the contract we entered into with their employer or upline, as applicable. If the employer or upline terminates an agent, the agent is deemed released from that employer or the upline's hierarchy
- Instead of completing an agent contract, LOAs must complete their LOA-specific forms package in nomoreforms
- LOAs must be ready to sell to be eligible to market, sell and submit required enrollment requests. Reminder: Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale
- LOAs may not refer our Medicare Advantage or Part D products unless and until they have obtained the appropriate license in good standing in the state of sale, and have received written authorization notification from Aetna that they are authorized to refer

Referral-only option

For those who prefer to refer business rather than actively sell, we offer a referral-only option.

This option allows brokers to refer business to us and earn a one-time referral fee, without completing the annual certification process.

To qualify for referral-only status, you must:

- Pass a background investigation
- Have a valid producer's license in the state where you wish to refer business
- Sign and return an EFT for referral fee payment
- Complete and submit an Aetna Individual Medicare contracting package, which is available from your upline

[Table of contents »](#)

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

[The contracting process](#)

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

[Table of contents »](#)

The contracting process

Except for certain requirements that don't apply to licensed-only agents (LOAs), completing all required contracting documents is a critical step to becoming "ready to sell" Aetna and Coventry Individual Medicare products. We refer to this as "completing your contracting package."

Step 1: Completing annual certification is required prior to Aetna processing your contract

Step 2: Get a contracting package code

Get a contract package code from your recruiting organization. You'll need it to access your Aetna Individual Medicare contracting package. It determines which online forms you must complete.

Step 3: Access nomoreforms to complete your contracting package

You'll complete your contracting package through an electronic contracting system called nomoreforms. You can reach [nomoreforms](#) directly, through www.aetna.com, [Aetna Producer World](#) or the [Coventry Broker Portal](#).

Access the [nomoreforms user guide](#).

Step 4: Submit your contracting package

After completing all required forms, submit your contracting package. A submission confirmation number will appear on screen.

Step 5: The upline reviews the package for accuracy and completes additional forms

Your upline receives an email notice after you submit your package. Your upline reviews the package for accuracy, completes the necessary forms and submits the package to the Broker Services Department for processing.

Step 6: We check your contracting package to make sure it is complete

If any information is missing on the contract, you will get an email notification advising you of the missing information and you will be required to resubmit your contract through [nomoreforms](#) for processing. We will not process the contract until all forms are correct.

Continued
→

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

[The contracting process](#)

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

[Table of contents »](#)

The contracting process (continued)

Step 7: We conduct a background investigation/regulatory review

As part of the contracting process, we perform standard background investigations/regulatory reviews that include but are not limited to:

- National Criminal Search
- Federal Criminal Search
- County Criminal Search
- Credit Report (**LOA agents excluded**)
- Vector One™ Search (**LOA agents excluded**)
- Professional License Verification
- Medicare Debarred & Exclusion Lists (OIG, SAM and OFAC)

If the background investigation/regulatory review returns as APPROVED, we'll complete the final steps of the contracting process. If a background investigation/regulatory review does not return as APPROVED, it will be reviewed by an internal panel to decide whether the agent can move forward with the contracting process or if the contract will be rejected. In the case of a rejected decision, all brokers/agents have the right to appeal background investigation/regulatory review findings. Refer to "Agent terminations" and the section titled "Agent reconsideration process" for information on how to dispute background investigation/regulatory review results.

If you are an entity that conducts background investigations/regulatory reviews on our behalf, you must adhere to Aetna's background investigation/regulatory review criteria and standards.

Step 8: We complete the final steps

If the background investigation returns as APPROVED, we'll complete the final steps of the contracting process. As a reminder, contracting is only one of the ready-to-sell requirements. You will receive a ready-to-sell notice confirming your ready-to-sell status. It will list the specific states and products that you're ready to sell, and for which you can receive commissions.

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

[Contract level or hierarchy changes](#)

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

[Table of contents »](#)

Contract level or hierarchy changes

1. Making a contract level change

Agent contract level change requests require both Top of Hierarchy and Aetna approval

- In order to change your level, you must obtain a contracting package code from your recruiting organization
- Any level change to LMO level or higher requires Aetna approval

2. Hierarchy change guidelines

We accept hierarchy change requests when submitted in accordance with the Transfer Release guidelines outlined in this section.

3. Hierarchy change process within the same Top of Hierarchy

When transferring within the same Top of Hierarchy at the same level, a new contract is not necessary. Your existing Top of Hierarchy will complete a new Hierarchy Transmittal Sheet via nomoreforms and submit for processing. A transfer/release is not necessary.

4. Hierarchy change process when transferring from one Top of Hierarchy to another

When transferring from one Top of Hierarchy to another, you must submit a new contracting package via [nomoreforms](#) using a package code provided by your new Top of Hierarchy. You must also submit a Transfer Release Form, except as noted on the next page.

- Hierarchies cannot be changed from 10/1-1/1. Transfer/release requests will not be accepted during this time frame

Please note, hierarchy transfer requests submitted between 10/1-1/1 cannot be processed. In order for your request to be processed during this time frame, you must have an exception from your Aetna Sales Director in writing approving this request.

5. The following transfer/release guidelines apply:

1. You must be contracted with Aetna through your existing immediate upline or Top of Hierarchy for a minimum of six months. There are two exceptions to this rule:
 - If you don't meet the six-month contracting requirement but have had no production, you may transfer at your current contract level with a Transfer Release Form
 - If a termination is initiated by your immediate upline, you are automatically released

Continued
→

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

[Contract level or hierarchy changes](#)

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

[Table of contents »](#)

2. Depending on your production, you must then follow the process below:

- **If you've had NO production in the past six months**

If you and/or your downline agents have had NO production in the past six months, a Transfer Release Form is not required. You must submit a new contracting package via [nomoreforms](#) using a package code provided by your new Top of Hierarchy.

- **If you and/or your downline agents have had production within the past six months, a Transfer Release Form is required**

Aetna uses the application received date to validate production within the last six months. Also, you must complete a new contracting package via nomoreforms and attach the Transfer Release Form to that package.

Note: Downline agents requesting release must be approved by the immediate upline and Top of Hierarchy. This approval must be indicated on the Transfer Release Form. If the appropriate box is not checked, then the requested transfer may be processed for the agent, but the downline hierarchy will be redirected to the next level of the original payout hierarchy.

3. Agents/agencies who wish to move their downline agents with them will need to have the appropriate release box checked on the Transfer Release Form.

- A Transfer Release Form is not required for each individual agent in the downline hierarchy
- A new contract is not needed for each downline agent

4. Exception: If the agent and downlines are moving from a Local Market to a Distribution Partner or vice versa, the downline agents will need to submit a package code via nomoreforms.

6. How to obtain and complete a Transfer Release Form

- The Transfer Release Form is located on [Aetna Producer World](#) (Individual Medicare page, under "Tools, Resources")
- Obtain the required signatures on the Transfer Release Form. These signatures include the agent requesting the transfer/release, agent's existing immediate upline and the agent's existing Top of Hierarchy approving the transfer/release
- The immediate upline or Top of Hierarchy must indicate whether the broker only or the broker and downline agents are being released by selecting the Broker Only or Broker and Downlines check box on the Transfer Release Form

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

[Table of contents »](#)

Upline obligations and administrative services

There are five upline contract levels

| | |
|-----|-----------------------------------|
| PMO | Preferred Marketing Organization* |
| NMO | National Marketing Organization |
| RMO | Regional Marketing Organization |
| GMO | General Marketing Organization |
| LMO | Local Marketing Organization |

Obligations of uplines, all agents of upline and principal

1. Upline will, and will cause its agents to, adhere to applicable law and all of Aetna's written policies, rules and field communications about Medicare products.
2. Upline will maintain proper licensing (including agency licenses, as applicable) in accordance with applicable law in each state in which a certified agent is selling. In addition, the upline will be responsible for confirming that the principal is properly licensed in accordance with applicable law in each state in which a certified agent is selling.
3. Upline must notify Aetna if upline's, principal's or any agent's license is suspended or revoked. Such a suspension or revocation will affect ready-to-sell status of upline, principal or agent, as applicable.
4. Upline will ensure that all agents and employees of the upline perform their services in a manner that is compliant with the terms of their contract.
5. Upline will perform those services identified in Appendix C of their contract and described in this Producer Guide.

*Effective CY2018, date pending.

Continued
→

4.1 Contracting, Licensing and Appointment

Contracting in nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or hierarchy changes

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

[Table of contents »](#)

Upline obligations and administrative services (continued)

The chart below indicates which administrative services are required for each contracting tier. (Please note: If the RMO, GMO or LMO is the Top of Hierarchy upline, they are responsible for the other administrative services as well.)

Uplines are required to provide certain administrative services and are compensated for such administrative services. Such administrative services may include the following:

1. Agent recruiting
2. Agent training
3. Compliance
4. Office administration related to Medicare sales/enrollment
5. Marketing

| Required activity | NMO | RMO | GMO | LMO |
|--|-----|-----|-----|-----|
| Agent recruiting | | | | |
| Identify, educate, interview and pre-qualify agents for selling and for referring. | X | X | X | X |
| Coordinate contracting with independent agents. | X | X | X | X |
| Coordinate and if necessary assist with appointment efforts between upline, agents and Aetna. | X | X | X | X |
| Ensure that principal and all agents are properly licensed, appointed and certified to sell Medicare products throughout the year and on an annual basis. | X | X | X | X |
| Agent training | | | | |
| Coordinate and communicate all training requirements, processes, changes and deadlines. | X | X | X | X |
| Assist in communication of certification requirements, product training opportunities and ongoing compliance. | X | X | X | X |
| Provide ongoing training to agents around the proper selling, referring and servicing of Medicare products. | X | X | X | X |
| Ensure agents' understanding of Medicare products to help meet Medicare beneficiaries' needs and to help them make informed decisions about their health care choices. | X | X | X | X |
| Assist agents in navigating through Aetna's broker training portal. | X | X | X | X |
| Review, understand and follow the Producer Guide. | X | X | X | X |
| Support agent awareness and implementation of the Producer Guide. | X | X | X | X |

Continued →

4.1 Contracting, Licensing and Appointment

Contracting in nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or hierarchy changes

Upline obligations and administrative services

- Agent recruiting
- Agent training
- **Compliance**
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

Upline obligations and administrative services (continued)

| Required activity | NMO | RMO | GMO | LMO |
|--|-----|-----|-----|-----|
| Compliance | | | | |
| Designate one or more employees with responsibility for assuring compliance and developing policies and procedures. | X | X | | |
| Designate one or more employees with responsibility for maintaining records and reinforcing appropriate selling and referring practices. | X | X | X | X |
| Reinforce policy updates, compliance alerts and other communications with agents. | X | X | | |
| Aid in the collection of agent responses when necessary. | X | | | |
| Review actionable information provided by Aetna, monitor compliance statistics, identify negative trends and take action proactively. | X | | | |
| Establish agent recruitment standards, including agent code of ethics. | X | X | X | X |
| Ensure agent and employee training, including that non-agent employees complete CMS Fraud, Waste and Abuse training annually. | X | X | X | X |
| Distribute Aetna's code of conduct and compliance policies, or upline's comparable code of conduct or compliance policies. | X | X | X | X |
| Ensure agent marketing/advertising oversight. | X | X | X | X |
| Facilitate annual certification procedures. | X | X | X | X |
| Implement complaint/inquiry handling procedures provided by Aetna. | X | X | X | X |
| Enforce disciplinary actions. | X | X | X | X |

[Table of contents »](#)

Continued →

4.1 Contracting, Licensing and Appointment

Contracting in nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or hierarchy changes

Upline obligations and administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment

Marketing

Requesting appointments and adding states

How to check appointment status

E&O insurance program

Agent termination information

[Table of contents »](#)

Upline obligations and administrative services (continued)

| Required activity | NMO | RMO | GMO | LMO |
|--|-----|-----|-----|-----|
| Office administration related to Medicare sales/enrollment | | | | |
| Administrative support of agents (e.g., general office duties, overhead expenses including computers, copiers, etc.). | X | X | | |
| Facilitate distribution and disposition of leads generated by Aetna, if any. | X | | | |
| Assist in the maintenance of accurate phone, email and address information for agents. | X | X | X | X |
| Website development and maintenance for agent support, service. | X | | | |
| Manage telephonic marketing in compliance with the terms of your agreement, including CMS rules regarding unsolicited telephone calls. | X | X | X | X |
| Facilitate agent record keeping of scope of appointment and related enrollment materials. | X | X | X | X |
| Marketing | | | | |
| Ensure uplines' and agents' adherence to applicable law, including MMG and related CMS guidance. | X | X | X | X |
| Ensure compliance with CMS and Aetna requirements for any third-party sites upline uses to generate leads (including the requirement to submit to Aetna a record of such site, which details the URL and operating entity names). | X | X | X | X |
| Ensure compliance with CMS and Aetna requirements with respect to any of upline's and its agents' public-facing websites (including the requirements to submit to Aetna a record of the URL and operating entity names associated with such site). | X | X | X | X |
| Ensure use of compliant carrier-specific and product-specific direct mail pieces. | X | X | X | X |
| Use lead vendors in compliance with applicable law. | X | X | X | X |
| Partner with local Aetna leadership to jointly market Medicare products. | X | X | X | X |

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments and adding states

How to check
appointment status

E&O insurance program

Agent termination
information

Table of contents »

Requesting appointments is easy

For newly contracting agents

Per CMS Marketing Guidelines (120.1), compliance with state licensure and/or appointment laws is required. Agents and brokers have the responsibility to maintain state licenses, continuing education and all other state requirements. Uplines must be contracted and have the proper licenses and appointments required by applicable law.

- Appointments for all requested states will be processed when the request for those states is received via a nomoreforms package submission that is completed during contracting, unless such state is a “Just In Time” appointment state. Please see information below on “Just in Time” appointments. Please use the Scope of Submission form located within your nomoreforms package to indicate that you will be adding additional appointments to your contract. Additional state appointments should be added using the Contract Information Sheet. In the Appointment State Information section, select each state where you intend to market or sell. If you are a principal, select each state where you and the downline agents of your agency intend to market or sell
- For principals, please also confirm if the state appointment you are requesting requires your agency to be licensed and appointed as well. Your agency must also be licensed in that state if required by the DOI
- If you do not hold a valid license, the required class of license or appropriate appointment Line of Authority in the states you wish to sell, your appointment will be declined
- For a number of states, Aetna processes “Just in Time” appointments, ordering the appointments once the enrollment application is received. This allows efficiency to request the required state appointment, as long as you hold a valid license. Please refer to the link below

The **State License-Appointment Requirements table** provides all states licensing, appointment and ordering requirements for your reference. Here’s the link: <https://www.aetna.com/insurance-producer/become-appointed-with-aetna.html>

Ready-to-sell agents needing to add new state appointment:

Use the Scope of Submission to indicate you are adding additional appointments, and select your additional appointments on the Contract Information Sheet.

Prior to engaging in the sale of Aetna or Coventry Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale.

Once we process the additional appointment request, and your ready-to-sell status is updated, you’ll get an email notification.

You can contact the Broker Services Department at **1-866-714-9301** if you have any questions.

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms
user guide
- How to update your
information

Contract types

The contracting process

Contract level or

hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration
related to Medicare
sales/enrollment
- Marketing

Requesting appointments
and adding states

[How to check
appointment status](#)

E&O insurance program

Agent termination
information

How to check appointment status

You must be appointed in the states where you intend to sell our Individual Medicare products, where applicable by state law. As permitted in certain states, Aetna will order appointments after the first sale.

You can check your appointment status by contacting the Broker Services Department at 1-866-714-9301. Starting July 31, 2017, agents in just-in-time appointment states will not appear on the Broker Readiness Report until their first sale. Agents in all other states will appear on the Broker Readiness Report once they become ready to sell. If you are ready to sell, you can access the Broker Readiness Report on the Medicare page on Producer World <https://www.aetna.com/insurance-producer/become-appointed-with-aetna.html>.

Active state appointments are required prior to or at time of sale, if required by state law as determined by Aetna.

The State License-Appointment Requirements table provides all state licensing, appointment and ordering requirements for your reference: https://www.aetna.com/producer/Medicare/requirements_to_sell.html

[Table of contents »](#)

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

[E&O insurance program](#)

Agent termination
information

E&O insurance program

We require all agents (AG4 agent levels and below) to carry an Errors and Omissions (E&O) policy of at least \$1,000,000 per claim and \$1,000,000 aggregate at all times to maintain appointment with us. Upline levels LMO and above must carry an E&O policy of at least \$1,000,000 per claim and \$1,000,000 aggregate.

You will be required to attest to having the required E&O coverage amount when you first become contracted with us, through the nomoreforms system. This is a requirement to become ready to sell.

As an Aetna or Coventry Medicare agent, you're eligible to receive a discounted rate on E&O coverage through a special program administered by Gallagher MGA Insurance Services. If you have questions about the program or need assistance, you can reach a customer service representative at (877) 524-0265.

This E&O insurance program is designed to protect Aetna Medicare agents against claims arising from the sale and servicing of Life and Health insurance products, including Medicare Advantage, Medicare Supplement and Medicare Part D. The coverage is insured by Continental Casualty Company, a member company of CNA Financial, and is rated A (Excellent) by A.M. Best.

- E&O coverage packages are available for independent agents, agencies and organizations of all sizes, including large national/regional marketing organizations
- Basic coverage starts at just \$34.17 per month with \$59.17 down or a one-time payment of \$375
- To learn more or to apply online, visit www.aetna-eo.com

Table of contents »

4.1 Contracting, Licensing and Appointment

Contracting in
nomoreforms™

- nomoreforms user guide
- How to update your information

Contract types

The contracting process

Contract level or
hierarchy changes

Upline obligations and
administrative services

- Agent recruiting
- Agent training
- Compliance
- Office administration related to Medicare sales/enrollment
- Marketing

Requesting appointments
and adding states

How to check
appointment status

E&O insurance program

[Agent termination information](#)

Agent terminations

When required by CMS for applicable state law, we report the termination of an agent to CMS and/or the state where an agent is appointed in accordance with applicable law. The same applies for all contracted distribution partners. When an Aetna or Coventry agent is terminated, the agent cannot market our products.

Agent reconsideration process

You can request reconsideration of any adverse decision or termination action that we take against you. If you feel an action you took should have resulted in a different decision or outcome, you may dispute the decision. To do so, you must submit a formal written request for reconsideration of the original decision. Email the request to: medicarebackground@aetna.com. Or fax: 724-741-7285.

- You must include copies of all notifications provided by Aetna (corrective action, agent notes and any pertinent information, such as phone records, notes, scripts, appointment log, etc.)
- If disputing a commission payment decision as part of a complaint (i.e., commission charged back or denied), you must provide all documentation regarding the commission dispute
- If disputing a background investigation, you must provide details of the incident and supporting documentation

We'll respond to reconsideration requests within 30 days. You'll get a formal written communication outlining the reconsideration process and the final decision. It will include instructions for becoming re-appointed with us, if approved to do so.

[Table of contents »](#)

Ready-to-Sell Requirements: Certification

Section 4.2

aetna[®]

4.2 Certification

Certify to be ready to sell

Key reminders

Transferring AHIP
certification

- Certification support

Certify to be ready to sell

Aetna MA/MAPD agents and brokers must also complete market-specific training

- Full training and certification information is available on [Aetna Producer World](#)
- You can access the Aetna Medicare [certification site](#) directly

In addition to being ready to sell, you also need to attend market-specific training (online or in person) for all states and markets where you plan to sell MA/MAPD products. To sign up for market-specific training, go to www.AetnaMedicareAgentTraining.com.

Ready-to-sell reminder

You must successfully complete Aetna Individual Medicare annual certification and meet all requirements prior to marketing or selling Aetna or Coventry Individual Medicare products.

To receive renewal commissions in January for business sold in prior years, you must complete the annual certification process by December 31, in addition to being properly licensed and appointed.

Payees must be fully contracted, licensed, appointed and certified in ALL states where they sell in order to be eligible to receive commissions.

Be sure to bookmark
Aetna Medicare
certification site
[www.AetnaMedicare
ProducerCertification.
com](http://www.AetnaMedicare
ProducerCertification.
com)

Certified:

A status achieved by completing the annual certification process and successfully passing the related tests.

See completing certification next page

[Table of contents »](#)

Continued
→

4.2 Certification

Certify to be ready to sell

Key reminders

Transferring AHIP certification

- Certification support

Certify to be ready to sell (continued)

Annual certification process requirements to sell Aetna and Coventry Individual MA/MAPD and Part D products:

| | |
|------------------------------------|--|
| AHIP Medicare training and exam | <ul style="list-style-type: none">• This course has five modules<ul style="list-style-type: none">- If you're recertifying and you completed last year's AHIP training requirements, you can follow recertification track of modules 4-5 only. You should still reacquaint yourself with modules 1-3 since the final exam covers all five modules• The AHIP final exam requires a passing score of 90% or better within three attempts• The AHIP Medicare Training costs \$125 through the Aetna certification portal. CMS FWA, General Compliance and Non-Discrimination trainings and exams follow the AHIP final exam• Additional trainings required by CMS are included in the purchase of the AHIP Medicare Training |
| Core training and exam | <ul style="list-style-type: none">• Provides a high-level view of Aetna's Code of Conduct and Medicare Compliance program |
| Part D training and exam | <ul style="list-style-type: none">• Offers a high-level look at Aetna and Coventry Individual Medicare Part D products |
| MA/MAPD overview training and exam | <ul style="list-style-type: none">• Offers a high-level look at Aetna and Coventry Individual MA/MAPD products |

[Table of contents »](#)

4.2 Certification

Certify to be ready to sell

Key reminders

Transferring AHIP
certification

- Certification support

Certify to be ready to sell (continued)

In addition to becoming ready to sell, you also need to attend market-specific training (online or in person) for all states and markets where you plan to sell MA/MAPD products. To sign up for market-specific training, go to www.AetnaMedicareAgentTraining.com.

It's easy to sign up for training. Just go to www.AetnaMedicareAgentTraining.com. After entering your states and contact info, you can view upcoming trainings and register online. At these trainings, we'll cover 2018 plan benefits for the local service area, our provider and pharmacy networks, competitive advantages, agent tools and more.

Table of contents »

4.2 Certification

Certify to be ready to sell

[Key reminders](#)

Transferring AHIP
certification

- Certification support

Key reminders

Dual-year certification (2017-2018)

- **Beginning 7/11/17**, completion of the 2018 Aetna Individual Medicare certification also fulfills the 2017 certification requirement
- Agents who sell Aetna MA/MAPD and/or PDP products must complete the market-specific training for every market they sell
- **You must successfully complete** the Aetna Individual Medicare annual certification process and meet all ready-to-sell requirements prior to marketing or selling Aetna or Coventry Individual Medicare products
 - **Passing test score.** A minimum passing score of 90% is required for all exams within three attempts
 - **You get three attempts**
 - Aetna's initial AHIP certification registration fee is \$125; you have three attempts. You can review your attempt history on the transcript page
 - You also get three attempts each to pass the Aetna Core exam, Aetna Part D exam and Aetna MA/MAPD overview exam. If you don't pass an exam within three attempts, you'll be locked out and will be ineligible to sell (or retest to sell) any 2018 Aetna or Coventry Individual Medicare products
 - **Take the courses in order.** The tracking system requires you to finish each part of the certification before moving to the next requirement in the sequence
 - **You must take and pass modules on your own.** You cannot use any outside aid or assistance on modules or exams. This includes sharing or comparing answers, taking the exam as a group and using answer keys. If you use outside aid, you will be subject to disciplinary action, which could include termination of your Aetna appointment and contract
 - **Tracking and reporting.** On the certification site, you can see your certification history and print a certificate from the transcript page. You can also view your progress in each course

In addition, market-specific product training for the MA/MAPD plans you sell is a requirement.

See preceding page.

[Table of contents »](#)

4.2 Certification

Certify to be ready to sell

Key reminders

[Transferring AHIP certification](#)

- [Certification support](#)

Transferring AHIP certification

Your existing AHIP certification will transfer to Aetna automatically upon registering for 2018 Aetna certification. To transfer AHIP certification to Aetna, you must have earned a score of 90% or better on the final exam and completed the mandatory Fraud, Waste and Abuse training. You must still complete the other Aetna-specific requirements to finish the Aetna Individual Medicare annual certification process. If you already paid your AHIP registration fee and transferred your AHIP certification to Aetna, you will not have to pay the \$125 AHIP registration fee again.

Certification support

Broker Services Department

- **Hours of operation:** 8 a.m. - 8 p.m. ET (5 p.m. PT), Monday through Friday
- **Toll-free number:** 1-866-714-9301
- **Fax number:** 1-724-741-7285
- **Email:** brokersupport@aetna.com

[Table of contents »](#)

Compensation

Section 5

aetna[®]

5. Compensation

Compensation overview

- Definition of compensation
- Overview—how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Compensation overview

In addition to the following overview, be sure to refer to your contract and resources on Producer World. To the extent there is any conflict between the description below and the terms of your contract with Aetna, the terms of the contract apply.

Definition of compensation

Compensation includes monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commissions, bonuses, gifts, prizes, awards and referral/finder's fees.

Compensation DOES NOT include:

- Payment of fees to comply with state appointment laws
- Training (outside of administrative fees)
- Certification
- Testing costs
- Reimbursement for mileage to and from appointments with beneficiaries
- Reimbursement for actual costs associated with beneficiary sales appointments, such as venue rent, snacks and materials

Overview—How we pay

The compensation year is January 1 through December 31. Also see: "Initial sales," "Renewal and replacement sales" and "Renewal commission payments." Please refer to "Compensation eligibility requirements."

The commission schedule for each agent and the administrative fee schedule for each upline is outlined in his or her contract. How much we pay is consistent with CMS requirements and the rate set in your contract.

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

Table of contents »

Compensation overview (continued)

Commission

Aetna's Medicare commission schedule for each agent and the administrative fee schedule for each upline is outlined in their contract (i.e., the "Aetna Marketing Agreement"). How much we pay is consistent with CMS requirements.

Agents are paid a commission for each member they enroll for an Aetna or Coventry Medicare product in accordance with CMS requirements and the terms of their contract. We pay directly to the agent, or to the payee, as specified upon contracting. Commissions for licensed-only agent (LOA) sales pay directly to their upline for any member with an effective date greater than 1/1/15.

Administrative fees

We pay administrative fees to uplines who complete the Aetna Marketing Agreement for Upline Agents and Agencies (the "Upline Agreement"). Administrative fees are paid to uplines for providing administrative services, such as agent recruiting, agent training, sales compliance, office administration related to Medicare sales/enrollment, and marketing. See Section 4.1 for a complete list of upline obligations and administrative services.

For further information on CMS regulatory requirements on agent broker compensation, please go to [CMS.gov](https://www.cms.gov) under the Medicare Marketing Guidelines and look for Agent Broker Compensation. Link to the Medicare Marketing Guidelines:

<http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Initial sales

- **“Initial sale”** means beneficiaries enrolling in an Individual Medicare product, who were not enrolled in a Like Plan in the month immediately preceding their Medicare product's effective date
 - A **“Like Plan”** means a “like plan type” as described by CMS in the applicable Medicare Marketing Guidelines
 - An **“Unlike Plan”** means an “unlike plan type” as described by CMS in the applicable Medicare Marketing Guidelines

Aetna will, if permitted by law, advance the full “initial rate” set forth in your contract upon CMS confirmation that it is an initial sale.

- To the extent permitted by applicable law, the full amount of the “Initial Rate” set forth in your contract will be paid for initial sales regardless of the month in which the effective date falls (i.e., same amount will be paid if the effective date is January 1 or December 1)
- If the effective date falls after January 1 and a disenrollment occurs prior to the end of that same year, then Aetna shall recoup a prorated amount of the commission for the months that the beneficiary was not enrolled in that Individual Medicare product
- With respect to an initial sale arising from an Unlike Plan change occurring after January 1, Aetna shall pay a prorated amount of the commission for the months that the Medicare enrollee is enrolled in the Medicare product during that calendar year

We pay lifetime renewals for as long as the member remains continuously enrolled in their original Aetna or Coventry MA or PDP product.

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Renewal and replacement sales

- **“Renewal”** means a sale to a Medicare beneficiary, when the Medicare beneficiary was enrolled in any Like Plan offered by Aetna or its affiliates in the month immediately preceding the Medicare product’s effective date
 - For renewals, Aetna will pay based on upline’s or agent’s (as applicable) hierarchy level as of the original Aetna application received date. The “renewal rate” amount can be found on Schedule 1 attached to your Aetna Marketing Agreement (your contract)
 - **RENEWAL TERMS:** The Schedule 1 is generally updated annually by amendment. The amount that will be paid for any particular renewal will be the “renewal rate” that is shown on the Schedule 1 in effect as of the policy effective date
 - For instance, if an Aetna Medicare Advantage plan sold by an agent during October 2017 is renewed for 2018, the applicable “renewal rate” for such policy will be shown in the Schedule 1 relating to 2017 policies. Likewise, the applicable “renewal rate” for policies renewed for 2018 will be shown in the Schedule 1 relating to 2018 policies. Thus, each year, the amount of the “renewal rate” may change
 - As a reminder, the “renewal rate” may be composed of an administrative fee and the amount due to the agent of record for the sale (subject to CMS and Aetna requirements related to plan changes). In accordance with applicable law, the commission (excluding any administrative fees) payable for the renewal cannot exceed 50% of the current year Initial Sale fair market value published annually by CMS. If such commission would exceed 50% of the current year Initial Sale fair market value, Aetna will automatically adjust the commission payment to comply with applicable law with or without notice
 - We process renewal commissions on or around the middle of the month; however, this is contingent upon holidays and your bank’s processing time
 - We pay lifetime renewals for as long as the member remains continuously enrolled in their original Aetna or Coventry MA or PDP product. Lifetime renewals on Coventry MA or PDP products applies to policies effective 1/1/2009 and later. To receive continuous renewal payments, you must remain as the agent of record on the policy and you must meet Aetna’s annual ready-to-sell requirements

- Unless otherwise indicated in Schedule 1 of your contract, the “replacement rate” is the same amount as the “renewal rate”
- We may choose, if permitted by applicable law, to pay commissions in advance of our receipt of premium from CMS. For example, if a “renewal rate” of \$200 is payable, we could pay \$16.67 per month for such renewal or pay the commission in a lump sum of \$200 in January of the renewal year

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/ MAPD commission rates

Renewal and replacement sales (continued)

- **“Replacement”** means any Medicare product enrollee who is first enrolling in a Medicare product in the current year and in the month immediately preceding the Medicare product’s effective date was enrolled in a Like Plan with a company other than Aetna
 - Replacements are payable only while your contract is in effect. For replacements, we will advance the “replacement rate” set forth on Schedule 1 of your contract
 - If the replacement has an effective date other than January 1, a prorated amount of the replacement rate will be paid, based upon the number of months the Medicare product enrollee will be enrolled in such Medicare product within the initial calendar year. After the year in which the replacement occurs, if the Medicare product enrollee remains enrolled in a Medicare product that is a Like Plan, the replacement will become a renewal
- We may choose, if permitted by applicable law, to pay commissions in advance of our receipt of premium from CMS
- For example, if a renewal rate of \$200 is payable, we could pay \$16.67 per month for such renewal or pay the commission in a lump sum of \$200 in January of the renewal year
- We no longer pay a commission on a renewal if the Medicare product enrollee disenrolls from the Medicare product and does not immediately enroll (i.e., no break in coverage) in a Medicare product that is a Like Plan

We may choose, if permitted by applicable law, to pay commissions in advance of our receipt of premium from CMS. For example, if a renewal rate of \$200 is payable, we could pay \$16.67 per month for such renewal or pay the commission in a lump sum of \$200 in January of the renewal year.

Please see the next page for an example of how the commission will be paid on a replacement of an MA plan under these circumstances, using \$200 as the commission rate payable for replacement. Also see examples at end of section 5 Compensation.

[Table of contents »](#)

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Renewal and replacement sales (continued)

Example using replacement rate of \$200

| Effective date | Number of months paid | Total amount paid |
|----------------|-----------------------|-------------------|
| 1/1 | 12 months | \$200.00 |
| 2/1 | 11 months | \$183.37 |
| 3/1 | 10 months | \$166.70 |
| 4/1 | 9 months | \$150.03 |
| 5/1 | 8 months | \$133.36 |
| 6/1 | 7 months | \$116.69 |
| 7/1 | 6 months | \$100.02 |
| 8/1 | 5 months | \$83.35 |
| 9/1 | 4 months | \$66.68 |
| 10/1 | 3 months | \$50.01 |
| 11/1 | 2 months | \$33.34 |
| 12/1 | 1 months | \$16.67 |

EXAMPLE

The rates shown above are merely for example purposes and not a guarantee or representation of any rates set forth in Schedule 1 in Appendix A of your contract. Commission payments are subject to chargebacks and adjustments in accordance with CMS and Aetna requirements, and the terms of your contract.

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Renewal commission payments

Chargebacks for rapid disenrollments and unearned commission

Any disenrollment occurring within three months of the membership effective date is considered a “rapid disenrollment.” Rapid disenrollments are either voluntary or involuntary.

- Voluntary rapid disenrollments result in a chargeback of the full commission paid
- For voluntary or involuntary disenrollments outside the three-month rapid disenrollment period, you retain the commission earned for the length of time the policy was active. We will charge back the unearned commission and it will be reflected on the commission statement
- If we pay compensation for a sale, and a rapid disenrollment occurs thereafter, then the upline and its agents shall refund such compensation paid by us for such enrollee. We may deduct any compensation amounts paid to the upline or agents for a rapid disenrollment from amounts we otherwise owe to the upline or agents
- The newly enrolled Medicare beneficiary must remain enrolled with us into the fourth month (e.g., if the individual enrolled with Aetna on January 1, the individual must still be enrolled with Aetna on April 1 of the same calendar year) to avoid rapid disenrollment. An enrollment that occurs during the fourth quarter of a calendar year and terminates 12/31 of the same calendar year is considered a rapid disenrollment unless the termination reason indicates a plan change
- No recoupment, chargeback, refund or deduction shall be made if CMS guidance permits payment of commission for the rapid disenrollment with respect to the period that the Medicare product enrollee was actually enrolled

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Compensation eligibility requirements

Overview

To qualify for commissions, agents must:

- Not be on these reports: Office of the Inspector General (OIG) and/or the General Services Administration System for Award Management (SAM) and Office of Foreign Assets Control (OFAC). We check them initially and every month
- Complete the contract, background check, state licensing, appointment and certification process. (You will not receive commissions for applications submitted before all contracting and certification requirements are met. In addition, we may terminate your contract)
- Complete the Individual Medicare annual certification process and, in addition, agents also must take the market-specific product training for each state where they plan to sell MA/MAPD plans, to receive renewal commission for policies active in the current year, and meet other requirements set forth in your contract

In addition, to receive renewal commission in January for business sold in prior years, you must complete the annual certification process by December 31. NOTE: If you choose to recertify after December 31, renewal commission payments to you will resume the first month after certification is complete. You will not be eligible for any missed commission payments during your lapse period.

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Compensation eligibility requirements (continued)

Commission eligibility requirements for writing agents, payees, principals

| Initial and replacement sales | Year two and beyond renewals |
|--|---|
| <ol style="list-style-type: none">1. Active agreement with Aetna at time of sale (except for LOAs and principals)2. Complete nomoreforms onboarding process3. Active license in state of sale at time of sale4. Active appointment in state of sale at time of sale, if required by state law as determined by Aetna5. Must adhere to Appendix B for allowed service areas to market in6. Completed Annual Certification Process at time of sale7. If agent is LOA, direct upline must be ready to sell in state of sale | <ol style="list-style-type: none">1. Must have been eligible to receive initial compensation2. Agent contract has not been terminated with cause3. Active license in state of sale on the 1st of the month that the renewal payments are generated4. Active appointment in state of sale on the 1st of the month that the renewal payments are generated5. Completed Annual Certification Process for the current renewal year by the 1st of the month that the renewal payments are generated6. If writing agent is LOA, direct upline must meet all above criteria |

Continued →

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Compensation eligibility requirements (continued)

Administrative fee eligibility requirements for uplines

| Initial and replacement sales | Year two and beyond renewals |
|--|---|
| <ol style="list-style-type: none">1. Active agreement with Aetna at time of sale (except for principals)2. Complete nomoreforms onboarding process3. Active license in state of sale at time of sale*4. Active appointment in state of sale at time of sale, if required by state law as determined by Aetna*5. Writing agent must adhere to Appendix B for allowed service areas to market in6. Completed Annual Certification Process at time of sale7. Writing agent must be eligible to receive initial compensation | <ol style="list-style-type: none">1. If upline is no longer contracted, the upline cannot be in a terminated with cause status2. Active license in state of sale on the 1st of the month that the renewal payments are generated*3. Active appointment in state of sale on the 1st of the month that the renewal payments are generated*4. Completed Annual Certification Process for the current renewal year by the 1st of the month that the renewal payments are generated |

*If upline is an agency, license and appointment are only required if mandated by state license and appointment rules.

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Changes

If you submit changes to information, such as address or change in a hierarchy, the change request is processed and stored along with the original contract. See the “How to change information through nomoreforms” section.

- No changes or amendments will be effective without Aetna’s written agreement

1099 forms

Commissions are reported via the Internal Revenue Service (IRS) 1099 process. 1099 MISC forms are postmarked to all eligible recipients by January 31 of a given year and mailed to the payee address on file.

A 1099 MISC form will only generate to an agent if annual earnings are \$600 or above unless the agent sold both Coventry and Aetna Medicare products, in which case the combined amount is taken into account. Example: Coventry Medicare earnings are \$200 and Aetna Medicare earnings are \$800. Although Coventry earnings are under the \$600 threshold, a 1099 will still generate for both product lines due to the combined total Medicare earnings.

If earnings are less than \$600, agents can obtain earning totals by visiting our Producer World website and viewing their commission reports. Note: The last statement date in December pays in January, so those earnings count toward the following tax year. (Example: A 12/22/16 statement date will count toward 2017 taxes, as payment is not generated and sent until after 1/1/17.)

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

[How termination affects compensation](#)

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

How termination affects compensation

This section summarizes how termination affects compensation, and the impact termination has on upline and downline hierarchy compensation. It shows how we recapture amounts you may owe Aetna if you are terminated.

Terminations without cause

If you're terminated without cause, subject to terms of our contract with you (or the upline, in the case of an LOA), we may continue paying renewal commissions due to you as long as you meet the requirements to receive renewal commissions that are outlined in your contract. You must still certify each year with Aetna and be properly licensed and appointed with us. Refer to your contract for details.

Note: We provide 30-day written notice for all terminations without cause.

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

[How termination affects compensation](#)

- [Recovery process for terminated agents with credit balances](#)

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

How termination affects compensation (continued)

Terminations with cause

If you're terminated with cause, it could affect your commission and commissions/administrative fees to the upline and downline.

- 1. Terminated agent**—We will stop paying commissions (initial sales and renewal) to you as of the effective date of your termination. If you have initial sales commission advances that haven't been fully earned (e.g., first-year policies that terminate prior to December 31, 2016), we may charge back the portion of commission that has not been earned as of the date of termination.
- 2. Downline agents**—Your downline agents will continue as contracted agents and get commissions for their sales, except as follows:
 - Your LOAs will also be terminated and no further commissions will be paid on their sales
 - If the downline agent was directly involved in sales or events that led to the termination
- 3. Upline agents**—When you have an upline hierarchy, the upline hierarchy's commissions and overrides will be impacted as follows:
 - For sales considered a contaminated sale (a sale that is not eligible for compensation), the upline hierarchy will not be paid commissions (first year or renewal) on these sales

Recovery process for terminated agents with credit balances

Negative balances are offset by earned commissions for any new or renewal business placed with Aetna for all products.

We may contact you by mail, email or phone to ask for the amount owed. We'll work with you on a repayment plan. If we don't recover the funds, those funds may be recovered from an agent's immediate upline in the hierarchy according to the repayment plan.

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

Table of contents »

Agent of Record Reassignments

Please note that in the event of an agent's death, Book of Business Reassignment requests will be reviewed by Aetna Medicare Compliance and Legal departments. For guidance or to initiate that process, please contact the Broker Services Department at 1-866-714-9301, from 8 a.m. to 8 p.m., Monday through Friday, or email us at brokersupport@aetna.com.

Member, agency or agent-initiated Agent of Record Reassignment information and procedures are as follows:

Key Points:

- No Agent of Record Reassignments will be backdated
- Any agent receiving a policy or Book of Business from another agent must be confirmed ready to sell as of the date of transfer
- During a valid election period, if multiple applications are received for the same plan, the first application received and processed by Aetna will become the Agent of Record
- For agent levels AG1 and above, a partial or complete Agent of Record or Book of Business Reassignment can only be requested by the current Agent of Record on file at Aetna
- For levels LOA7 and below, a partial or complete Agent of Record or Book of Business Reassignment can only be requested by the ready-to-sell upline
- All Agent of Record and Book of Business Reassignments must be submitted on the required Aetna template (available on Aetna Producer World, Medicare section). No agent or agency-created templates will be accepted
- All Agent of Record templates documents referenced below are available on Producer World (Medicare), with the exception of third-party initiated changes. Please contact the Broker Services Department for assistance
- Instructions on how to pull a report for an existing Book of Business are available on Producer World

All AOR Forms are located in Producer World. Also, be sure to review enrollment procedures in Section 9.

Continued →

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Agent of Record Reassignments

Medicare “Duplicate Application Handling” Policy

- **Starting October 1, 2017**, agents may no longer submit multiple applications during a valid Medicare election period for the same member, same plan with the intention of changing the Agent of Record only.
- Agent of record is documented according to the first application received and confirmed by Aetna’s Medicare Enrollment Department.
- If a second application is received for the same beneficiary and for the same plan, it is considered a duplicate application and will not be processed.
- The Agent of Record may only be changed by application submission if the member has elected to enroll in an entirely new plan during a valid enrollment period.

Examples of scenarios are located in Producer World.

Member initiated—can occur year-round

Member-initiated Agent of Record Reassignments will be processed as effective the first of the month, following receipt of the member’s request. We will not backdate the Agent of Record Reassignment to be effective prior to receipt of the initial request. All agents must be ready to sell in order to be an Agent of Record.

There are multiple ways that a member can request an Agent of Record Reassignment.

- This must be member-initiated. Agents should NOT submit or phone in these requests to the Broker Services Department or to Member Services on the member’s behalf

Here are the ways for the member to initiate an Agent of Record Reassignment:

1. **The member** can contact Member Services via phone by using the toll-free number located on the back of their Aetna Medicare Member ID card; OR:
2. **The member** may write a letter to the following address requesting a change to their Agent of Record:
**2222 Ewing Road
Moon Township PA 15108**
3. If, upon review, the Broker Services Department finds that the receiving agent is not ready to sell, the request to change the Agent of Record will not be processed and the member will be notified.

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- **Agent initiated**
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

Table of contents »

Agent of Record Reassignments

Agent-initiated Agent of Record or Book of Business Reassignments

Agent-initiated Agent of Record or Book of Business Reassignments will be processed as effective the first of the month, following Aetna's receipt of all completed documents:

- **Required documentation** (available on Aetna Producer World, Medicare section):
 - *Agent-initiated Agent of Record Change Template*
 - *Aetna-approved Membership List Template*
 - *CMS-approved Member Letter*
 - This letter must be sent to every member affected by the change. Aetna requires at least one copy of a sent letter as proof of the good-faith business effort to alert membership of their change in agent
- Please submit each request with the completed documentation listed above to the Broker Services Department at brokersupport@aetna.com
- Once confirmed by the BSD, an email from brokersupport@aetna.com will be sent to the requesting agent outlining next steps. All documents have been received, please allow at least two payout cycles to be completed before expecting commissions on the moved membership

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

Table of contents »

Agent of Record Reassignments

Upline-initiated Agent of Record or Book of Business Reassignments — Field

Upline-initiated Agent of Record or Book of Business Reassignments will be processed as effective the first of the month, following Aetna's receipt of all completed documents. This includes Agent of Record or Book of Business Reassignments for Field LOA agents.

- Only Uplines and Upline Payees may request an Agent of Record Reassignment for LOA business. LOAs may not request an AOR change
- As a best practice, Aetna requires that Uplines send a member letter ("CMS-approved Member Letter" on Producer World, as follows) for any Field LOA within their shop. **Exception** — AOR reassignments for any Telesales LOA do not require an Aetna-approved letter to be sent to a member, as outlined on the next page
- **Required Documentation** (Available templates to use are on Aetna Producer World, Medicare section):
 - *Upline-Initiated Agent of Record Change Template*
 - *Aetna-Approved Membership List Template*
 - *CMS-Approved Member Letter*
 - This letter must be sent to every member affected by the change. Aetna requires at least one copy of a sent letter as proof of the good-faith business effort to alert membership of their change in agent
 - *LOA Termination Template* (if applicable, for bulk requests)
- Please submit each request with the completed documentation listed above to the Broker Services Department at brokersupport@aetna.com
- Once confirmed by the BSD, an email from brokersupport@aetna.com will be sent to the requesting agent outlining next steps. Please allow at least two payout cycles to be completed before expecting commissions on the moved membership

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

Table of contents »

Agent of Record Reassignments

Upline-initiated Agent of Record or Book of Business Reassignments — Telesales

Upline-initiated Agent of Record or Book of Business Reassignments will be processed as effective the first of the month, following Aetna's receipt of all completed documents. This process includes Agent of Record or Book of Business Reassignments for Telesales LOA agents.

- Only Uplines and Upline Payees may request an Agent of Record Reassignment for Telesales LOA business. Telesales LOA's may not request an Agent of Record Reassignment
- AOR reassignments for Telesales LOA's do not require an Aetna-Approved letter to be sent to moved membership
- **Required Documentation** (Available templates to use are on Aetna Producer World, Medicare section):
 - *Bulk LOA Termination Form*
 - *Aetna-Approved Membership List Template*
- Please submit each request with the completed documentation listed above to the Broker Services Department at brokersupport@aetna.com
- Once confirmed that all documents have been received, please allow at least two payout cycles to be completed before expecting commissions on the moved membership
- Once confirmed by the BSD, an email from brokersupport@aetna.com will be sent to the requesting agent outlining next steps. Once all documents have been received, please allow at least two payout cycles to be completed before expecting commissions on the moved membership

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- **Third-party initiated**
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Agent of Record Reassignments

Third-party initiated — death or incapacitation of an agent

Third-party initiated Agent of Record or Book of Business Reassignment request may only be made upon an agent's death or incapacitation. Third-party initiated means a person other than the current Agent of Record, or in the case of an LOA, a person other than the LOA's Upline, requests an Agent of Record change or Book of Business Reassignment.

- These requests will be processed as effective the first of the month, following Aetna's receipt of all completed documents
- All such cases must be reviewed by Aetna Legal and/or Agent Oversight for approval
- **Required Documentation** (Available on Producer World, Medicare):
 - *Third-Party initiated Agent of Record Change Template*
 - *Aetna-Approved Membership List Template*
 - *CMS-Approved Member Letter*
 - This letter must be sent to every member affected by the change. Aetna requires at least one copy of a sent letter as proof of the good-faith business effort to alert membership of their change in agent
- Once confirmed that all documents have been received, please allow at least two payout cycles to be completed before expecting commissions on the moved membership

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Agent of Record Reassignments

Agent of Record Retention Policy

Our Agent of Record (AOR) retention policy helps ensure you earn commission for helping your existing clients change plans. Here's how it works.

- If a member enrolls in a new plan by submitting a new enrollment application directly, the existing AOR on the policy will remain. The existing agent will continue to receive commissions so long as he or she has met all ready-to-sell requirements. No special action is required
- If a member enrolls through another agent for a plan change, the new agent will become the AOR. Existing Aetna members may call into the Aetna Telesales unit to request a plan change and choose a different Aetna plan within their area. If the member knows the Aetna plan they'd like to enroll in, the Telesales Unit will process the change, and the original writing agent will be retained as the Agent of Record. No special action is required by the current agent
- If a member calls an Aetna telesales representative and doesn't know what plan they want to switch to, the telesales rep will explain that, since the member requires advice, the telesales rep will need to become the AOR. If the member states that they want to keep their current agent, the telesales rep will work with the Aetna Medicare Broker Services Department to ensure that the member's current agent is maintained as the AOR

5. Compensation

Compensation Overview

- Definition of compensation
- Overview – How we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

[Illustrative examples: MA/ MAPD commission rates](#)

[Table of contents »](#)

Exhibit—Initial sales illustrative examples:

(FOR ILLUSTRATION PURPOSES ONLY)

Medicare Advantage commission rates

Please note — Initial payment is based on renewal rates. Replacement and true up (Initial) rates are paid at a later date, once confirmation is received by CMS.

| Hierarchy Level | National Renewal Rate (as referenced in Schedule 1) |
|-----------------|---|
| NMO | \$70 |
| RMO | \$65 |
| GMO | \$60 |
| LMO | \$55 |
| Agent 4 | \$50 |
| Agent 3 | \$45 |

(The rates set forth above and below are merely for example purposes and not a guarantee or representation of any rates payable. For actual rates, please refer to your Schedule 1.)

Using the illustrative rates above, if an Initial sale of a Medicare Advantage plan is made in Missouri by an agent who has been assigned a hierarchy level of Agent level 4, and the hierarchy above such agent is composed of an LMO and an NMO, the commissions payable for such sale would be as follows:

- The agent would receive a commission equal to the Medicare Advantage National “renewal rate” for Agent 4 (\$50)
- The LMO would receive an administrative fee equal to the Medicare Advantage National “renewal rate” for LMO less the Medicare Advantage National “renewal rate” for Agent 4 (\$55 - \$50 = \$5 (total amount payable to LMO))
- The NMO would receive an administrative fee equal to the Medicare Advantage National “renewal rate” for NMO less the Medicare Advantage National “renewal rate” for LMO (\$70 - \$55 = \$15 (total amount payable to NMO))

The additional amounts (i.e., administrative fees) paid to agents or agencies above the commissions paid to Agent level 4 and below are compensation for administrative services provided by such upline agents or agencies. The description of administrative services provided by such upline agents or agencies is set forth in Appendix C of your contract and the Producer Guide.

The full amount of the “Initial Rate” will be paid for Initial sales regardless of the month in which the effective date falls (i.e., same amount will be paid if the effective date is January 1st or December 1st). Below is an example of how the Commission will be paid on an Initial sale of a Medicare Advantage plan under these circumstances, using \$400 as the commission rate payable for Initial sales:

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of Record

- Duplicate Application Handling
- Member Initiated
- Agent Initiated
- Upline Initiated
- Third-Party Initiated
- Retention Policy

[Illustrative examples: MA/ MAPD commission rates](#)

[Table of contents »](#)

Initial sales illustrative examples: (continued)

(FOR ILLUSTRATION PURPOSES ONLY)

Example using an Initial rate of \$400

| Effective Date | Number of Months Paid | Total Initial Rate Paid |
|----------------|-----------------------|-------------------------|
| 1/1/2016 | 12 months | \$ 400.00 |
| 2/1/2016 | 12 months | \$ 400.00 |
| 3/1/2016 | 12 months | \$ 400.00 |
| 4/1/2016 | 12 months | \$ 400.00 |
| 5/1/2016 | 12 months | \$ 400.00 |
| 6/1/2016 | 12 months | \$ 400.00 |
| 7/1/2016 | 12 months | \$ 400.00 |
| 8/1/2016 | 12 months | \$ 400.00 |
| 9/1/2016 | 12 months | \$ 400.00 |
| 10/1/2016 | 12 months | \$ 400.00 |
| 11/1/2016 | 12 months | \$ 400.00 |
| 12/1/2016 | 12 months | \$ 400.00 |

(The rates set forth above are merely for example purposes and not a guarantee or representation of any rates payable).

- Please note—Initial payment is based on renewal rates. Replacement and true up (Initial) rates are paid at a later date, once confirmation is received by CMS. All commission payments remain subject to appropriate charge backs and other adjustments in accordance with CMS and Aetna requirements as well as the terms of your contract

The additional amounts (i.e., administrative fees) paid to agents or agencies above the commissions paid to Agent level 4 and below are compensation for administrative services provided by such upline agents or agencies. The description of administrative services provided by such upline agents or agencies is set forth in Appendix C of your contract and the Producer Guide.

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/
MAPD commission rates

[Table of contents »](#)

Initial sales illustrative examples: (continued)

(FOR ILLUSTRATION PURPOSES ONLY)

Below is an example of how the commission will be paid on a replacement of a Medicare Advantage plan, using \$240 as the commission rate payable for replacement.

| Effective Date | Number of Months Paid | Total Replacement Rate Paid |
|----------------|-----------------------|-----------------------------|
| 1/1/2016 | 12 months | \$240 |
| 2/1/2016 | 11 months | \$220 |
| 3/1/2016 | 10 months | \$200 |
| 4/1/2016 | 9 months | \$180 |
| 5/1/2016 | 8 months | \$160 |
| 6/1/2016 | 7 months | \$140 |
| 7/1/2016 | 6 months | \$120 |
| 8/1/2016 | 5 months | \$100 |
| 9/1/2016 | 4 months | \$80 |
| 10/1/2016 | 3 months | \$60 |
| 11/1/2016 | 2 months | \$40 |
| 12/1/2016 | 1 month | \$20 |

(The rates set forth above are merely for example purposes and not a guarantee or representation of any rates payable.)

Please note: All commission payments remain subject to appropriate charge backs and other adjustments in accordance with CMS and Aetna requirements as well as the terms of your contract with Aetna.

Continued
→

5. Compensation

Compensation overview

- Definition of compensation
- Overview – how we pay
- Commission
- Administrative fees

Initial sales

Renewal and replacement sales

Renewal commission payments

- Chargebacks for rapid disenrollments and unearned commission

Compensation eligibility requirements

Changes — 1099 forms

How termination affects compensation

- Recovery process for terminated agents with credit balances

Agent of record

- Duplicate Application Handling
- Member initiated
- Agent initiated
- Upline initiated
- Third-party initiated
- Retention policy

Illustrative examples: MA/ MAPD commission rates

[Table of contents »](#)

Initial sales illustrative examples: (continued)

(FOR ILLUSTRATION PURPOSES ONLY)

Referral illustrative example

Below is an example of how the commission will be paid on a referral of a Medicare Advantage plan:

| Hierarchy Level | Referral Fees for Medicare Advantage Plans |
|-----------------|--|
| NMO | \$30 |
| RMO | \$25 |
| GMO | \$20 |
| LMO | \$15 |
| Agent 4 | \$10 |
| Agent 3 | \$5 |

(The fees set forth above are merely for example purposes and not a guarantee or representation of any rates payable.)

Using the illustrative rates above, if a compensable referral for a Medicare Advantage plan is made by an agent who has been assigned a hierarchy level of Agent level 4, and the hierarchy above such agent is composed of an LMO and an NMO, the Referral fee payable for such compensable referral would be as follows:

- The agent would receive a referral fee equal to the “Referral Fee for Medicare Advantage” for Agent 4 (\$10)
- The LMO would receive an administrative fee equal to the “Referral Fee for Medicare Advantage” for LMO less the “Referral Fee for Medicare Advantage” for Agent level 4 ($\$15 - \$10 = \$5$ (total amount payable to LMO))
- The NMO would receive an administrative fee equal to the “Referral Fee for Medicare Advantage” for NMO less the “Referral Fee for Medicare Advantage” for LMO ($\$30 - \$15 = \$15$ (total amount payable to NMO))

Please note: All commission payments remain subject to appropriate charge backs and other adjustments in accordance with CMS and Aetna requirements as well as the terms of your Agreement.

The additional amounts (i.e., administrative fees) paid to agents or agencies above the commissions paid to Agent level 4 and below are compensation for administrative services provided by such upline agents or agencies. The description of administrative services provided by such upline agents or agencies is set forth in Appendix C of your contract and the Producer Guide.

The Front Runners Program

Section 6

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6. The Front Runners Program

The Front Runners program

The Front Runners program



The annual Front Runners program

Aetna Front Runners is a rewards program for agents who excel selling our Aetna and Coventry Individual Medicare products (MA/MAPD, PDP) during the Annual Election Period (AEP) from October 15 – December 7. (Note: Telebrokers are ineligible.)

To qualify, agents need to sell 18 MA/MAPD and/or PDP enrollments for an effective date of January 1. Any combination of Aetna and Coventry MA/MAPD and PDP enrollments will count towards the total. This includes new sales and plan changes, but excludes auto-effectuated plan changes.

Criteria for the Front Runners program is announced prior to AEP.

What Front Runners receive:

- Complimentary certification via the Aetna Medicare certification website (estimated \$175 value)
- Signage announcing your Front Runner status
- 8% discounted rate on online purchases from Staples®
- First-to-know communications on important topics
- 20% discounted rate on a Kaplan Continuing Education Course online for one year

[Table of contents »](#)

Compliance & Agent Oversight

Section 7

aetna[®]

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Why compliance is so important

As an Aetna partner representing our Individual Medicare plans and products (MA/MAPD, PDP), you **must** follow Aetna's policies and the Centers for Medicare & Medicaid Services (CMS) regulations and guidelines in your daily Medicare activities. You're responsible for knowing the rules and complying with them.

Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination and forfeiture of compensation. This is an overview of Medicare marketing guidelines and compliance program requirements from Aetna and CMS. It is not all-inclusive.

On May 13, 2016, the U.S. Department of Health and Human Services (HHS)/Office of Civil Rights issued a Final Rule implementing Section 1557 of the Affordable Care Act (ACA). The new regulations prohibit discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. The law establishes new protections and applies to any health programs funded by HHS, including Medicare Advantage, Medicare Part D and the Marketplace. The law strictly prohibits discrimination on the basis of sex, pregnancy, false pregnancy, termination of pregnancy, or recovery therefrom, childbirth or related medical conditions, sex stereotyping and gender identity. Please review the Section 1557 guidance.

Brokers for Aetna's covered programs are required to comply with the ACA Section 1557 regulations as of July 18, 2016. Any broker who engages in prohibited discrimination in connection with the marketing of an Aetna-covered program will be subject to disciplinary action including the termination with cause of his or her Producer Agreement.

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information

- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Table of contents »

Why compliance is so important (cont.)

Telephone Consumer Protection Act

The Telephone Consumer Protection Act (TCPA) and other laws regulate telemarketing calls to consumers using automated systems. Completion of a TCPA attestation as part of annual certification may be required.

- “Telemarketing” means all forms of telemarketing subject to state or federal regulation, including but not limited to telemarketing as regulated under the Telephone Consumer Protection Act, 43 U.S.C. §227. This includes use of automatic telephone dialing systems, artificial or prerecorded voice messages, SMS text messages, and fax machines, as well as live calls that may be subject to any applicable law, regulation, or ordinance limiting, for example, the hours of such calls or contacting persons on any “do not call” registry. (See URL information below)
- If uplines or producers engage in telemarketing with respect to any Aetna Medicare products or services under TCPA you must:
 1. Maintain a Do Not Call list for your organization, with supporting documented procedures that ensures that on a daily basis, your organization scrubs all phone numbers against federal, state and internal do not call lists in accordance with applicable law
 2. Maintain records regarding compliance with call abandonment rates in accordance with all telemarketing laws and regulations that now or hereafter govern telemarketing
 3. Do not utilize any telephone number(s) to engage in telemarketing obtained without legally sufficient consent of the recipient (e.g., telephone numbers obtained via a third-party)
- TCPA rules and regulations apply to outbound telephone calls to or from any individual or entity with respect to marketing any Aetna Medicare products. Therefore, Aetna-contracted selling partners must comply with all federal, state and municipal laws, regulations and administrative guidance pertaining to:
 1. The recording and/or monitoring of telephone calls
 2. Audible notice requirements regarding the recordation and/or monitoring of telephone calls (including notifying such individual or entity at the inception of the call that such calls will be recorded and monitored)
 3. Obtaining consent at the inception of such to the recordation and/or monitoring of telephone calls
 4. The storage, privacy, security and destruction of any recorded phone calls

To access the DNC Registry, go to www.telemarketing.donotcall.gov. To learn more, the FTC maintains a FAQ website for telemarketers at <https://www.ftc.gov/tips-advice/business-center/guidance/qa-telemarketers-sellers-about-dnc-provisions-tsr>.

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Table of contents »

Why compliance is so important (cont.)

How to stay compliant

All of the materials mentioned below are available on [Aetna Producer World](#)

1. Remember to always refer to, and follow, the complete and current [CMS Medicare Marketing Guidelines \(MMG\)](#), which you can find at: <https://www.cms.gov/medicare/health-plans/managedcaremarketing/finalpartmarketingguidelines.html>.
2. Every time you meet with a beneficiary to discuss our MA/MAPD or PDP products (this includes formal and individual one-on-one appointments), you must:
 - Use our CMS-approved sales presentations from beginning to end. (For informal events, use sales presentations as a reference tool)
 - Read the sales presentation notes or talking points as part of the script
NOTE: These are for your use only and are not to be shared with beneficiaries
 - Using the sales presentation video is optional. If you choose to use the video, you must use it in addition to the sales presentation deck
3. Review our [Compliance 101 Training](#) presentation. It contains high-level compliance information you need to know before selling our Medicare products.
4. Review our CMS [MMG DOs AND DON'Ts Agent Summary](#). It highlights specific rules and regulations you need to know and follow from the CMS MMG. Print a copy and carry this portable list with you as a reference tool when selling Medicare products.

SELECT LANDSCAPE FORMAT BEFORE PRINTING

CY2017 CMS Medicare Marketing Guidelines (MMG) DOs & DON'Ts Agent Summary
Based on MMG released by CMS on 6/10/2016 – CMS generally updates the MMG annually

CMS holds Aetna responsible for the actions of all agents representing Aetna or Coventry. You must follow CMS regulations and guidelines in your daily Medicare activities. It's important that you know these regulations and guidelines and that you understand how they govern your business and conduct. The guidelines apply to Medicare agents and existing beneficiaries. You are responsible for knowing the rules and complying with them.

To view the full CMS Medicare Marketing Guidelines, go to <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartMarketingGuidelines.html>.

This document is an overview of Medicare marketing guidelines and compliance program requirements from CMS and Aetna. It highlights specific regulations related to agent oversight as outlined in the CMS MMG. We created it as a portable list for you to reference when selling Medicare products. It is not all-inclusive. We recommend you refer to it often to remain compliant. Potential consequences of engaging in inappropriate or prohibited marketing activities include disciplinary actions, termination, and forfeiture of compensation.

| DO | DON'T |
|--|-------|
| Educational Events – MMG Sections: 70.8 & 70.8.1 Enrollee-Only Educational Events | |
| Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and DO NOT include marketing (do not steer, or attempt to steer potential enrollees toward a specific plan or limited number of plans). DO NOT include sales activities, distribution of marketing materials, or distribution or collection of plan applications. This includes the distribution of any material with plan-specific information (i.e., premiums, copayments, or contact information). DO NOT demonstrate any bias toward one plan type over another. | |
| <ul style="list-style-type: none">• MUST be advertised as "educational," otherwise, CMS will view event as marketing/sales and MUST be reported to CMS as such. Events advertised as educational must be only educational and comply with CMS' requirements for educational events.• DO NOT hold in-home or in one-on-one settings; host only in a public venue.• Enrollee/Member-only Educational Events: when enrollee/member-only educational events are held, DO NOT conduct enrollment or sales activities (enrollment forms are not permitted). You MAY discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees. Events MUST be advertised as educational. In this context only (i.e., events for existing enrollees/members only), discussion of benefits is not considered a sales activity. Any marketing of these events must be done in a way that reasonably targets only existing enrollees (i.e., direct mail flyers), and not the mass marketplace (i.e., radio or newspaper ad). | |
| Health Fairs/Senior Expos: are educational only when advertised as educational and comply with CMS' requirements for educational events ; otherwise, CMS will view them as marketing/sales events and MUST be reported to CMS as such. DO NOT conduct health screening or genetic testing. DO NOT include any sales activities such as the distribution of marketing materials or distribution or collection of plan applications. DO NOT distribute plan-specific information (i.e., premiums, copayments, or contact information). | |

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- [Medicare marketing code of conduct](#)

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

How to Report Compliance and Fraud, Waste and Abuse Concerns

Medicare Marketing Code of Conduct

You're required to read and abide by the [Aetna Medicare Marketing Code of Conduct](#). It outlines prohibited activities for agents selling Medicare products. In addition, you must comply with [Aetna's Code of Conduct](#) and [Medicare Compliance Program Policies & Procedures](#) or a comparable ethical code and program policy.

How to report compliance or fraud, waste and abuse (FWA) concerns

As an agent contracted to sell our Individual Medicare products, you're required to prevent and report suspected or actual non-compliance and/or fraud, waste and abuse (FWA). There are four ways to report suspected or actual compliance and/or FWA issues:

1. Make an anonymous call to the AlertLine (1-888-891-8910)
2. Visit AlertLine on the web at Aetna.alertline.com
3. Write to Compliance, P.O. Box 370205, West Hartford, CT 06137-0205
4. Email Medicare Compliance at Medicarecompliance@aetna.com or MedicareFDR@aetna.com

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Agent Oversight

CMS holds us responsible for the actions of all agents representing Aetna or Coventry Medicare plans or products. As a result, we've created a dedicated Agent Oversight team to monitor the activities of agents contracted or employed to market and sell our Medicare products.

Our Agent Oversight team has a responsibility to:

- Protect Medicare members from being misled during the marketing process
- Oversee agents to ensure they are compliant with CMS requirements
- Identify and implement corrective actions to address inappropriate behavior
- Ensure sales events are conducted in accordance with CMS requirements (e.g., attendees get accurate information and are treated well, agents arrive on time, and cancellations and revisions follow guidelines)
- Ensure agencies oversee their agents and downline arrangements

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Agent Oversight (continued)

Agent Oversight routinely monitors agent performance against both CMS and internal standards. What we monitor:

- **Cancellation rates**
 - Number and percentage of enrollments canceled before the effective date of coverage
- **Rapid disenrollment rates**
 - Number and percentage of disenrollments within 90 days of the effective date (excludes disenrollments due to death, out-of-area moves, loss of Parts A or B)
- **Enrollment application turnaround time**
 - The timely submission of enrollment applications
 - Applications must be in Aetna or Coventry's possession within two calendar days of receipt by the agent, broker or producer
 - Fax is the preferred method when submitting paper applications
- **Scope of Appointment (SOA) forms**
 - Appropriate and timely completion of SOA forms
 - Beneficiaries must complete the form before all individual one-on-one meetings (whether in person or via the phone) to discuss MA/MAPD and/or PDP products
 - If during an individual one-on-one meeting the beneficiary wishes to discuss a product not included on the original SOA form, you must complete a new SOA for the new product line
 - SOA forms are not required to attend a formal or informal marketing/sales event
 - Forms must be CMS-approved and filled out correctly

[Table of contents »](#)

Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Agent Oversight (continued)

- **Third-party secret shopper surveillance program of formal and informal marketing/sales events**
 - Sales activities and events conducted in accordance with CMS requirements
 - Attendees treated in a professional manner
 - Appropriate materials available
- **Complaints and marketing incidents**
 - Volume and patterns of complaints against agents
 - Monitor complaint investigation
- **Marketing/sales seminar reporting, cancellations and updates**
 - Submission of formal and informal events to Aetna
 - Canceled or updated events reported to Aetna

[Table of contents »](#)

Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Agent Oversight (continued)

Disciplinary or corrective actions may include:

- Focused training or monitoring sessions (i.e., ride-along assessments)
- Increased surveillance
- Verbal or written warnings
- Full re-training and re-testing
- Placement on an agent "watch list"
- Suspension or probationary period, with or without commissions
- Contract termination, with or without cause and appointment termination
- Formal reporting to applicable state Departments of Insurance

Contact information

Hours of operation: Monday through Friday, 7:30 a.m. to 5:00 p.m. ET

Toll-free **fax** number: 1-866-799-9431

Email: agentoversight@aetna.com

Table of contents »

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

[Complaints against agents and marketing incidents](#)

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Complaints against agents and Marketing Incidents

Our Agent Oversight team oversees the complaint handling process, and tracks significant patterns and volumes of complaints reported against anyone contracted to market our Medicare products.

Complaints against agents and marketing incidents include alleged or actual infractions, misrepresentations and member dissatisfaction during sales events, individual/face-to-face appointments, and other interactions with Medicare beneficiaries. A full investigation is conducted in response to every complaint received and disciplinary actions imposed when needed.

Complaints are received from multiple sources including, but not limited to:

- Other Aetna departments/processes
 - Customer Service, Broker Services, Appeals and Grievances, Enrollment
- State Departments of Insurance (DOI)
- CMS, Medicare Integrity Contractor (MEDIC), federal or state representatives/agencies
- Member or member's representative

Complaint and marketing incident process

Full cooperation is required throughout the complaint process. Upon receipt of a complaint or marketing incident involving one of our Medicare agents, brokers or producers, the below process is followed:

1. Notice of investigation letter sent to the involved agent.
2. Full investigation completed.
3. Determination made that complaint is founded or unfounded with recommended disciplinary or corrective action, as noted on previous page.
4. Failure to respond within the required timeframe to Aetna or CMS requests for information may result in suspension or termination of an agent, broker or producer's ability to market, sell and receive commissions. This information is in the agent/broker/producer's contract with us. In the case of a licensed-only agent, language is in the upline's contract with us.

[Table of contents »](#)

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Marketing/sales events

During marketing/sales events, plan representatives may discuss plan-specific information (i.e., premiums, cost sharing and benefits), distribute health plan brochures and enrollment materials, and accept and perform enrollments.

There are two main types of marketing/sales events, and both types must be reported to Aetna. Both types follow the **same** CMS marketing guidelines.

- **Formal:** Typically in an audience/presenter format with an agent, broker or producer formally providing specific plan or product information via a presentation
- **Informal:** Conducted with a less structured presentation or in a less formal environment. Typically utilizes a table, kiosk or a recreational vehicle (RV) staffed by a plan representative who can discuss the merits of the plan's products. Beneficiaries must approach you first.

On the following pages, be sure to review:

- **Key requirements**
- **Prohibited activities**
- **Reporting sales seminars & events to Aetna**
- **Scope of Appointment**

Marketing of Innovation Health and its Medicare Advantage plans, and any marketing of Aetna and its Medicare Advantage plans, must be done separately.

Separate Scope of Appointment required

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Marketing/sales events (continued)

Key requirements and important notes

1. Use only our CMS-approved sales scripts, presentations and sales presentations notes/talking points during all Aetna or Coventry marketing/sales events.
2. Formal and informal marketing/sales events do not require documentation of beneficiary agreement on a Scope of Appointment form. Do not request or obtain one. CMS views this as pressuring for personal contact information.
3. A beneficiary may complete a Scope of Appointment at a marketing/sales event for a future appointment.
4. Upon arrival to an informal or formal event, check in with the venue so they know you are on site, and have the **verification form** signed at that time.
5. Do not market non-health care related products, such as annuities and life insurance (cross-selling) to prospective enrollees during MA/MAPD or PDP marketing/sales events.
6. All marketing/sales events must meet event requirements.
 - Exception: If only one beneficiary attends a formal event, you can discuss the MA/MAPD and/or PDP products on an individual basis (must go with attendee's preference – full presentation or informal discussion). A Scope of Appointment is not required under this exception
7. You will not receive commission for any sale that results from an unreported marketing/sales event. Failure to report events can result in termination of your Aetna Medicare contract.
8. New agents receive marketing/sales event reporting information during their certification training. This information is also located in agent annual training/testing material, CMS Medicare Marketing Guidelines, this Aetna Medicare Producer Guide and on [Aetna Producer World](#).
9. All documentation must be saved for at least 10 years and available upon request by Aetna or CMS.

You must:

1. Use one of our CMS-approved sales presentations from beginning to end every time you meet with a beneficiary to discuss our MA/MAPD or PDP products and read the sales presentation notes/talking points as part of the script. If you use the MAPD or PDP sales presentation video, you must use it in conjunction with the CMS-approved sales presentation.
2. Announce all products or plan types to be covered during the presentation at the beginning of the presentation (i.e., HMO, PPO, PDP, etc.).
3. When providing an enrollment form, you must also provide the following materials:
 - 1) Star Ratings information and 2) Summary of Benefits.
4. If using non-Aetna sign-in sheets, clearly write in large letters across the top "Completion of any contact information is optional."

Upon arrival to an informal or formal event, check in with the venue so they know you are on site, and have the **verification form** signed at that time.

Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Marketing/sales events (continued)

Prohibited activities:

1. Conducting health screening, genetic testing, or other like activities that give the impression of “cherry picking.”
2. Requiring beneficiaries to provide any contact information as a prerequisite for attending an event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through the mail.
3. Using personal contact information for any other purpose other than to notify individuals of a raffle or drawing winning.
4. Comparing Aetna or Coventry to another organization or plan by name unless you obtain written consent from all organizations or plans being compared. You must provide this written consent to us for submission to CMS.
5. Providing meals to attendees. However, light snacks and refreshments are permitted.
6. Asking a beneficiary for a referral.
7. Soliciting or accepting an enrollment application for a January 1 effective date prior to the start of the Annual Enrollment Period (October 15 to December 7) unless the beneficiary is entitled to another enrollment period.
8. Marketing or advertising Medicare plans or events for the upcoming plan year prior to October 1.
9. Using absolute superlatives like “the best,” “highest ranked” or “rated number 1,” or qualified superlatives like “one of the best,” or “among the highest ranked,” unless they are substantiated with supporting data provided to CMS as a part of the marketing review process.
10. Claiming you, Aetna or Coventry are recommended or endorsed by CMS, Medicare or the Department of Health & Human Services.
11. Offering nominal gifts in the form of cash or other monetary rebates, even if their worth is \$15 or less. Cash gifts include charitable contributions made on behalf of potential enrollees, and those gift certificates and gift cards that can be readily converted to cash.

[Table of contents »](#)

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

[Marketing/sales events](#)

- [Canceling or updating events](#)

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Marketing/sales events (continued)

Visit [“Seminar Reporting, Canceling or Updating Events”](#) on [Producer World](#):

- How to report formal and informal events
- Cancellations and changes to marketing/sales events
- Canceling marketing/sales events LESS than 48 hours before the originally scheduled date and time
- Canceling marketing/sales events MORE than 48 hours before the originally scheduled date and time

Reporting marketing/sales events

Report all formal and informal marketing/sales events to us by the 18th of each month for events scheduled for the following month.

- Report all marketing/sales events (including additional events reported throughout the month) prior to advertising the event or 10 calendar days prior to the event's scheduled date, whichever is earlier
- We reserve the right to reject last-minute event submissions that do not meet CMS or our requirements

Submission of marketing/sales events must be done on the Seminar Reporting Template. The template and instructions are on [Aetna Producer World](#) under the Compliance heading, Marketing/sales and educational events drop-down.

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Table of contents »

Marketing/sales events (continued)

Seminar recap reminders

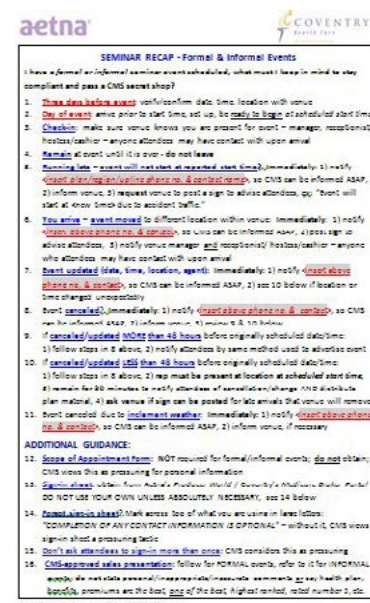
Print our Seminar Recap Reminders document from [Aetna Producer World](#) for a quick one-page summary of CMS guidelines around formal and informal marketing/sales events. Keep a copy with you to help you stay compliant.

- [Seminar recap reminder](#)
- [Approval process for events conducted in specific locations](#)

Approval process for events conducted in specific locations

Before conducting a marketing/sales activity in health care settings (hospitals, nursing homes), residential health and assisted living facilities, or low income and subsidized housing units, you must first obtain approval from us.

For details, proceed to “Approval Process for Sales & Educational Events in Specified Locations” on Producer World.



Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Educational events

Educational events are designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare plans or products and do not include marketing. At these events, you cannot steer, or attempt to steer beneficiaries toward a specific plan or a limited number of plans.

1. DO report all educational events to Aetna.
2. You may not include any sales activities at educational events. For example, you cannot distribute marketing materials or distribute/collect plan applications. You cannot help beneficiaries complete an enrollment form or place the form in a stamped envelope for the beneficiary to mail later.
3. You must advertise these events as "educational." Otherwise, CMS considers it a marketing/sales event and we must report it.
4. Educational events may only be held in public venues. You cannot hold them in-home or in one-on-one settings.

Did you know? We offer a Medicare 101 presentation that you can use at educational events. Download a copy from **Producer World**. In our Medicare Marketing Studio, you'll find several other supporting items, including a Medicare 101 brochure.

Table of contents »

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Educational events (continued)

5. You **may** provide education at marketing/sales events but **may not** market/sell at educational events.
6. You may hold **enrollee/member-only educational events**, but these events may not include any enrollment or sales activities (enrollment forms are not permitted). Any marketing of these events must be done in a way that reasonably targets existing enrollees/members only (e.g., direct mail fliers) and not the mass marketplace (e.g., radio or newspaper ad). You may discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees/members. Events must be advertised as educational. Otherwise, they will be considered by CMS as marketing/sales events.
7. **Health fairs/senior expo** may be educational or marketing in nature; must comply with the educational or marketing requirements based on the type of event. Educational health fair/senior expo must follow CMS guidance as outlined (i.e., advertised as educational; no sales activities such as the distribution or collection of plan applications, etc.)
8. If a sign-in sheet is used for attendance, use one from **Aetna Producer World** under the Compliance heading, Marketing/sales and educational events drop-down. Any sign-in sheet must clearly have written across the top "Completion of any contact information is optional."

You may hold enrollee/member-only educational events, but these events may not include any enrollment or sales activities and they must be advertised as educational events (enrollment forms are not permitted).

Table of contents »

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- New for 2018: TCPA information

- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Educational events (continued)

Acceptable examples of materials and activities at educational events

- You may display a banner with a plan name and/or logo
- You may provide promotional items, including those with a plan name, logo and toll-free customer service number or website. Promotional items must be free of benefit information and be consistent with the CMS definition of nominal gift (currently defined as items worth \$15 or less based on retail purchase price of the items)
- You may provide meals as long as the event meets the CMS definition of an educational event and complies with nominal gift requirements
- You may respond to questions asked. Responses to questions will not render the event as marketing/sales, provided the scope of your response does not go beyond the question asked

Unacceptable activities at educational events

- You may not discuss, distribute or have available plan-specific material (i.e., premium, copayment, benefit details) or demonstrate any bias toward one plan type over another
- You may not distribute, display or have any contact information available, including business reply cards, Scope of Appointment forms, enrollment forms or sign-up sheets
- You may not attach business cards or plan/agent contact information to educational materials, unless requested by the beneficiary. Exception: If a beneficiary requests to enroll at an educational event, you may provide a business card
- You may not schedule individual sales appointments or get permission for an outbound call to a beneficiary
- You may not advertise an educational event and hold a marketing/sales event immediately following it in the same general location

If you have questions or concerns about educational events, contact Agent Oversight at MedicareSemi@aetna.com.

Table of contents »

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Scope of Appointment (SOA) requirements

CMS considers **ALL** individual/one-on-one appointments discussing MA/MAPD and PDP products with beneficiaries as marketing/sales events, regardless of the venue (i.e., in home, telephonic, library). **You are** responsible for following CMS SOA guidelines when holding individual appointments in person or over the phone.

The SOA is a documented agreement between a Medicare beneficiary and an agent, broker or producer. It lists the products agreed upon for discussion prior to a one-on-one marketing appointment.

- CMS-approved SOA forms are available on [Aetna Producer World](#) under the Compliance heading, Marketing/sales and educational events drop-down
- CMS does not require beneficiaries to sign an SOA to attend formal or informal Medicare marketing/sales events: do not obtain one
- You can discuss various plan options, provide educational and plan materials, and provide and collect enrollment forms. Remember, when an enrollment form is given to the beneficiary, the following hard copy documents must also be provided: 1) Star Ratings information and 2) Summary of Benefits
- SOAs must be maintained for at least 10 years and be available upon request. This includes initial and any additional SOAs obtained during the appointment

Our Scope of Appointment form lets beneficiaries select which products they want to discuss, including:

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Supplemental Health Products
- Medicare Supplement (Medigap) Products

[Table of contents »](#)

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- [Telephonic SOA](#)

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Scope of Appointment (SOA) requirements (continued)

You may not market any health care related product during a marketing appointment if not agreed to before the meeting.

- You must obtain a completed SOA prior to the appointment
- A completed SOA is not open-ended permission for future contact. An SOA is only valid for the duration of that transaction/appointment

If a beneficiary requests to discuss other products not originally documented on the SOA, you must document a second SOA for the additional product type. The marketing appointment may then continue.

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

[SOA requirements](#)

- [Telephonic SOA](#)

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Scope of Appointment (SOA) requirements (continued)

You may not:

- Discuss plan options not agreed to by the beneficiary
- Ask for referrals
- Market non-health care products such as annuities or life insurance (cross-selling)
- Solicit/accept enrollment applications for a January 1 effective date prior to the start of the Annual Election Period (AEP) unless the beneficiary is entitled to another enrollment period (i.e., Special Election Period (SEP) or within their initial enrollment period)
- Provide meals or have meals subsidized
- Market through unsolicited contacts

The SOA may be in writing, in the form of a signed agreement by the beneficiary, or a telephonic agreement.

- Signed agreements: CMS-approved SOA is available on Aetna Producer World. You must attach a copy of the signed SOA to any paper application received from individual appointments before submitting the application to either Aetna or Coventry.

- Telephonic agreements: Aetna's telephonic SOA is an interactive voice response system that guides you and the beneficiary through a short series of prompts. This method requires you to document the telephonic SOA ID# on the enrollment form. And, you'll no longer need to fax SOA forms. It allows you to set up SOAs for an entire week in a matter of minutes. It also permits a conference call to set up an SOA. And, it's perfect for handling one-on-one phone conversations.
- *Electronic agreements: This method is quicker than our telephonic option. You're able to send SOAs to clients by **email** or **text** through the Ascend Virtual Sales Office app. Beneficiary information you captured elsewhere in the app will autopopulate the SOA. Appointments can be confirmed digitally. You'll see confirmations in the app immediately after the beneficiary confirms. And, SOA information is stored in the Ascend app and can be easily retrieved.

No matter which type of SOA agreement you use, you'll need to remember:

1. SOA guidelines **must** be followed
2. SOAs **must** be obtained *prior* to starting one-on-one appointments outside of a formal or informal marketing sales event

[Table of contents »](#)

Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

[Table of contents »](#)

Scope of Appointment (SOA) requirements (continued)

Walk-in or unexpected beneficiary

- If a beneficiary visits you or wants to attend a prescheduled, one-on-one meeting with another beneficiary, you must get an SOA. Be sure to obtain a signed telephonic or electronic SOA prior to discussing Medicare products with the unexpected attendee.

Other guidance

- A beneficiary may complete an SOA at a formal or informal marketing/sales event for a future one-on-one appointment
- You may leave Medicare information at a beneficiary's residence if a prescheduled appointment at a beneficiary's residence becomes a no-show
- You cannot agree to the SOA on behalf of a beneficiary, but you can confirm the appointment

Live links to Producer World for:

- [Aetna CMS-approved SOA](#)
- [Telephonic SOA instructions](#)

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

First tier, downstream and related entities

Permission-to-Contact form

Aetna and Coventry sales representatives and external agents must have the Permission-to-Contact form completed prior to conducting an outbound call to a Medicare prospect. The CMS-approved [Permission-to-Contact form](#) is located on [Aetna's Producer World](#) under the Marketing heading.



- Permission-to-Contact form is a separate and distinct document from the Scope of Appointment form
- Permission-to-Contact form is required by CMS. Forms must be maintained for at least 10 years and be available upon request
- If a prospect calls to RSVP for a meeting, a Permission-to-Contact form is not required for that meeting but would be required for a representative to place a follow-up call to a meeting attendee

Prohibited actions

- Requests for identification numbers bank or credit card information
- Calls or visits to beneficiaries who attended a sales event, unless the beneficiary gave permission at the event for a follow-up call (completed Permission-to-Contact form) or visit (completed Scope of Appointment form)

CMS views beneficiary consent as limited in scope and short-term. Event-specific consent is not open-ended permission for future contacts.

Table of contents »

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

[Contact with medicare beneficiaries](#)

First tier, downstream and related entities

[Table of contents »](#)

Contact with Medicare beneficiaries

CMS developed the following guidelines to clarify restrictions on unsolicited contact with Medicare beneficiaries.

- All types of marketing through unsolicited contact are prohibited by CMS.
- Referred beneficiaries **must** contact the plan, agent, broker or producer directly.
- Permission given to be contacted or called must be event-specific. Permission may not be treated as open-ended for future contacts.

Outbound calls

Outbound calls must comply with these federal requirements:

- Federal Trade Commission's Requirements for Sellers and Telemarketers (i.e., TCPA - Telephone Consumer Protection Act)
- Federal Communications Commission rules and applicable state law
- National Do Not Call Registry

Outbound calls must also honor "do not call" requests and abide by federal and state calling hours.

Electronic communication

You **can** now initiate separate electronic contact. And, you **must** provide an opt-out process to no longer receive electronic communications.

Direct marketing

You may not market through unsolicited direct contact.

Telephone

You may contact your own clients and plans may contact current members at any time to discuss plan business.

For detailed information on acceptable and prohibited actions, refer to the document [Contact with Medicare Beneficiaries](#) in Producer World.

7. Compliance & Agent Oversight

Why compliance is so important

- [New for 2018: TCPA information](#)
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

[First tier, downstream and related entities](#)

First tier, downstream and related entities (“FDR”) training and education for brokers

Individuals and entities that market and sell Aetna or Coventry Medicare plans (MA, MAPD, PDP) are considered first tier entities¹ and must comply with Medicare compliance program requirements.

You must review our FDR Guide and comply with the requirements.

We describe the Medicare compliance program requirements in our [First Tier, Downstream², and Related Entities³ \(“FDR”\) Medicare Compliance Program Guide \(“FDR Guide”\)](#). The [FDR Guide](#) also includes a toolbox of resources that may assist you in complying with the requirements.

You can always access the [FDR Guide](#) on:

- [Aetna Producer World](#) (on the Individual Medicare page, on the Compliance tab, in the first dropdown menu, under FDR Materials & Information)

You should review the [FDR Guide](#) and ensure you have internal processes in place to support your compliance with all of the requirements. By attesting that you read the Producer Guide, you are confirming: (1) You have received Aetna’s educational training for FDRs, including our [FDR Guide](#); and (2) Upon request, you will submit an attestation to Aetna confirming your compliance with the Medicare compliance program requirements.

We take these responsibilities seriously. If you have questions about the Medicare compliance program requirements or if you have difficulty accessing our [FDR Guide](#), contact your Aetna account manager or email MedicareFDR@aetna.com.

¹ A first tier entity is any party that enters into a written arrangement acceptable to CMS with a Sponsor (i.e., Aetna) to provide administrative or health care services for a Medicare-eligible individual under Part C or Part D.

² A downstream entity is any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between the Sponsor and the first tier entity. These written arrangements continue down to the level of provider of both health and administrative services.

³ A related entity is any entity that is related to the Sponsor by common ownership or control and a) performs some of the Sponsor’s management functions under contract or delegation, b) furnishes services to Medicare enrollees under an oral or written agreement, or c) leases real property or sells materials to the Sponsor at a cost of more than \$2500 during a contract period.

[Table of contents »](#)

Continued →

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**

- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

[First tier, downstream and related entities](#)

Table of contents »

First Tier, Downstream and Related Entities (“FDR”) training and education for brokers (continued)

CMS requires that FDRs provide general compliance and fraud, waste and abuse (FWA) training to their employees and downstream entities within 90 days of hire/contracting and annually thereafter. Effective 1/1/2016, CMS requires that FDRs use the CMS training courses to meet the training requirements. You can find CMS general compliance and FWA training modules on the [CMS Medicare Learning Network \(MLN\)](#). You can also download CMS [general compliance training](#) and [FWA training](#) and incorporate them, unchanged, into your existing trainings/systems. The courses are called:

- Medicare Parts C and D General Compliance Training
- Combining Medicare Parts C and D Fraud, Waste and Abuse Training

Note: Selling agents receive the required training as part of the Aetna Individual Medicare certification process. If you have non-agent employees or downstream contractors, ensure they receive training.

Aetna’s code of conduct

FDRs must also distribute code of conduct and compliance program policies within 90 days of hire/contracting, when updates are made, and annually. You can provide either Aetna’s [Code of Conduct](#) and [Medicare Compliance Program Policies](#), or a comparable code of conduct and/or policies to all employees and downstream entities who support Aetna’s Medicare Plans.

Complete an attestation

NEW: The attestation form will be available on the Aetna Medicare producer certification website starting July 11.

We collect attestations annually, which certify that our FDRs have received Aetna’s educational training packet, including the [FDR Guide](#), and are compliant with the CMS compliance program requirements. Upon our request, you must submit an attestation.

What will happen if you don’t comply with these requirements?

You should ensure you are compliant with all requirements outlined in the [FDR Guide](#). Throughout the year, you may receive other notifications about these requirements, including training reminders, attestation requests or audit notices. If you fail to meet these Medicare compliance program requirements or submit requested information, it may lead to development of a corrective action plan, retraining and/or termination of your contract and relationship with Aetna.

Continued
→

7. Compliance & Agent Oversight

Why compliance is so important

- **New for 2018: TCPA information**
- How to stay compliant
- DO'S AND DON'TS MMG agent summary

How to report (FWA) concerns

- Medicare marketing code of conduct

Agent oversight

- Agent monitoring

Complaints against agents and marketing incidents

Marketing/sales events

- Canceling or updating events

Educational events

- Enrollee/member-only educational events
- Health fairs/senior expo

SOA requirements

- Telephonic SOA

Permission-to-contact form

Contact with medicare beneficiaries

[First tier, downstream and related entities](#)

First Tier, Downstream and Related Entities (“FDR”) training and education for brokers (continued)

Downstream entities

You should communicate the Medicare compliance program requirements to any downstream entities you use. You must ensure downstream entities are aware of their obligations and that they comply with all of the requirements. Those entities are responsible for satisfying the requirements outlined in the [FDR Guide](#).

Make sure you maintain documentation

You are required to maintain evidence of your compliance with the Medicare compliance program requirements for no less than 10 years. Aetna or CMS may request that you provide documentation of your compliance with these requirements. Additionally, an Aetna representative may contact you to further discuss your organization’s program and compliance with these requirements.

Offshore operations

If you/your organization or your downstream entities, engage in offshoring of Medicare-beneficiary protected health information (PHI), submit a written request for approval by Aetna. Send requests to the Broker Services Department at brokersupport@aetna.com.

Need help?

We can assist. If you have questions about the Medicare compliance program requirements, email MedicareFDR@aetna.com or contact your Aetna account manager.

[Table of contents »](#)

Marketing Materials

Section 8

aetna[®]

8. Marketing Materials

[Marketing policy overview](#)

Sales presentations

Marketing studio

Using our logos

Co-branding requirements

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Marketing policy overview

Before marketing or selling Aetna or Coventry Individual Medicare products, you must be appropriately licensed in the state where you intend to sell, properly appointed, and certified under the Aetna Individual Medicare annual certification process.

- You're required to follow all Aetna and CMS marketing requirements. You can find and review the CMS Medicare Marketing Guidelines on [Aetna Producer World](#) and www.cms.gov.
- You may only use CMS and Aetna-approved marketing materials when discussing Aetna Medicare or Coventry Individual Medicare plans. To be clear, you may only use materials that have been created by our marketing team, approved by us and, as necessary, filed with CMS by us. Note that this includes Multiplan Materials (as described in the Medicare Marketing Guidelines).
- You may not alter CMS-approved materials in any way, other than to add personal information like agent name, phone number, email or event date, when permitted, on an approved piece.
- Materials must be used as intended. For example, you can't copy a newspaper ad and mail it to beneficiaries. This is because newspaper ads are filed with CMS specifically for that purpose and are not for use as a direct mail piece. CMS has different requirements based on the type of material and how it will be used.
- Under CMS guidelines, the official marketing period for AEP for the upcoming benefit year begins October 1. You must not market or advertise Aetna or Coventry products for the upcoming benefit year before October 1, even if you have marketing/sales events scheduled in early October. Once you begin marketing 2018 products, you must cease marketing 2017 products. Prior-year materials may be provided upon request, and enrollment applications may be processed.
- You may not solicit or accept an enrollment application for a January 1 effective date prior to the start of AEP on October 15 unless the beneficiary is entitled to another enrollment period.
- See the Compliance & Agent Oversight section for marketing rules and requirements for the Scope of Appointment form, Permission-to-Contact form, sales presentations and other specific marketing materials. Please direct any questions to your Aetna representative.
- Use of senior-specific designations: You are responsible for ensuring compliance with state laws pertaining to the use of "senior-specific designations" when marketing our Medicare products. For example, in New York, a senior-specific designation is a title, professional designation, credential, certification or professional description that indicates the person has expertise or training in issues specifically related to Medicare beneficiaries in their field. If you do not know whether you are in full compliance with state laws concerning the use of senior-specific designations, do not use such designation in marketing Aetna Medicare products.
- Third-party websites that market MA/MAPD and PDP must meet all applicable CMS marketing guidance, including that found in the [CMS Medicare Marketing Guidelines \(MMG\)](#) (refer to third-party marketing and enrollment websites in the information that follows).

We give you easy access to the "need to know" Aetna and CMS Marketing compliance obligations. Use the convenient links on the left navigation bar.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

[Sales presentations](#)

Marketing studio

Using our logos

Co-branding requirements

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Sales presentations

You must:

- Use the appropriate CMS-approved sales presentations from beginning to end every time you meet with a beneficiary to discuss our MA/MAPD or PDP products.
- Sales presentation notes or talking points are provided for agent/broker use only and are not to be shown to beneficiaries.
- They are provided for agent/broker use only, and are not to be shown to beneficiaries.
- If you use the MAPD or PDP sales presentation video, you must use it in conjunction with the CMS-approved sales presentation.

Aetna and Coventry MA/MAPD and PDP sales presentations and notes/talking points are available on [Aetna Producer World](#) under the Marketing heading.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

Sales presentations

[Marketing studio](#)

Using our logos

Co-branding requirements

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Your marketing resources

Find Medicare ready-to-use, CMS-approved marketing materials on [Producer World](#)

Aetna Producer World: Your online source for Aetna Medicare member and prospect marketing materials. You can download and print them from your computer. To get access, go to <http://www.aetna.com/insurance-producer.html> and click "Log In/Register." Once logged in, click "Individual Medicare" at the top to access materials.

BenefitsCheckUp®:

We provide promotional fliers that make it easy for you to introduce BenefitsCheckUp. The Aetna-branded website is www.benefitscheckup.org/aetna. The Coventry-branded website is www.benefitscheckup.org/coventry. The short online questionnaire is completely confidential. Results are tailored to each user and explains how to apply for the programs and services that are identified just for them.

Aetna Medicare Marketing Studio (MMS), your personal on-demand Medicare marketing campaign hub

www.aetnahub.com/MMS

MMS is our user-friendly, streamlined, one-stop online portal for ready-to-use, CMS-approved materials: Aetna-branded, Coventry-branded and generic marketing materials that you can customize to support year-round Medicare marketing to reach prospective customers. **Be sure to check out the MMS Catalog**, which lets you see how flexible and easy it is to elevate your marketing message to clients. Registration is easy. The corresponding information from your profile will automatically display on any customized materials.

Features and advantages:

- Easy to use: Intuitive step-by-step personalization process
- Fast: It takes just a few minutes to find a marketing piece and order it
- Market-specific: The ability to get county-specific marketing pieces for your local market
- Automated seminar/event content
- Robust: Fliers and ads to mailers and posters
- Flexible: Options to download materials or print or mail them
- Compliant: All materials are approved and ready to use
- Offers discounts on bulk print orders

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

Sales presentations

Marketing studio

[Using our logos](#)

Co-branding requirements

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Using our logos

You can request to show the Aetna or Coventry logo on your website to reflect that you sell Aetna or Coventry products. You just need to request permission and get approval first.

It's a simple process. Just fill out the [request form](#) on [Aetna.com](#). The form is found on [Aetna.com](#) under "about us" and then "contact us." You'll need to sign off on terms and conditions to use our logo. Then you'll need to submit a sample layout showing how you want to use the logo. We do not require a sample layout if you are including the Aetna or Coventry logo on a website. Approval takes about 1–3 business days. We'll provide comments or approval via email.

Note: We only approve requests that appropriately reflect that Aetna and Coventry are among the brands you sell. We are unable to approve requests that imply exclusivity or special status to sell our products.

The Aetna logo consists of the word "aetna" in a lowercase, purple, sans-serif font, followed by a registered trademark symbol (®).The Coventry Health Care logo features a stylized orange flame icon above the word "COVENTRY" in a blue, uppercase, sans-serif font. Below "COVENTRY" is the phrase "Health Care" in a smaller, blue, italicized font, and at the bottom is "An Aetna Company" in a red, italicized font.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

Sales presentations

Marketing studio

Using our logos

[Co-branding requirements](#)

Third-party marketing and enrollment websites

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Co-branding

Co-branding requires pre-approval.* Co-branding refers to the use of the Aetna logo or other trademarked information in a marketing piece or the joint development of marketing material(s) to promote Aetna Individual Medicare products (MA/MAPD and/or PDP). Marketing materials (print or other media) include advertising and marketing campaigns, events and activities.

***At all times, you must obtain Aetna's advance written approval for co-branding.**

It's a simple process. Just fill out the [request form](#) on [Aetna.com](#).

Upon approval to co-brand, all of the following requirements apply:

- It is in the best interest of Aetna and contracted agents/agencies to be jointly involved in the early stages of campaign, event or activity development so that Aetna may conduct any analysis it deems necessary and approve or disapprove of a campaign, event or activity proposal before significant resources are expended by either party in its development.
- You must coordinate directly with your upline or with your Aetna Individual Medicare sales relationship manager.
- The co-branded material is subject to Aetna and the applicable CMS filing and/or approval processes.
- Approved co-branded advertising and marketing may include permissible promotion of co-marketed educational and wellness programs for prospective or existing Aetna members.
- All promotional and outreach activities undertaken, based on approved co-branding, must comply with applicable law (including, but not limited to, the CMS Medicare Marketing Guidelines and HIPAA).
- Aetna advertising and marketing materials (print and digital) are subject to ongoing monitoring and/or audit to ensure compliance with Aetna and CMS standards and applicable law.

The Aetna logo consists of the word "aetna" in a bold, lowercase, purple sans-serif font, with a registered trademark symbol (®) to the upper right.The Coventry Health Care logo features a stylized orange and yellow flame icon to the left of the text. The text "COVENTRY" is in a blue, uppercase, serif font. Below it, "Health Care" is in a smaller, blue, lowercase, serif font. At the bottom, "An Aetna Company" is written in a red, italicized, sans-serif font.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

Sales presentations

Marketing studio

Using our logos

Co-branding requirements

[Third-party marketing and enrollment websites](#)

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Third-party marketing and enrollment websites—mandatory CMS requirements

What is a “third-party website”?

Third-party websites are those used by contracted agent/brokers and entities to reference or promote MA/MAPD/PDP plans or to obtain beneficiary information for the purposes of marketing or enrollment into an Individual Medicare plan. This also includes websites designed to provide agents with beneficiary leads.

- Aetna sends out a third-party website survey to all contracted agent/brokers and entities, with mandatory rules that require those entities complete the survey with responses that identify and explain all websites used to market or enroll in Aetna Medicare plans
- We require uplines to notify us through the survey tool if they receive leads concerning Medicare products from another entity
- If the leads are from a third-party website or entity operating a website which markets Medicare products, those website URLs must be identified on the survey
- CMS has rules regarding third-party websites and unsolicited telephone calls that apply to any sales or lead-generating service

What are the rules?

Third-party websites that market MA/MAPD and PDP must meet Aetna and all applicable CMS marketing guidance, including the [CMS Medicare Marketing Guidelines \(MMG\)](#). For example:

1. They cannot request health status information such as pre-existing conditions, weight, and whether the beneficiary smokes. See 42 C.F.R. §422.110(a), which prohibits discrimination on the basis of medical conditions or medical history. See also 42 C.F.R. §422.2268(c) and 423.2268(c), which prohibit discriminatory marketing practices.

See our [Third-Party Website](#) Requirements on [Aetna Producer World](#). The checklist gives you the key prohibitions and requirements.

[Table of contents »](#)

Continued
→

8. Marketing Materials

Marketing policy overview

Sales presentations

Marketing studio

Using our logos

Co-branding requirements

[Third-party marketing and enrollment websites](#)

Referencing Aetna or Coventry

Submitting member/prospect materials to us for CMS approval

Third-party marketing and enrollment websites—mandatory CMS requirements (continued)

2. They cannot provide misleading information, such as identifying a Medicare Supplement plan as a Medicare Advantage plan. See 42 C.F.R. §§422.2268(e) and 423.2268(e).
3. They cannot use prohibited terminology, including unsubstantiated absolute superlatives. They must include required disclaimers.
4. Third-party leads must be compliant with applicable law.

Any website that markets Medicare products, including any sites that may provide upline leads concerning Medicare products, is subject to a formal review and approval process. We will take appropriate action if we find a non-compliant website marketing our MA/MAPD or PDP products.

Here is how we support you to be compliant:

We send a **mandatory** compliance survey to newly contracted agencies/agents.

- As required by CMS and according to the Aetna Upline and Producer Marketing Agreements, we monitor third-party websites that market on behalf of Aetna and Coventry Individual Medicare. The survey requires that Aetna-contracted individuals or entities provide all of the URLs for any public/consumer-facing marketing websites that are used to market our MA/MAPD and our PDP products, including those for lead-generation activities.
- The survey will be issued after contracting and certification has been complete. Responding to the Aetna survey within 30 days from the date the survey is issued is required. Failure to respond and/or correct issues documented by Aetna may result in termination of your contract.
- The survey also verifies appropriate use of Aetna and Coventry logos.
 - [Logo use request form](#)
- Aetna reviews survey responses using our checklist tool and advises you in the event that further action is required.
- Upon Aetna's review of your websites, and in accordance with the CMS Medicare Marketing Guidelines, we will submit websites to CMS that require approval.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview

Sales presentations

Marketing studio

Using our logos

Co-branding requirements

Third-party marketing and enrollment websites

[Referencing Aetna or Coventry](#)

Submitting member/prospect materials to us for CMS approval

Referencing Aetna or Coventry

You may reference Aetna or Coventry in electronic communications as long as your Aetna representative first reviews the reference for accuracy. However, you may not show our company logos (without additional approval; see the next section), Aetna or Coventry branding elements, or any product-specific information.

The following are permitted:

- Electronic communications to downline agents that mention Aetna or Coventry but do not include plan-specific information (e.g., information about benefits, premiums, copays, deductible, benefits, how to enroll, networks)
- Recruitment and training documents (e.g., emails, fliers)
- Materials that only indicate the products you or your company sell (e.g., HMO, PPO or PDP)

Ownership of Marks

The Aetna name, trade names, trademarks, graphics, trade devices, service marks, insignias, symbols, codes, logotypes, logos and other brand elements (collectively, the "Marks") and any advertising materials are the property of Aetna.

You may not use any of these items without the prior written consent of Aetna and must otherwise use all such materials and Marks only in accordance with Section 7 of your contract.

Use on websites

No upline, agent or any affiliate thereof may use Aetna's names or Marks (including logos) on any website or other online digital assets without obtaining Aetna's prior written consent through the [request form](#) process.

If any Aetna Medicare Advantage plans or Aetna Part D plans are marketed or mentioned on any website of an upline, agent or any affiliate thereof, the contracted upline or agent, as applicable, must obtain Aetna's prior written consent through the process.

We send a **mandatory** compliance survey to newly contracted agencies/agents.

- As required by CMS and according to the Aetna Upline and Producer Aetna Marketing Agreements, we monitor third-party websites that market on behalf of Aetna and Coventry Individual Medicare. The survey requires that Aetna-contracted individuals or entities provide all of the URLs for any public/consumer-facing marketing websites that are used to market our MA/MAPD and/or PDP products, including those for lead-generation activities.
- The survey also verifies appropriate use of Aetna and/or Coventry logos.
- To have your logo submitted for approval, fill out the [request form](#) on [Aetna.com](#).
- Aetna reviews survey responses using our checklist tool and advises you in the event that further action is required.
- Upon Aetna's review of your websites, and in accordance with the CMS Medicare Marketing Guidelines, we will submit websites to CMS that require approval.

[Table of contents »](#)

8. Marketing Materials

Marketing policy overview
Sales presentations
Marketing studio
Using our logos
Co-branding requirements
Third-party marketing and enrollment websites
Referencing Aetna or Coventry

[Submitting member/prospect materials to us for CMS approval](#)

Submitting member/prospect materials to us for CMS approval

We recommend you take advantage of CMS-compliant marketing materials available on the [Aetna Medicare Marketing Studio](#).



If you create a Medicare marketing piece on your own that mentions Aetna or Coventry, or product/plan benefits, we must review and approve it before it's used. This includes direct mailers, fliers, newspaper ads, radio scripts and other marketing materials.

To get materials approved:

- Send a Word file to your upline or your Aetna broker manager for review.
- Your piece must comply with CMS Medicare Marketing Guidelines and include all required information and disclaimers. If it doesn't, we'll return it as unapproved.
- Once approved, we'll return your piece with a CMS material ID tag, which must appear on the final version.

As a last step, you must send us (by way of your broker manager) a copy of the final version for our records. For newspaper ads, you must send us a copy each time the ad appears in the newspaper.

[Table of contents »](#)

Enrollment

Section 9

aetna[®]

9. Enrollment

[How to order your sales kits](#)

Description of enrollment kits

Enrollment kit essentials

- Scope of Appointment form
- Permission-to-Contact form

How to order your sales kits

You can order Aetna and Coventry MA/MAPD and PDP enrollment kits in one place.

There is a single point of entry to order both Aetna- and Coventry-branded kits.

You can find the link on [Aetna Producer World](#) or use the [Coventry Broker Portal](#).

Once you access the kit-ordering site, you'll need to use your National Producer Number (NPN) to log in. Once logged in, you will be prompted to select the plan benefit year and plan type (MA or PDP).

Requirements

To access the kit-ordering site, you must be ready to sell. You'll need to use your National Producer Number (NPN) to log in.

Kit personalization

Personalization is available for free. The ordering process provides the option for entering your personal data. Kits can be personalized with up to two lines of information, with a maximum of 35 characters per line.

Kit limits

There is a limit on the number of kits you can order per month (allocations). If your order exceeds your monthly allocation, the order will be routed to a designated plan contact person for approval. Once approved, you will receive notification of the order's status.

Order confirmation

A confirmation screen appears after you place an order. You'll get a confirmation email when your order is processed and shipped. You should allow 48 hours for processing.

Delivery

Once processed, you should get your kits within 7 –14 business days, depending on size of order and shipping location. Kits are sent by UPS Ground. Overnight shipping and P.O. box delivery are not available.

[Table of contents »](#)

9. Enrollment

How to order your sales kits

Description of enrollment kits

Enrollment kit essentials

- Scope of Appointment form
- Permission-to-Contact form

Description of enrollment kits

Kit pages are bound in a booklet. Everything you need to enroll is in one package.

Medicare: What you need to know

- Commonly used drugs
- Summary of benefits
- Medicare Star Ratings
- How to enroll
- Scope of appointment
- Enrollment application

Kit booklets can be personalized with your name and contact information.

In addition, formularies and plan guides are available to order on demand through the kit-ordering site.

How to order

- Log in to [Aetna Producer World](#). Click “Individual Medicare” in the top bar. Then click “Order Enrollment Kits.”
- Or, log in to the [Coventry Broker Portal](#). Select “Order Sales Supplies” on the left side of the page. Scroll down and click the kit-ordering link.

For additional information on enrollment instructions, please see the Enrollment Instructions Flier on [Producer World](#).

[Table of contents »](#)

9. Enrollment

How to order your sales kits
Description of enrollment kits

[Enrollment kit essentials](#)

- [Scope of Appointment form](#)
- [Permission-to-Contact form](#)

Enrollment kit essentials

- **Be sure to provide a complete enrollment kit (application, plan ratings and other required items) to every beneficiary.** Our kits are built to help beneficiaries understand the plan and enroll. They include an enrollment form, instructions, a Summary of Benefits, plan ratings and a multi-language insert.
- The plan ratings sheet is a required component in all enrollment kits. When CMS announces Star Ratings, we'll update this page and notify you. It should happen in October. You'll then need to tear out the 2017 plan ratings page from your existing kits and insert the new 2018 plan rating page to ensure beneficiaries receive the correct information.

[Scope of Appointment form](#)

You can download the form from [Aetna Producer World](#) under the Compliance heading. All one-on-one appointments with Medicare beneficiaries (whether in person or via the phone), regardless of venue (i.e., in home, conference call, library), must follow Scope of Appointment guidance. See Section 7, Compliance and Agent Oversight, for more information about Scope of Appointment requirements and instructions for submitting the form to us.

[Permission-to-Contact form](#)

You can download the Permission-to-Contact form from [Aetna Producer World](#) under the marketing heading. The form must be completed prior to conducting an outbound call to a prospect. It's a separate and distinct tool from the Scope of Appointment form and is required by CMS. See Section 6, Compliance and Agent Oversight, for details.

[Table of contents »](#)

Enrollment Process

Section 10

aetna[®]

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options
- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

Telesales requirements

Election periods overview

For your convenience: SEP Period Booklet link

https://www.aetna.com/producer/Medicare/documents/SW_SEPQuickReferenceGuide.pdf

Annual Election Period (AEP)

AEP runs from October 15 through December 7. Beneficiaries can change or add a Prescription Drug plan, change Medicare Advantage (MA) plans, return to Original Medicare, or enroll in an MA plan for the first time, even if they did not enroll during their Initial Election Period.

- You can begin marketing for the upcoming benefit year on October 1. You must not market or advertise Aetna or Coventry products for the upcoming benefit year prior to October 1. You must not advertise marketing/sales events to discuss subsequent-year benefits prior to October 1, even if your events are scheduled for anytime in October.
- You may not accept or solicit paper enrollment forms or accept telephone or online enrollment requests prior to the start of the AEP on October 15. Any AEP applications received before October 15 will be denied, and agent commissions on these sales won't be paid.

Medicare Advantage Disenrollment Period (MADP)

The MADP occurs from January 1 to February 14. During the MADP, beneficiaries can disenroll from their MA plan and return to Original Medicare. Regardless of whether the MA plan included Part D drug coverage, beneficiaries using the MADP to disenroll from their plan are eligible for a coordinating Part D SEP, which lets them enroll in a PDP during the same period.

Note: MA/MADP members are automatically disenrolled from their current plan when the PDP application is processed and do not need to submit a disenrollment request to their plan.

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options
- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

Telesales requirements

Election periods overview (continued)

Initial Coverage Election Period (ICEP) and Initial Election Period (IEP)

ICEP and IEP occur when consumers first become eligible for Medicare. These periods are for all consumers becoming eligible for Medicare, whether it's due to turning 65 or a qualifying disability. Eligible consumers can enroll in an MA plan of their choosing, including a Medicare Advantage Prescription Drug plan (MAPD). Those already enrolled in Medicare due to disability have a second IEP when they turn 65. Based on eligibility criteria and election choices, ICEP and IEP may occur together or separately.

Special Election Period (SEP)

A Special Election Period lets beneficiaries change their election in accordance with requirements anytime during the year, even during the period outside the AEP. The qualifications to use SEPs and the types of elections allowed vary. Situations such as dual-eligible status and institutionalization let beneficiaries switch plans at any time during the year. SEPs are determined and announced by CMS.

[Table of contents »](#)

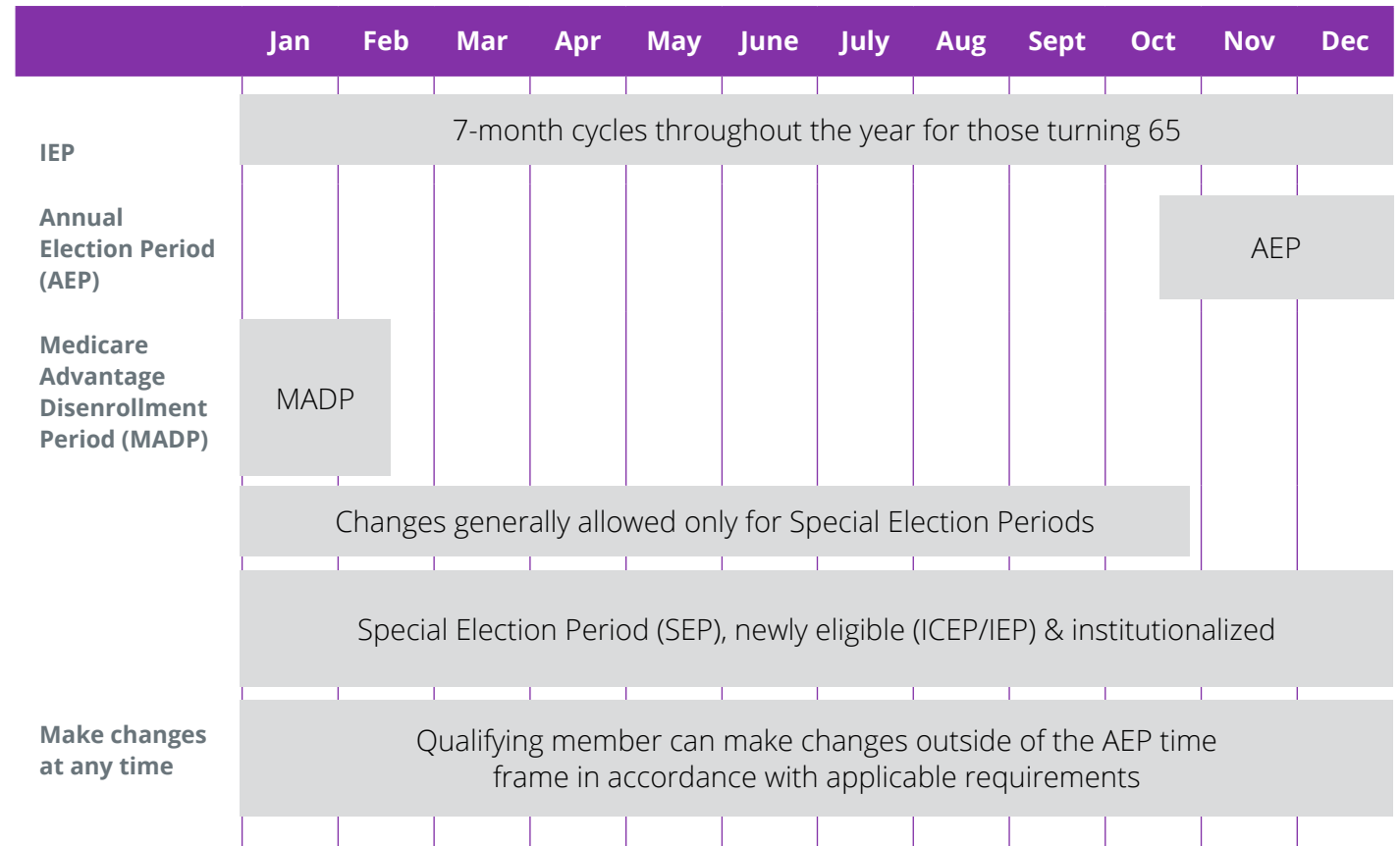
Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

- Enrollment application turnaround time (TAT)
- Aetna enrollment options
 - Ascend Virtual Sales Office
- New for 2018: e-kit
- Coventry enrollment options
- CMS "Trumping" rule
- The enrollment process: what you need to know
- Referral-only sales
- Telesales requirements

Election periods overview (continued)



[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

[Enrollment application turnaround time \(TAT\)](#)

Aetna enrollment options

- Ascend Virtual Sales Office

New for 2018: e-kit

Coventry enrollment options

CMS "Trumping" rule

The enrollment process: what you need to know

Referral-only sales

Telesales requirements

Enrollment application turnaround time (TAT)

A signed Medicare enrollment application must reach us within **two calendar days** of when you receive it from the beneficiary. This information is covered in your contract with us. The two-calendar-day requirement ensures sufficient time to review applications and send them to CMS for processing within the CMS-required time frame.

To ensure you meet the two-calendar-day turnaround time requirement, we encourage you to submit paper applications through the fastest and preferred method:

- **For Aetna Medicare applications:** Email or fax.
- **For Coventry Medicare applications:** Fax.

[Please refer to enrollment application turnaround time \(TAT\) on Producer World.](#)

Duplicate enrollment application

Applications received are promptly processed to CMS. If a subsequent application is received for the same plan, it is considered "duplicate" because the individual is already enrolled; therefore, the application is not processed.

To assist with your enrollment reporting needs, you can use the application pipeline status report for Aetna membership and the App Tracker system for Coventry membership.

For Aetna Florida HMO members, use App Tracker.

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview
Enrollment application
turnaround time (TAT)

[Aetna enrollment options](#)

- [Ascend Virtual Sales Office](#)

New for 2018: [e-kit](#)

Coventry enrollment options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

Telesales requirements

Aetna enrollment options

(This applies to Aetna enrollments. Separately see the details for Coventry enrollment options.)

Electronically — through our Ascend Virtual Sales Office app

Available for use on any device — including your laptop or tablet — that runs with an iPad platform (iPad 2 or newer model running iOS7 or newer version) or a Windows platform (Windows 7 or newer and x86 processor).

Once you’re ready to sell, you can request access to the Ascend app on the **Ascend Virtual Sales Office app section on Producer World**. It will take 2–7 days to process your request.

The Ascend app allows you to submit your enrollments electronically, which reduces errors and accelerates the enrollment process for your clients.

Aetna markets offer Ascend training events throughout the year. You’ll learn how to:

- Navigate the Ascend app
- Search for providers using the Provider Lookup Tool.
- Use the e-kit function

Within Ascend, you can send an enrollment form and provide access to a compliant sales kit using the convenient email function and still receive credit for the sale.

Paper applications

| | |
|-------------|---|
| Mail | Aetna Medicare Broker Enrollment Team P.O. Box 14088 Lexington, KY 40512-4088 |
| Fax | 1-866-441-2341 or 1-888-665-6296 Aetna Florida HMO Paper applications should be sent to the Coventry MAPD address and fax number. Aetna Florida PPO Paper applications should be sent to the Aetna address and fax number. Our e-kit option is a useful tool to help you enroll your clients in MA/MAPD and PDP plans. The e-kit option is available through the Ascend Virtual Sales Office app. |

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview
 Enrollment application
 turnaround time (TAT)

Aetna enrollment options

- [Ascend Virtual Sales Office](#)

New for 2018: e-kit

Coventry enrollment options

CMS “Trumping” rule

The enrollment process:
 what you need to know

Referral-only sales

Telesales requirements

| | |
|--------------|--|
| Email | <p>MedicareEnrollmentTransactions@aetna.com</p> <p>Scan and save the paper application, Scope of Appointment, and any required paperwork as a single document in an approved file format. The preferred format is PDF. Other acceptable formats include .bmp, .csv, .doc, .docm, docx, .htm, .html, .jpg, .mdi, .msg, .ppt, .pptm, .pptx, .rtf, .tif, .xls, .xslm, .xlsx, .xps and .zip. Attach the file to an email message and then send it to MedicareEnrollmentTransactions@aetna.com.</p> <p>We recommended one applicant (and one attachment) per email. However, for greater efficiency, up to five applicants/attachments per email are allowed. Email attachments cannot exceed seven pages each. Write the name of each applicant in the subject line so that the names appear on your email confirmation. Note: The subject line cannot contain numbers and the email body cannot contain embedded images, graphics or logos.</p> |
| Phone | <p>You can assist a beneficiary with contacting us by phone, but telephonic enrollment requests must be initiated entirely by the beneficiary or his or her authorized representative. You cannot be physically present with the beneficiary at the time of the telephonic enrollment process. This is a CMS rule.</p> |

If all requirements are met, you’ll receive an automatic email confirmation. Confirmations will include a date and time stamp from your original email, the names of the applicants you place in the subject line, and the total number of attachments sent. If all requirements are not met, you’ll receive an automatic email rejection. The email will indicate why the transaction was rejected so that you can make corrections and resubmit.

Enrollment email application requirements:

- Subject line with Enrollee name only
 a confirmation or rejection automated email response with the enrollee name in the subject line will be sent back to the broker/sender.
- Save documents with the Enrollee name only
 Confirmation or rejection automated email response with the Enrollee name that was saved on the document will be sent back to the broker/sender.
- DO NOT use Social Security number OR HICN or any type of number in subject line; automated email response will remove and default to xxxxx.
- DO NOT use Social Security number OR HICN or any type of number when saving documents; automated email response will remove and default to xxxxx.

Table of contents »

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

Telesales requirements

NEW e-kit

Our **e-kit option** is a useful tool to help you enroll your clients in MA/MAPD and PDP plans. The **e-kit option** is available through the Ascend Virtual Sales Office app.

Email through the e-kit function found within Ascend

Within Ascend, you can send an enrollment form and provide access to a compliant sales kit through the e-kit (email) function and still receive credit for the sale.

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual Sales Office

New for 2018: e-kit

[Coventry enrollment options](#)

CMS “Trumping” rule

The enrollment process: what you need to know

Referral-only sales

Telesales requirements

Coventry enrollment options

Online through our Ascend Virtual Sales Office app

Available for use on any device — including your laptop or tablet — that runs with an iPad platform (iPad 2 or newer model running iOS7 or newer version) or a Windows platform (Windows 7 or newer and x86 processor).

Once you’re ready to sell, you can request access to the app on the Coventry Broker Portal. After logging in, simply click “Ascend App Request Form” in the left menu, answer one question and then submit your request. Please allow 2–7 days for processing.

| Paper applications | |
|--|--|
| IMPORTANT! Be sure to submit enrollment applications and Scope of Appointment forms directly to: | |
| <p>MAPD Coventry Health Care P.O. Box 7770 London, KY 40742-7770 Fax: 1-888-554-7668</p> | <p>Aetna Florida HMO paper applications should be sent to the Coventry MAPD address and fax number. Aetna Florida PPO paper applications should be sent to the Aetna address and fax number.</p> <p>The new e-kit option is now available through the Ascend Virtual Sales Office app.</p> |
| <p>PDP First Health Part D P.O. Box 7763 London, KY 40742-7763 Fax: 1-866-415-2232</p> | |
| <p>Scan and email as a complete PDF</p> | <p>MedicareEnrollmentTransactions@aetna.com</p> <p>Scan and save the paper application, Scope of Appointment, and any required paperwork as a single document in an approved file format. The preferred format is PDF. Other acceptable formats include .bmp, .csv, .doc, .docm, docx, .htm, .html, .jpg, .mdi, .msg, .ppt, .pptm, .pptx, .rtf, .tif, .xls, .xslm, .xlsx, .xps and .zip. Attach the file to an email message and then send it to MedicareEnrollmentTransactions@aetna.com.</p> |
| <p>Phone</p> | <p>You can assist a beneficiary with contacting us by phone, but telephonic enrollment requests must be initiated entirely by the beneficiary or his or her authorized representative. You cannot be physically present with the beneficiary at the time of the telephonic enrollment process. This is a CMS rule.</p> |

Table of contents »

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

[CMS “Trumping” rule](#)

The enrollment process:
what you need to know

Referral-only sales

Telesales requirements

CMS “Trumping” rule

A person can't be enrolled in more than one MA product or PDP plan at a time.

If CMS gets enrollment requests from separate carriers for the same person in the same valid election period, the last application or enrollment request they get in the same election period will take effect. The carrier (and associated writing agent) that submitted the last enrollment request will get credit for the enrollment. If the enrollment requests have the same application-received date, the carrier that submitted the first enrollment request will get credit.

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

[The enrollment process:
what you need to know](#)

Referral-only sales

Telesales requirements

The enrollment process: what you need to know

Before completing an enrollment application with a beneficiary

- Confirm plan eligibility, and verify and document the consumer’s Medicare Part A and Part B coverage. For D-SNP plans, confirm Medicaid eligibility
- Thoroughly explain the benefits, rules and member rights. Use the Aetna or Coventry CMS-approved sales presentation to ensure you’ve covered all required information
- Disclose producer- and product-specific disclaimers
- Verify that the beneficiary agrees to proceed with enrollment

Confirming eligibility

- To be eligible to elect an MA plan, a beneficiary must be entitled to Medicare Part A and enrolled in Part B, and continue to pay their Part B premium. The beneficiary must be entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the plan. Exceptions for a Part B-only grandfathered consumer are outlined in the CMS Medicare Managed Care Manual. Part B-only consumers currently enrolled in a plan created under section 1833 or 1876 of the Social Security Act are not considered grandfathered consumers and must purchase Medicare Part A through the Social Security Administration to become eligible to enroll in an MA plan.

At the time they enroll in an MA plan, the consumer must have Medicare Parts A and B. You should always verify this. Here are examples of acceptable proof of eligibility:

- Copy of Medicare card
- Copy of Medicaid award letter for dual-eligible Special Needs Plans
- Social Security Administration award notice
- Railroad Retirement Board letter of verification
- Statement from the Social Security Administration or Railroad Retirement Board verifying the consumer’s Medicare eligibility

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options
- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

[The enrollment process:
what you need to know](#)

Referral-only sales

Telesales requirements

The enrollment process: what you need to know (continued)

Explaining benefits, rules and member rights

You must provide and thoroughly explain all plan benefits, limits and rules as outlined in the Summary of Benefits (SB) and Statement of Understanding.

- This includes how consumers get their prescription benefits, if applicable, and all required plan-specific disclaimers.
- For HMO and POS plans, provide clear direction on Primary Care Physician (PCP) selection requirements.
- For PPO products, in- and out-of-network benefits must be fully described.
- To be eligible to choose an MA plan, a consumer must be fully informed of and agree to abide by the rules of the plan that are provided during the enrollment process.
- The Statement of Understanding gives the consumer the plan rules. The Statement of Understanding for the applicable plan year must be acknowledged, without modification, by the consumer or authorized representative and attached to the election form.

An important reminder: Aetna and Coventry enrollment applications (MA/MAPD, PDP) include the “Proposed Effective Date.” You must:

1. Be sure that your client is aware that the effective date of the enrollment will be determined based on when the Plan receives the enrollment application request and/or election period/SEP used on the application. The effective date is determined by the Plan. Prospective members can note the proposed effective date they would like, but the Plan will make the final determination of effective date of enrollment for the Medicare Advantage plan they have selected.
2. Confirm their proposed effective date (typically the first day of the next month).

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

[The enrollment process:
what you need to know](#)

Referral-only sales

Telesales requirements

The enrollment process: what you need to know (continued)

Completing the enrollment application

You may proceed with the enrollment only after thoroughly explaining all plan benefits, limitations and rules to the consumer and receiving consent from them.

- Ensure that all required information is provided on the application.
- If the applicant is using a Special Election Period to enroll, make sure you complete the Enrollment Checklist portion of the enrollment forms to confirm your client’s eligibility to enroll.
- Provide a phone number for the applicant.
- Be sure that the applicant is aware that the effective date of the enrollment will be determined based on when the Plan receives the enrollment application request and/or election period/SEP indicated on the application. The prospective member can note the proposed effective date they would like, but the Plan will make the final determination of effective date of enrollment for the plan the applicant has selected.
- Ensure that the application is signed and dated by the applicant.
 - If an authorized representative signs the enrollment application, the record of attestation of authority must be maintained as part of the record of the enrollment election and must include contact information.
- Upon submission of your client’s enrollment application, they will receive an Outbound Enrollment Verification letter which is required by CMS for any agent/broker sale. Upon acceptance of the enrollment with CMS, they’ll receive a confirmation of enrollment letter. If there is any key data missing or unclear information on the application that prohibits submission to CMS, your client may receive a phone call from the enrollment processing team to obtain the missing data. They may also receive a Request for Information letter indicating what is needed in order to complete the application, along with a time for returning this information. If the information is not received in time to complete the enrollment process, the application will be denied. CMS may reject the enrollment if your client already has employer group health coverage. Your client will receive a call as well as a letter indicating that we need confirmation that they wish to enroll in the plan. If the confirmation is not received prior to the expiration of the time frame (30 days), the application will be denied.

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS "Trumping" rule

The enrollment process:
what you need to know

[Referral-only sales](#)

Telesales requirements

Referral opportunities year-round to grow your business

If you participate in the referral program, you must comply with the program requirements below.

1. You may only leave approved referral materials with qualified individuals.

For a referral on an MA plan, a qualified individual is an eligible Medicare beneficiary who meets the following requirements:

- Has both Medicare Parts A and B
- Resides in an Aetna/Coventry Medicare Advantage service area
- Is qualified to enroll in a Medicare Advantage plan
- Has a relationship with the agent
- Has expressed interest in a Medicare Advantage plan
- Understands that he or she must contact Aetna or Coventry by phone or on the website

For a referral on a PDP plan, a qualified individual is an eligible Medicare beneficiary who meets the following requirements:

- Is entitled to Medicare benefits under Part A or enrolled in Medicare Part B
- Resides in an Aetna/Coventry Medicare Part D service area
- Is qualified to enroll in a Medicare Part D plan
- Has a relationship with the agent
- Has expressed interest in a Medicare Part D plan
- Understands that he or she must contact Aetna or Coventry by phone or on the website

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

[Referral-only sales](#)

Telesales requirements

Referral opportunities year-round to grow your business (continued)

2. You must adhere to CMS Medicare regulations and guidelines and all state insurance laws:

- You can't engage in sales presentations or market the Aetna or Coventry MA/MAPD/PDP plans being referred to the qualified individual.
- You may only confirm the client is a qualified individual, provide the client with Aetna or Coventry referral materials, and inform the client they're responsible for contacting Aetna or Coventry about enrolling in a Medicare plan.
- The referring agent must only use Aetna/Coventry CMS-approved materials.
- The referring agent cannot contact the client for follow-up on Aetna/Coventry MA/MAPD/PDP plans.

3. You are prohibited from soliciting referral clients through cold calling, door-to-door visits or other actions prohibited under state or federal law. You must have an existing relationship with the Medicare beneficiary or qualified individual.

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options
- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

[Telesales requirements](#)

Agent/Broker telephonic enrollment services

When representing our Medicare products, in accordance with your Aetna contract, entities that conduct telesales (e.g., telephonic enrollment services) must be pre-approved, may not be a separate legal entity, and they must adhere to all CMS regulations and federal health care laws on the monitoring of delegated enrollment activities.

- Telephonic enrollment services are not permitted until Aetna has completed and documented its review and approval of the telesales organization’s equipment, policies and processes. We offer you our full support!
- Telebrokers must complete the required annual product training and must have ready-to-sell status.

All staff members having accountability for compliance with the documented requirements and standards should be trained on these standards. The delegated entity is responsible for maintaining records of the training program that includes, at a minimum, dates, attendees and a summary of the training provided.

- Aetna will notify the upline in writing when telephonic enrollment services are approved to start.

If you are interested in becoming an approved telebroker partner with Aetna, please work with your upline or your Aetna Medicare Sales Director or contact Broker Services.

Contact your carrier
for guidance for
product training.

Audits

We work directly with the prospective delegated Aetna Medicare Sales Director to ensure completion of the following:

Medicare telesales assessment

The Aetna Delegation Management Oversight audit evaluates the entity’s ability to meet Aetna and CMS standards for the delegation of telephonic enrollment. The entity’s compliance with information, privacy and security, and disaster-recovery requirements must also be confirmed. The auditors ensure the existence of effective monitoring and oversight protocols of the delegated entity’s call center activities.

The audits include:

1. Compliance program effectiveness (CPE), which includes a confirmed attestation for completion of annual CMS FDR training.
2. General controls, and
3. Operational assessment — call monitoring

The time frame to be approved as a delegated telebroker entity is, on average, 3 to 6 months.

Continued
→

[Table of contents »](#)

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options

- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

[Telesales requirements](#)

Agent/Broker telephonic enrollment services (continued)

Once delegated, telebroker partners may be requested on an annual basis to complete:

- An annual Medicare telesales call center audit
- An annual General Controls questionnaire

The quality review results are documented in a formal report and sent to the delegated call center and the appropriate Aetna sales representative.

Contracting

The upline must have an appropriate contract in place for telesales activities.

Telesales scripts

- Delegated telebrokers must use CMS-approved sales and enrollment scripts.
- If a delegated telebroker partner uses their own script, they must provide that script to Aetna with proof of CMS approval. They can submit their scripts to CMS through Aetna for approval.
- During the auditing process or as part of a monitoring event, use of only CMS-approved scripts will be verified. Delegated telesales vendors must:
 - Submit copies of call scripts used during each audit period.
 - Attest that CMS-approved scripts are implemented and used by staff and that staff members are trained on the importance of reading, understanding and using the CMS-approved scripts.

Producer licensing

Telebrokers who discuss and/or market rates and benefits must be properly certified, licensed and appointed to ensure required credentialing.

- Aetna conducts reviews of producer licensing to capture new agents and expired or updated licenses.
- License reports are available upon request from your Aetna relationship manager. Aetna sales staff will train the delegated call center to access and use the licensing report.

[Table of contents »](#)

Continued
→

10. Enrollment Process: What You Need to Know

Election periods overview

Enrollment application
turnaround time (TAT)

Aetna enrollment options
- Ascend Virtual
Sales Office

New for 2018: e-kit

Coventry enrollment
options

CMS “Trumping” rule

The enrollment process:
what you need to know

Referral-only sales

[Telesales requirements](#)

[Table of contents »](#)

Agent/Broker telephonic enrollment services (continued)

Service reporting

Delegated telebroker partners must have routine service reports available upon request. Metrics include, but are not limited to:

- Total calls handled
- Average handle time
- Average hold time
- Adherence %
- Abandoned calls
- Average talk time
- Average ring time
- Quality

Compliance

Typically, as part of the Aetna delegation validation audit process, Aetna will monitor telebroker partners to ensure compliance when collecting Aetna MA/MAPD and PDP plan enrollments.

All enrollees must be provided with a confirmation number as evidence that the telephonic enrollment request was processed.

- A random sampling of calls will be pulled from the enrollment roster. The telebroker partner will be asked to produce the recording of each call. The delegated telebroker partner will be reviewed for their ability to produce these calls as well as having the proper script(s) in place.
- The audit documentation will be noted as “Passed”; subsequent audits are intended to ensure compliance is maintained.
- In the event of an audit failure, the file will be noted and the delegated telebroker partner will be placed on corrective action.
 - During this time, recorded calls may be pulled weekly for a desk review.
 - The telebroker partner will be required to train staff in accordance with the specified corrective actions.
 - Telebrokers who fail to read the script accurately three times will forfeit their Aetna appointment at the request of the business owner.

Note: Under the terms of your Aetna contract, telebroker partners are required to disclose to Aetna any complaints or compliance issues they have identified internally as well as respond to any complaints that are received through Aetna.

Member Experience

Section 11

aetna[®]

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

Member engagement programs

What happens next

What happens after your client enrolls?

Once your client's enrollment for an Aetna or Coventry plan is received, they'll hear from us within about 14 days of their acceptance into the plan. We recommend that, ahead of time, you review with them the handy checklist in their pre-enrollment Sales Kit.

| Material name | Description | Delivery |
|--|---|----------|
| Plan confirmation/ acceptance letter | We'll send an acceptance letter once the Centers for Medicare & Medicaid Services accepts their enrollment. This letter will include information to help ensure they understand their plan's features. | |
| Monthly plan premium | We'll mail a book of coupons they can tear out and send with their monthly premium. If they sign up for EFT, which is recommended, they won't receive a coupon book. Instead, we'll automatically deduct their premium from their bank account each month. To join one of our plans, they'll need to continue paying their Medicare Part A and/or B premiums (if they're not paid for under Medicaid or by another third-party). This is in addition to their plan coverage. | |
| Member ID card | Member ID cards are mailed and can also be accessed online. MAPD members use their plan member ID card — not their Medicare card — every time they visit the doctor, hospital or pharmacy. | |
| Evidence of Coverage and drug formulary | This is a complete description of coverage under their Medicare Advantage plan and their member rights. The formulary includes a list of covered drugs and any special requirements. | |
| Health needs assessment | We'll contact them to learn about their health history. The information won't affect their enrollment in the plan. | |
| Doctor visit | Be sure to remind your client to see their doctor to take advantage of the annual health care services available to them. | |

[Table of contents »](#)

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

Member engagement programs

Once CMS approves the enrollment

Upon approval by CMS, your client will receive:

- A confirmation letter indicating status of enrollment in the plan

Welcome materials include the membership identification (ID) card, Evidence of Coverage, and other CMS-required new-member materials. The contents of packages they receive varies, based on their plan (MA/MAPD, or PDP).

- If the member enrolled in Part C coverage and needs to see a doctor prior to receiving an ID card, the member can provide the confirmation letter to the physician. With new benefits, the member should call Member Services and confirm whether their doctor is in their plan's network.
- MA/MAPD — If the member enrolled in Part C coverage and needs to see a doctor prior to receiving an ID card, the member can bring the confirmation of enrollment letter to the physician.
- MA — If the member enrolled in a Medicare Advantage plan without prescription drug benefits, he/she will use the new member ID card for their medical benefits only.
- PDP — If the member enrolled in a stand-alone Prescription Drug plan (PDP), he/she will use the new member ID card for Part D benefits only. This does not mean that he/she is no longer on Medicare or will lose Medicare benefits. He/she is still a Medicare beneficiary. Prescription claims will be paid by the Aetna/Coventry plan.

Enrollment denials/rejections

In the event that CMS is unable to approve the MA/MAPD or PDP enrollment application, your client will receive a letter of denial or a letter of rejection.

[Table of contents »](#)

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

Member engagement programs

New member welcome

We encourage you to follow up with a welcome call to new members whom you helped to enroll, making this call within the first month of the member's effective date. This gives you an opportunity to make sure that they're off to a good start using their coverage. During your conversation, you should help them verify, based on their specific plan, that their doctors are in our network.

- Make an outbound call to all new members within the first month of the member's effective date.
- Confirm that the member received a member ID card and welcome kit (e.g., a new-member kit that includes EOC, formulary, LIS riders and provider directory).
- Allow the new member to ask any additional questions and address any key satisfaction drivers.
- Ask the new member to give your contact information to their friends and relatives so you can help them the same way you helped the new member.

This is a service call, and you cannot use this call to sell products. Allow the new member to ask any questions about their current plan and how to best use it. If the member wishes to discuss alternative plan options, you will need to separate topics and call the member back.

If the member states they wish to disenroll, remind them that most Medicare beneficiaries have specific time frames to enroll in or disenroll from a plan. Instruct the member to call us at the number on their member ID card to learn about any disenrollment options. Also, their member materials, as well as our website [AetnaMedicare.com](https://www.aetna.com), include instructions about disenrollment options.

What the NCQA means for you and your Aetna clients

The National Committee for Quality Assurance (NCQA) is a private, nonprofit organization. It's dedicated to improving health care quality.

Like the Good Housekeeping Seal, the NCQA seal is a widely recognized symbol of quality. To display the seal, we had to pass a rigorous, comprehensive review. And each year, we have to report on our performance to keep our NCQA accreditation. The seal is a reliable way for your clients to know that we're well-managed and we deliver high-quality care and service.

How we share NCQA-required information

The NCQA requires us to share certain information with our members. This information can help them get the most out of their health care plan. For example: We have to let them know how we decide which treatments to cover and why we review their use of some services. This information and other NCQA-required information appears in the plan's Evidence of Coverage.

To learn more about the NCQA, visit their website at <http://www.ncqa.org>.

Table of contents »

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

[Enrollment application cancellation, withdrawal or disenrollment](#)

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

Member engagement programs

Enrollment application cancellation, withdrawal or disenrollment

A Medicare beneficiary or his/her legal representative may request, for any reason, to cancel, after submission to CMS. He/she may also withdraw, prior to submission to CMS, their enrollment application, prior to the effective date of coverage.

An enrollment can only be canceled or withdrawn if the request is made (based on the date the telephone call or written notification is received) prior to the effective date of the enrollment.

If a consumer requests to withdraw their enrollment application prior to the agent submitting the enrollment application, the agent must still submit the enrollment application to us.

You may not accept any requests to cancel or withdraw an enrollment application or terminate enrollment in a plan. Instead, you must direct all requests to cancel or withdraw enrollment applications or terminate enrollment to the same location where the application was originally submitted or to Member Services, which is the number on the member ID card.

An agent, on behalf of the member, may neither verbally nor in writing, nor by any action or inaction, request or encourage any member to disenroll.

Furthermore, an agent is not permitted to make additional contact with a member or legal representative who requests to cancel or withdraw their enrollment application or disenroll from the plan. Only Member Services is authorized to contact members within the guidelines provided under the privacy regulations and policies.

Reminder: If an enrollment application is received and it has incorrect information or certain information can't be validated, it could be placed in the Predenial process. The Predenial process differs from the Missing Information process.

An application can be denied for the following reasons:

- Plan selection is not available
- No valid Election Period/SEP
- Applicant incorrectly checked YES to the ESRD question

If an application is put into the Predenial process, the enrollment team will attempt to contact the applicant to correct or validate the information over the phone. If the enrollment team cannot obtain the necessary information, the application will be denied. If the application is denied, the applicant will have to submit a new application.

[Table of contents »](#)

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

Member engagement programs

Member Services

For help with any MA/MAPD/PDP plan-related question, members should contact our Member Services team at the phone number on their member ID card. The Member Services phone number and hours of operation differ by plan.

Aetna Member Services

Hours of operation: 8 a.m. to 8 p.m., seven days a week

Phone: Differs by plan. Shown on the member's ID card

Coventry Member Services

Hours of operation from October 1 – February 14: 8 a.m. to 8 p.m., seven days a week

Hours of operation from February 15 – September 30: 8 a.m. to 8 p.m., Monday through Friday

Phone: Differs by plan. Shown on the member's ID card

[Table of contents »](#)

Continued
→

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

[Representation on behalf of your Medicare client to Member Services](#)

Online tools for members

Member engagement programs

Representation on behalf of your Medicare client to Member Services

Adding a designee to a member's account

For privacy reasons, if members wish to allow someone else to call in and ask questions about their member account (e.g., eligibility, benefits, claims, etc.), they must first send in a **Member Designee Form**. They can request this form from Member Services or online at [AetnaMedicare.com](https://www.aetna.com).

On the form, members must name the person they're appointing as designee, sign and date the form, and then send it in. Once we process the form, the designated individual can call us to ask questions on the member's behalf. A designee does not have permission to make changes to a member's account, but he or she can discuss the member's medical information.

Designating full control of a member's account (power of attorney)

Members can send in a Power of Attorney or Personal Representative form to give full control of their account to another individual. This designated person then has the same ability as the member to obtain information or make changes to the account.

Members can request a form from Member Services, complete it and send it in to us. Or, members can send us power of attorney information from the court, requesting that we assign a designated person permission to act on their behalf.

[Table of contents »](#)

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

[Online tools for members](#)

Member engagement programs

Online tools for members

We provide convenient online tools to help members manage their health care and access plan documents like the provider directory and plan formulary.

Secure member website

Generally speaking, Aetna members will use an online tool called Aetna Navigator and Coventry members will use a tool called My Online Services. But there are some exceptions. Members may need to access their Part D coverage through CVS [Caremark.com](#).

Find a pharmacy

To search for an in-network pharmacy, Aetna and Coventry members can access this website:

<https://rxtools.aetnamedicare.com/plancompare/consumer/2017/individual/Tools/HelpfulTools>.

Find a provider

We offer online tools to help Aetna members find in-network doctors, hospitals and specialists. Visit

www.aetnamedicare.com/findprovider. Coventry members can search for a provider through

<http://coventry-medicare.coventryhealthcare.com/locate-a-provider/index.htm>. In certain states,

some Aetna and Coventry members may be directed to a different tool.

[Table of contents »](#)

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

[Member engagement programs](#)

Member engagement programs

Members who enroll in one of our Medicare Advantage plans may receive letters or phone calls from us, or from contracted health care service providers we work with, for valuable services that are part of their plan benefits and available free of charge.

We offer programs for health-risk assessments, transition of care and healthy home visits.

Again, these programs are part of members' plan benefits. They're voluntary and confidential. If your clients have any questions about any of them, they should call Member Services at the number on their member ID card.

Member welcome meetings

In select markets, we invite members to attend a member welcome meeting. At these educational meetings, members can learn about their plan and get answers to their questions.

Health-risk assessments

In order to be clinically successful with the Medicare Advantage population, we identify and intervene with high-risk Medicare beneficiaries, with the goals of providing quality care that is responsive to their health needs and managing their health care costs. CMS also recognizes the importance of this activity and requires assessments of all new enrollees within 90 days of enrollment.

[Table of contents »](#)

Continued
→

11. Member Experience

After submitting the application

Once CMS approves the enrollment

- Enrollment denials

Following up with new members

Enrollment application cancellation, withdrawal or disenrollment

Member Services

Representation on behalf of your Medicare client to Member Services

Online tools for members

[Member engagement programs](#)

Member engagement programs (continued)

Transition of care

Transition of care is available for every Medicare Advantage member who needs to utilize benefits on day one of their effective date. This allows us to ensure Medicare Advantage member needs related to the following are met: selection and documentation of the primary care physician, durable medical equipment, home health care, mental health, upcoming surgeries, diabetes and prescribed medications.

We remind Medicare Advantage members who need maintenance medications that a 90-day supply may be accessed through mail order upon their effective date.

Additional communications to members give reminders about flu shots and the annual wellness exam benefit. We review what's covered, including preventive health measures like colon cancer screening, yearly mammograms and glaucoma testing, as part of preventive health measures.

Healthy home visits

This program is available to Medicare Advantage members at no charge and is an opportunity to talk to a trained health care professional about their unique needs in the comfort of their home. Medicare Advantage members will be contacted by phone or mail from an Aetna/Coventry outsourced company. The in-home health evaluation takes about an hour and Medicare Advantage members can have a caregiver or family member present as well. Participation in this program is highly recommended and is simply another way we can help members take the best possible care of their health and well-being. The program doesn't take the place of regular doctor visits. Instead, it's another resource for members to ask questions and get answers about the things that matter most about their health. This program does not affect Medicare Advantage members' health care coverage in any way.

During the in-home health evaluation:

- The Medicare Advantage member talks one-on-one with a licensed health care professional about health and asks any questions about medical conditions.
- The visiting in-home health care professional will suggest a personalized list of topics to discuss with the Medicare Advantage member's primary care physician.
- Medicare Advantage members may be referred to other programs available through Aetna/Coventry to help manage long-term health.

[Table of contents »](#)

Additional opportunities to grow your business with Aetna for Ancillary and Med Supp products

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