Aetna Individual Medicare Producer Guide

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2016/2017 Aetna and Coventry Individual Medicare products (MA/MAPD, PDP)

Release date: September 2016

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Introduction

Section 1

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Welcome!

Thank you for contracting with Aetna and becoming ready to sell our portfolio of Individual Medicare products. We're proud to offer high-quality, affordable Medicare Advantage and Part D health plans. Coventry Health Care and First Health Part D are Aetna companies, giving you robust opportunities to offer complete solutions and win more sales.

As a health care company, our focus is on serving consumers, and making it easy to do business with Aetna. You make a valuable difference in your local market! Thank you for your support to Aetna members. Everything that we do is directed to ensuring quality and complete satisfaction for them.

Our Medicare Producer Guide gives the key operational information on our requirements and CMS compliance. It directly supports our upline and producer agreements, making it a valuable training resource for you to grow and retain business and win referrals.

- In this updated release, we have streamlined information and we've also enriched some key content. We encourage you to take advantage of the active links in Table of Contents to easily navigate to the need-to-know information.
- You will see that we direct you to access Producer World for numerous additional resources located in the section "Individual Medicare" (MA/MAPD, PDP).
- Recently, we revamped www.AetnaMedicare.com, our consumer website for Aetna Medicare products. The site is now easier and more intuitive to use. Plus, there's a new For Producers page where you can find a list of key links you use when assisting your clients.

Explore the guide, keep it handy, and for personal assistance at any time. Aetna's local and national teams and our Broker Services Department are ready to support you to be successful and compliant.

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 and Marketing

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How to use this guide

We update this document periodically throughout the year. To ensure you get the most accurate information, please access the document online instead of printing a hard copy. You can always get the latest version on Aetna Producer World and the Coventry Broker Portal.

Tools for your Aetna Medicare business

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 materials.

Register or log in 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.

Coventry Broker Portal

Register or log in at **http://broker.cvty.com**. Contact Broker Services at **1-866-714-9301** for help.

What's available?

- Your Coventry Agent Writing Number (AWN) and broker ID card
- Enrollment kit supply ordering
- Access to App Tracker
- Ascend Virtual Sales Office app request form

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.

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Broker communications

We primarily communicate with you through email. Through these emails, we update you on:

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

We send communications to the email you provided when you first contracted with us. To update the email address where you receive our broker communications, or if you're not receiving 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 **Aetna Producer World**.

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Key terms

Take a minute to review key terms and acronyms we'll use in this guide.

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**
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
Coventry Broker Portal	Your website for Coventry Individual Medicare information, including AWN ID cards, ordering sales supplies, AppTracker, and Ascend Virtual Sales Office app requests: **http://broker.cvty.com**
Downline agent	A person or entity whose contract connects to one or more uplines; or a licensed-only agent.
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 (MA-PD), 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 is assigned a commission by 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
Ready to sell (RTS)	When an upline, principal or agent, as applicable, has completed and maintains compliance with all Aetna and CMS 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.
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."

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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.

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National footprint

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 are available in 38 states + D.C. and 863 counties
- Stand-alone PDP products are available in all 50 states and below benchmark in 49 states + D.C.
- Individual Medicare Supplement and Ancillary products are sold in 44 states

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

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Brand names you can trust

We offer a broad portfolio of products* under multiple respected brand names.

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COVENTRY Health Care Medicare Advantage Plans An Aetna Company

COVENTRY Health Care ALTIUS HEALTH PLANS An Aetna Company

COVENTRY Health Care HEALTHAMERICA An Aetna Company

Medicare Advantage/Medicare Advantage Prescription Drug Plans

- HMO and PPO plans

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First Health Part D from Coventry Health Care An Aetna Company

Stand-alone Prescription Drug Plans

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

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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

There's a separate appointment and contracting process to sell these Medicare Supplement and ancillary products. Contact your upline or the Medicare Supplement Agent Services team at (800) 264-4000, option 3 and then prompt 1 to learn what's required.

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

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Impressive star ratings*

Aetna and Coventry Medicare Advantage (MA) plans have an impressive Star rating achieving an overall average rating of 4.2 (out of 5) stars for 2016, ranking #1 among publicly traded companies.

Spotlight on our national star ratings for 2016:

- National PPO achieves 4.5 star rating and ranks in the top 5% nationally
- 87+% of Aetna/Coventry MA members are in contracts rated 4 stars or higher
- 97+% of Aetna/Coventry MA members are in contracts rated 3.5 stars or higher
- 100% of Aetna/Coventry MA members are in contracts rated 3 stars or higher
- All PDP plans are rated at 3 stars or higher

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* 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.

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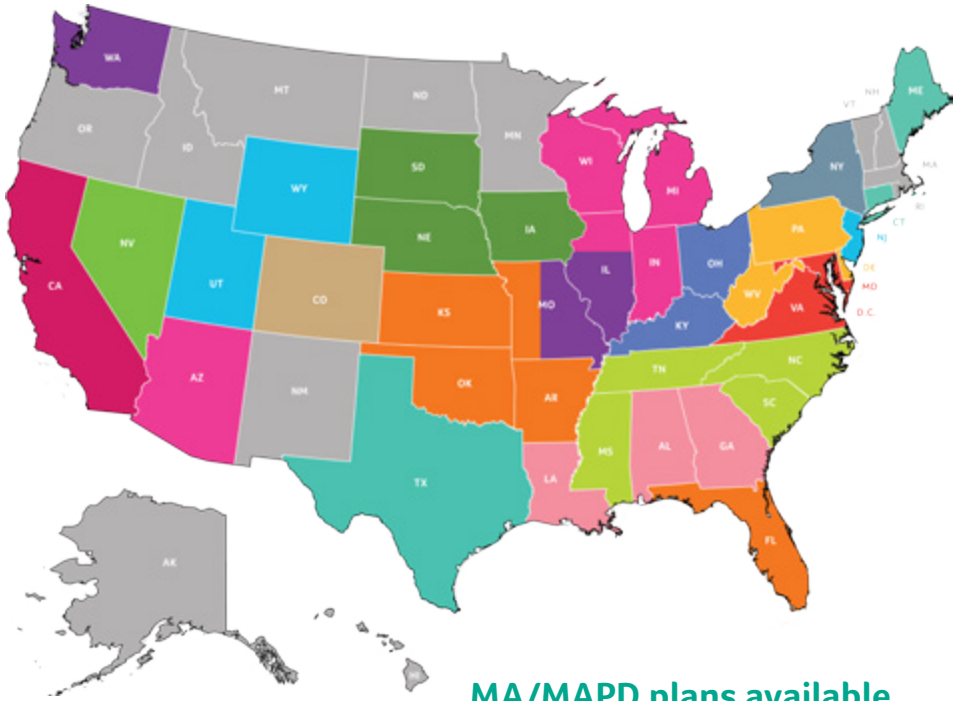
2017 MA/MAPD product availability map*

For more information about our 2016 product offerings, see our 2016 First Look on Aetna Producer World.

MA/MAPD Markets

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)



MA/MAPD plans available in 38 states + D.C.

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

*PDP ONLY are marked in gray

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MA/MAPD local market names

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

2016 Market name/Market territory

Market name	Market territory
Big Sky	NV, UT, WY
California	CA
Capitol	DC, VA
Deep South	AL, GA, LA
Florida	FL
Great Lakes	IN, IL-N
Heartland	AR, KS, MO-W, OK
Keystone	DE, PA, WV
Mid South	NC
Midlands	IA, NE, SD
Mountain States	AZ, CO
New England	CT, ME
New Jersey	NJ
New York	NY
OH/KY	KY, OH
Show Me	IL-S, MO-E
Texas	TX

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2017 MA/MAPD availability by local market, state and county

Arizona
Arizona
Maricopa

California
California
Kern
Los Angeles
Orange
Riverside
San Bernardino
San Diego

Capital
D.C.
District of Columbia

Maryland
Frederick
Howard
Montgomery
Prince Georges

Virginia
Alexandria City
Amelia
Arlington
Botetourt
Chesterfield
Colonial Heights City
Craig
Danville City
Essex
Fairfax
Fairfax City
Falls Church City
Franklin
Fredericksburg City
Gloucester
Goochland
Hampton City
Hanover
Henrico
Henry
Hopewell City
James City
King and Queen
King William
Loudoun
Manassas City
Manassas Park City
Martinsville City
Mathews
Middlesex
New Kent
Newport News City
Pittsylvania
Poquoson City
Powhatan
Prince William
Richmond City
Roanoke
Roanoke City
Salem
Spotsylvania
Stafford
Williamsburg City
York

Colorado
Colorado
Adams
Arapahoe
Boulder
Broomfield
Denver
Douglas
Jefferson

Deep South
Alabama
Barbour
Henry
Houston
Macon
Mobile
Russell

Georgia
Appling
Banks
Barrow
Bibb
Bryan
Burke
Camden
Chatham
Chattahoochee
Cherokee
Clarke
Clayton
Cobb
Columbia
Coweta
Crawford
Dekalb
Dougherty
Douglas
Effingham
Elbert
Emanuel
Evans
Fayette
Forsyth
Franklin
Fulton
Gwinnett
Habersham
Hall
Hancock
Harris
Hart
Heard
Henry
Houston
Irwin
Jackson
Johnson
Jones
Laurens
Lee
Liberty
Lincoln
Madison
Marion
Mcduffie
Mcintosh
Meriwether
Morgan
Muscogee
Newton
Oconee
Oglethorpe
Paulding
Peach
Richmond
Rockdale
Stephens
Stewart
Sumter
Terrell
Toombs
Treutlen
Twiggs
Warren
Washington
Wayne
White
Worth

Lousiana
Ascension
Bossier
Caddo
East Baton Rouge
Iberville
Jefferson
Lafourche
Orleans
Saint Tammany

Florida
Florida
Broward
Charlotte
Clay
Duval
Hillsborough
Lee
Manatee
Marion
Martin
Miami-Dade
Orange
Osceola
Palm Beach
Pasco
Pinellas
Polk
Saint Johns
Saint Lucie
Sarasota
Seminole

Great Lakes
Illinois
Boone
Bureau
Carroll
Cook
Dekalb
Dupage
Hancock
Henderson

Bold = 2017 expansion counties.

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Great Lakes

Illinois (cont.)
Henry
Jo Daviess
Kane
Kankakee
Kendall
Lee
Mercer
Ogle
Rock Island
Stephenson
Warren
Winnebago

Indiana
Allen
Marion
Posey
Vanderburgh

Michigan
Clare
Gladwin
Midland
Oakland
Wayne

Wisconsin
Milwaukee
Racine

Heartland

Arkansas
Benton
Carroll
Crawford
Franklin
Logan
Madison
Montgomery
Pulaski
Scott
Sebastian
Washington

Kansas
Allen
Anderson
Atchison
Bourbon
Butler
Cherokee
Douglas
Franklin
Harvey
Jackson
Jefferson
Johnson
Labette
Leavenworth
Linn
Miami
Montgomery
Osage
Pottawatomie
Sedgwick
Shawnee
Wabaunsee
Wyandotte

Missouri
Barry
Barton
Bates
Benton
Caldwell
Carroll
Cass
Cedar
Christian
Clay
Clinton
Dade
Dallas
Greene
Henry
Hickory
Jackson
Jasper
Johnson
Laclede
Lafayette
Lawrence
Livingston
Mcdonald
Newton
Pettis
Platte
Polk
Ray
Saint Clair
Saline
Stone
Taney
Vernon
Webster
Wright

Oklahoma
Canadian
Cleveland
Grady
Kingfisher
Lincoln
Logan
Muskogee
Oklahoma
Pottawatomie
Tulsa

Keystone

Deleware
Kent
New Castle
Sussex

Pennsylvania
Adams
Allegheny
Armstrong
Beaver
Bedford
Berks
Blair
Bucks
Butler
Cambria
Cameron
Carbon
Centre
Chester
Clearfield
Clinton
Columbia
Crawford
Cumberland
Dauphin
Delaware
Elk
Erie
Fayette
Forest
Franklin
Fulton
Greene
Huntingdon
Indiana
Jefferson
Juniata
Lackawanna
Lancaster
Lawrence
Lebanon
Lehigh
Luzerne
Lycoming
McKean
Mercer
Middlesex
Mifflin
Monroe
Montgomery
Montour
New Haven
New London
Northampton
Northumberland
Perry
Philadelphia
Potter
Schuylkill
Snyder
Somerset
Sullivan
Susquehanna
Tolland
Union
Venango
Warren
Washington
Wayne
Westmoreland
Windham
Wyoming
York

West Virginia
Barbour
Boone
Braxton
Brooke
Cabell
Calhoun
Clay
Doddridge
Fayette
Gilmer
Grant
Greenbrier
Hampshire
Hancock
Hardy
Harrison
Jackson
Jefferson
Kanawha
Lewis
Lincoln
Logan
Marion
Marshall
Mason
Mercer
Monongalia
Morgan
Nicholas
Ohio
Pleasants
Preston

Bold = 2017 expansion counties.

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Keystone

West Virginia (cont.)

Putnam
Raleigh
Randolph
Ritchie
Roane
Summers
Taylor
Tucker
Tyler
Upshur
Wayne
Webster
Wetzel
Wirt
Wood
Wyoming

Mid South

North Carolina

Alamance
Alexander
Cabarrus
Caldwell
Caswell
Catawba
Davidson
Davie
Durham
Forsyth
Gaston
Guilford
Iredell
Johnston
McDowell
Mecklenburg
Orange
Person
Randolph
Rockingham
Rowan
Stokes
Union
Wake
Wilkes

South Carolina

Greenville
Laurens
Spartanburg
York

Tennessee

Cheatham
Davidson
Fayette
Rutherford
Shelby
Trousdale
Williamson

Mississippi

DeSoto

Midlands

Iowa

Adair
Appanoose
Benton
Black Hawk
Boone
Bremer
Buchanan
Buena Vista
Butler
Calhoun
Carroll
Cass
Cedar
Cherokee
Clinton
Crawford
Dallas
Decatur
Delaware
Dickinson
Fayette
Fremont
Greene
Grundy
Guthrie
Hamilton
Harrison
Henry
Ida
Iowa
Jackson
Jasper
Jefferson
Johnson
Jones
Keokuk
Linn
Louisa
Lucas
Lyon
Madison
Mahaska
Marion
Marshall
Mills
Monona
Monroe
Montgomery
Muscatine
Obrien
Osceola
Page
Plymouth
Polk
Pottawattamie
Poweshiek
Ringgold
Scott
Shelby
Sioux
Story
Tama
Union
Warren
Washington
Wayne
Webster
Winneshiek
Woodbury
Wright

Nebraska

Burt
Butler
Cass
Colfax
Cuming
Dodge
Douglas
Gage
Jefferson
Knox
Lancaster
Otoe
Sarpy
Saunders
Seward
Washington
Wayne

South Dakota

Bon Homme
Brookings
Clay
Hutchinson
Lake
Lincoln
Mccook
Minnehaha
Moody
Turner
Union

Nevada

Nevada

Clark
Washoe

New England

Connecticut

Fairfield
Hartford
Litchfield
Middlesex
New Haven
New London
Tolland
Windham

Maine

Androscoggin
Cumberland
Franklin
Kennebec
Knox
Lincoln
Oxford
Penobscot
Piscataquis
Sagadahoc
Waldo
York

New Jersey

New Jersey

Atlantic
Bergen
Burlington
Camden
Cape May
Cumberland
Essex
Gloucester
Hudson
Hunterdon
Mercer
Middlesex
Monmouth
Morris
Ocean
Passaic
Salem
Somerset

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New Jersey

New Jersey (cont.)

Sussex
Union
Warren

New York

New York

Albany
Bronx
Broome
Cayuga
Chemung
Chenango
Columbia
Cortland
Dutchess
Greene
Kings
Madison
Monroe
Nassau
New York
Oneida
Onondaga
Orange
Orleans
Oswego
Putnam
Queens
Rensselaer
Richmond
Rockland
Schenectady
Schuyler
Seneca
Suffolk
Sullivan
Tioga
Tompkins
Ulster
Wayne
Westchester
Yates

Northwest

Washington

King
Pierce
Snohomish

Ohio/Kentucky

Ohio

Adams
Allen
Ashland
Ashtabula
Athens
Auglaize
Belmont
Brown
Butler
Carroll
Champaign
Clark
Clermont
Clinton
Columbiana
Coshocton
Crawford
Cuyahoga
Darke
Defiance
Delaware
Erie
Fairfield
Fayette
Franklin
Fulton
Gallia
Geauga
Greene
Guernsey
Hamilton
Hancock
Hardin
Harrison
Henry
Highland
Hocking
Holmes
Huron
Jackson
Jefferson
Knox
Lake
Lawrence
Licking
Logan
Lorain
Lucas
Madison
Mahoning
Marion
Medina
Meigs
Mercer
Miami
Monroe
Montgomery
Morgan
Morrow
Muskingum
Noble
Ottawa
Paulding
Perry
Pickaway
Pike
Portage
Preble
Putnam
Richland
Ross
Sandusky
Scioto
Seneca
Shelby
Stark
Summit
Trumbull
Tuscarawas
Union
Van Wert
Vinton
Warren
Washington
Wayne
Williams
Wood
Wyandot

Kentucky

Boone
Campbell
Kenton

Show Me

Illinois

Adams
Bond
Brown
Calhoun
Cass
Christian
Clinton
Cumberland
Dewitt
Douglas
Fayette
Ford
Fulton
Greene
Jasper
Jersey
Logan
Macon
Macoupin
Madison
Marshall
Mason
McLean
Menard
Monroe
Montgomery
Morgan
Moultrie
Peoria
Piatt
Pike
Randolph
Saint Clair
Sangamon
Scott
Shelby
Stark
Tazewell
Vermilion
Washington
Woodford

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Missouri

Audrain
Boone
Callaway
Cole
Cooper
Crawford
Franklin
Gasconade
Howard
Jefferson
Knox
Lincoln
Maries
Miller
Moniteau
Montgomery
Osage
Perry
Pike
Saint Charles
Saint Louis
Saint Louis City
Sainte Genevieve
Shelby
Warren
Washington

Texas

Texas

Aransas
Atascosa
Austin
Bandera
Bastrop
Bexar
Blanco
Bosque
Brazoria
Brazos
Brooks
Burnet
Caldwell
Cameron
Chambers
Collin
Comal
Cooke
Dallas
Denton
Dimmit
Duval
El Paso
Ellis
Fort Bend
Galveston
Gillespie
Gonzales
Grayson
Gregg
Grimes
Guadalupe
Hardin
Harris
Harrison
Hays
Henderson
Hidalgo
Hill
Hood
Jefferson
Jim Hogg
Jim Wells
Johnson
Kendall
Kenedy
Kerr
Kleberg
La Salle
Lee
Liberty
Limestone
Llano
Lubbock
Matagorda
Medina
Montague
Montgomery
Nueces
Orange
Parker
Rains
Rockwall
San Jacinto
San Patricio
Smith
Somervell
Starr
Tarrant
Travis
Van Zandt
Walker
Waller
Washington
Webb
Wharton
Willacy
Williamson
Wilson
Wise

Utah/Wyoming

Utah

Box Elder
Cache
Daggett
Davis
Duchesne
Morgan
Rich
Salt Lake
Summit
Tooele
Uintah
Utah
Wasatch
Weber

Wyoming

Uinta

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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. Whether in or out of network, doctor must accept Medicare for services to be covered.	Members may save money by using in-network providers. Whether in or out of network, doctor must accept Medicare for services to be covered.
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 plans. Plans vary by service area.

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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 predominately (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.

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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	Aetna Medicare Innovation Prime Plan (HMO) Aetna Medicare Main Line Health Prime Plan (HMO) Aetna Medicare NNJ Prime Plan (HMO) Aetna Medicare PinnacleHealth Prime Plan (HMO) Aetna Medicare Prime Plan (HMO) Aetna Medicare Prime Plan (PPO) Advantra Fayette Prime (HMO) Advantra Washington Prime (HMO)
Total Care	"Total Care" is part of the plan name and it appears on the member ID card.	Coventry Total Care (HMO) Coventry Total Care (HMO-POS) Coventry Total Care (PPO)

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.

How can members find in-network providers?

- For Aetna-branded plans: Use the Aetna Medicare DocFind 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 are on AetnaMedicare.com.

- For Coventry and Advantra-branded plans: Use the Coventry Provider Lookup tool, 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.

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?

peak 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 on-line look up tools.

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Aetna Medicare Part D products

Overview

Aetna Medicare Part D prescription drug plans are designed to provide quality service and real savings for our members. Our goal is to ensure all members understand their benefits and can easily access the medications they need at pharmacies that are in Aetna's network.

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

- Aetna Medicare Rx Saver (PDP)
- First Health Part D Value Plus (PDP)
- First Health Part D Premier Plus (PDP)

Our 2017 Part D product highlights include:

- Pharmacy network with over 60,000 retail pharmacies, more than 20,000 which are preferred.
  - A "preferred pharmacy" is a network pharmacy where 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.
- Improved generic access
- Low copays on Preferred Generics (Tier 1) at a preferred pharmacy on all plans

Aetna and Coventry 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

We offer a 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.

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Ready-to-sell requirements:
Section 3

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Getting started

- What "ready to sell" means
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- Agent identifiers: NPN vs. AWN

For faster contracting updates and processing, please complete the Scope of Submission form included in your nomoreforms package.

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What does it mean to be "ready to sell"?

DEFINITION: The term "ready to sell" means an upline, principal or agent has completed and maintains compliance with all Aetna and CMS requirements for selling 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.

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

To become "ready to sell" our 2017 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, be properly licensed and appointed, and pass a background check:
   - 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.
   - If you need to change hierarchy or contract level, you'll need to request those changes in nomoreforms. Please be sure to complete the Scope of Submission form in **nomoreforms**.
   - LICENSING AND APPOINTMENT: You'll need to be properly licensed in states where you sell. You'll also need to be properly appointed by Aetna for all products you intend to sell.
   - BACKGROUND CHECK: New agents will also need to pass a background check.
   - You can not 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. You'll receive separate ready-to-sell notices for Aetna and Coventry Medicare products.

Are you an upline, principal or payee? If so, to become ready to sell our 2017 Individual MA/MAPD and PDP products, you'll need to be fully certified, licensed and properly appointed in ALL states and markets where your downline agents or employees intend to sell.

In the following sub-sections we provide additional details. Please review, and also see for additional details on ready-to-sell requirements. Also, see the Compensation section for a list of the specific requirements to receive commission or administrative fees.

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Ready-to-sell checklist

New writing agents (AG 1-4)

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.

1. First, obtain a package code from your upline or local Aetna market.
2. Once logged in, complete and submit all required contracting paperwork, including the Scope of Submission.
3. As part of contracting process, you must:
   - Request state appointments
   - 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 a W-9 to receive commissions from Aetna
   - Complete EFT form for electronic funds transfer of compensation
   - Complete a background check authorization form

Complete annual certification requirements. Login to our Medicare certification site and complete the required training modules and exams. See Certification requirements section for details.

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

New licensed-only agents (LOAs)

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.

1. First, obtain a package code from your upline or local Aetna market.
2. Once logged in, complete and submit all required contracting paperwork, including the Scope of Submission.
3. As part of contracting process, you must:
   - Request state appointments
   - Attest to having an active E&O policy of at least $1,000,000 per claim and $1,000,000 aggregate
   - Complete a background check authorization form

Complete annual certification requirements. Login to our Medicare certification site and complete the required training modules and exams. See Certification requirements section for details.

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

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Ready-to-sell checklist (continued)

New uplines, principals and payees

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.

1. First, obtain a package code from your upline or local Aetna market.
2. Once logged in, complete and submit all required contracting paperwork.
3. As part of contracting process, you must:

- Request state appointments
- Attest to having an active E&O policy of at least $1,000,000 per claim and $1,000,000 aggregate
- Complete a W-9 to receive commissions from Aetna
- Complete EFT form for electronic funds transfer of compensation
- Complete a background check authorization form

Complete annual certification requirements. Login to our **Medicare certification site** and complete the required training modules and exams. See Certification requirements section for details.

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

Reminder, under the terms of your Aetna agreement, Upline must insure that non-agent employees and any other persons conducting enrollment activities on Aetna's behalf must be certified.

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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**.

Complete annual certification requirements.

1. Login 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. Login 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.

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Agent identifiers: NPN vs. AWN

Please read and follow the instructions on the specific enrollment form.

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

- Your National Producer Number (NPN) on Aetna Individual Medicare (MA/MAPD, PDP) applications
- Your Coventry Agent Writing Number (AWN) on Coventry Individual Medicare (MA/MAPD, PDP) applications

However, in some Florida counties, you'll need to include both your NPN and AWN. This is specified on the enrollment form.

You can look up your NPN on the **National Insurance Producer Registry** website.

Your AWN appears on your Coventry AWN ID card. The AWN ID card is updated annually according to Coventry Medicare products you are ready to sell. Once you're ready to sell, you can download a copy of your AWN ID card from the **Coventry Broker Portal**. Your AWN ID card lists the Coventry products that you're ready to sell.

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Ready-to-sell requirements: Contracting

Section 3.1

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Contracting, License and Appointment

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  - How to update your Individual Medicare information with Broker Services
- Contract types
- The contracting process
- Upline obligations and administrative services
- Requesting appointments and adding states
- How to check appointment status
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- Agent termination information

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Contracting

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

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 Aetna's **Aetna Producer World** website, the Coventry **Coventry Broker Portal** or through **www.aetna.com**.

How to update your information with the Broker Services Department

To update your EFT or W-9, change your banking information or hierarchy alignment, 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 HYPERLINK "mailto:brokersupport@aetna.com" brokersupport@aetna.com.

To change your information in nomoreforms:

1. Log in as a Returning User on the nomoreforms login page.

Populate the following fields:

– SSN

– Password

– Client Package Code

Click "Logon to nomoreforms"

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Contracting, License and Appointment

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2. Simply view, update and save the necessary forms with your updated demographic information. The updated forms will now state “No” under submitted.

3. A Submit Forms button will appear. Enter your password and click “Submit Forms.” A list of the forms that are ready for submission will appear.

4. Click “Submit Forms” to submit your contracting package.

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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 (Health or Accident & Health, Disability, etc. as determined by each state's Department of Insurance), 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.

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.
- 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 check
- 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.

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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: Get a contract 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 2: 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**. A nomoreforms user guide is available for reference.

Step 3: List a single payee as part of the contracting paperwork

The payee, must be fully certified, licensed and properly appointed in ALL states where they, or their downline agents or employees intend to sell.

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.

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The contracting process (continued)

Step 7: We conduct a background check/ regulatory review.

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

- County criminal search
- Federal criminal search
- Professional license verification
- Medicare debarred & exclusion lists (OIG, SAM and OFAC)

If the background check/regulatory review returns as PASS, we'll complete the final steps of the contracting process. If a background check/regulatory review does not return a "PASS" 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. All brokers/agents have the right to appeal background check/regulatory review findings within 30 calendar days of receipt of notification. Refer to "Agent terminations" and the section titled "Agent reconsideration process" for information on how to dispute background check/regulatory review results.

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

Step 8: We complete the final steps

If the background check returns as PASS, we'll complete the final steps of the contracting process. As a reminder, contracting is only one of the ready-to-sell requirements.

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Upline obligations and administrative services

There are four upline contracting tiers.

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 pirincipal 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.

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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

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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

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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
Web site 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

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Requesting appointments

When you contract with Aetna you must request state appointments using the Contract Information Sheet in the nomoreforms electronic contracting system. 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.

For existing agents adding states

If you need to request additional appointments after completing contracting, you will need to resubmit your package code in the nomoreforms system. You can select any additional state appointments needed on the Contract information sheet. We request that you also complete the Scope of Submission form to indicate you are requesting additional appointments for your contract.

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.

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How to check appointment status

You must be appointed in the states where you intend to sell our Individual Medicare products before marketing. This is your responsibility.

You can check your appointment status by contacting the Broker Services Department at 1-866-714-9301 or by accessing the respective state's Department of Insurance website.

If you sell Aetna products, you can also check your appointment status on **Aetna Producer World**. (Need access to Aetna Producer World? Go to **www.aetna.com/insurance-producer.html** and follow prompts to register.)

You can check your appointment status by contacting the Broker Services Department at 1-866-714-9301 or by accessing the respective state's Department of Insurance website.

If you sell Aetna products, you can also check your appointment status on **Aetna Producer World**.

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E&O insurance program

We require all agents (AG4 agent levels and below) to carry an Errors and Omission (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**.

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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 within 30 calendar days of the original decision to the following address:

Aetna
Attn: Broker Services Department
Agent Contracting/Reconsideration
2222 Ewing Road
Moon Township, PA 15108
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 check, 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.

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Ready-to-sell requirements: Certification

Section 3.2

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Certification requirement

- Full training and certification information is available on **Aetna Producer World**.
- You can access the Aetna AHIP **certification site** directly.

Please note that also for 2017 it is a requirement that agents who sell Aetna MA/MAPD products must complete the Market-specific training for every market they sell.

NEW for 2017: Dual-year certification (2016-2017)! Here's how it works:

Beginning 7/7/16, completion of the 2017 Aetna Individual Medicare certification also fulfills the 2016 certification requirement.

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

You must successfully complete the Aetna Individual Medicare annual certification process and meet all contracting requirements prior to marketing or selling Aetna or Coventry Individual Medicare products (MA/MAPD and PDP) during the Annual Election Period for January 1 effective dates and throughout the year.

To receive renewal commission in January for business sold in prior years, you must complete the annual certification process by December 31.

Uplines and principals must be fully licensed, appointed and certified in ALL states and markets where their downline agents or employees intend to sell. Payees must be fully licensed, appointed and certified in ALL states where the products for which they are receiving commissions are sold.

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

See "Completing Certification" next page

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Certification (continued)

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

AHIP Medicare training and exam	• This course has five modules. - 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. • Required Fraud, Waste and Abuse (FWA) training and exam follows the AHIP final exam.
Core training and exam	• Provides a high-level view of Aetna's Code of Conduct and Medicare Compliance program.
Part D training and exam	• Offers a high-level look at Aetna and Coventry Individual Medicare Part D products.
MA/MAPD overview training and exam	• Offers a high-level look at Aetna and Coventry Individual MA/MAPD and Medicare Supplement products.

Please note that also for 2017 it is a requirement that agents who sell Aetna MA/MAPD products must complete the Market-specific training for every state and market they sell. We monitor completion of this training requirement.

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 2017 plan benefits* for the local service area, our provider and pharmacy networks, competitive advantages, agent tools and more.

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Key reminders

NEW for 2017: Dual-year certification (2016-2017)

- **Beginning 7/7/16**, completion of the 2017 Aetna Individual Medicare certification also fulfills the 2016 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 contracting 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. AHIP final exam for the $125 AHIP registration fee. You can review your attempt history on the transcript page.
    - You also get three attempts each to pass the Aetna Core training, Aetna Part D training, and Aetna MA/MAPD overview training. If you don't pass an exam in three attempts, you'll be locked out and will be ineligible to sell (or retest to sell) any 2017 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. 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.**

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Transferring AHIP certification

Your existing AHIP certification will transfer to Aetna automatically upon registering for 2016 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. - 6 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

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Ready-to-sell notification

Section 3.3

Ready-to-sell notifications

Upon completing the ready-to-sell requirements for specific products, you'll get a ready-to-sell email from us confirming your status.

- If you're ready to sell Aetna and Coventry products, you'll get two notifications.
- If you sell Aetna products, the ready-to-sell notice will come from Aetna. The notice explains that agents must use their National Producer Number (NPN) on Aetna applications to receive commission.
- If you only sell Coventry products, to receive a Coventry ready-to-sell notification you must register on the **Coventry Broker Portal**. You'll then receive a Coventry ready-to-sell email. The notification will include a link to download the Coventry AWN ID card that lists the Coventry products that you're ready to sell. Note: The AWN ID card lists the 2017 Coventry products that you're ready to sell.

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Compensation Overview

In addition to the following overview, be sure to refer to your contract and also 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 control.

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:

- The payment of fees to comply with state appointment laws
- Training
- 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

Aetna's Medicare 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.

The compensation year is January 1 through December 31, regardless of beneficiary enrollee date. Also see: "Initial Sales" and "Renewal and Replacement Sales" and "Renewal Commission Payments."

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.

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Compensation Overview (continued)

Commission

We pay a commission to agents for each person they enroll in an Aetna or Coventry Medicare product in accordance with the CMS requirements and the terms of the agent's contract (e.g., the "Aetna Marketing Agreement for Producer Agents" (the "Producer Agreement"). We pay directly to the agent, or to the payee as specified upon contracting. With respect to commissions payable to LOAs for sales of policies with an effective date in 2015 and later, all commissions are paid directly to the LOA's upline.

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 3 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 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

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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.

For sales which are confirmed by CMS to be payable as an initial sale, Aetna will, if permitted by law, advance the full "Initial Rate" set forth in your contract, in one or more payments, during the calendar year in which the effective date of the policy occurs.

- 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 1st or December 1st).
- 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.

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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 (e.g., your contract).
  - **NEW RENEWAL TERMS for 2017** This 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 2014 is renewed for 2016, the applicable "Renewal Rate" for such policy will be shown in the Schedule 1 relating to 2016 policies. Likewise, the applicable "Renewal Rate" for policies renewed for 2017 will be shown in the Schedule 1 relating to 2017 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 receipt of CMS files, 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.
- **"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 1st, 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.

This is updated for 2017

Unless otherwise indicated in Schedule 1 of your contract, the "replacement rate" is the same amount as the "renewal rate."

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Renewal and replacement sales (continued)

- 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.

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 4 Compensation.

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.

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Renewal and replacement sales (continued)

EXAMPLE

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

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.

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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 involuntary disenrollments, and voluntary 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 (i.e., 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 is also not considered a rapid disenrollment if the individual remains enrolled through the end of the same calendar year.
- 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.

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Chargebacks for rapid disenrollments and unearned commission (continued)

Modification to existing agent information and establishing new agents

The Top of Hierarchy (Distribution Partner) must notify the Broker Services Department about any changes in agent information.

Referral/finder's fees

Referral/finder's fees are paid to agents that recommend or enroll a beneficiary into a Plan/Part D Sponsor that meets beneficiaries' health care needs. Compensation for referral/finder's fees paid to all agents may not exceed $100 for an MA plan or $25 for a Part D plan. Total compensation, including referral/finder's fees paid to agents, must not exceed the fair market value for that contract year.

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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, including market-specific product training(s) for 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: The annual certification process must be completed by December 31 to receive renewal commissions in January. 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.

To receive renewal commission in January for business sold in prior years, you must complete the annual certification process by December 31.

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Compensation eligibility requirements (continued)

Commission eligibility requirements for writing agents, payees, principals

Initial and replacement sales	Year two and beyond renewals
1. Active agreement with Aetna at time of sale (except for LOAs and principals)	1. Must have been eligible to receive initial compensation
2. Complete nomoreforms onboarding process	2. Agent contract has not been terminated with cause
3. Active license in state of sale at time of sale	3. Active license in state of sale on the 1st of the month that the renewal payments are generated
4. Active appointment in state of sale at time of sale	4. Active appointment in state of sale on the 1st of the month that the renewal payments are generated
5. Must adhere to Appendix B for allowed service areas to market in	5. Completed Annual Certification Process for the current renewal year by the 1st of the month that the Renewal payments are generated
6. Completed Annual Certification Process at time of Sale	6. If writing agent is LOA, direct upline must meet all above criteria
7. If agent is LOA, direct upline must be ready to sell in state of sale.	7. If agent is in a termed pays renewals status, they must earn at least $750 in renewal compensation each year to be eligible to receive renewal compensation the following year

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Compensation eligibility requirements (continued)

Administrative fee eligibility requirements for uplines

Initial and replacement sales	Year two and beyond renewals
1. Active agreement with Aetna at time of sale (except for principals)	1. If upline is no longer contracted, the upline cannot be in a terminated with cause status
2. Complete nomoreforms onboarding process	2. Active license in state of sale on the 1st of the month that the renewal payments are generated*
3. Active license in state of sale at time of sale*	3. Active appointment in state of sale on the 1st of the month that the renewal payments are generated*
4. Active appointment in state of sale at time of sale*	4. Completed Annual Certification Process at time of Sale
5. Writing agent must adhere to Appendix B for allowed service areas to market in	5. If upline is in a termed pays renewals status, they must earn at least $750 in renewal compensation each year to be eligible to receive renewal compensation the following year
6. Completed Annual Certification Process at time of Sale	
7. Writing agent must be eligible to receive initial compensation	

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

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Changes

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

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

Read below for Contract level or hierarchy changes

1099 forms

Commissions are reported via the Internal Revenue Service (IRS) 1099 process. 1099 MISC forms generate when annual earnings are equal to or greater than $600 for a calendar year, and mail to eligible recipients by January 31st of the following year. 1099 forms will be mailed to the address we have on file.

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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 the amount of Medicare commissions earned is more than $750 annually. If commissions are less than $750 annually, Medicare renewal commission payments to you may end.

You must still certify each year with Aetna, and be properly licensed and appointed with us, and meet certain other requirements to receive renewal commissions. Refer to your contract for details.

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

Any balances you owe to Aetna could result in a chargeback to your upline.

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How termination affects compensation (contiuned)

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 unpaid and future 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 (i.e., first year policies that terminate prior to December 31, 2015), 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
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.

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Agent of Record

In the event of the death of an agent, AOR change requests will be reviewed by the Broker Services Department (BSD) on a case by case basis. Please contact us at 1 (866) 714-9301 from 8 am to 8 pm, Monday through Friday. You may also email us at brokersupport@aetna.com.

Member, agency or agent-initiated AOR change procedures are listed below.

Member Initiated

Member-initiated Agent of Record change requests will be processed and become effective the first of the month, following the receipt of the written member request. We will not back date the agent of record change to be effective prior to receipt of the initial request.

The last enrollment application received for a member becomes the Agent of Record. The writing agent must be ready to sell as of the date the enrollment request is completed. Ready to sell status is also required to be eligible to receive commissions. If the agent is not ready to sell for that policy the agent will be notified.

Members may also elect to change their agent of record by following the process below:

- The member must submit the Agent of Record change request to Aetna by phone or in writing by email or letter. Requests should be directed to Aetna Member Services. Members are to contact Member Services according to the toll-free number on their Member ID card.

  Mailing Address:
  ATTN: Aetna Broker Services Department
  2222 Ewing Road
  Moon Township, PA 15108

- The request will be reviewed to determine whether the new agent requested as the agent of record is currently ready to sell.
- If the member's requested agent of record is ready to sell and eligible to receive commissions, the AOR request will be approved.
- If the requested agent is *NOT* ready to sell, and, therefore, is also ineligible to receive commissions, the change will not be processed and the member will receive notification.

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Agent of Record (continued)

Upline or Agent Initiated:

- Only the original writing agent may request to move a policy or book of business to another agent.
- Uplines may only request an AOR change for LOA business. LOAs may not request an AOR change.
- Agent/agency submits request via email to the BSD: brokersupport@aetna.com.
- Upline or Agent-Initiated Agent of Record requests will be reviewed, and upon approval and processing will become effective the first of the month, following Aetna's receipt of all completed documents.
- After reviewing the submitted request received from the original writing agent, or the Upline, the BSD will provide the following supporting documentation and instructions that must be submitted back to the BSD:
    i. AOR Change Request form based on requestor
    ii. Requestor will be provided the Aetna-required template to document approved membership
    iii. Aetna's CMS-approved member letter that is to be sent to every effected member.
- Upon receipt of the requested information the BSD will review the documentation for accuracy, and upon approval will process the AOR change request to update our records to reflect the receiving agent.
- Agent or upline-initiated Agent of Record change requests will be processed and become effective the first of the month, following approval.

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Contract level or hierarchy changes

Making a contract level change

When an agent contract level change is needed, the request can be submitted as long as it meets the Top of Hierarchy's requirements for the new level.

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

Hierarchy change guidelines

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

Hierarchy change process within the same Top of Hierarchy

When transferring within the same Top of Hierarchy, a new contract is not necessary but you must fill out a new Hierarchy Transmittal Sheet via nomoreforms. A transfer/release is not necessary.

Please note, hierarchy transfer requests submitted between 10/1-1/1 are held for processing and confirmed by the Broker Services Department in January. In the event that an exception request is required, please contact your Aetna Account Director.

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
- Levels cannot be changed from 10/1 – 1/1
- Transfer/Release requests will not be accepted between 10/1 – 1/1
- Any hierarchy/level change requests between 10/1 - 1/1 require an exception request through your Aetna Account Director.

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. Or if a termination is initiated by your immediate upline, you are automatically released.)

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Hierarchy (continued)

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've had production within the past six months**

     You must complete a Transfer Release Form indicating release by your current immediate upline and current Top of Hierarchy.

     You must submit a new contracting package via **nomoreforms** using a package code provided by your new Top of Hierarchy. Include the completed Transfer Release Form with your contracting package as an attachment.
3. After you submit a new contracting package, the completed Transfer Release Form must be attached to your contracting package via **nomoreforms**.
4. The hierarchy change will be effective with the next commission cycle following the date the change was processed.
5. 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.
   - 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.
6. Licensed-only agents may transfer to a maximum contract level of agent level 4. They must remain at the same/new level within the same hierarchy for a minimum of six months.

How to obtain and complete a Transfer Release Form

- Log in to Aetna's **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, the immediate upline, and the existing Top of Hierarchy approving the transfer/release.
- The upline and Top of Hierarchy must indicate whether the broker only, or the broker and downline agents, are being released.

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Initial Sales Illustrative Examples:

(FOR ILLUSTRATION PURPOSES ONLY)

Medicare Advantage commission rates

Hierarchy Level	Nation Initial Rate
NMO	$70
RMO	$65
GMO	$60
LMO	$55
Agent 4	$50
Agent 3	$45

(The rates set forth above 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 "Initial Rate" for Agent 4 ($50);
- The LMO would receive an administrative fee equal to the Medicare Advantage National "Initial Rate" for LMO less the Medicare Advantage National "Initial Rate" for Agent 4 ($55 - $50 = $5 (total amount payable to LMO)); and
- The NMO would receive an administrative fee equal to the Medicare Advantage National "Initial Rate" for NMO less the Medicare Advantage National "Initial 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:

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Initial Sales Illustrative Examples: (Continued)

(FOR ILLUSTRATION PURPOSES ONLY)

Example Using An Initial Rate of $400

Effective Date	Number of Months Paid	Total Amount 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: 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.

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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 replacement of a Medicare Advantage plan under these circumstances, using $240 as the commission rate payable for replacement:

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)); and
- 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.

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Compensation

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- Renewal commission payments
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Initial Sales Illustrative Examples: (Continued)
(FOR ILLUSTRATION PURPOSES ONLY)

Example Using Replacement Rate of $240

Effective Date	Number of Months Paid	Total Amount 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.

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The Front Runners program

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The Front Runners program

The 2016 Front Runners program

The 2016 Front Runners program is a rewards program for agents who excel selling our Aetna and Coventry Individual Medicare products (MA/MAPD, PDP) during Annual Election Period (AEP) from October 15 – December 7, 2015. (Note: Telebrokers are ineligible.)

To qualify, agents had to sell 18 MA/MAPD and/or PDP enrollments for an effective date of January 1, 2016. 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 2017 Front Runners program will be announced in September.

What 2016 Front Runners receive:

- Free 2016 Aetna Individual Medicare certification (a $175 value)
- Signage announcing your Front Runner status
- Discounts 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

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Section 6

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Why compliance is so important

As an Aetna partner representing our Individual Medicare plans and products (MA/MAPD, PDP), you **must** follow Aetna and Centers for Medicare and 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.

Brokers for Aetna's covered programs are required to comply with the new ACA Section 1557 regulations as of July 18, 2016. Any broker that 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.

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 HHS Sec. 1557 guidance.

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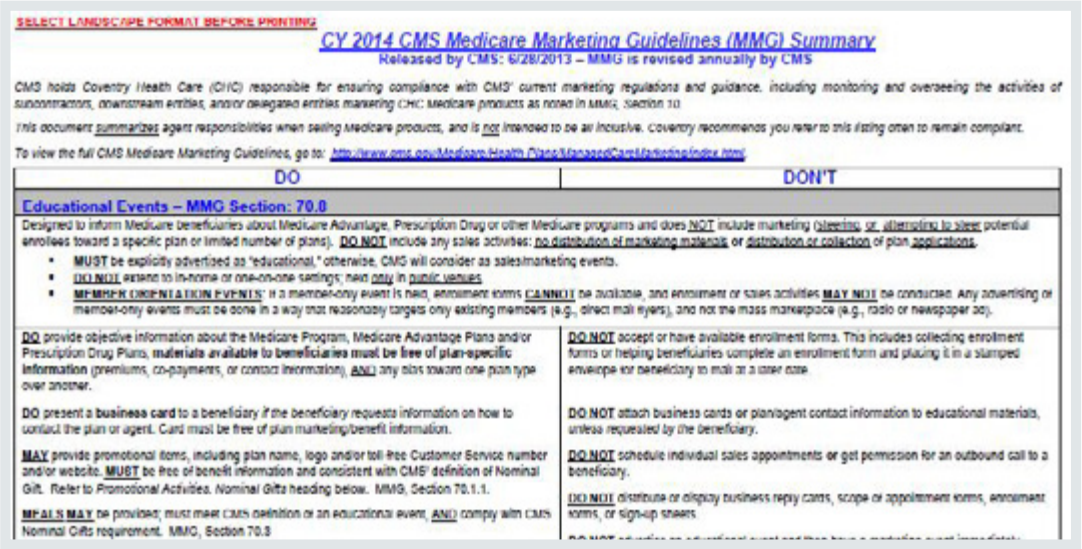
Why compliance is so important (continued)

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: **http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.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 & DON'Ts Agent Summary**. It highlights specific rules and regulations you need to know and follow from the CMS MMG. Carry this portable list with you as a reference tool when selling Medicare products.



SELECT LANDSCAPE FORMAT BEFORE PRINTING

CY 2014 CMS Medicare Marketing Guidelines (MMG) Summary

Released by CMS: 6/28/2013 – MMG is revised annually by CMS

CMS holds Coventry Health Care (CHC) responsible for ensuring compliance with CMS' current marketing regulations and guidance, including monitoring and overseeing the activities of subcontractors, downstream entities, and/or delegated entities marketing CHC Medicare products as noted in MMG, Section 10

This document summarizes agent responsibilities when selling Medicare products, and is not intended to be an inclusive. Coventry recommends you refer to this listing often to remain compliant.

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

DO	DON'T
Educational Events – MMG Section: 70.0	
Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and does NOT include marketing (selling, or attempting to sell) potential enrollees toward a specific plan or limited number of plans). DO NOT include any sales activities: no distribution of marketing materials or distribution or collection of plan applications. • MUST be explicitly advertised as "educational," otherwise, CMS will consider as sales/marketing events. • DO NOT extend to in-home or one-on-one settings; held only in public venues • MEMBER ORIENTATION EVENTS: If a member-only event is held, enrollment forms CANNOT be available, and enrollment or sales activities MAY NOT be conducted. Any advertising or member-only events must be done in a way that reasonably targets only existing members (e.g., direct mail flyers), and not the mass marketplace (e.g., radio or newspaper ad).	
DO provide objective information about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans, **materials available to beneficiaries must be free of plan-specific information** (premiums, co-payments, or contact information), AND any bias toward one plan type over another.	DO NOT accept or have available enrollment forms. This includes collecting enrollment forms or helping beneficiaries complete an enrollment form and placing it in a stamped envelope for beneficiary to mail at a later date.
DO present a **business card** to a beneficiary if the beneficiary requests information on how to contact the plan or agent. Card must be free of plan marketing/benefit information.	DO NOT attach business cards or plan/agent contact information to educational materials, unless requested by the beneficiary.
MAY provide promotional items, including plan name, logo and/or toll-free Customer Service number and/or website. MUST be free of benefit information and consistent with CMS' definition of Nominal Gift. Refer to Promotional Activities, Nominal Gifts heading below. MMG, Section 70.1.1.	DO NOT schedule individual sales appointments or get permission for an outbound call to a beneficiary.
MEALS MAY be provided; must meet CMS definition of an educational event, AND comply with CMS Nominal Gifts requirement. MMG, Section 70.8	DO NOT distribute or display business reply cards, scope of appointment forms, enrollment forms, or sign-up sheets

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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 policies.

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**.

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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
- Notify CMS and other regulatory agencies about marketing violations and report corrective actions taken to fix issues
- Identify and correct inappropriate behavior or activity by agents, brokers and producers.
- 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 CMS instructions)
- Ensure agencies oversee their agents and downline arrangements

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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

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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
  - Oversee complaint investigation and resolution
- **Marketing/sales seminar reporting, cancellations and updates**
  - Submission of formal and informal events to CMS
  - Verification of canceled or updated events with CMS guidelines

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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
- 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**

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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.

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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 CMS. 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.

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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.

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.

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 2) 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, 2) Summary of Benefits, and 3) Multi-Language Insert.
4. If using non-Aetna sign-in sheets, clearly write in large letters across the top "Completion of any contact information is optional."

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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.

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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**.

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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.

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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 educational events to Aetna so we are aware of any educational events you hold. Currently, reporting educational events is not a CMS requirement; therefore, we do not report them to CMS.
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.

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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 event**, 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**. 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 (enrollment forms are not permitted).

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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**.

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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 telephonically.

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

- CMS-approved SOA forms are available on **Aetna Producer World**.
- 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, 2) Summary of Benefits, 3) Multi-Language Insert.
- SOAs must be maintained for at least 10 years and be available upon request. This includes initial and any SOAs obtained during the appointment.

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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 before the appointment (48 hours in advance) when practical. If this is not feasible, have the beneficiary complete the SOA at the beginning of the marketing appointment.
- In cases where you did not obtain an SOA more than 48 hours prior to the appointment, you must document a reason in the designated space on the SOA form.
- 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.

- This includes any non-health care related products that the beneficiary wants to discuss. You must document the new product on a separate SOA form prior to discussing the other product.

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Scope of Appointment (SOA) requirements (continued)

You may not:

- Discuss plans 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 as 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. **Hold** paper SOAs for **ALL** electronic enrollments through Ascend app until requested.
- **Telephonic agreements:** Aetna's telephonic SOA is an interactive voice response system that guides you and the beneficiary through a short series of prompts to set up the required SOA prior to starting a sales presentation to a Medicare beneficiary at a one-on-one appointment. Step-by-step instructions are on Producer World. All paper SOA rules apply to telephonic SOAs.

Why use telephonic SOA?

- No waiting for the mail to deliver the SOA to the beneficiary and then return the SOA in time for your scheduled meeting
- Allows you to set up SOAs for the entire week, within a matter of minutes
- No more faxing of the SOA form
- Simply document the telephonic SOA ID# on the enrollment form
- Easier to use for electronic enrollments through Ascend — means no more post-enrollment requests to provide proof of the SOA
- Allows the ability for a conference call to set up the SOA
- Great for handling walk-ins
- Perfect for handling one-on-one conversations conducted by phone

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Scope of Appointment (SOA) requirements (continued)

Walk-in or unexpected beneficiary

- If a beneficiary visits you on his/her own accord or wishes to attend a prescheduled, one-on-one meeting with another beneficiary, you must obtain a signed or recorded SOA prior to discussing MA/MAPD and PDP products.
- In these cases, you must provide an explanation in the designated field on the SOA. For example, "walk-in" or "unexpected guest at a prescheduled one-on-one meeting."

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**

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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**.

- 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 and 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.

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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
- 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 must not initiate separate electronic, or otherwise, contact (i.e., email, direct message) with a beneficiary unless he or she has agreed to receive those 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.

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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 Entities 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, Downstream, and Related Entities ("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.

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Training changes effective in 2016

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
- Combating 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 a 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

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.

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

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Marketing materials

Section 7

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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.

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.

- 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 marketing materials (as described in the MMG).
- 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 where permitted.
- 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 2017 products, you must cease marketing 2016 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 and 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).

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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.
- Read aloud the sales presentation notes or talking points as part of the script.
  - 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**.

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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: BenefitsCheckUp is a one-stop website that quickly finds federal, state and private benefit programs to help your clients save money on prescription drugs, utilities, taxes, meals and more. The Coventry-branded website is **www.benefitscheckup.org/coventry**. Aetna brokers should use **www.benefitscheckup.org/aetna**.

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

www.aetnahub.com/MMS

MMS is our user-friendly, streamlined one-stop online portal for CMS-approved materials ready to use. Aetna-branded and Coventry-branded marketing materials support year-round Medicare marketing campaigns.

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
- Market-specific: The ability to get county-specific marketing pieces for your local market
- Robust: Flyers 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
- Cost-effective: Offers discounts on bulk print orders

Also find Aetna, Coventry and unbranded (generic) marketing materials to support year-round Medicare marketing campaigns

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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**. 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. 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.

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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).

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An Aetna Company

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Third-party marketing and enrollment websites

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.

- We require uplines to notify us 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
- CMS rules regarding third party websites and unsolicited telephone calls apply to any sales or lead generating service

See our **Third Party Website Requirements** on Aetna Producer World. The checklist gives you the key prohibitions and requirements.

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.

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Marketing materials

- Marketing policy overview
  - Aetna Medicare Code of Conduct
  - Seminar Reporting, Canceling or Updating Events
  - Scope of Appointment Requirements
  - DOs and DON'Ts MMG Agent Summary
  - Contact with Medicare Beneficiaries
- 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

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Third-party marketing and enrollment websites (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.

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 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 our PDP products, including those for lead generation activities.
- 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.

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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 &/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.

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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, flyers, 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.

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Enrollment

Section 8

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Enrollment

- **Enrollment kits ordering process**
- Description of enrollment kits
- Enrollment kit essentials
- Scope of Appointment form
- Permission-to-Contact form

Enrollment kits ordering process

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

Enrollment kits have a single point of entry to order both Aetna and Coventry-branded kits. You can find the link on **Aetna Producer World** and 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 login.

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.

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Description of enrollment kits

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

- Informational section including how to enroll and what comes next
- Getting Started (plan guide)
- Multi-Language Insert
- Medicare Star Ratings
- Scope of appointment
- Summary of Benefits
- Open 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."
- Log in to the **Coventry Broker Portal**. Select "Order Sales Supplies" on the left side of the page. Scroll to down and click the kit-ordering link.

For additional information on enrollment instructions please see the Enrollment Instructions Flyer on **Producer World**.

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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 2016 Plan Ratings page from your existing kits and insert the new 2017 Plan Rating page to ensure beneficiaries receive the correct information.

Scope of Appointment form

You can download the form from **Aetna Producer World**. 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 6, Compliance and Agent Oversight, for more information about Scope of Appointment requirements and instructions for submitting the form to us.

You can download the Permission-to-Contact form from **Aetna Producer World**. 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.

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Election periods overview

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 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/MAPD 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.

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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 the period outside AEP. SEPs vary in qualifications to use them and in the types of elections allowed. 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.

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Election periods overview (continued)

Election periods for 2017 enrollments

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IEP	7-month cycles throughout the year for those turning 65.											
Annual Election Period (AEP)											AEP 10/15/16– 12/7/16	
Medicare Advantage Disenrollment Period (MADP)	MADP 1/1/17–2/14/17											
			2/15/17 –10/15/17									
	Changes generally allowed only for Special Election Periods.											
Make changes at any time	Special Election Periods (SEP), Newly Eligible (ICEP/IEP), & Institutionalized 1/1/17 – 12/31/17.											
	Qualifying member can make changes outside of the AEP time frame in accordance with applicable requirements.											

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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 is usually two calendar days from the signature date). This information is covered in your contract with us. The two-calendar-day requirement ensures we have enough time to review applications and send them to CMS for processing within the CMS-required timeframe.

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.

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.

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Aetna 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 later model running iOS7 or later version) or a Windows platform (Windows 7 or later 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

- **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.
- **Email: MedicareEnrollmentTransactions@aetna.com**

  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, .xlsm, .xlsx, .xps and .zip. Attach the file to an email message and then send it to **MedicareEnrollmentTransactions@aetna.com**.

  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 in so that the names appear on your email confirmation. Note: The subject line can not contain numbers and email body cannot contain embedded images, graphics or logos.

  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.

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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.

Phone

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.

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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 later model running iOS7 or later version) or a Windows platform (Windows 7 or later 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:

MAPD

Coventry Health Care
P.O. Box 7770
London, KY 40742-7770
Fax:1-888-554-7668

PDP

First Health Part D
P.O. Box 7763
London, KY 40742-7763
Fax: 1-866-415-2232

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.

Phone

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.

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"Trumping" rules

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

If we get multiple enrollment requests for the same person for the same effective date, the last application we get will be the valid enrollment.

If CMS gets enrollment requests from separate carriers for the same person in the same 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.

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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
- You can verify consumers' eligibility for the IEP or ICEP by reviewing a Social Security Administration acceptance letter showing the effective date for both Medicare Parts A and B, or the Medicare red, white and blue card

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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 applications 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).

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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 Section 6 ("Confirm your enrollment period") on Aetna enrollment forms, and the Enrollment Checklist portion on Coventry enrollment forms, to confirm your client's eligibility to enroll.
- It is vitally important that you provide a phone number for the member so that plan outreach can be performed.
- Determine the proposed effective date based on the election period and effective date rules. The proposed effective date will be explained and entered on the application. A confirmation/acknowledgment letter will be sent 10 days within accepting enrollment and will show the effective date.
- When all required information is entered on the application and upon confirmation that the consumer fully understands the plan details and has read the Statement of Understanding, ensure that the application is signed and dated by the consumer.
  - 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.

After completing the enrollment application

After completing the enrollment application for Medicare Advantage plans, review the following steps with your client:

- Confirm their proposed effective date (typically the first day of the next month).
- Review the Outbound Enrollment Verification process, shown in Section 10, Member Experience.

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Referral-only sales

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 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 website

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Referral-only sales (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.

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Telesales requirements

When representing our Medicare products, in accordance with your Aetna contract, entities that conduct telesales (e.g., telephonic enrollment services) must be pre-approved, and 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 conducted an on-site review of the telesales facilities and its equipment, processes and personnel, including LOAs (telebrokers) and customer service representatives. Prior to engaging in telephonic enrollment services, telebrokers must have Ready to Sell status.
- Aetna will notify the upline in writing when telephonic enrollment services are approved to start.

If you are interested in becoming an approved Telesales Center with Aetna, please work with your upline or relationship manager. For additional information or questions, please email us at medicaretelesalessupport@aetna.com

Audits

We work directly with prospective delegated telesales vendors to ensure completion of the following:

1. Medicare Telesales Assessment

- The Aetna Delegation Management General Controls auditor conducts a pre-assessment and no less than an annual audit* thereafter to evaluate 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 assessment details are provided by the Aetna relationship (or account) manager.
- It includes a review to be sure all telebrokers discussing and/or marketing rates and benefits are properly certified, licensed, appointed.

Results of the pre-assessment audits are documented and presented at the delegation oversight meeting or other appropriate body for review and approval. The time frame to be verified as a telesales center may be 3 to 6 months.

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Telesales requirements (continued)

2. Aetna offshore attestation form

If offshore activities exist, the prospective delegated telesales entity must complete this form and submit it to Aetna Medicare Compliance.

Note: If Aetna plan information will be posted on and enrollments completed on the host site, a thorough review and website testing will be necessary before approval.

*Once delegated, the telesales vendor must complete::

- An annual Medicare telesales call center audit
- An annual general controls audit

Audits are documented in a formal report and sent to the delegated call center and appropriate Aetna sales representative.

Contracting

In conjunction with these oversight activities, 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 telebrokers 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.
- The annual auditing process will ensure proper use of CMS-approved scripts. 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.

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Telesales requirements (continued)

Producer licensing

As part of the pre-assessment indicated in the "Audits" section, telebrokers who discuss and/or market rates and benefits must be properly certified, licensed, appointed to ensure required credentialing.

- Quarterly reviews of producer licensing occur 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.

Service reporting

Delegated call centers must produce monthly service reports. 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

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Compliance

As part of the Aetna delegation validation audit process, 90 days after launch, Aetna monitors delegated telesales vendors 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 30 calls will be pulled from the enrollment roster. The telesales vendor will be asked to produce the recording of each call. Each vendor 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 telesales vendor will be placed on weekly corrective action.
  - During this time, five recorded calls will be pulled each week for a desk review.
  - The telesales vendor 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, telesales vendors 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.

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After submitting the application

Email confirmation

(Applies to Aetna enrollments only)

If your Aetna Medicare clients provide an email address on the application, they'll receive an email from us confirming we received their enrollment application and that it's pending CMS approval. The email will confirm the plan and effective date. You'll get an email confirmation too.

The Outbound Enrollment Verification (OEV) process

New MA/MAPD/PDP members, as well as some members who make a plan change (for example, those who change from an MA plan to a PDP plan or from a PDP plan to an MA plan) will receive an enrollment verification letter within 15 calendar days after we receive their application.

Incomplete applications

If the application was incomplete, your client may receive a letter explaining what information is missing and may also receive a phone call to gather the information for timely processing of the application. The letter will provide a phone number and specify the time frame to call us to avoid denial of the application.

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Once CMS approves the enrollment

Upon approval by CMS, your client will receive:

- A confirmation letter and email indicating status of enrollment in the plan
- A welcome letter, the membership identification (ID) card and Evidence of Coverage
  - 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 or a copy of the completed enrollment application to the physician. With new benefits, the member should call Member Services and confirm whether their doctor is in the preferred network.
  - 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. With new benefits, the member should call Member Services and confirm whether their doctor is in their plan's network.

Enrollment denials/rejections

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

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New member welcome

We encourage you to follow up with new members after enrollment by placing a welcome call. This gives you an opportunity to help prevent rapid disenrollment and continue to provide exceptional service to members.

- 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).
- 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. 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, advise that most Medicare beneficiaries have specific timeframes 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. Or you can refer them to their member materials for instructions about how to disenroll. In a professional manner, you should then close the call.

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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, or 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.

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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

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Member Services (continued)

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.

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.

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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.

Member portal

Generally speaking, Aetna members will use an online tool called Aetna Navigator and Coventry plan 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 starting October 1: **https://rxtools.aetnamedicare.com/plancompare/consumer/2017/individual/Tools/HelpfulTools**.

Find a provider

We offer online tools to help members find in-network doctors, hospitals and specialists. Generally speaking, Aetna members can use a tool called DocFind: **www.aetnamedicaredocfind.com**. 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.

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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 may invite members, by phone or mail, 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 to 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.

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Member engagement programs (continued)

Transition of care

Transition of care is an outreach program with each Medicare Advantage member who needs to utilize benefits on day one of their effective date. This allows us to ensure Medicare Advantage member needs are met related to 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.

With regard to flu shots and the annual wellness exam, we review what's covered, including 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 receive a telephone call 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.

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Tools for your Aetna and Coventry Medicare business

	Aetna-specific	Coventry-specific
Agent/Broker tools		
Agent website	Aetna Producer World: https://www.aetna.com/producer/Medicare/medicare_individual.html See next page	The Coventry Broker Portal: http://broker.cvty.com
Enrollment kits	Aetna Producer World: https://www.aetna.com/producer/Medicare/medicare_individual.html The Coventry Broker Portal	
Marketing materials	The Aetna Medicare Marketing Studio: www.aetnahub.com/MMS	
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 "Reports" and "Here's How" in following pages)**	The Coventry Broker Portal to access App Tracker tool
Find in-network doctors, hospitals and specialists	DocFind: www.aetnamedicaredocfind.com	Provider Lookup: Go to www.coventry-medicare.com. Then click "Locate a Provider" at top of the page.
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	www.benefitscheckup.org/coventry
Consumer/Member tools		
Consumer-facing website	www.aetnamedicare.com	www.coventry-medicare.com
Find in-network doctors, hospitals and specialists	DocFind: www.aetnamedicaredocfind.com	Provider Lookup: Go to www.coventry-medicare.com. Then click "Locate a Provider" at top of the page.

*For Florida only: to find a provider in an Aetna Medicare HMO plan, use the Provider Lookup tool. Go to www.coventry-medicare.com. Then click "Locate a Provider" at top of the page. Continue to use Docfind for Aetna Medicare PPO Florida plans.

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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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Tools for your Aetna Medicare business (continued)

Reports

Log in to **Aetna Producer World** 24/7 to access reports on your Aetna Individual Medicare book of business. Just login 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.

Application pipeline status report	It shows applications that are being processed or that were denied. (Once approved, applications appear on the enrollment roster report.)
Enrollment roster report	It shows individuals enrolled in an Aetna Medicare plan, and those who terminated their policy in the past calendar year.
Monthly/YTD Commission reports	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. If you manage an agency, you can view data for the producers who report to you. **See "Here's how" next page.**
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.

Reminder: Log into Coventry Broker Portal to access App Tracker for your Coventry Business.

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How to access reports on Producer World

Do you manage agents? If you're the firm principal, you and select employees can get access to view Medicare reports for all agents in the firm.

Here's how:

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.

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.

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App Tracker

This is your personal sales tracking tool for Coventry Medicare products. Get the tool through the **Coventry Broker Portal** and use it for real-time updates:

- Check client enrollment status
- Research commission payments
- View commission statements
- Verify agent contract status
- View production by products sold

To access this tool:

Log in to the **Coventry Broker Portal**. Under "App Tracker," click "Click Here." On the login screen, enter your AWN and password and click "Log In."

First-time users: Enter "Coventry" and the last four digits of your Social Security number (i.e., Coventry####). You'll have to reset your password. Once logged in, there are three tabs (Reports, Statements, Demographics) to connect you to the reports.

See the "App Tracker User Manual" in the App Tracker section of the **Coventry Broker Portal** for instructions and information.

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More tools for your Aetna and Coventry Medicare business

Aetna Medicare Marketing Studio (MMS)

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

www.benefitscheckup.org/aetna
www.benefitscheckup.org/coventry

Use these sites 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 iOS7 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 website 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.

DocFind

www.aetnamedicaredocfind.com

www.coventry-medicare.com

Then click "Locate a Provider" at top of the page. Use these sites to look up in-network doctors, hospitals and specialists for Aetna and Coventry Individual Medicare plans (MA/MAPD).

- For Florida only: to find a provider in an Aetna Medicare HMO plan, use the Provider Lookup tool. Go to **www.coventry-medicare.com**. Then click "Locate a Provider" at top of the page. Continue to use Docfind for Aetna Medicare PPO Florida plans.

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.

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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

Additional assistance available:

- Drug/formulary lookups
- 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

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