2022 Certification Reference Guide 06212021 original

1.1 Cover Page

Certification Reference Guide
2022 Selling Season

June 2021

UnitedHealthcare

1.2 Disclaimer

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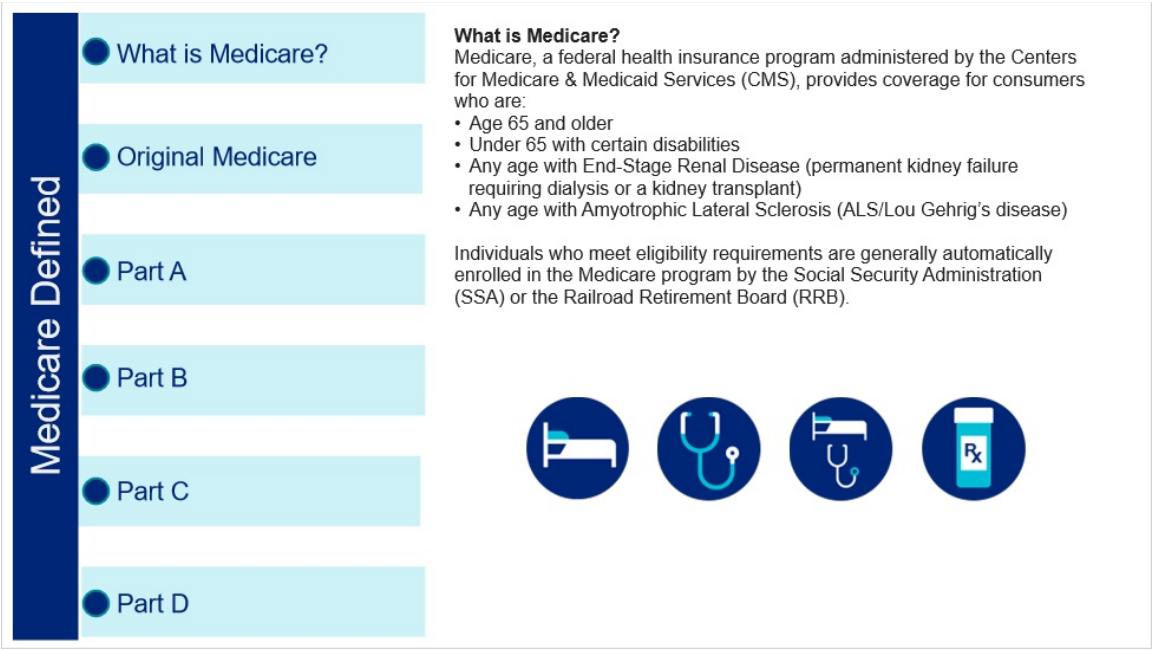
June 26, 2021

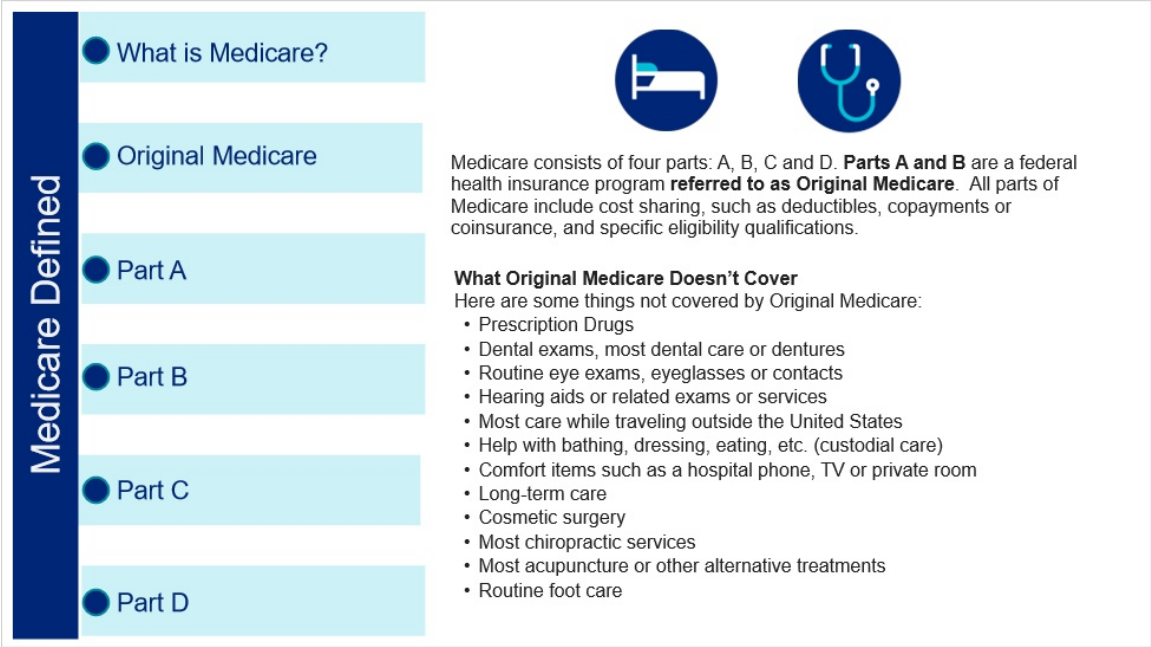
2. Medicare Basics

2.1 Medicare Defined

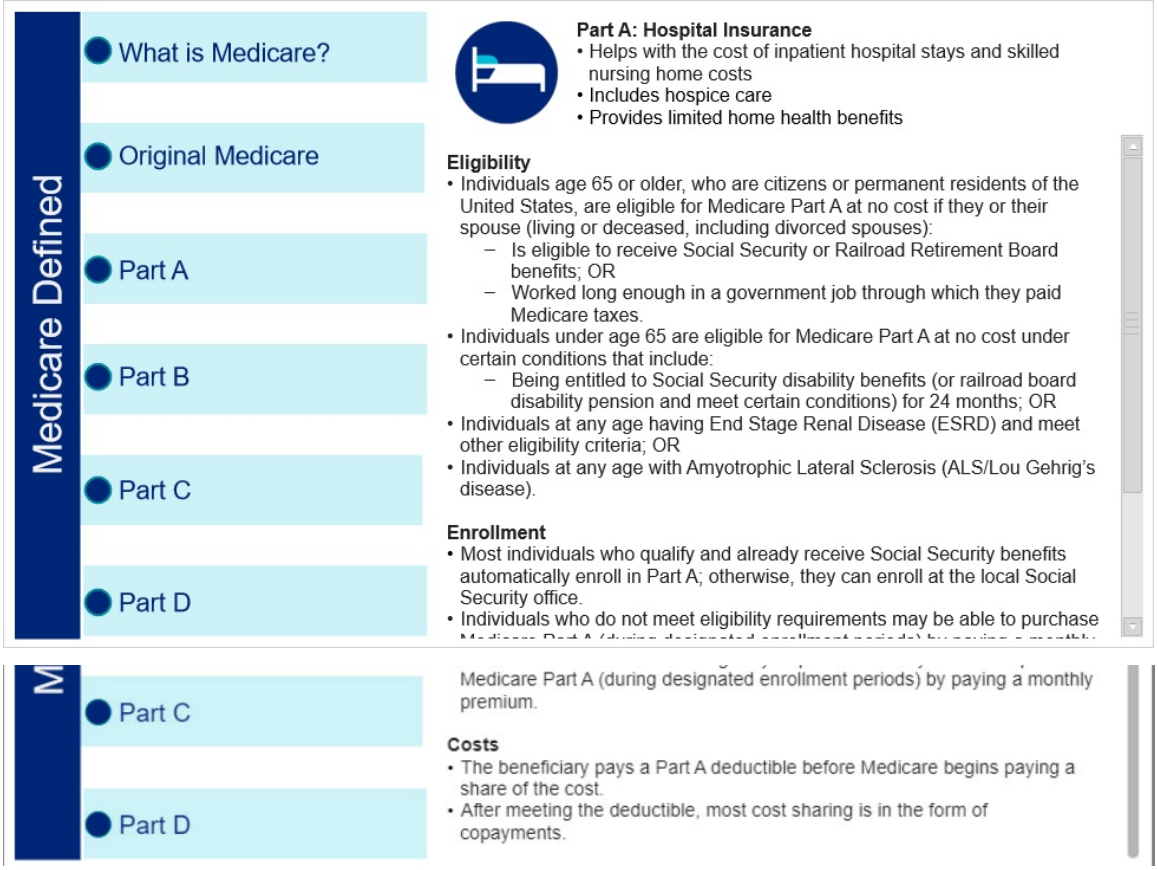
What is Medicare? (Slide Layer)



Original Medicare (Slide Layer)



Part A (Slide Layer)



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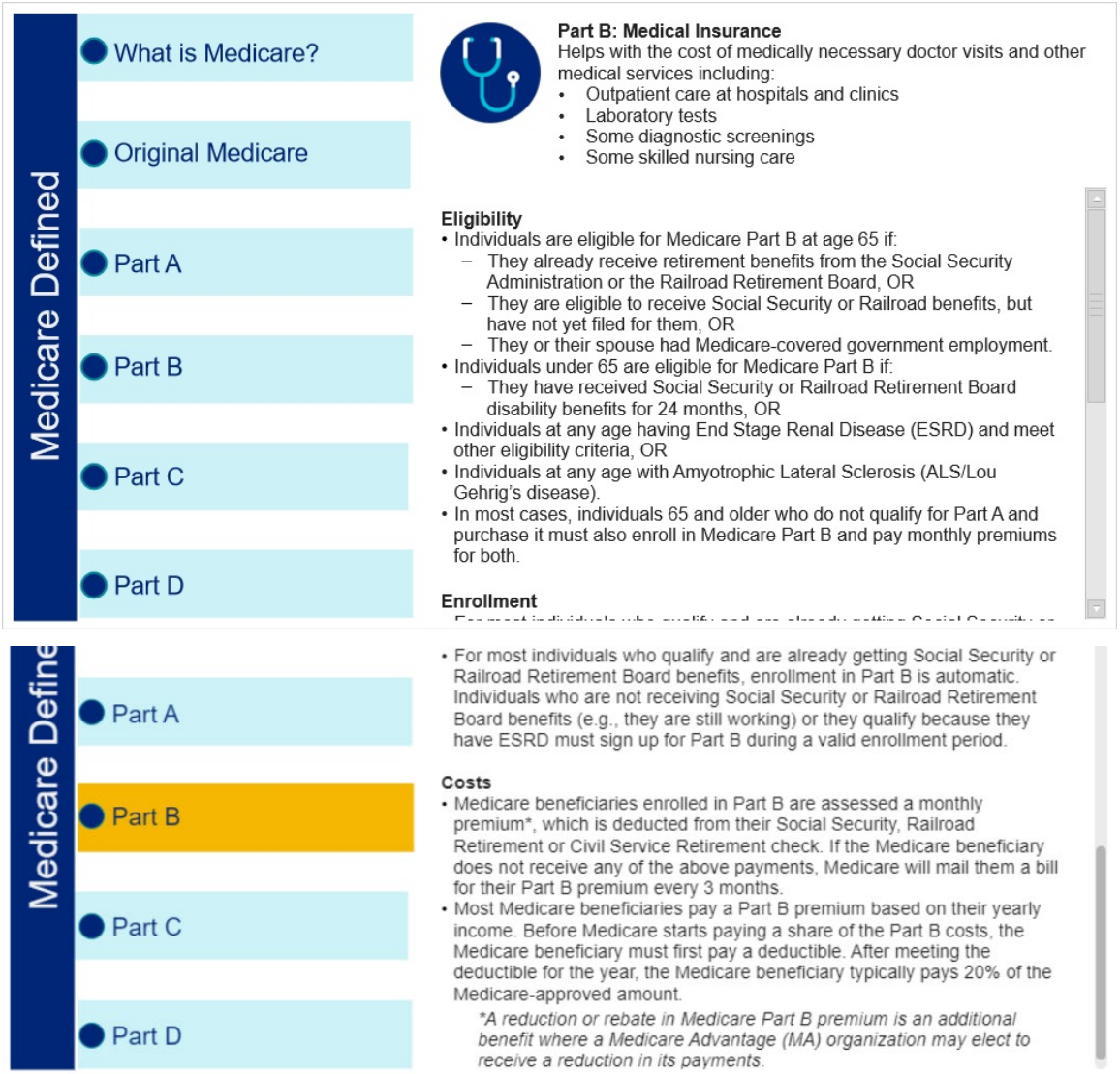

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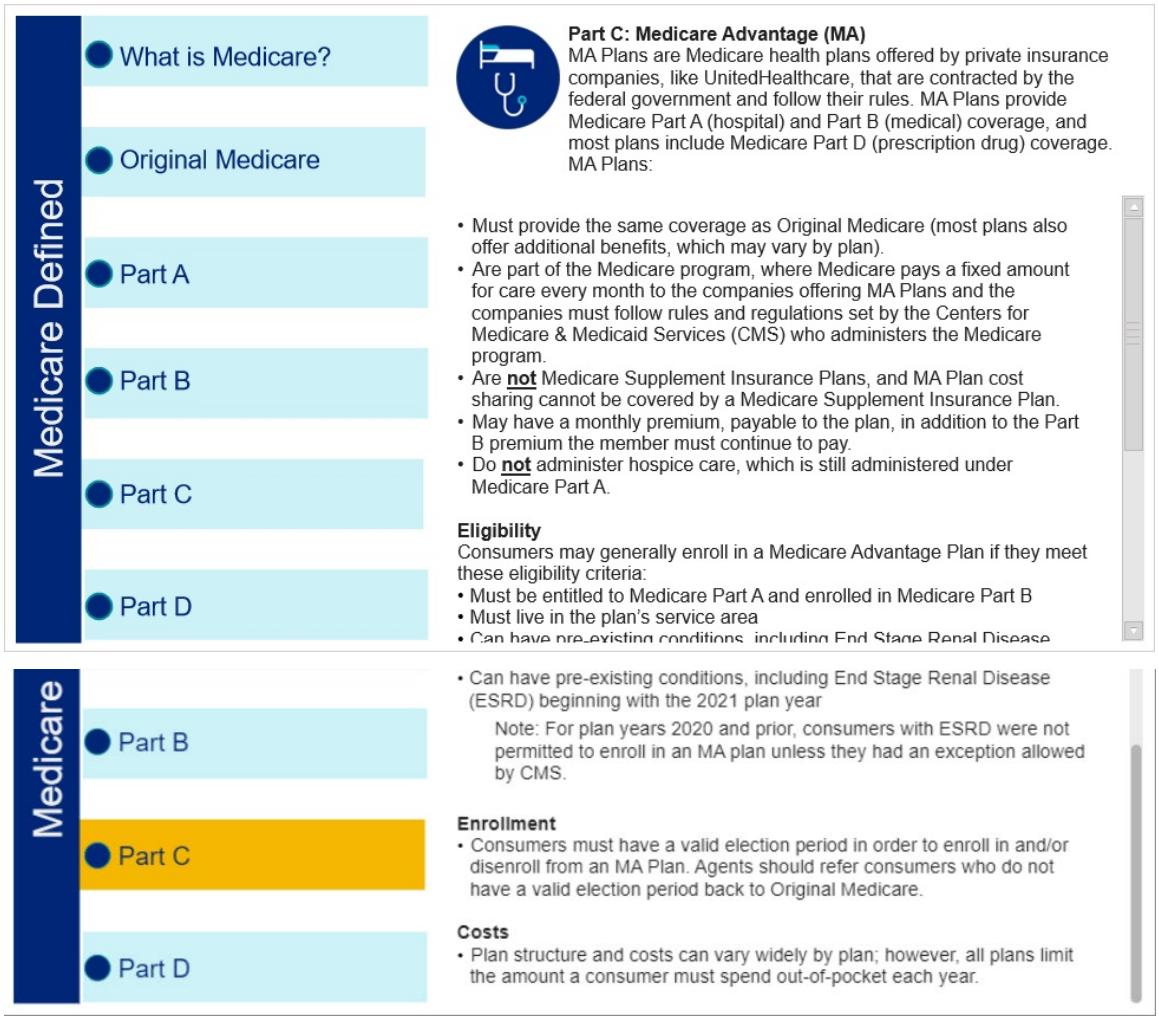

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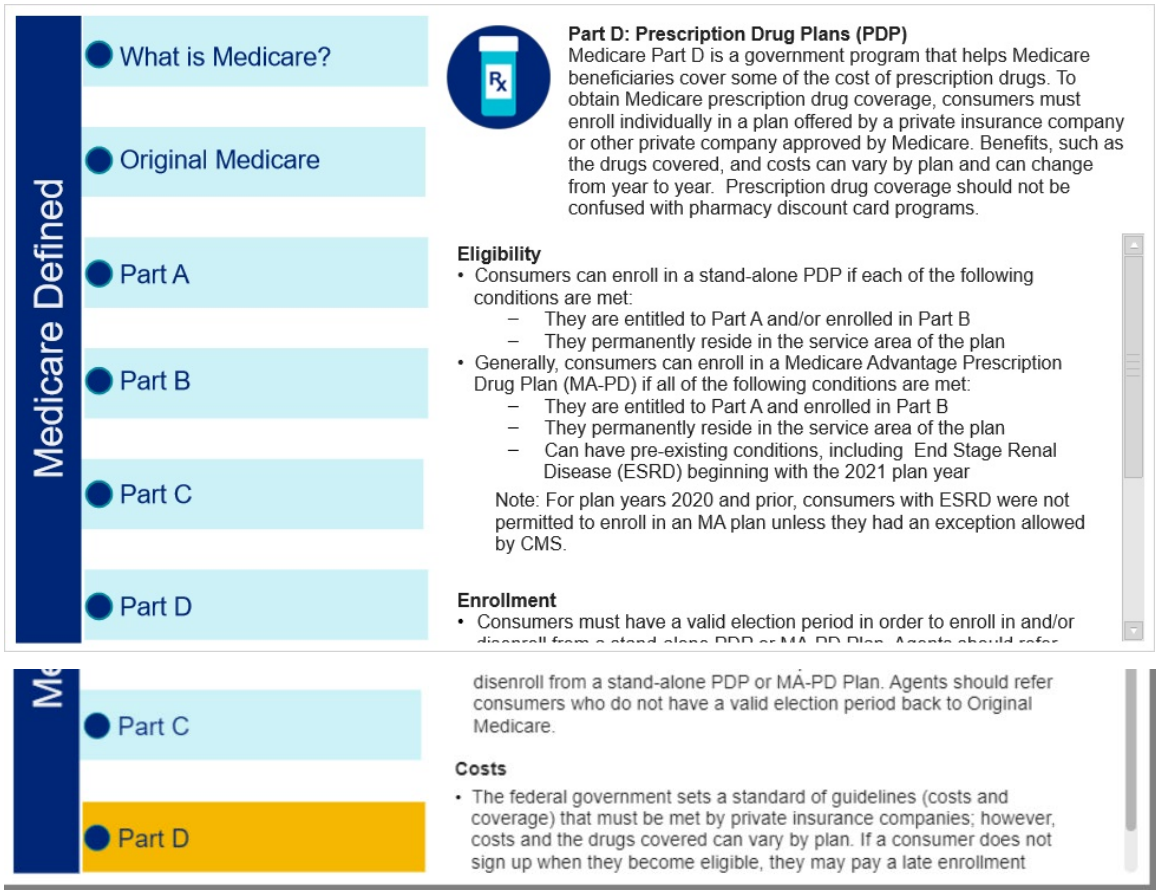
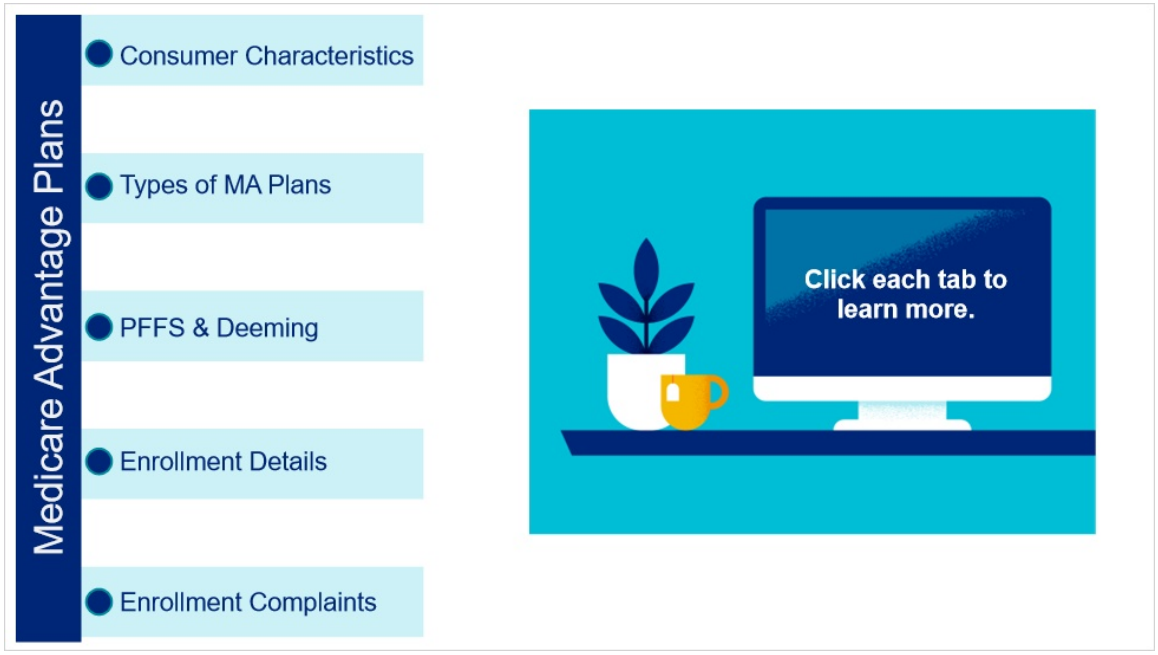
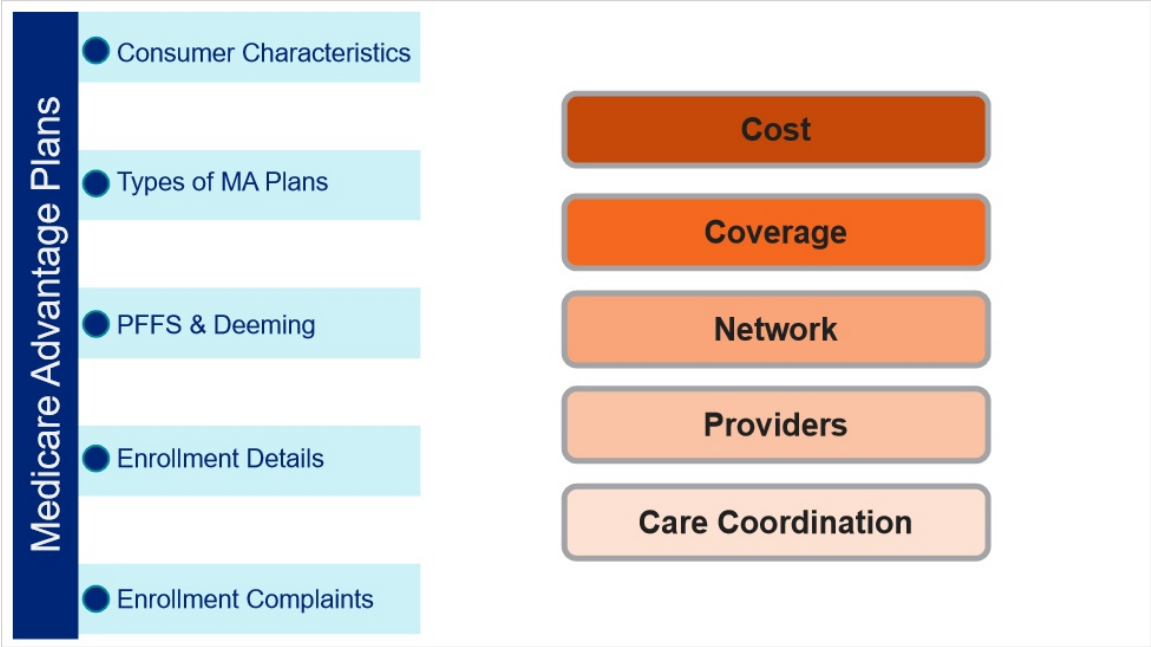


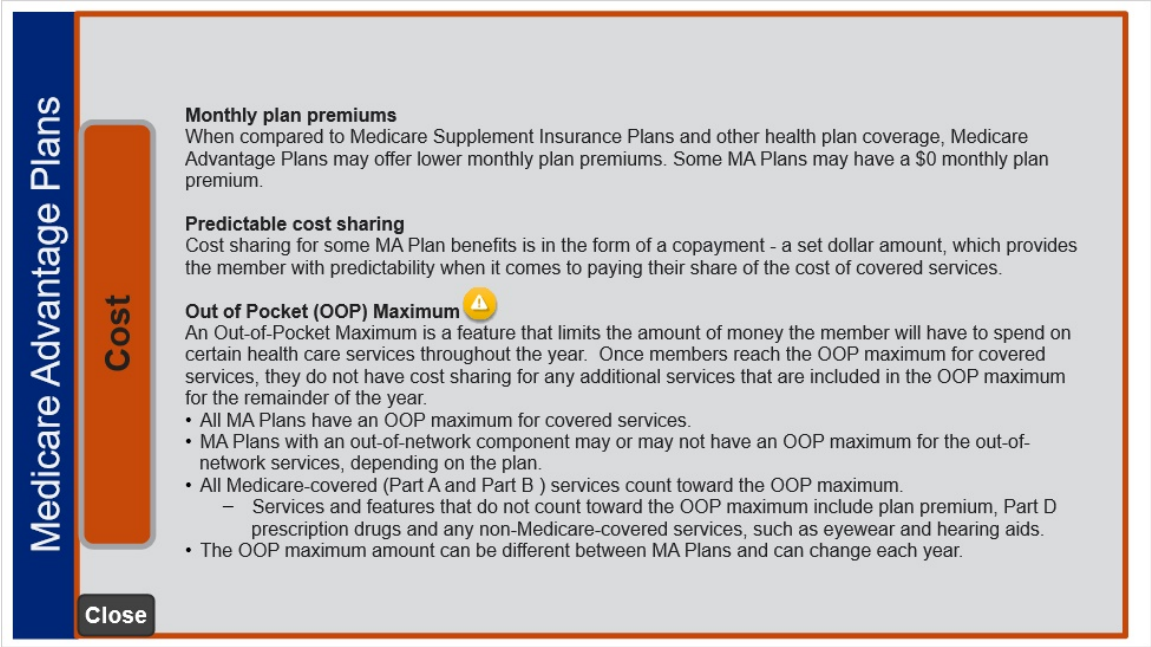
2.2 Medicare Advantage Plans



Consumer Characteristics (Slide Layer)



Cost (Slide Layer)



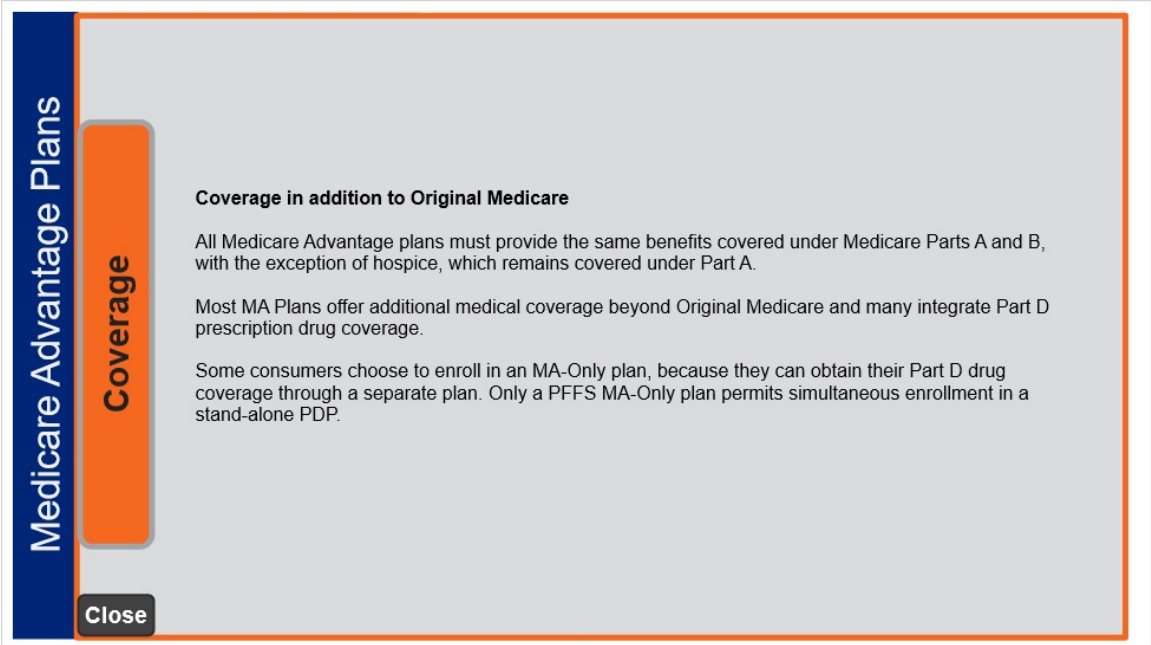
Transferring Accumulated Out-of-Pocket Costs

When a member enrolls in a different MA Plan offered by the same MA organization, their year-to-date contribution toward the annual OOP maximum in the previous plan is counted toward their OOP maximum in the new MA Plan in the following scenarios:

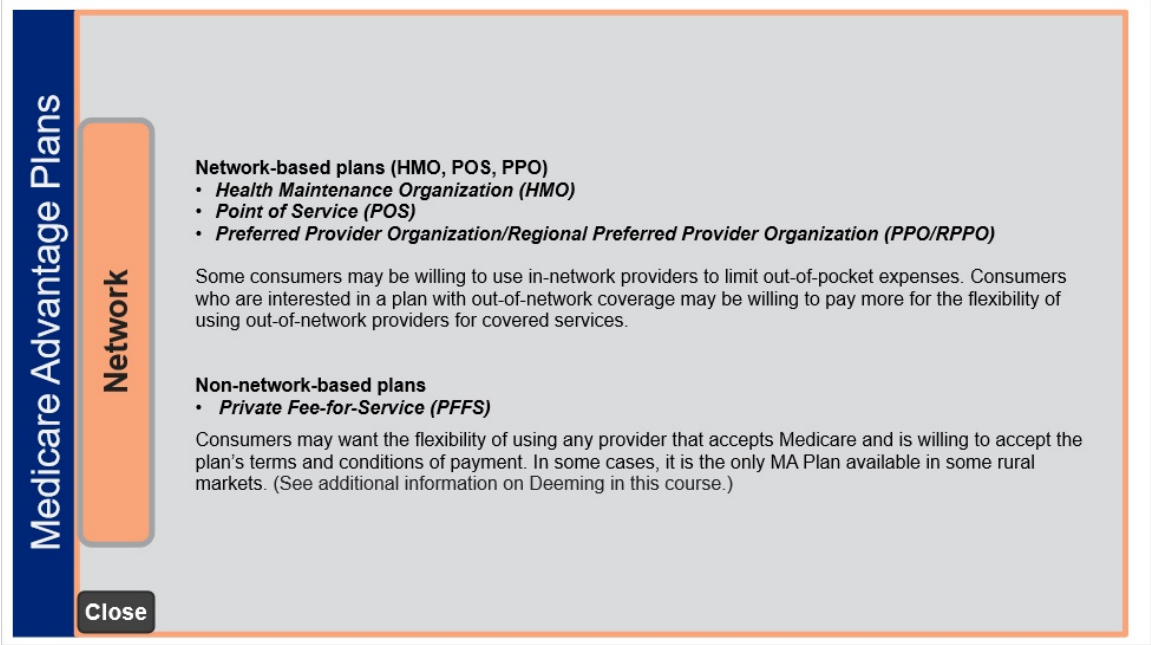
- The new plan is the same type as the previous plan (e.g., HMO to HMO) and both plans are **on the same contract and/or have the same legal entity**.
- The new plan is a different type than the previous plan (e.g., HMO to PPO) and both plans **have the same legal entity.**
  Note: While the two plans in this scenario must have the same legal entity, they will not be on the same contract because a contract only covers one plan type. For example, one contract is only made up of HMO plans while another contract is only made up of PPO plans.

If a member comes to us from a different insurance carrier, we do not apply the OOP maximum they accumulated at the previous carrier.

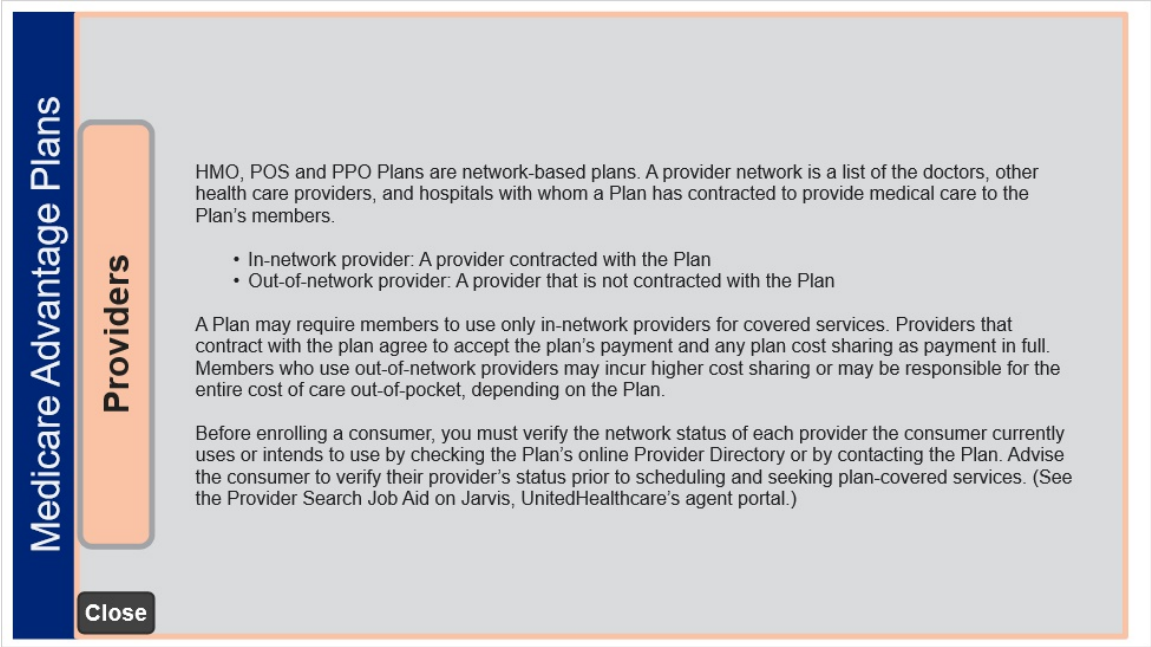
Coverage (Slide Layer)



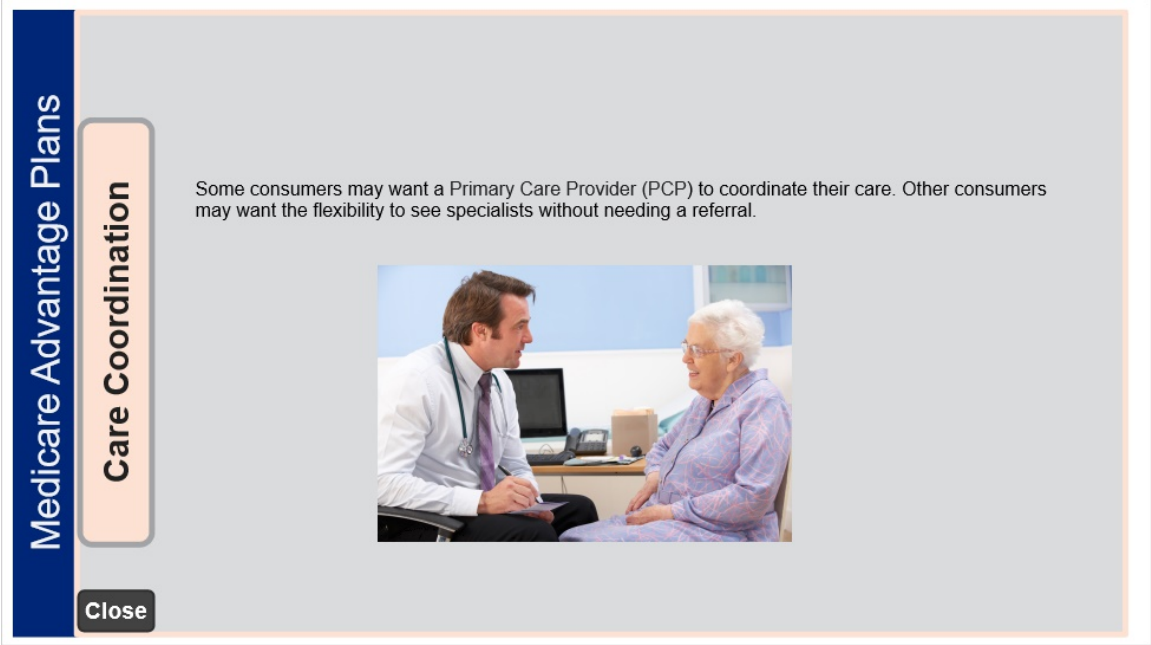
Network (Slide Layer)



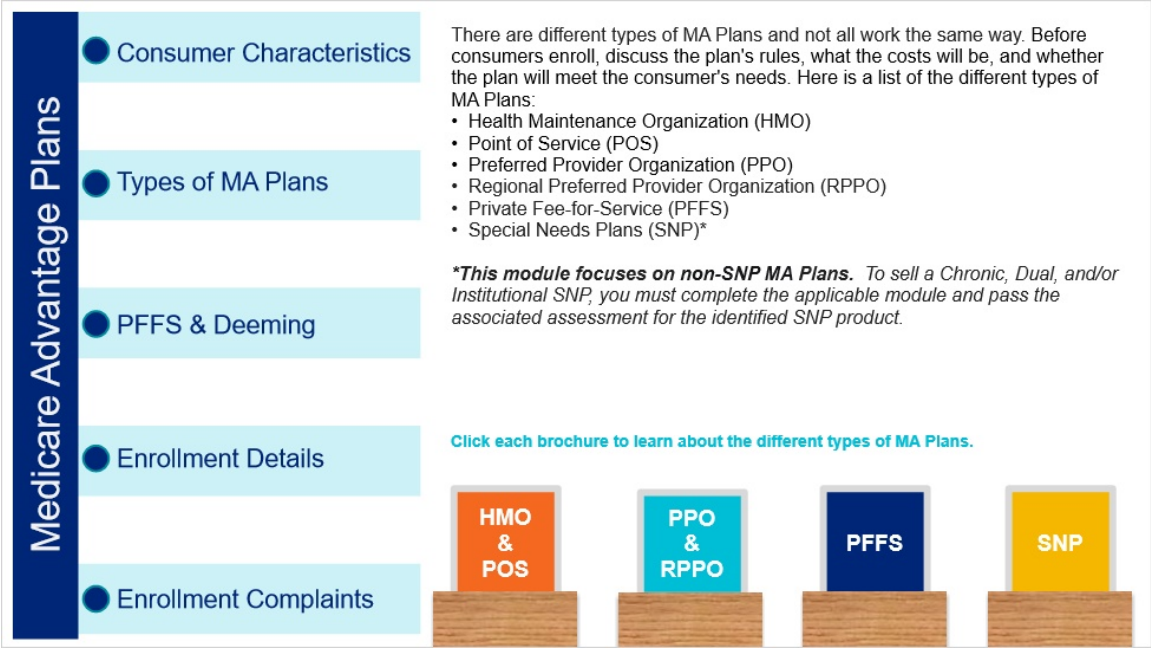
Providers (Slide Layer)



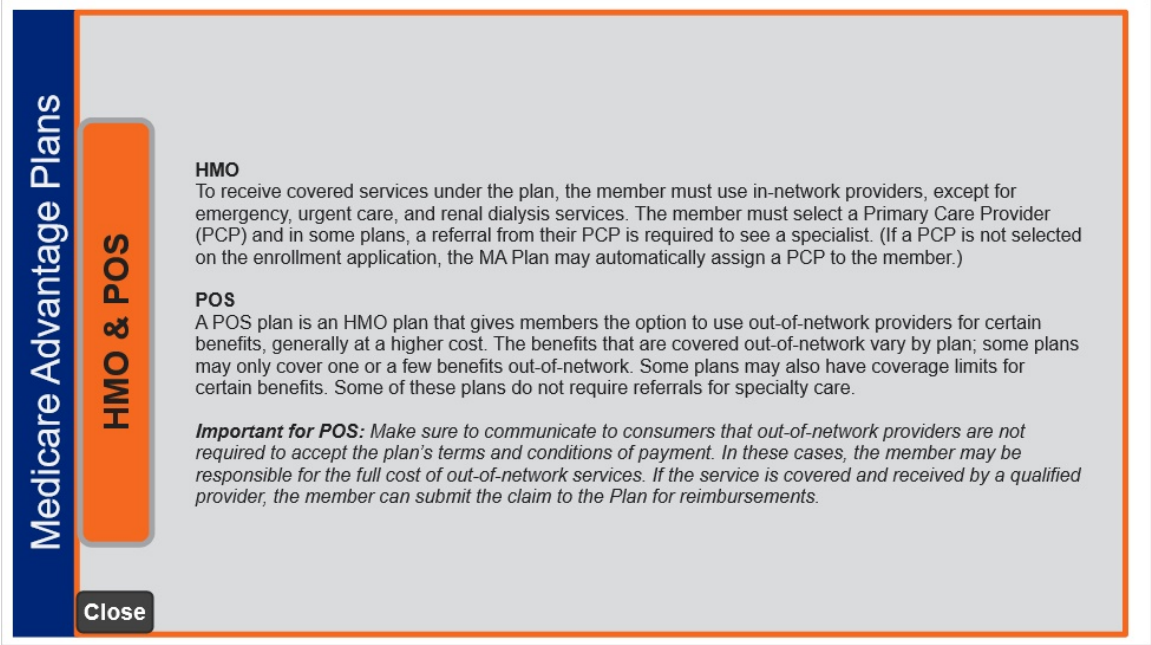
Care Coordination (Slide Layer)



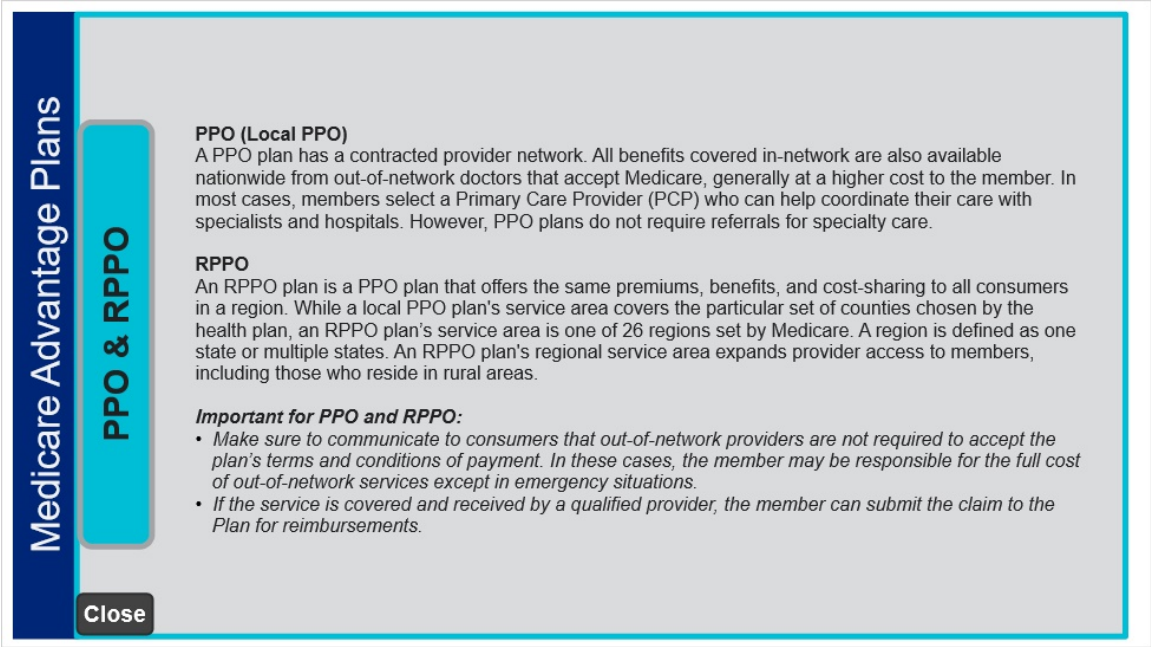
Types of MA (Slide Layer)



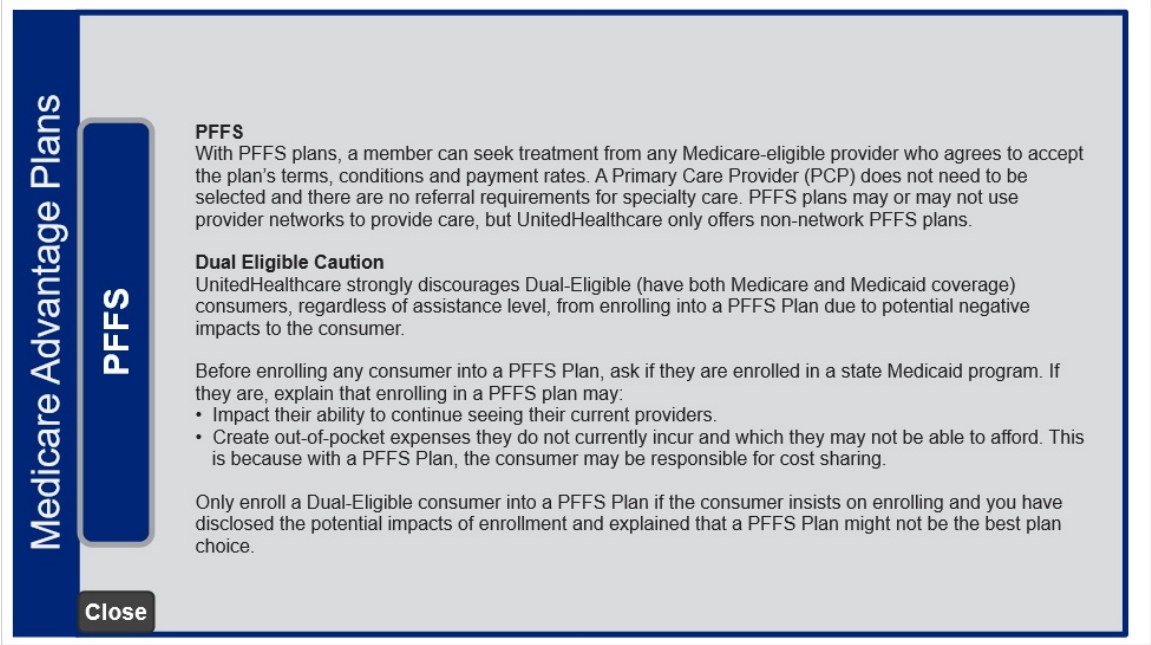
HMO & POS (Slide Layer)



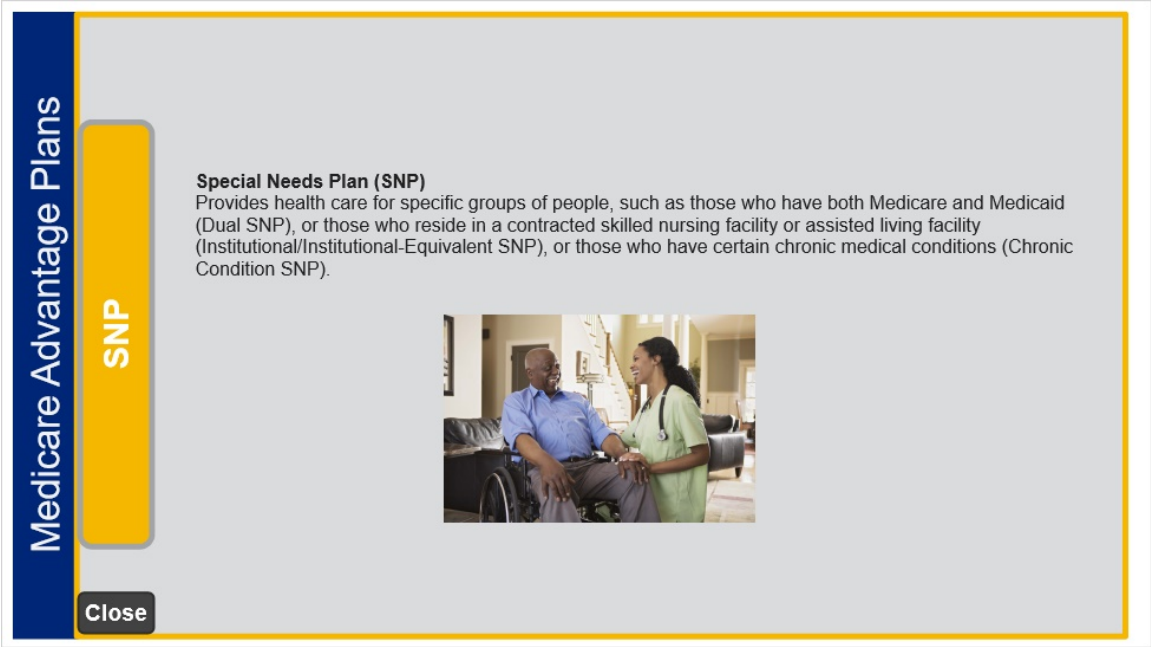
PPO & RPPO (Slide Layer)



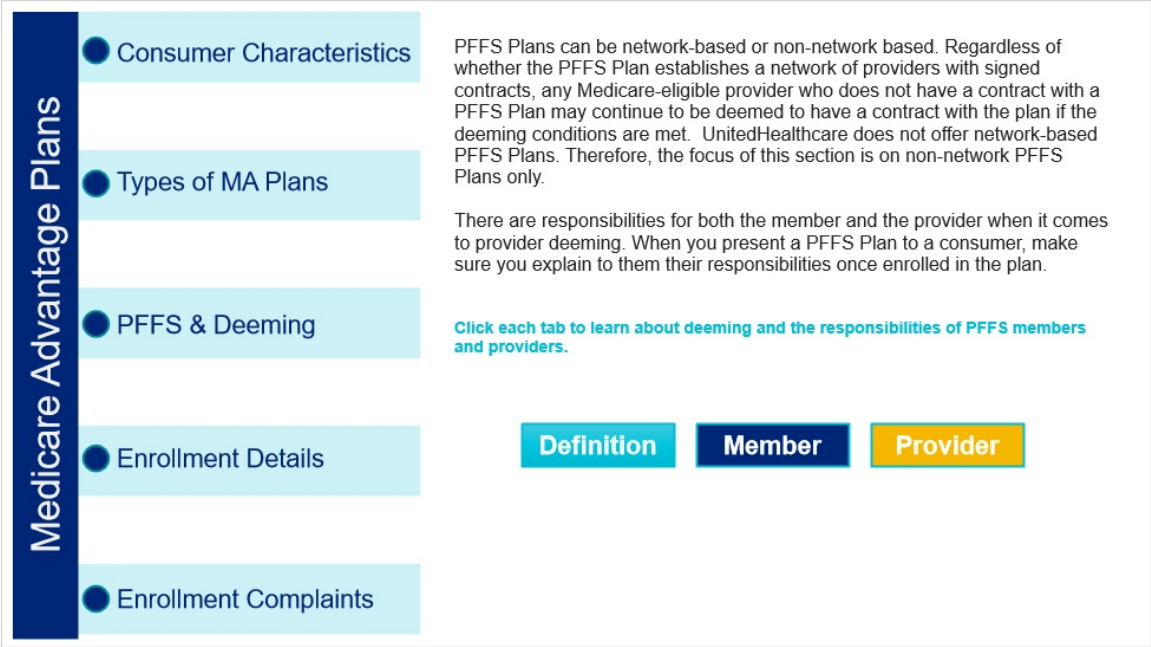
PFFS (Slide Layer)



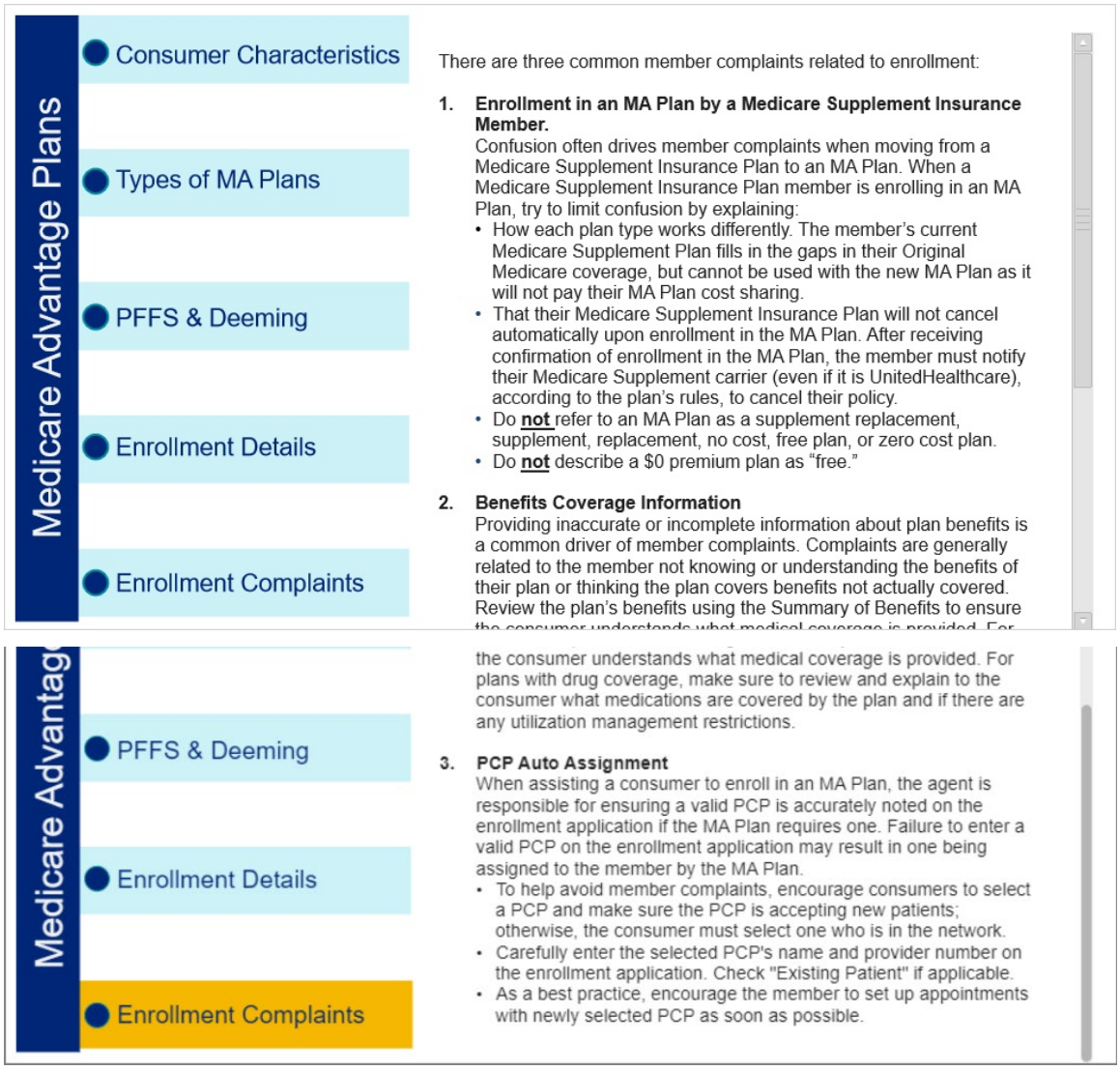
SNP (Slide Layer)



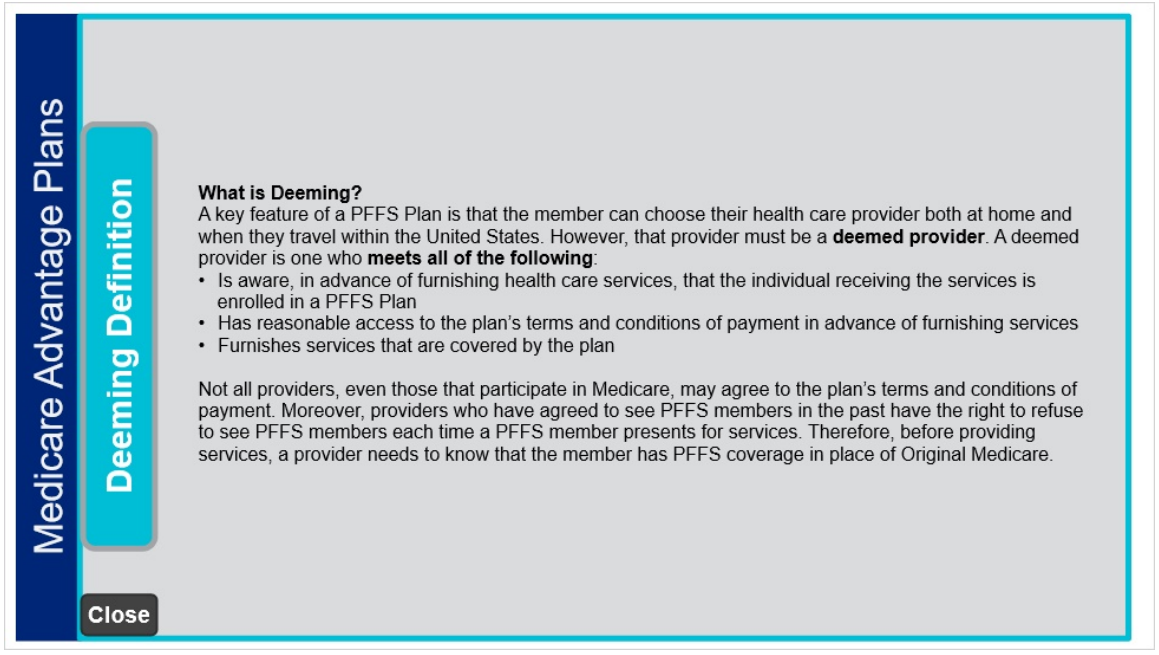
PFFS & Deeming (Slide Layer)



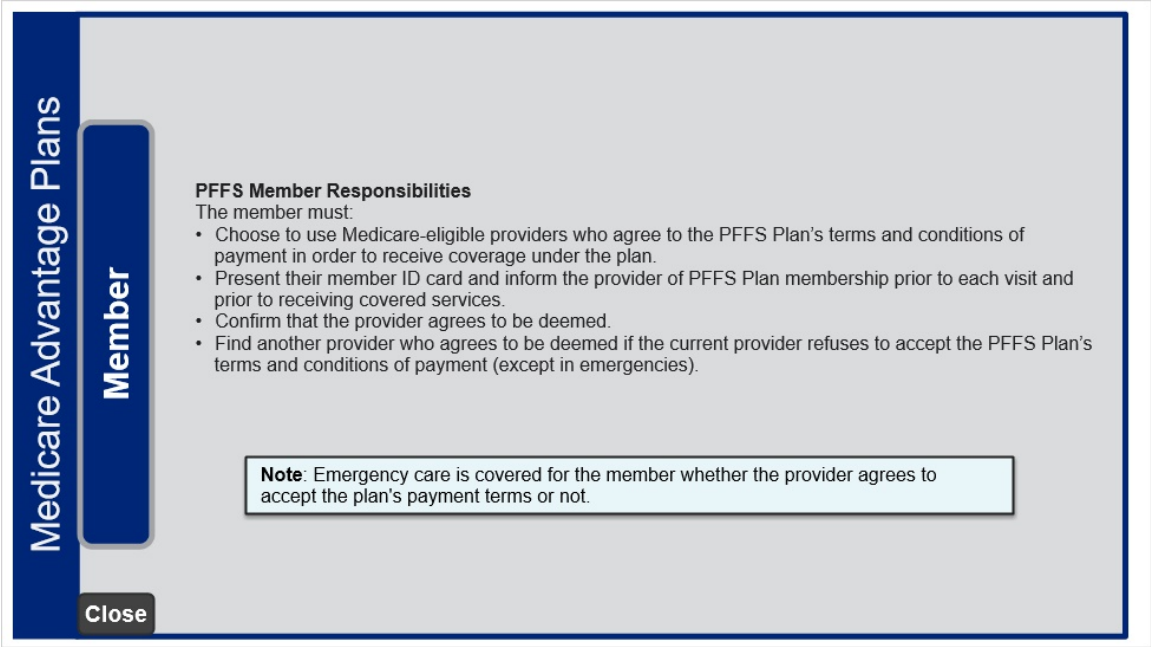
Enrollment Complaints (Slide Layer)



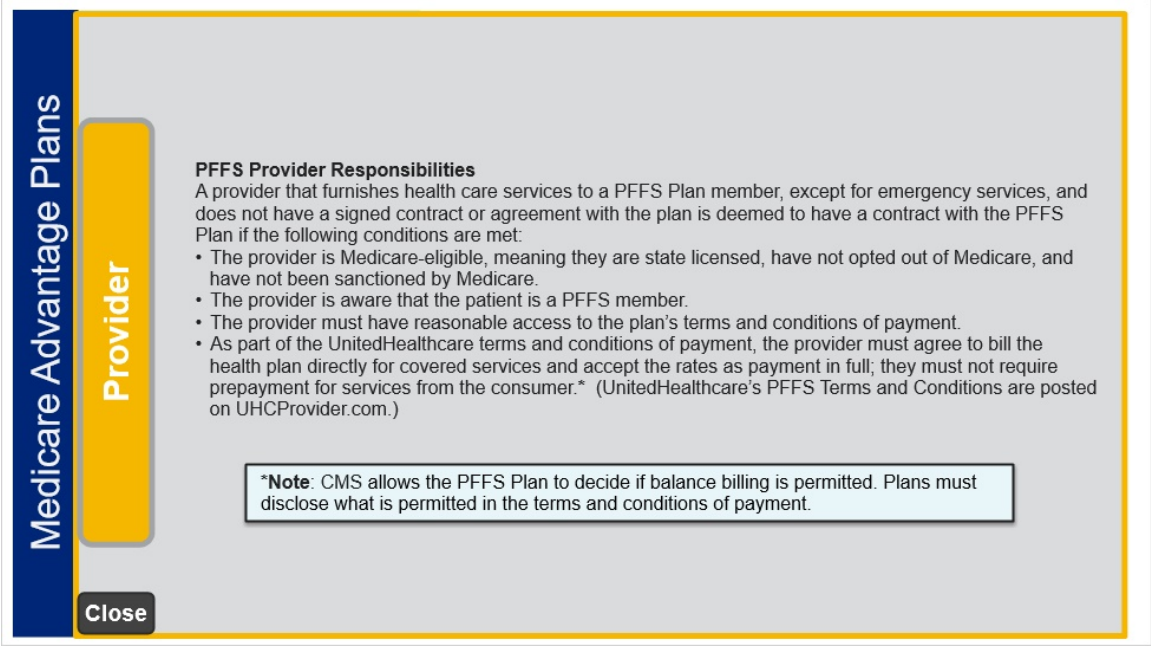
Deeming Definition (Slide Layer)



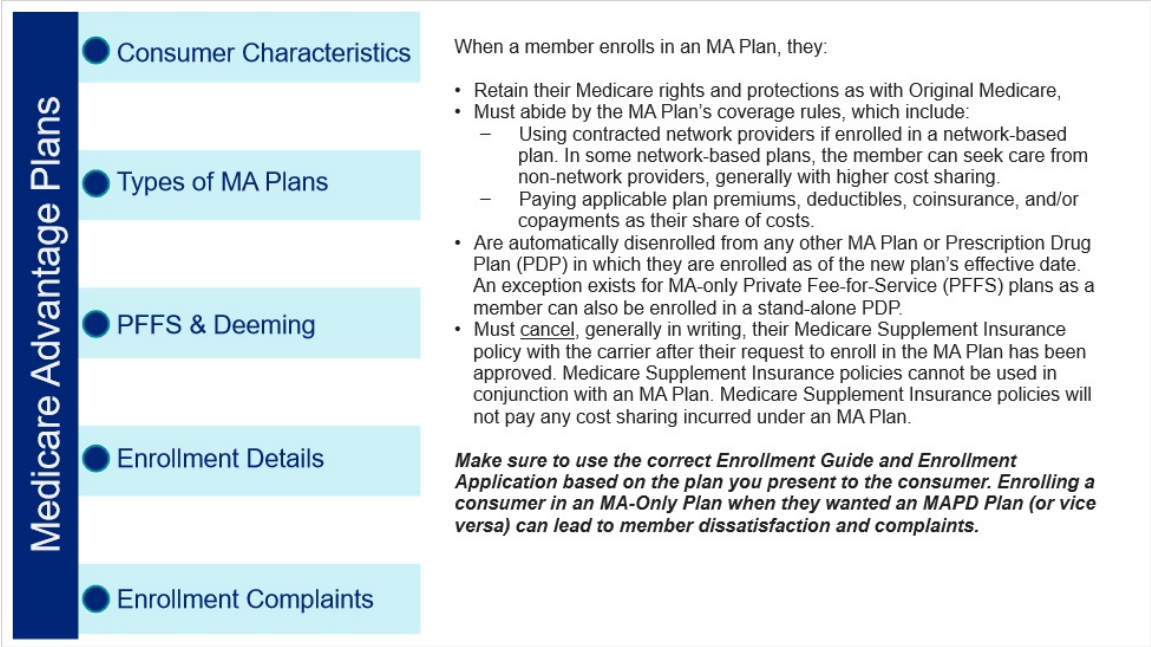
PFFS Member (Slide Layer)



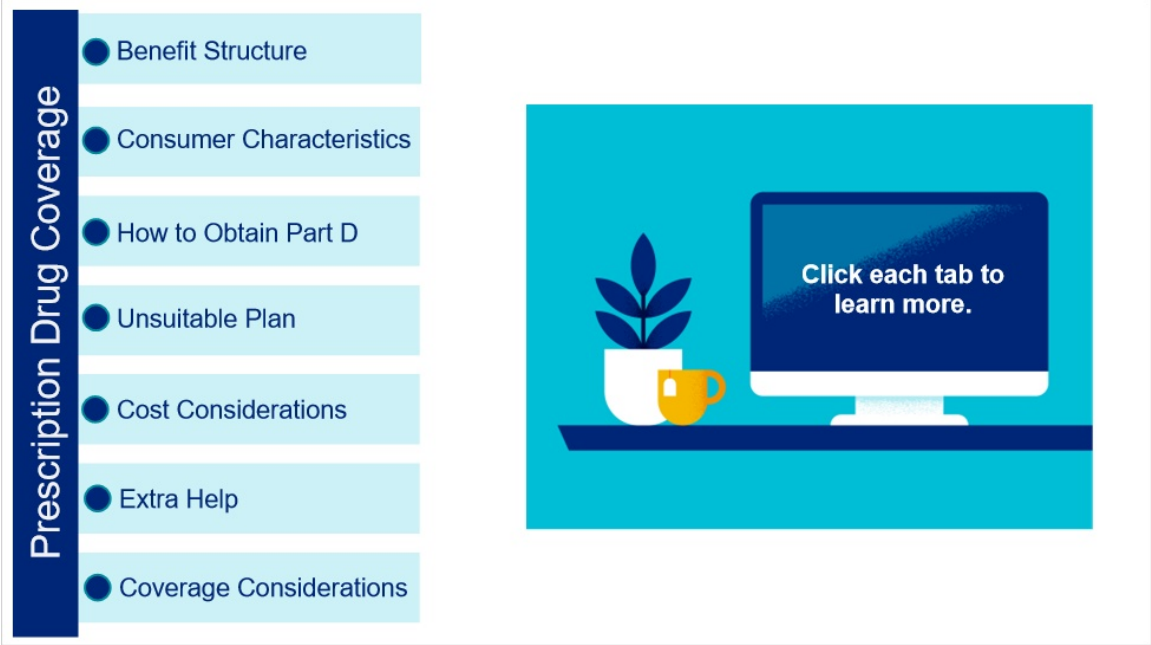
PFFS Provider (Slide Layer)



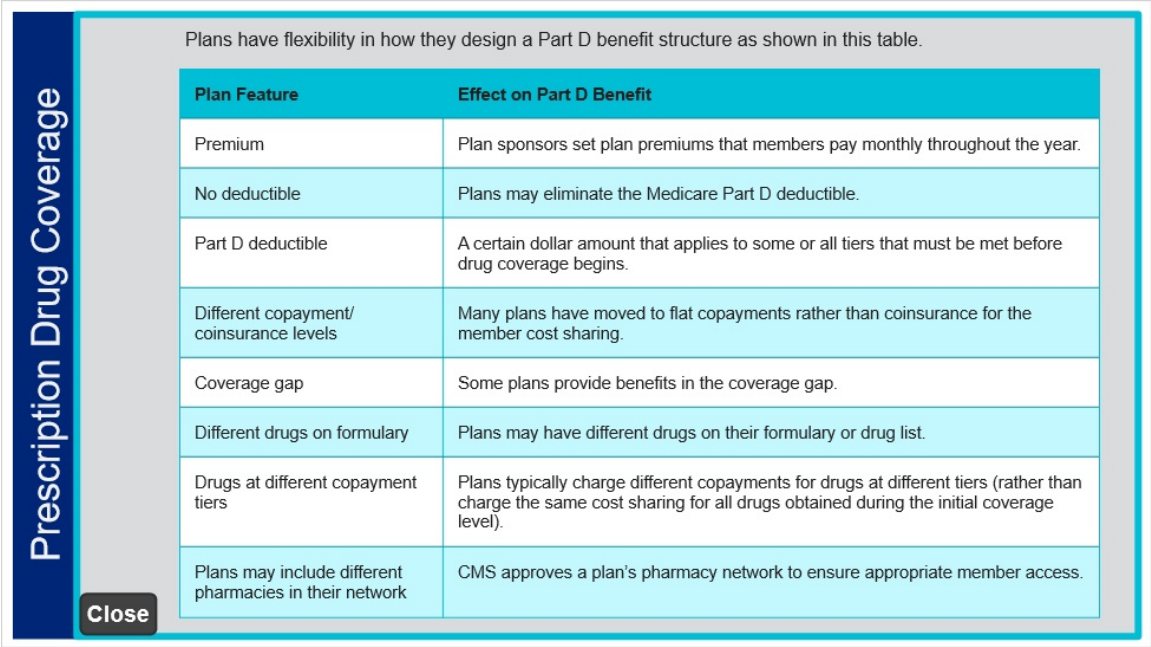
Enrollment Details (Slide Layer)



2.3 Prescription Drug Coverage

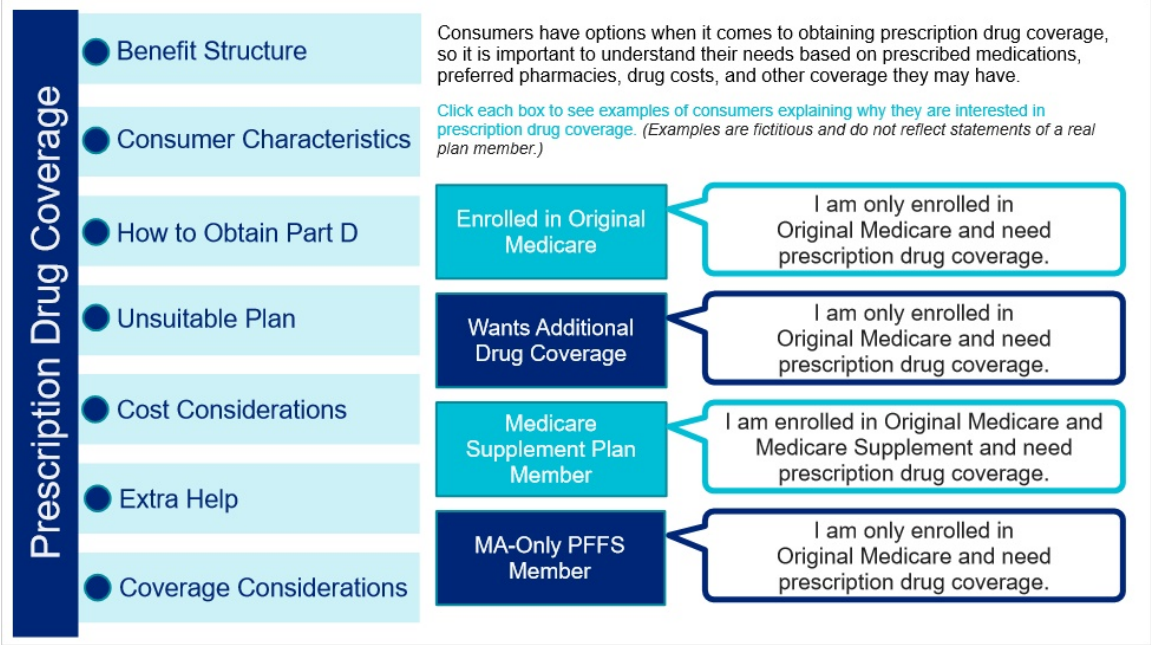


Benefit Structure (Slide Layer)

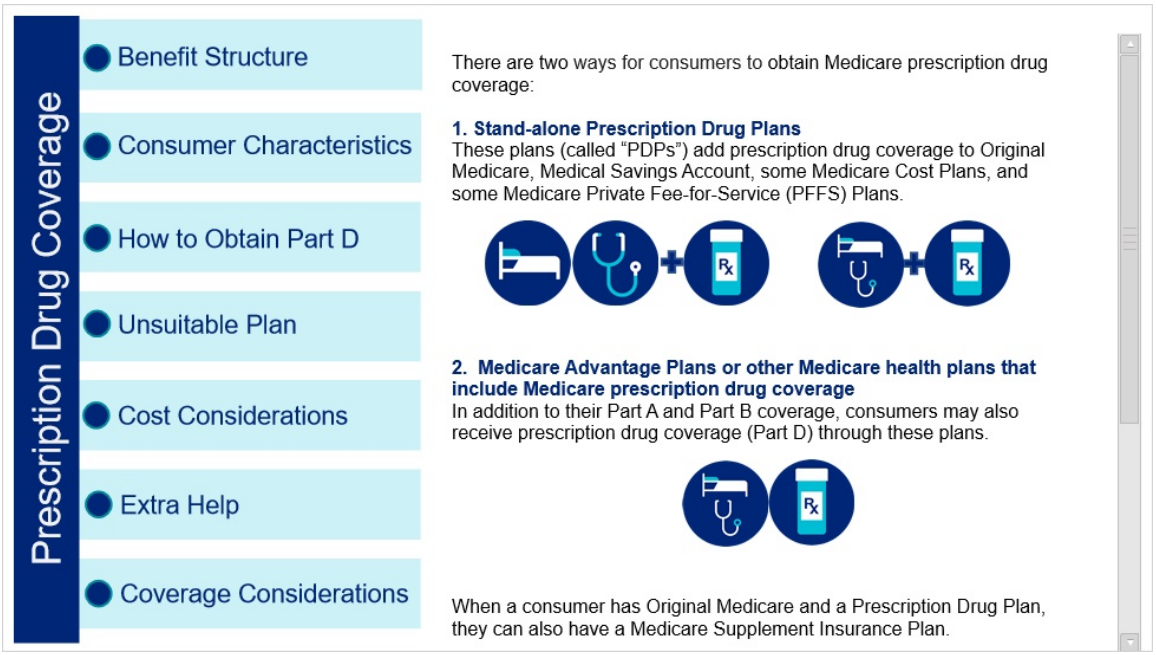


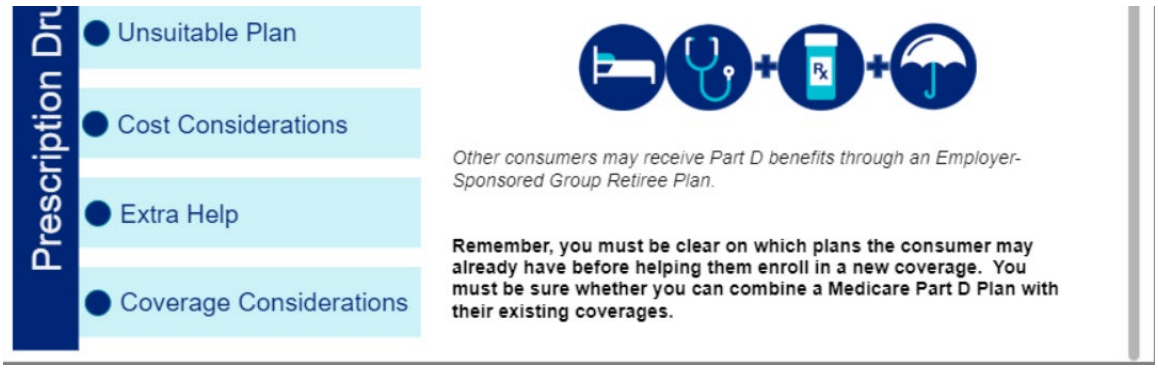
Plan Feature	Effect on Part D Benefit
Premium	Plan sponsors set plan premiums that members pay monthly throughout the year.
No deductible	Plans may eliminate the Medicare Part D deductible.
Part D deductible	A certain dollar amount that applies to some or all tiers that must be met before drug coverage begins.
Different copayment/ coinsurance levels	Many plans have moved to flat copayments rather than coinsurance for the member cost sharing.
Coverage gap	Some plans provide benefits in the coverage gap.
Different drugs on formulary	Plans may have different drugs on their formulary or drug list.
Drugs at different copayment tiers	Plans typically charge different copayments for drugs at different tiers (rather than charge the same cost sharing for all drugs obtained during the initial coverage level).
Plans may include different pharmacies in their network	CMS approves a plan's pharmacy network to ensure appropriate member access.

Consumer Characteristics (Slide Layer)

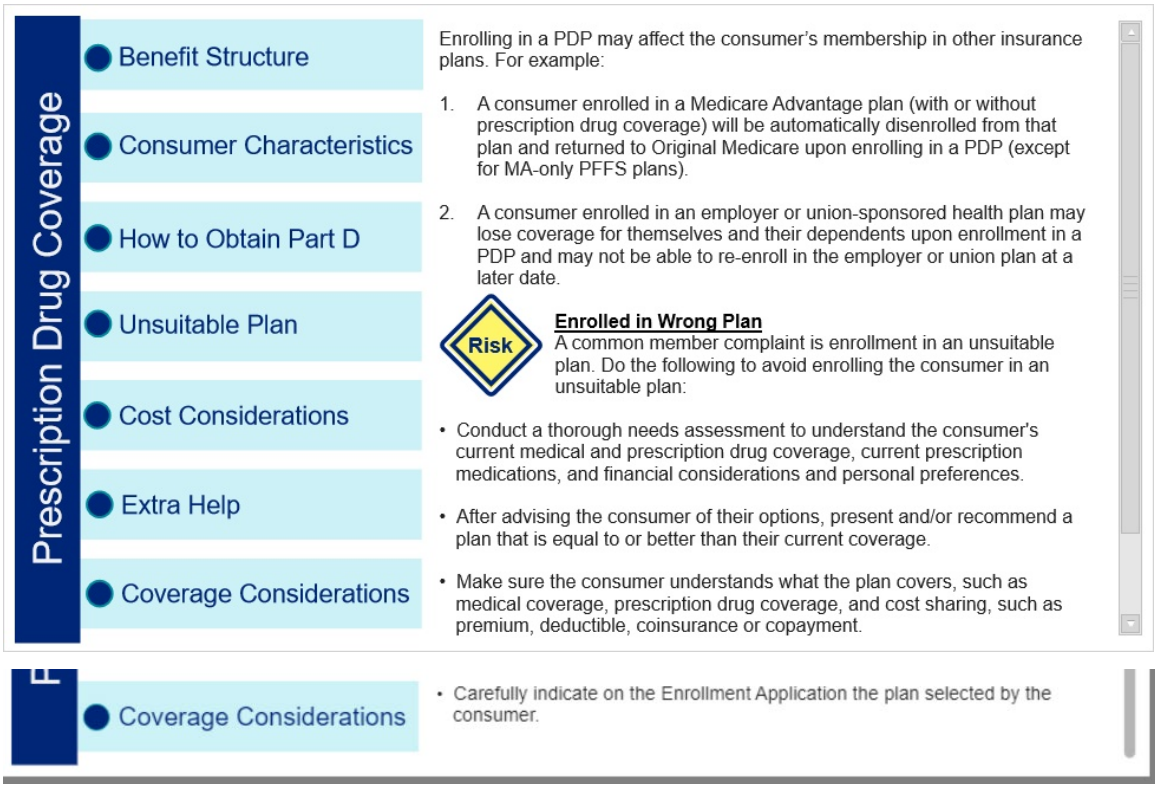


How to Obtain Part D (Slide Layer)

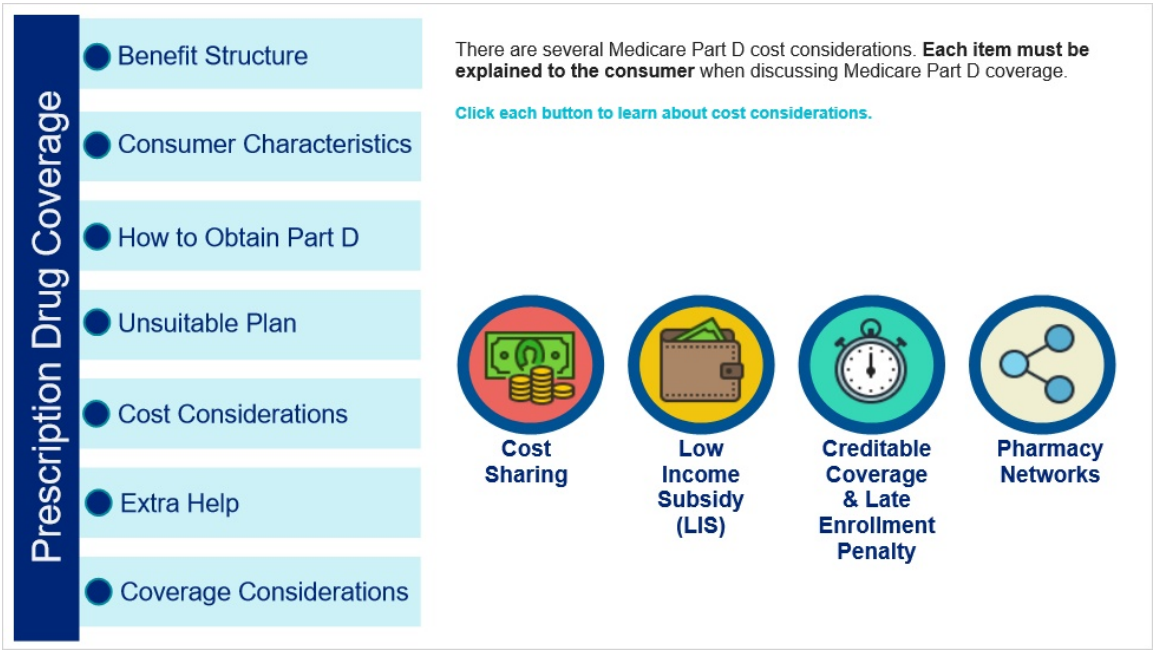




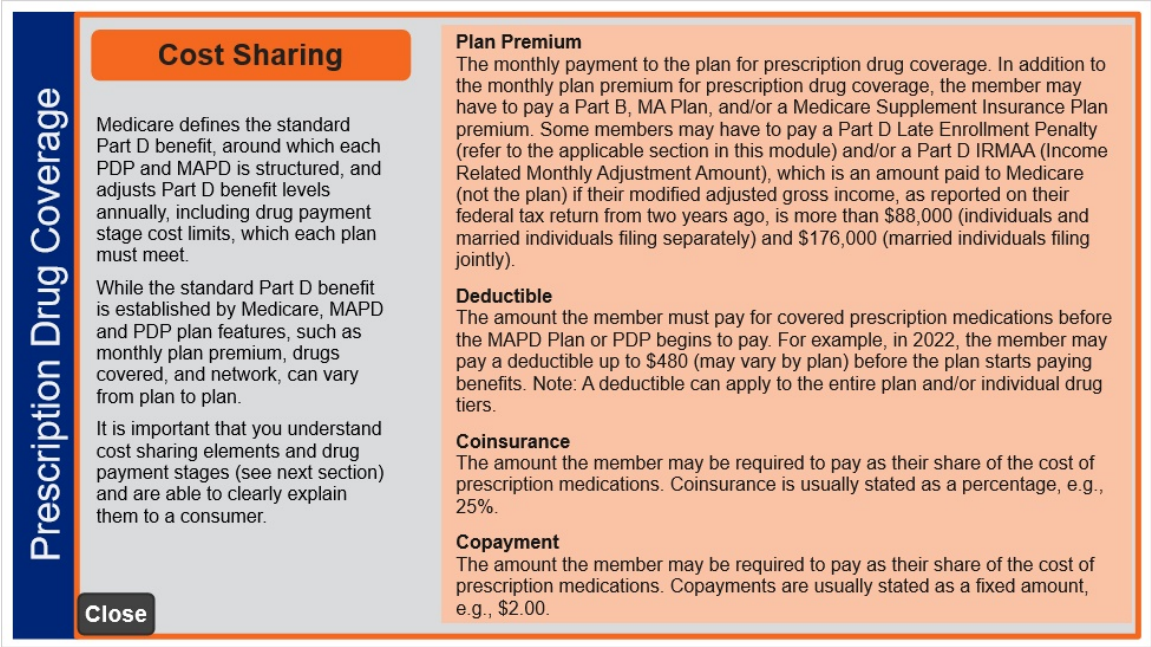
Unsuitable Plan Enrollment (Slide Layer)



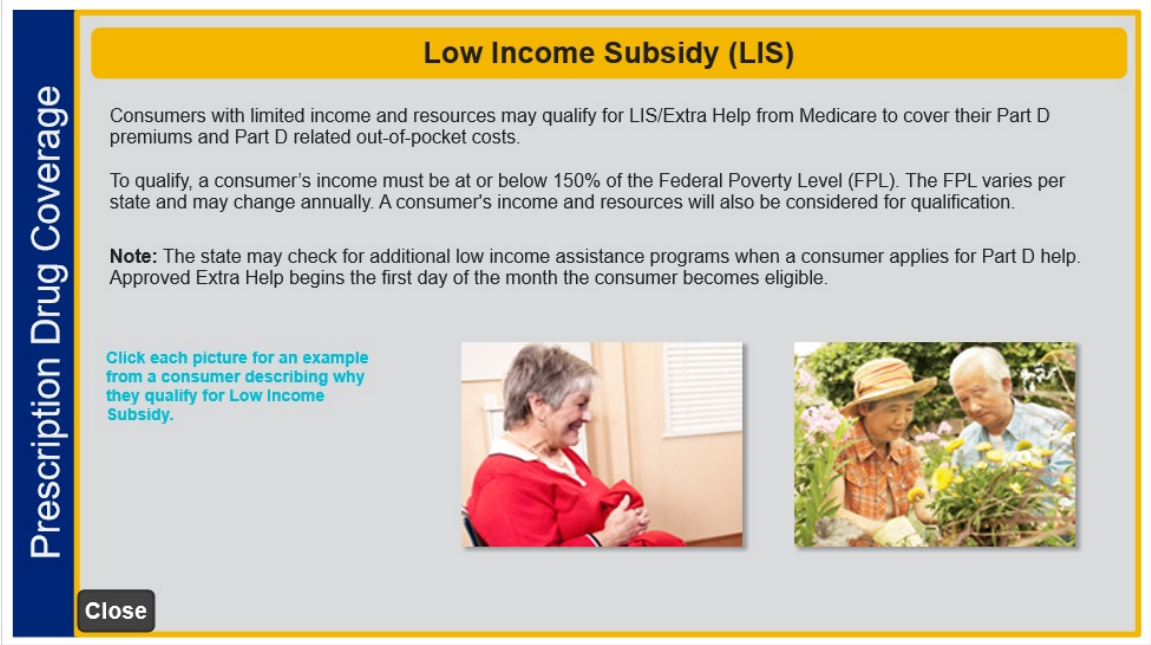
Cost Considerations (Slide Layer)



Cost Sharing (Slide Layer)



LIS (Slide Layer)



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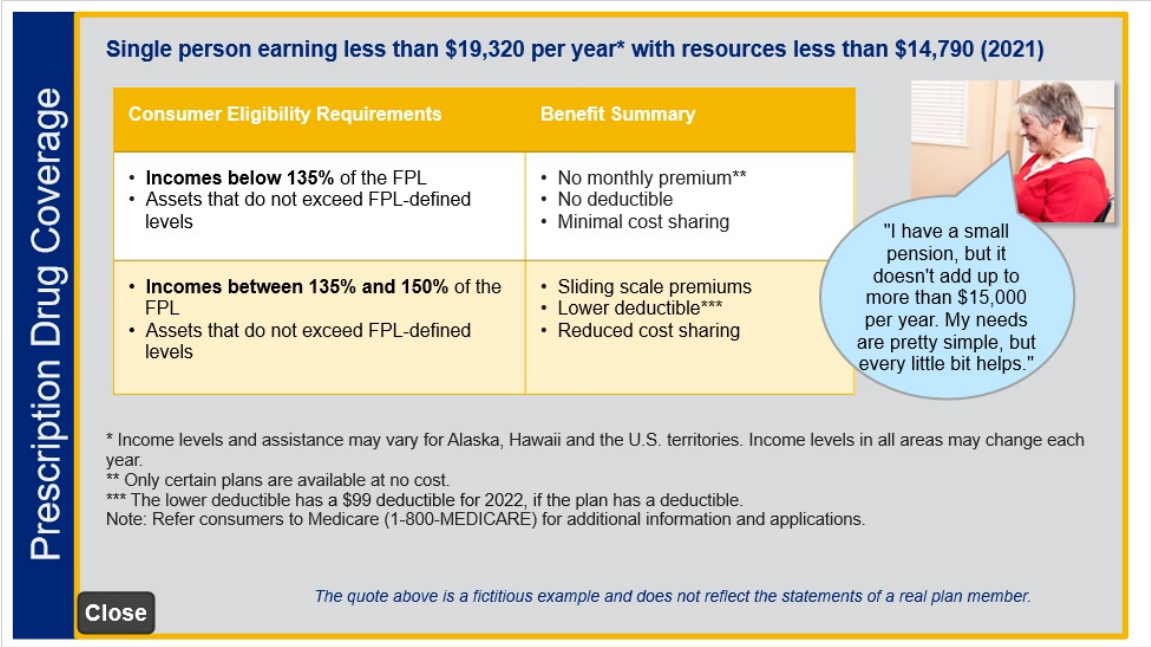
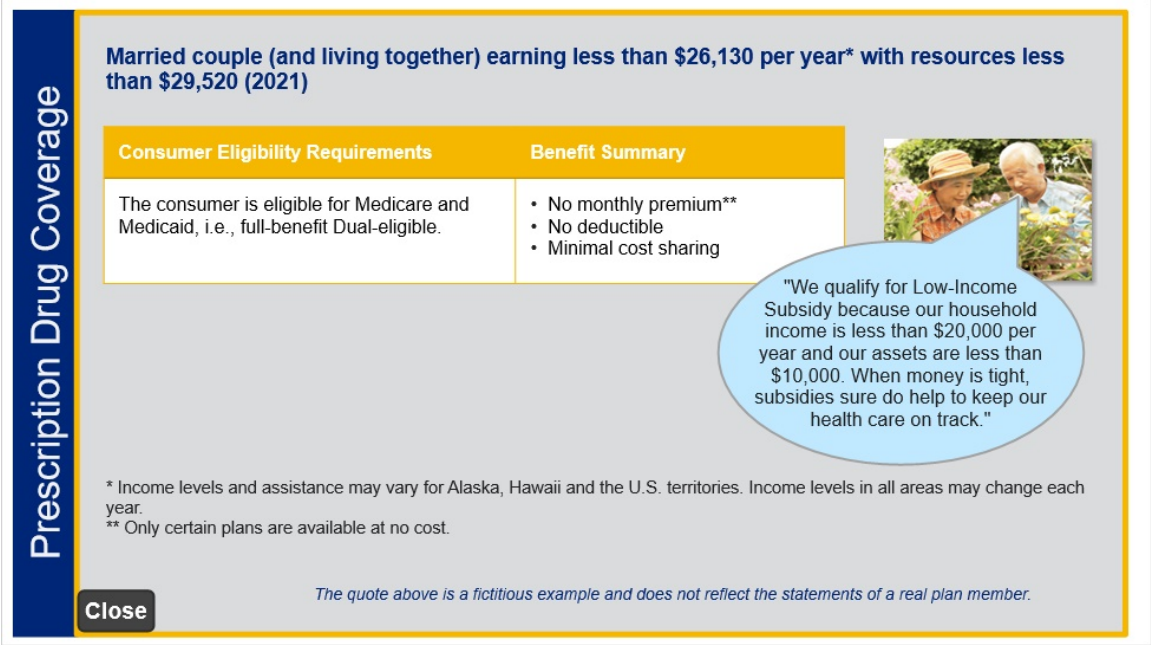
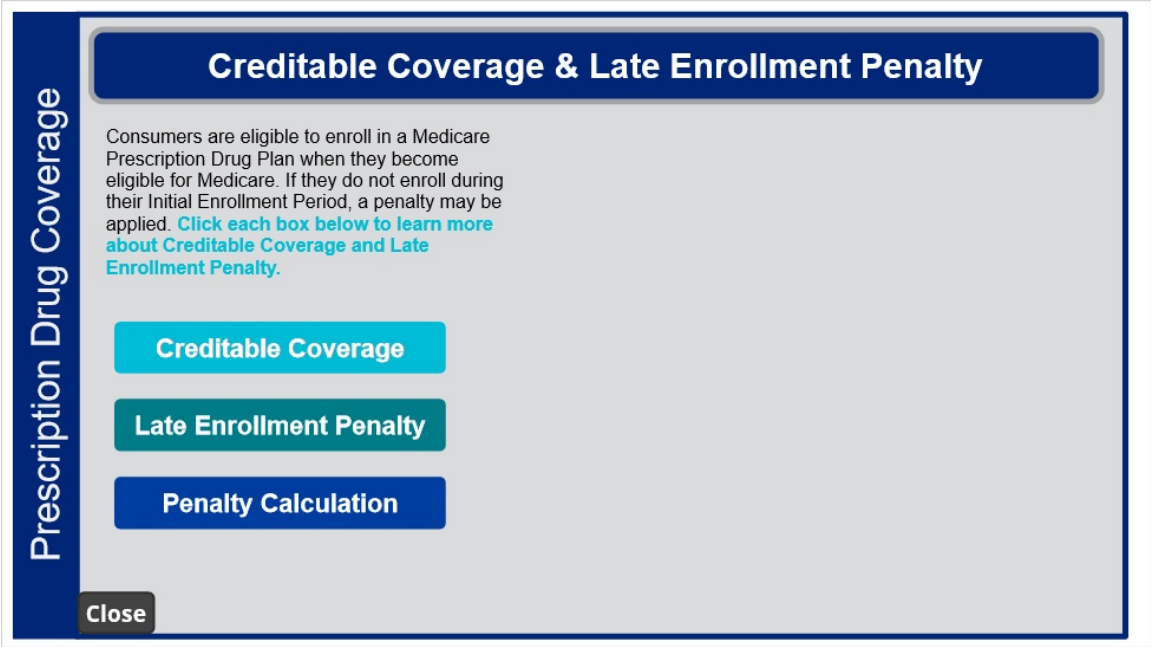


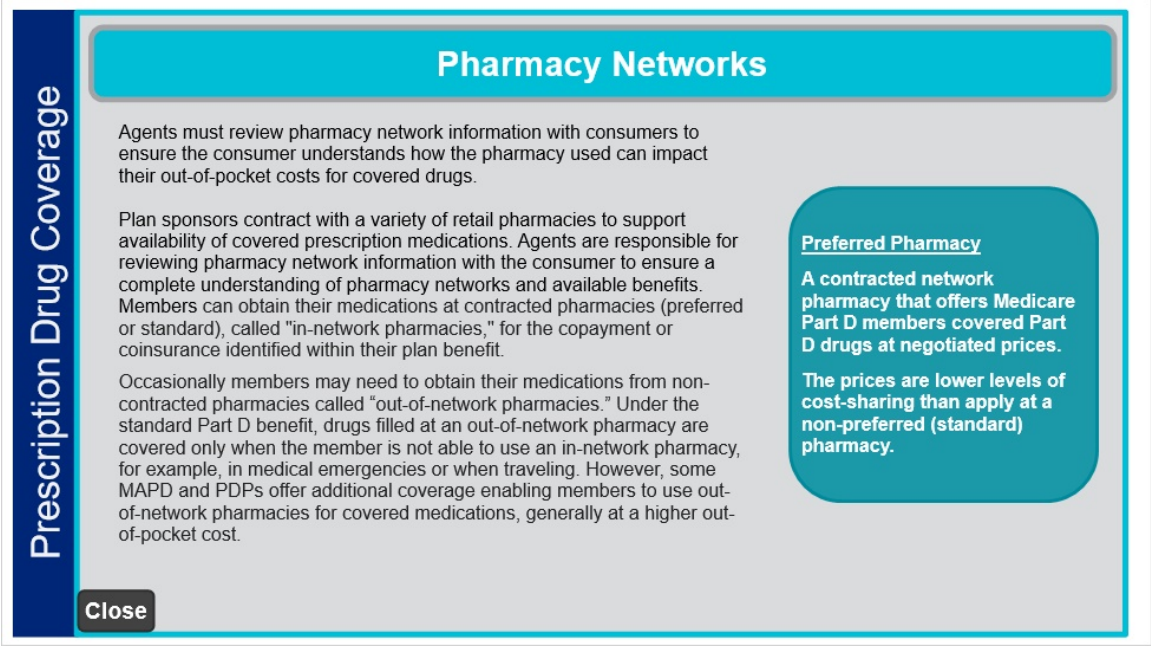
Couple (Slide Layer)



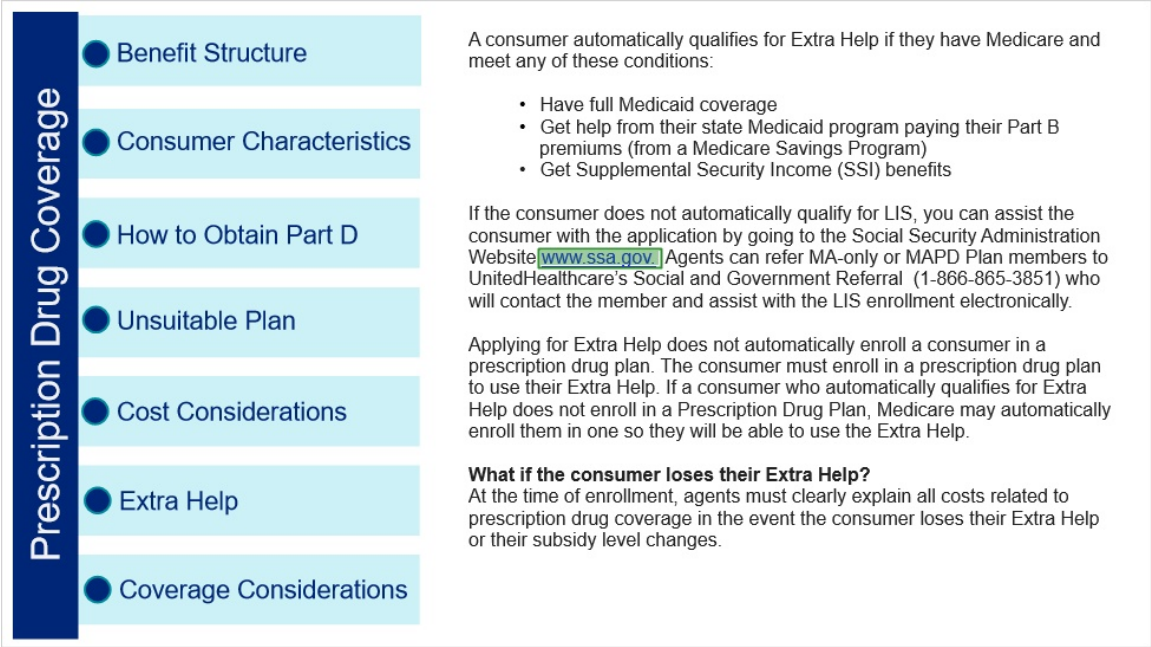
Creditable Coverage & LEP (Slide Layer)



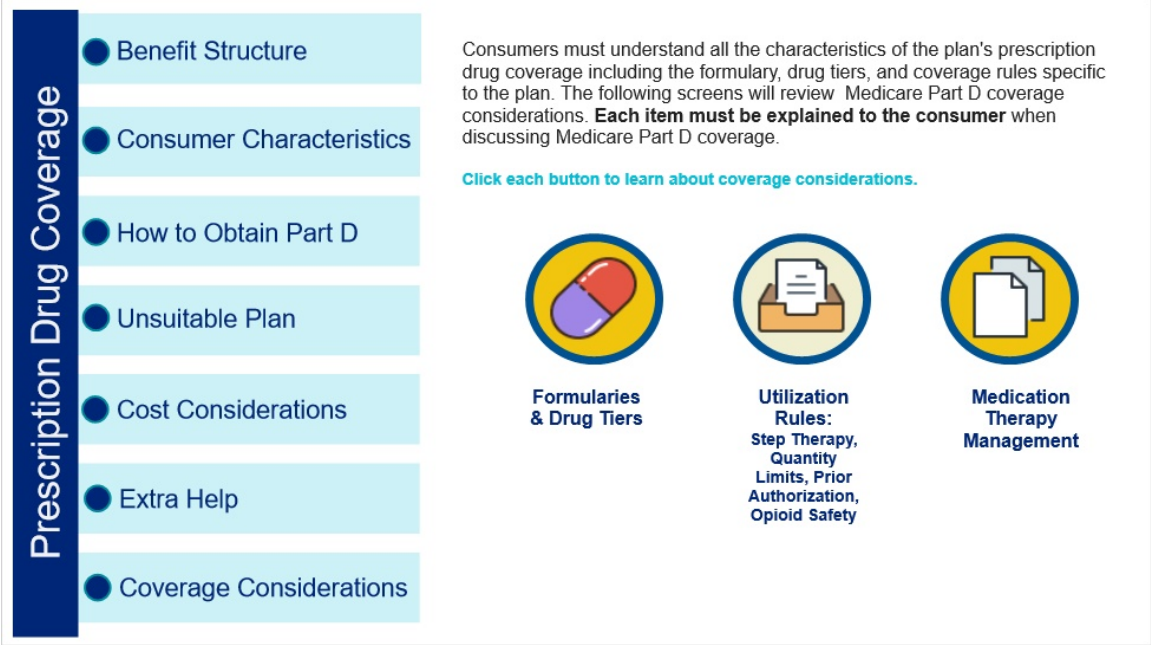
Pharmacy Networks (Slide Layer)



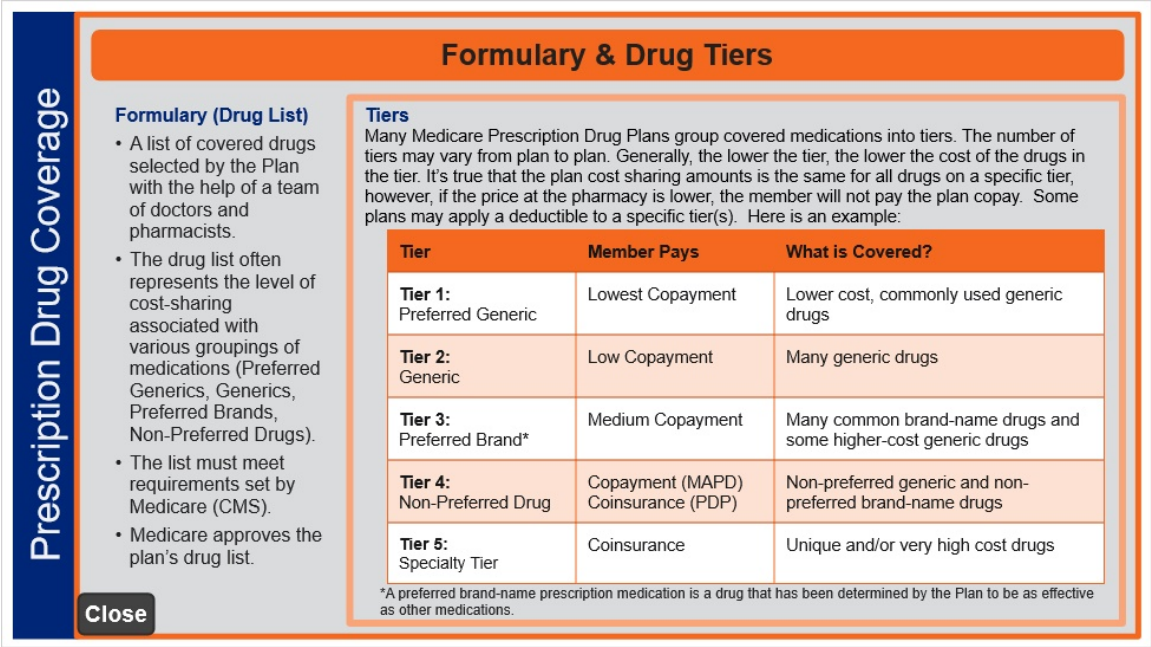
Extra Help (Slide Layer)



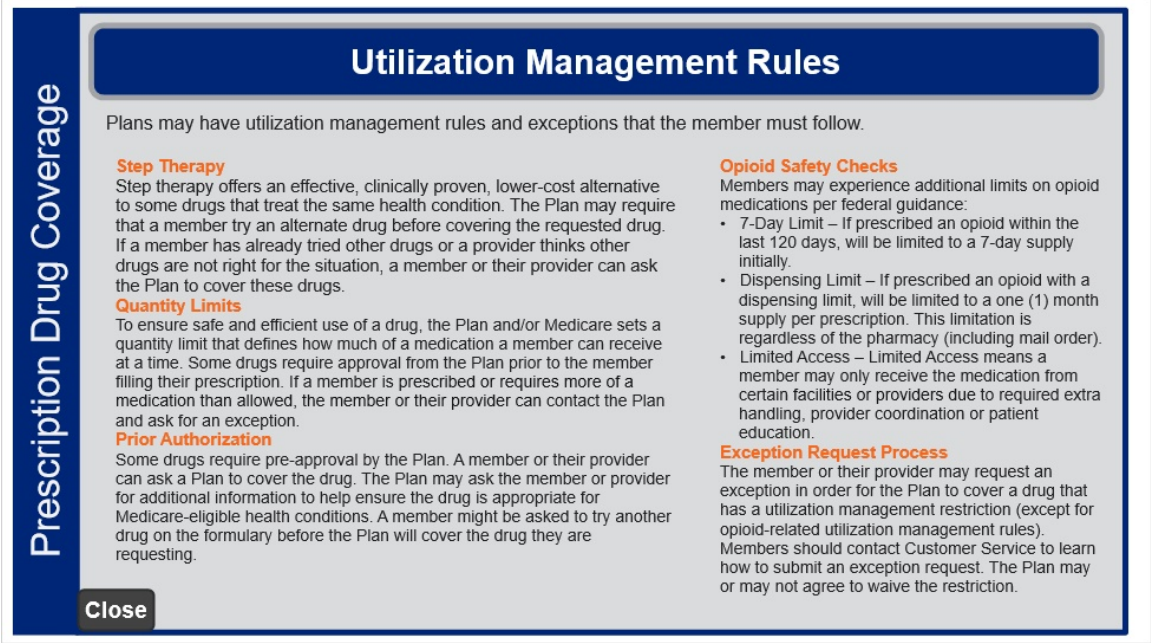
Coverage Considerations (Slide Layer)



Formulary & Drug Tiers (Slide Layer)



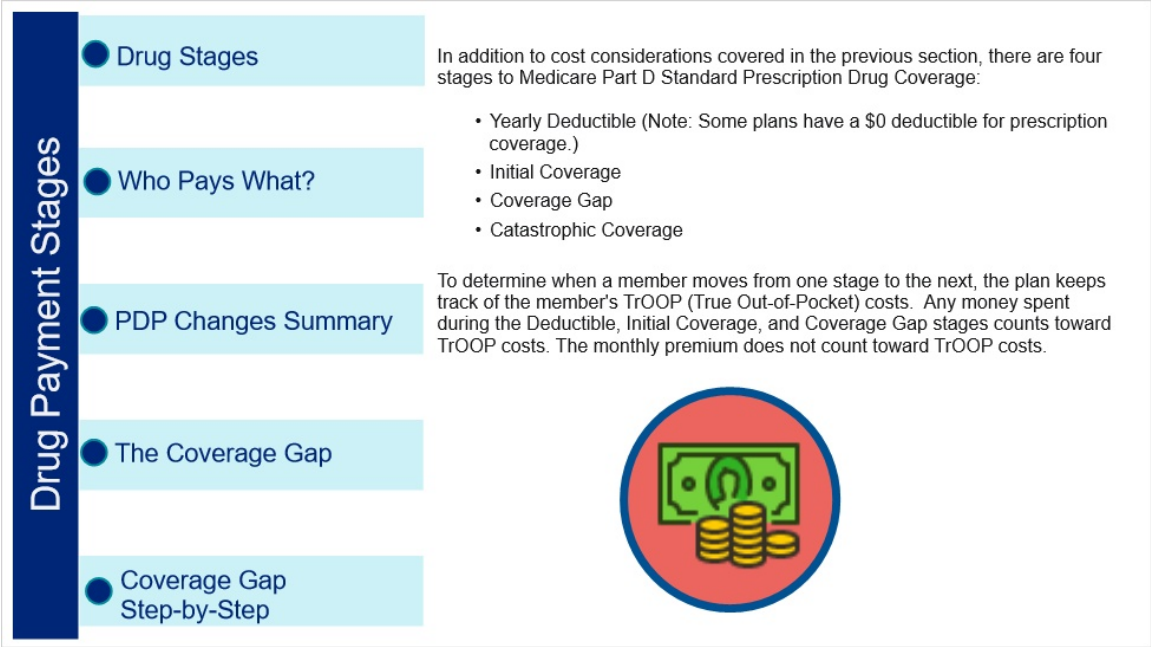
Utilization Management (Slide Layer)



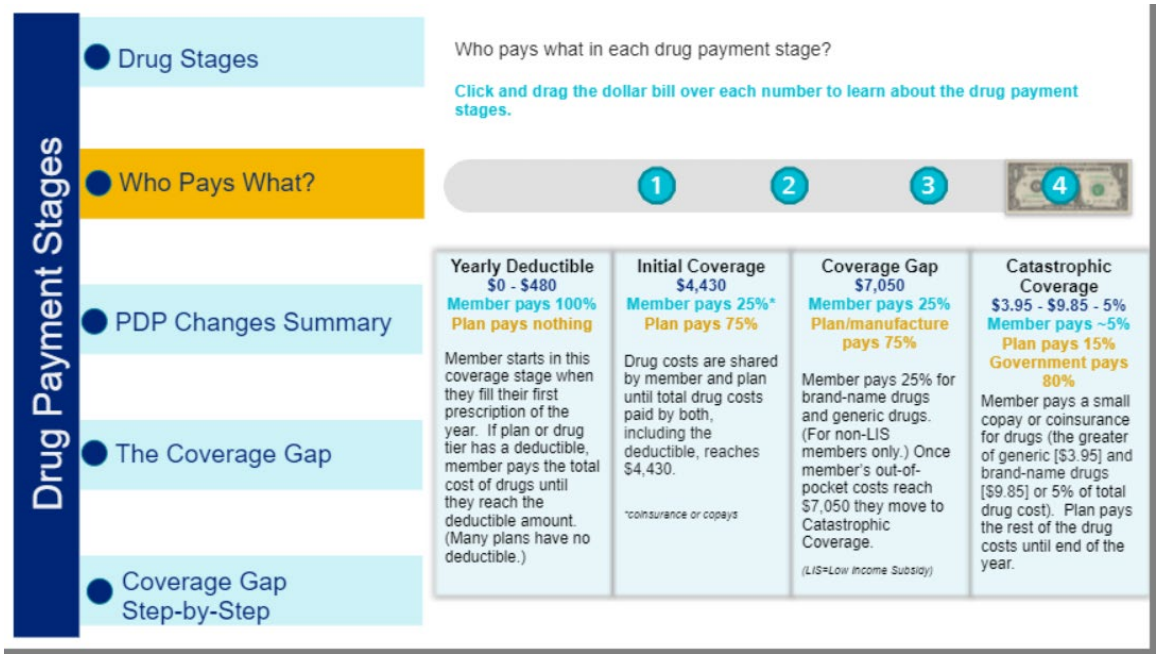
Medication Therapy Management (Slide Layer)

2.4 Drug Payment Stages

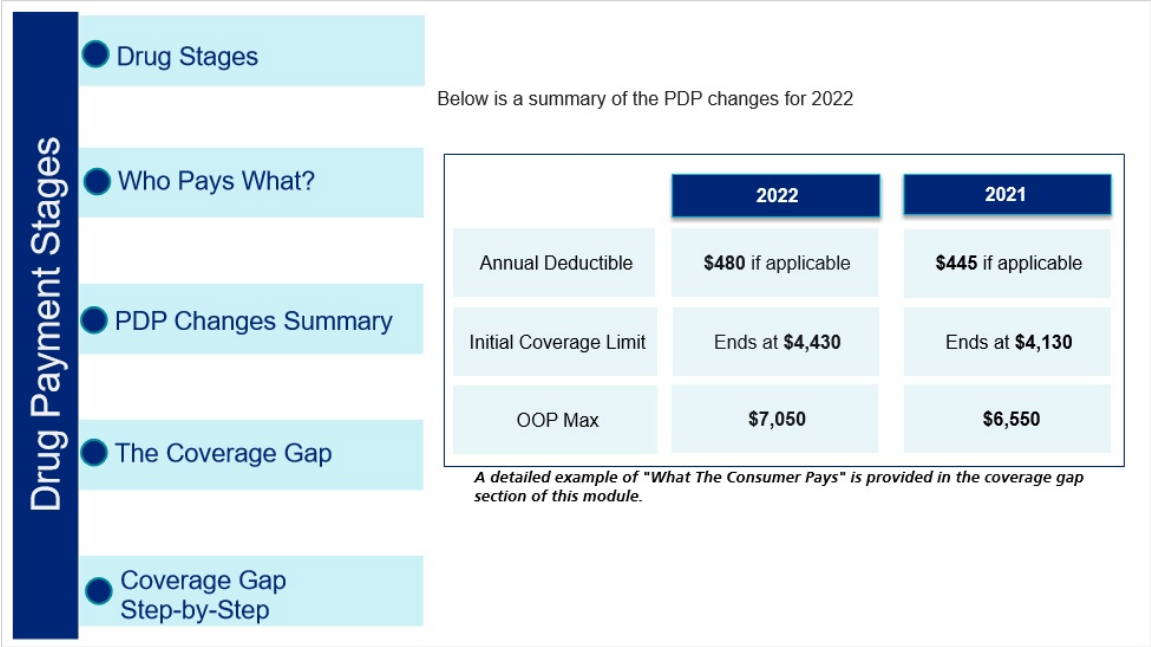
Drug Stages (Slide Layer)



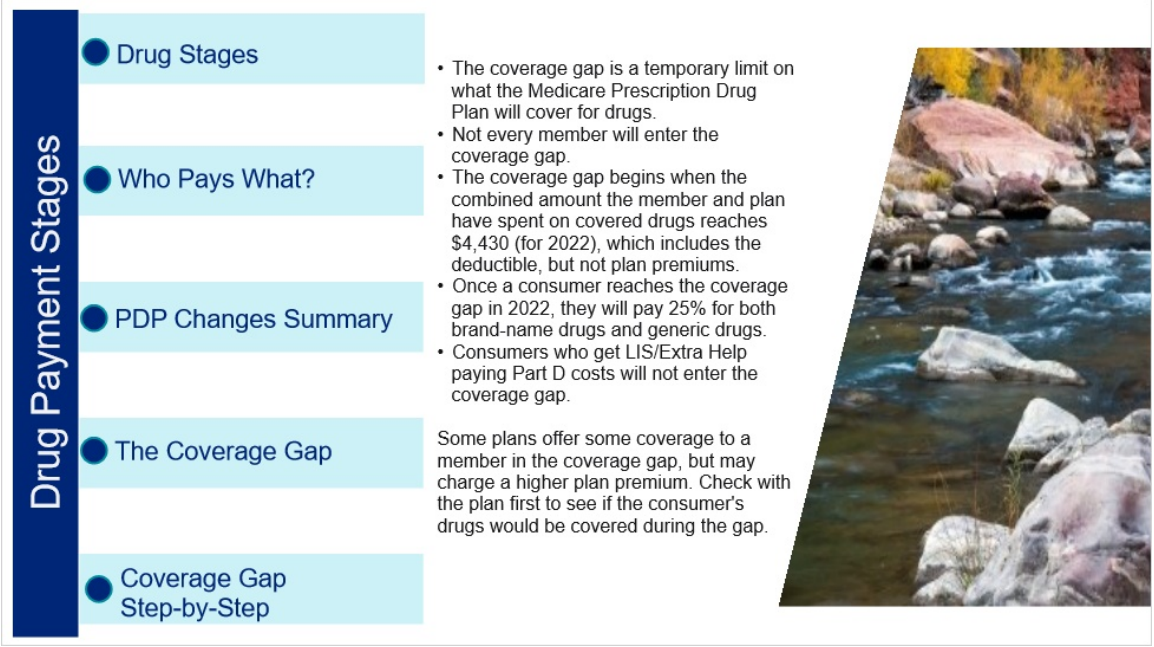
Who Pays What? (Slide Layer)



PDP Changes Summary (Slide Layer)

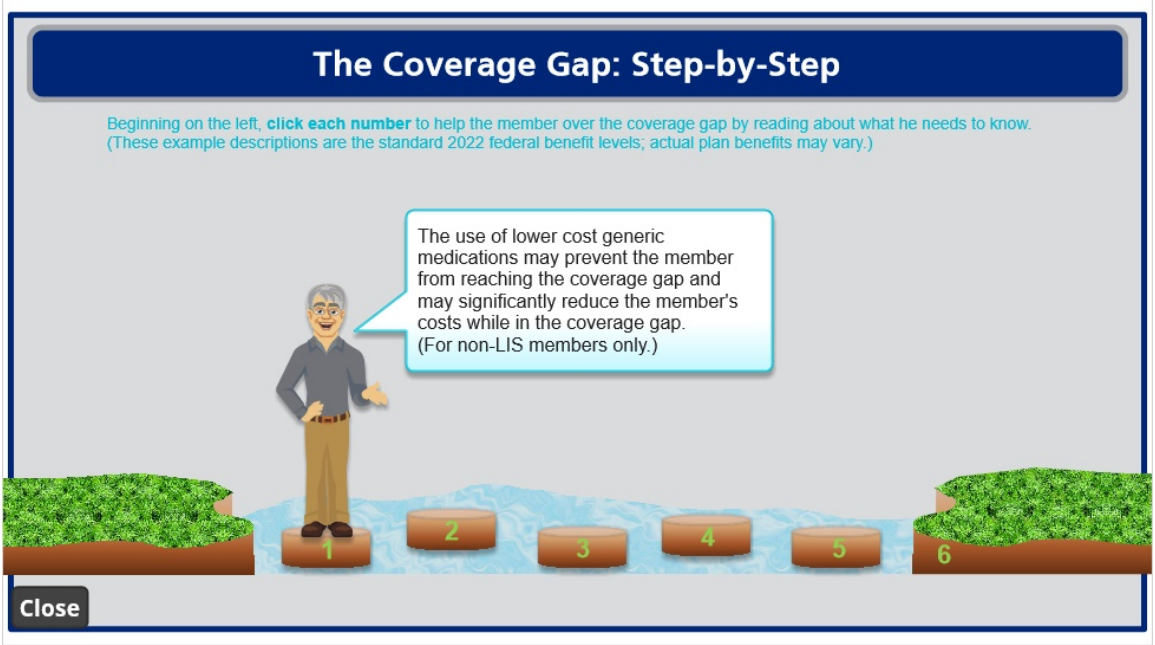


The Coverage Gap (Slide Layer)

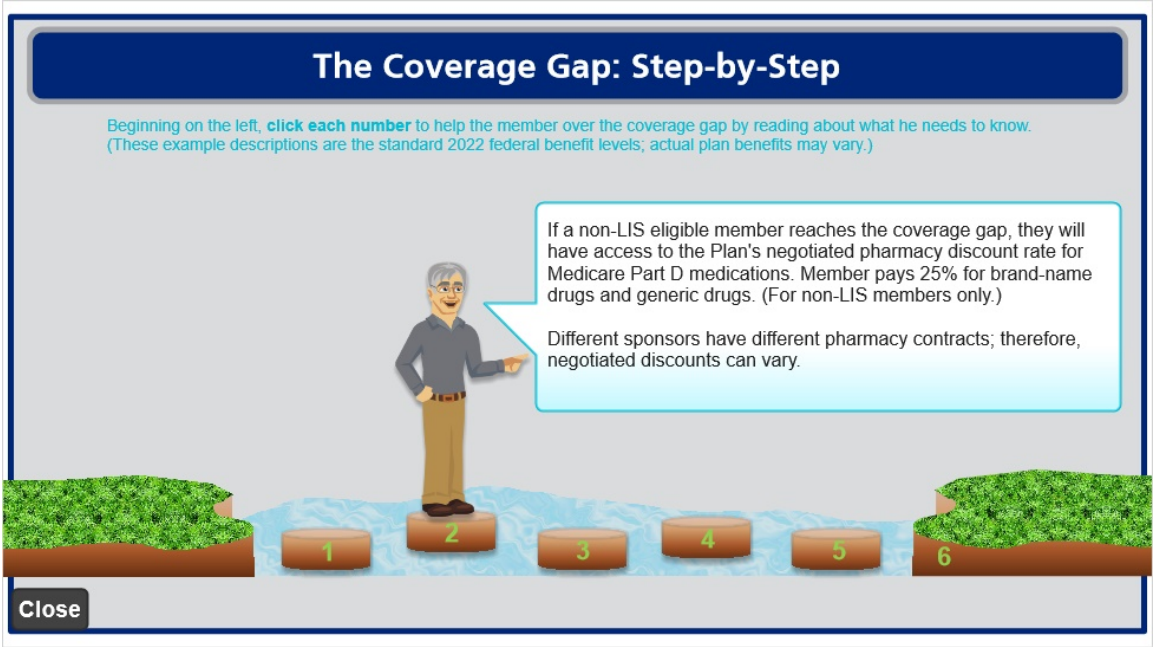


Coverage Gap Steps (Slide Layer)

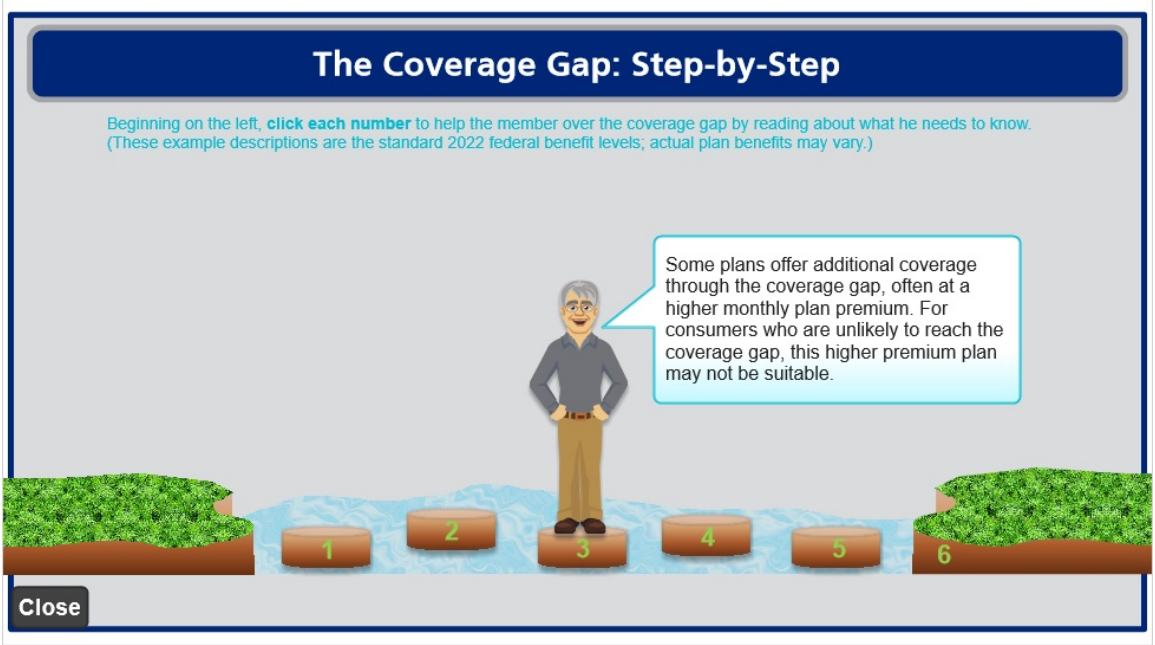
Step 1 (Slide Layer)



Step 2 (Slide Layer)



Step 3 (Slide Layer)



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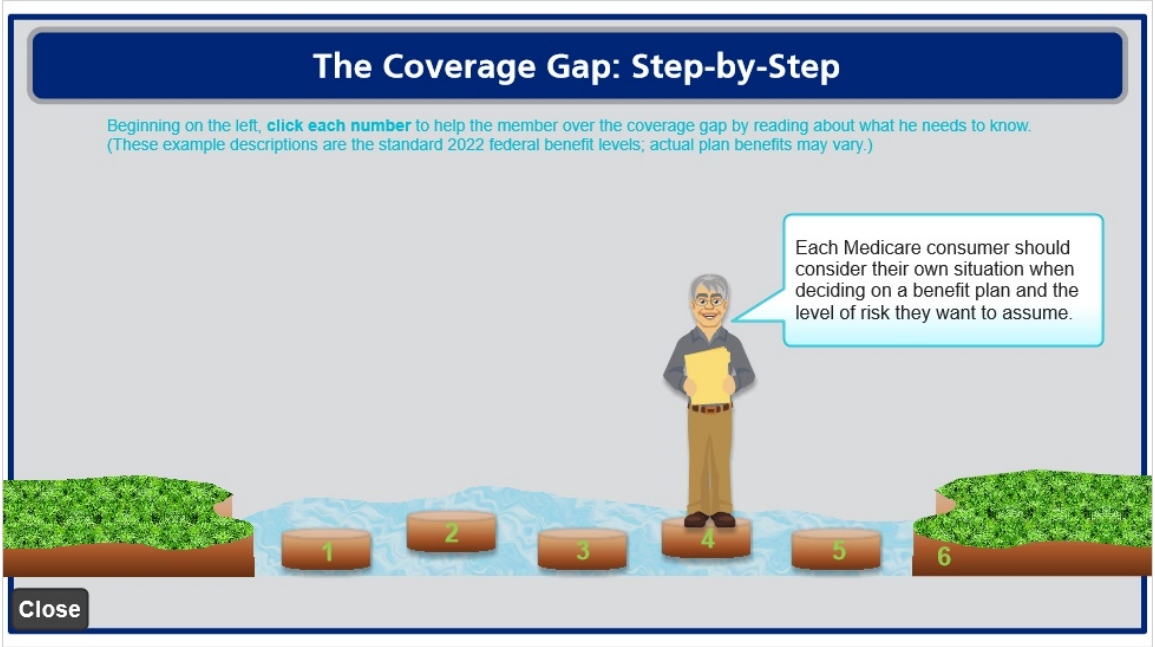
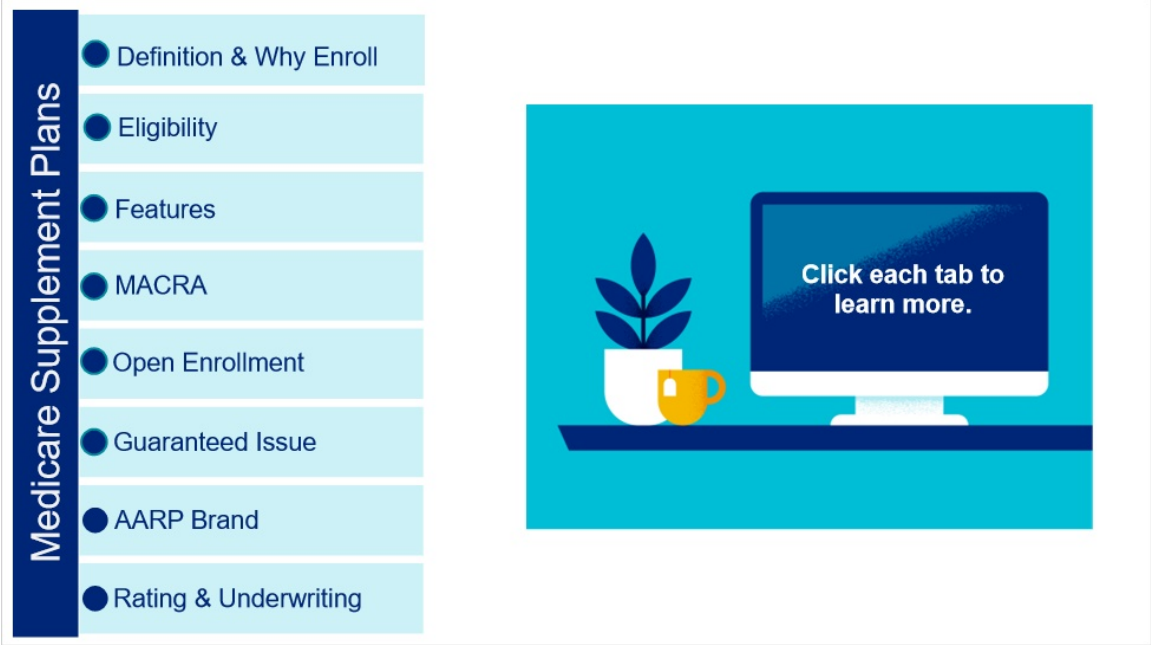


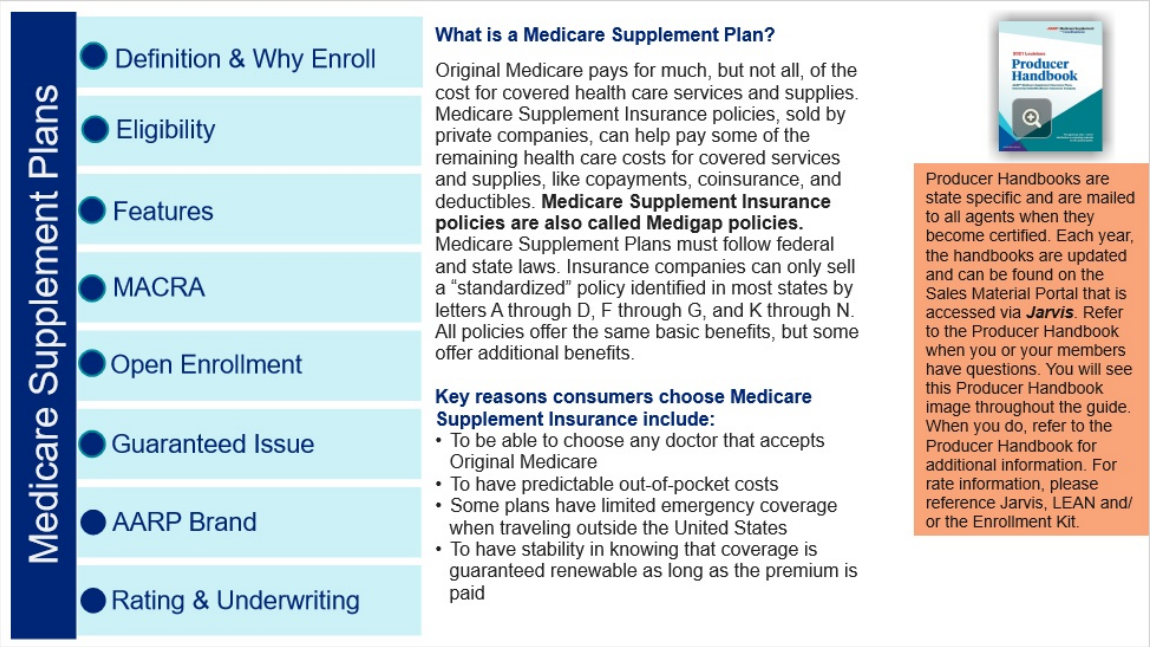
Step 5 (Slide Layer)

Step 6 (Slide Layer)

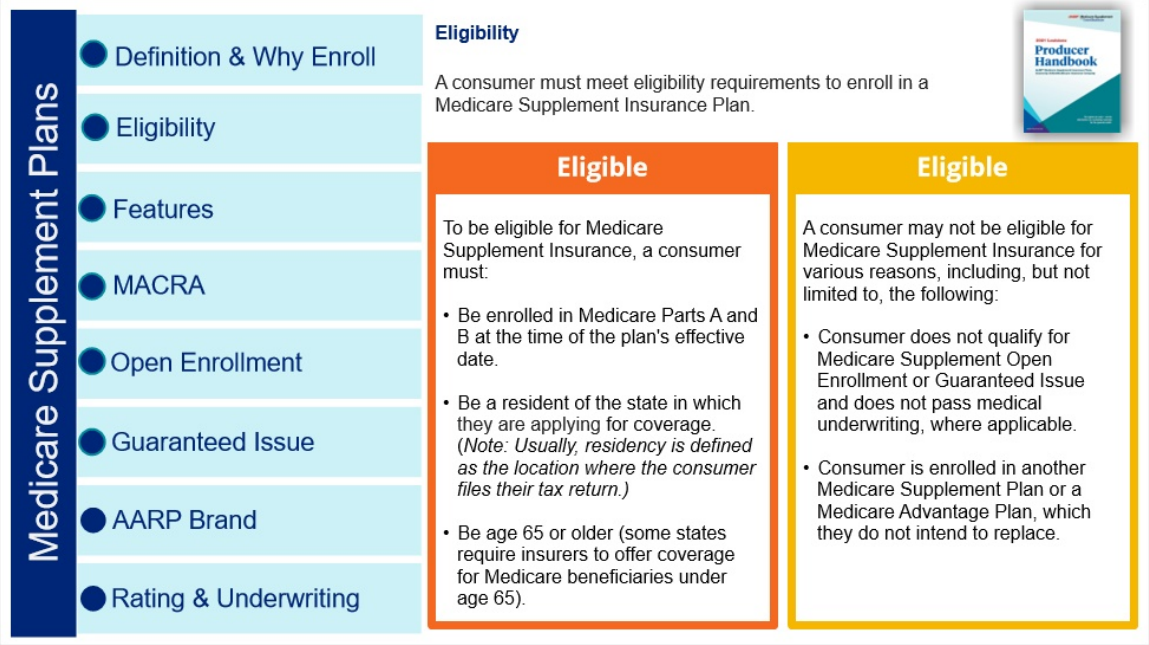
2.5 Medicare Supplement Plans



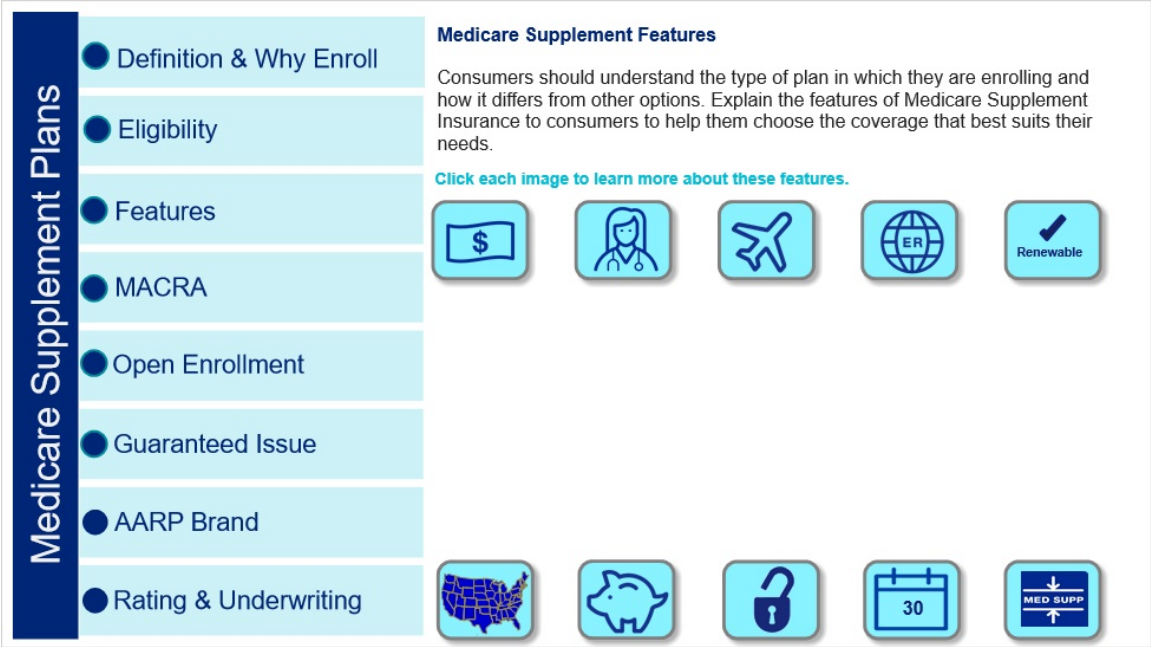
Definition & Why Enroll (Slide Layer)



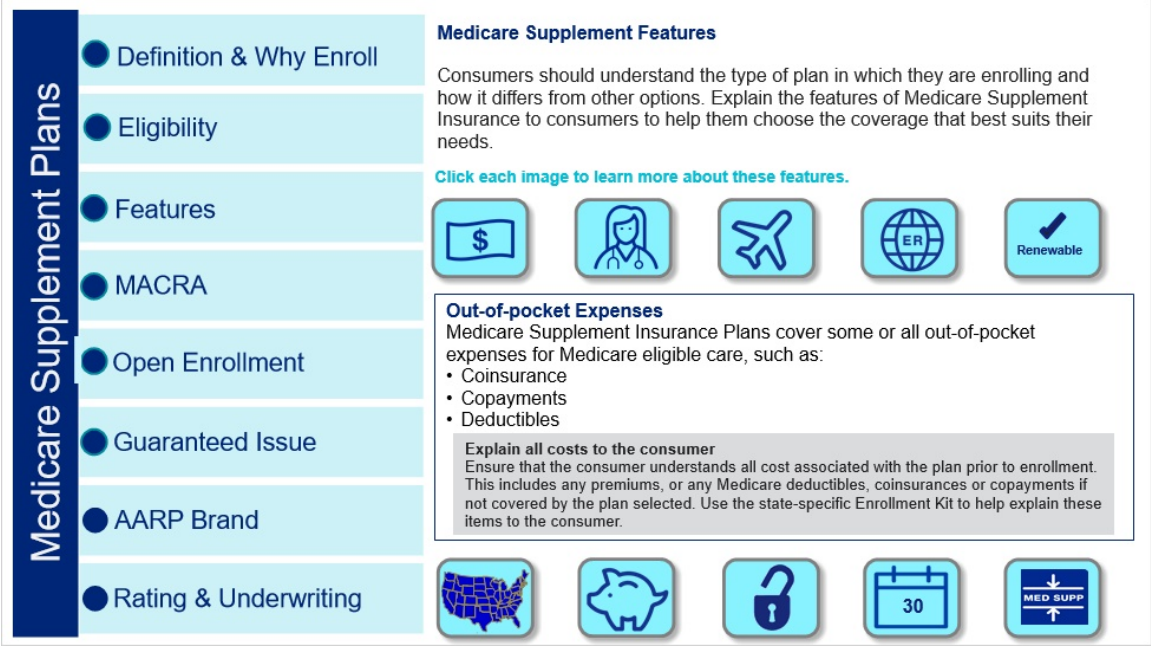
Eligibility (Slide Layer)



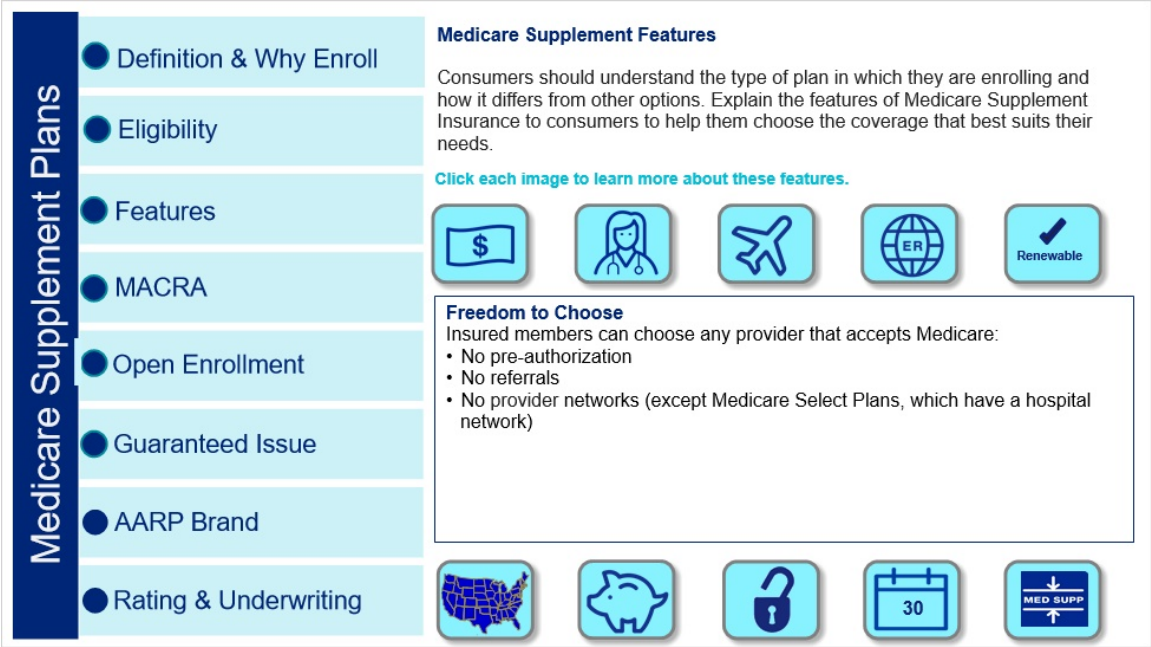
Features (Slide Layer)



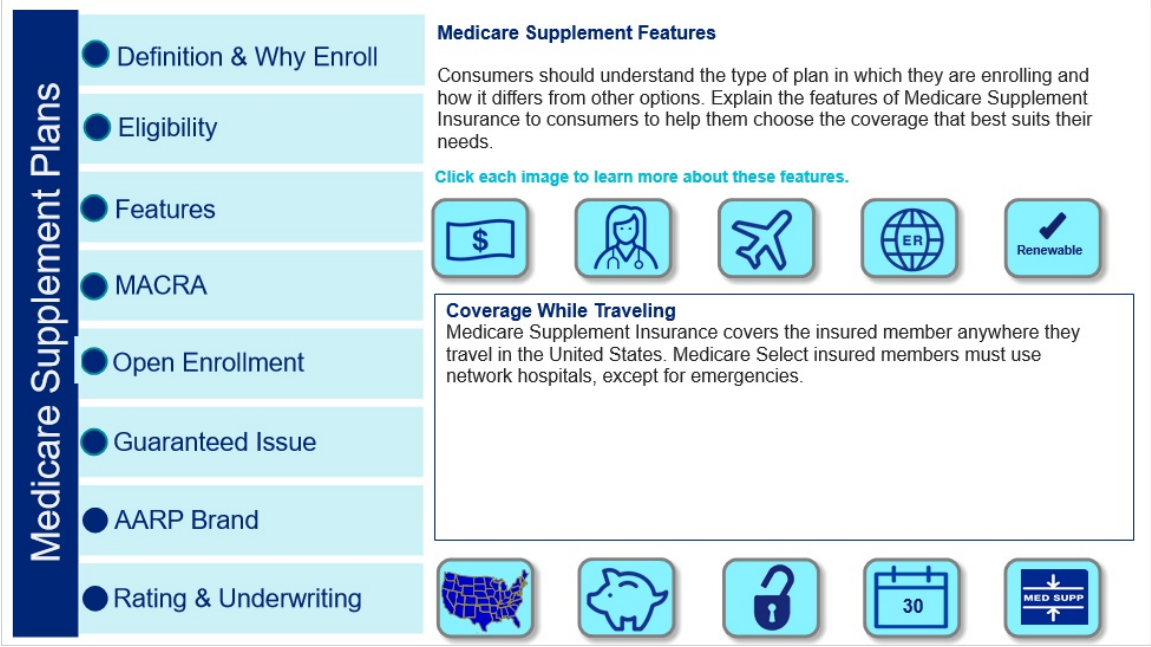
1 Feature-Expenses (Slide Layer)



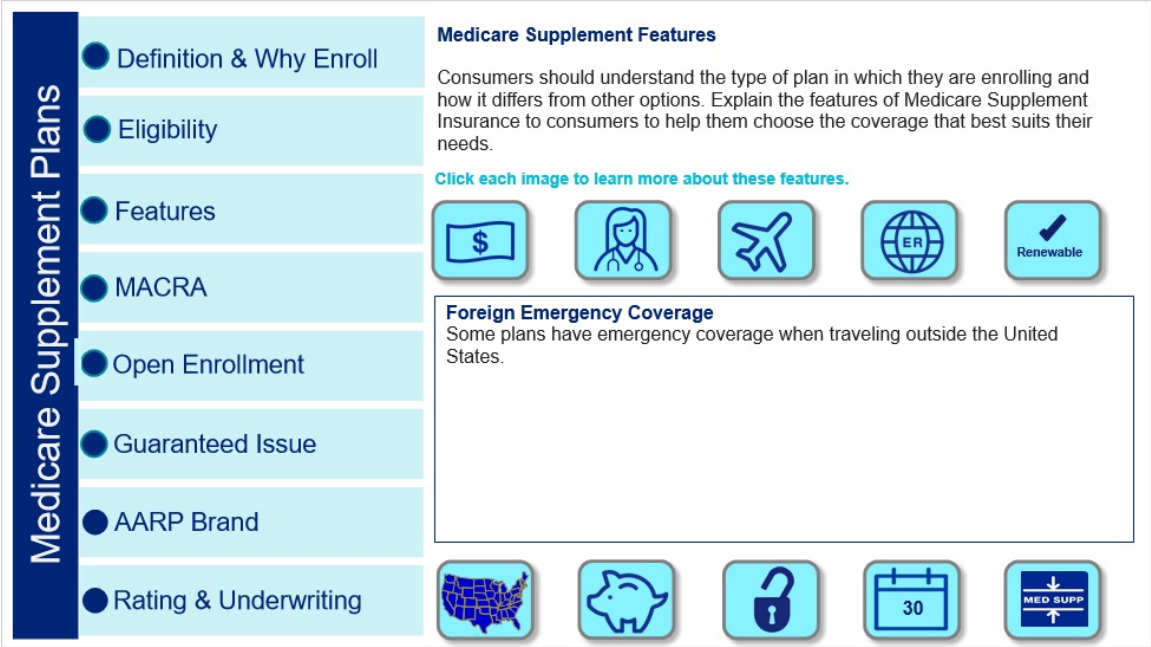
2 Features-Choose Drs & Hospitals (Slide Layer)



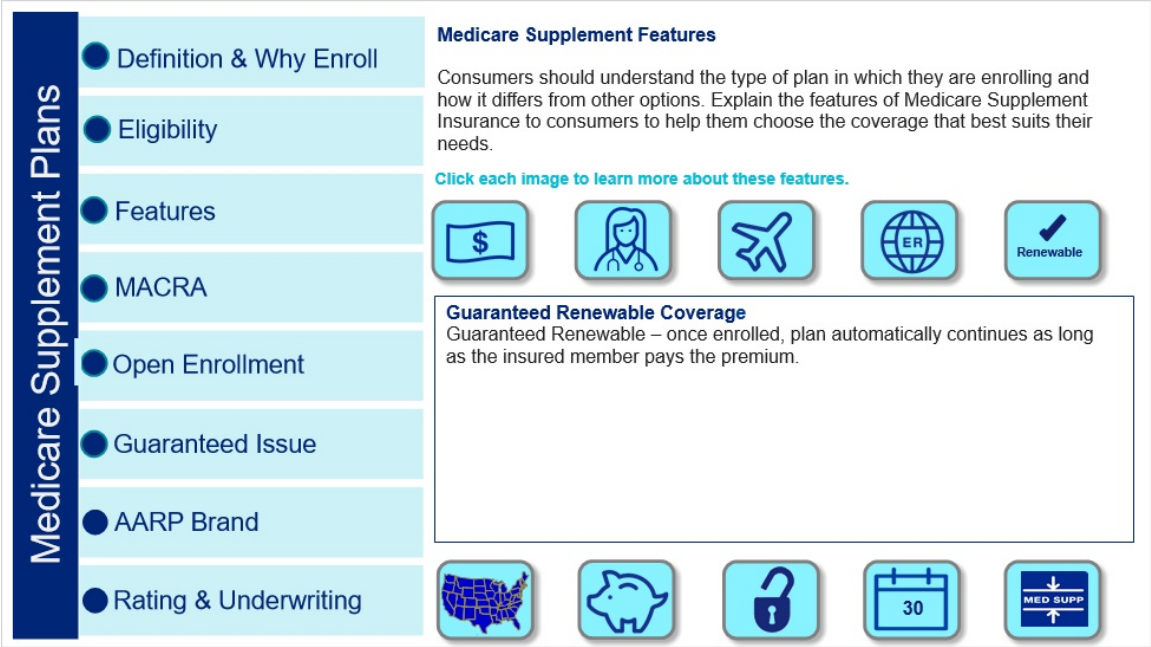
3 Features-Coverage (Slide Layer)



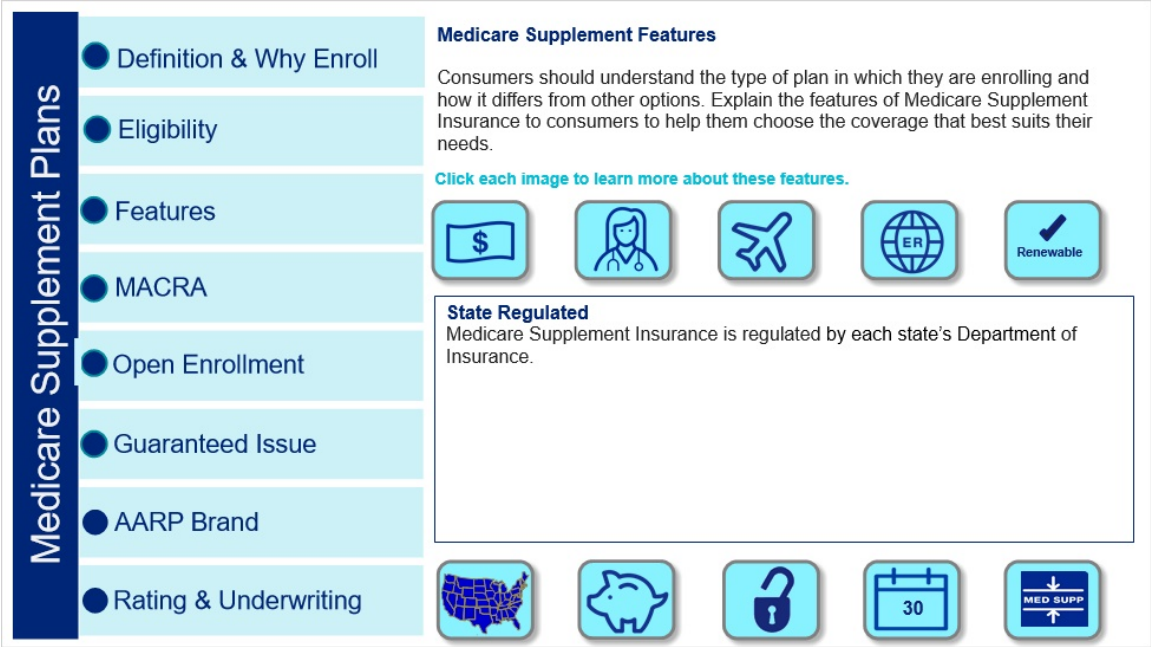
4 Features-Foreign ER (Slide Layer)



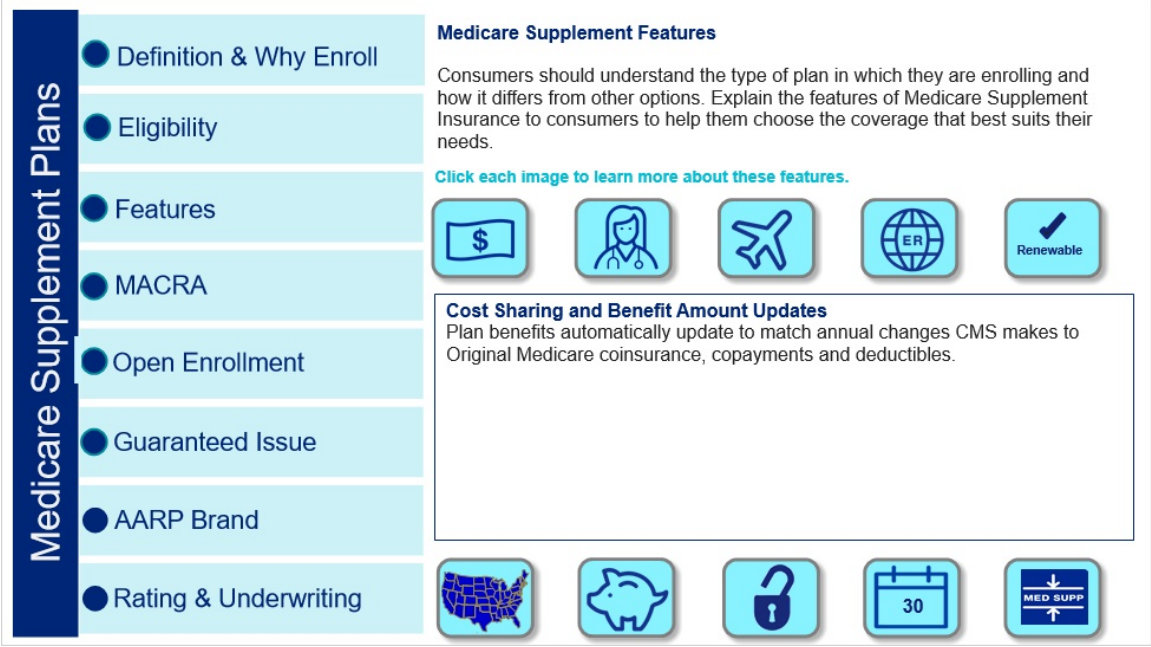
5 Features-Guaranteed Renewable (Slide Layer)



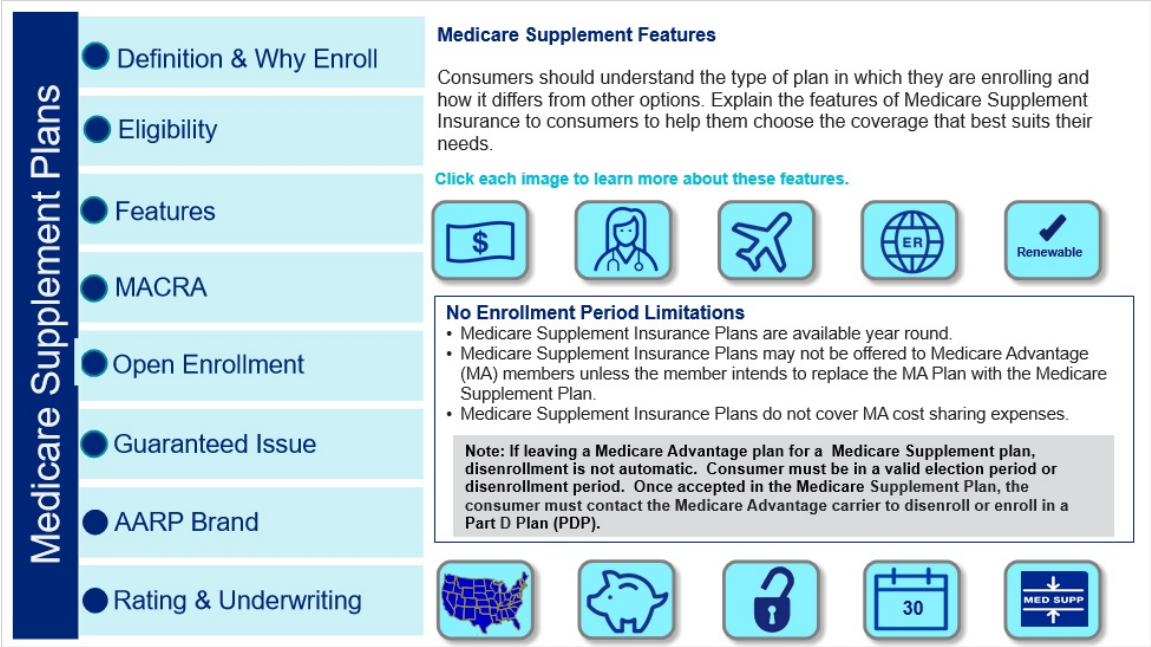
6 Features-State Regulated (Slide Layer)



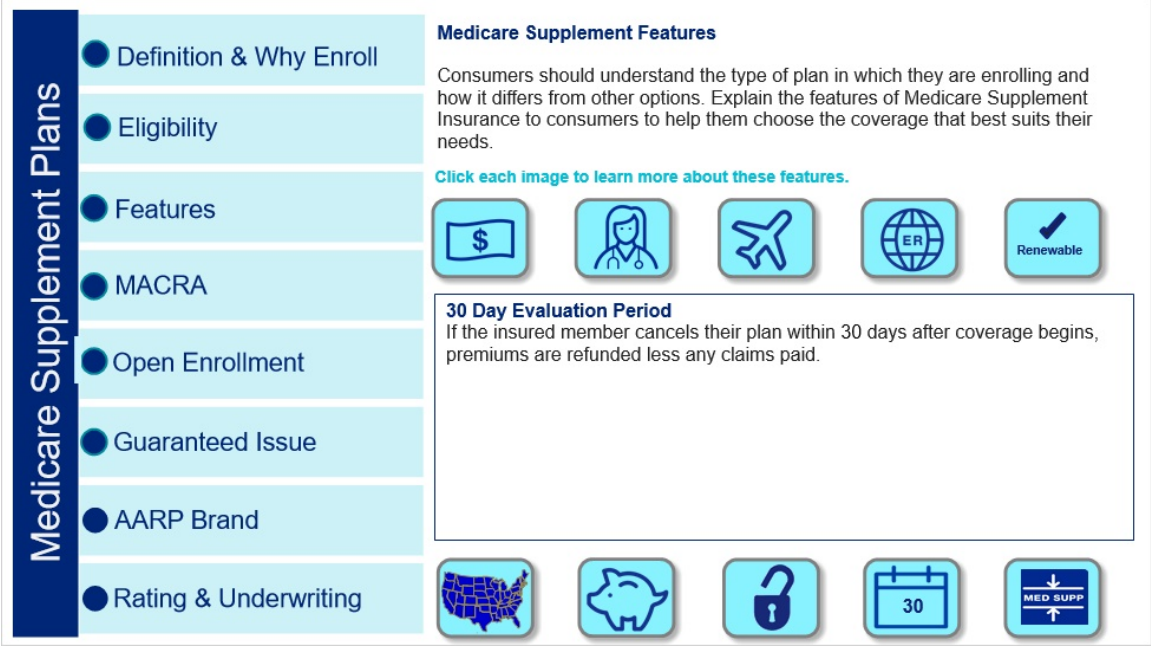
7 Features-Cost Sharing Updates (Slide Layer)



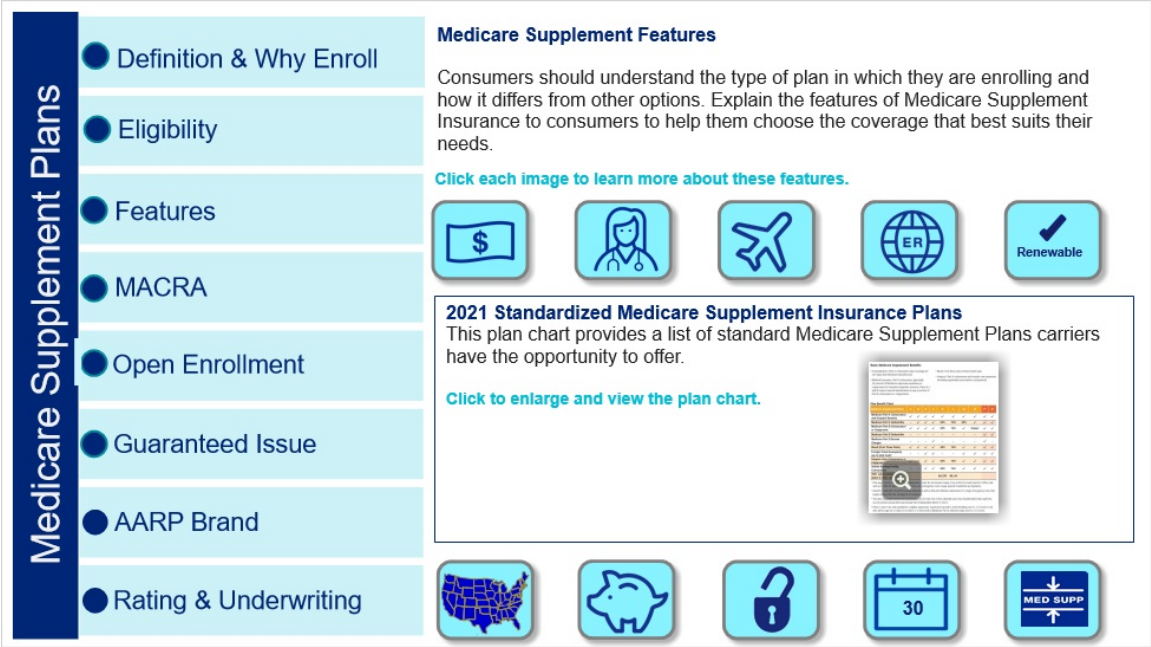
8 Features-No Enrollment Period Limitation (Slide Layer)



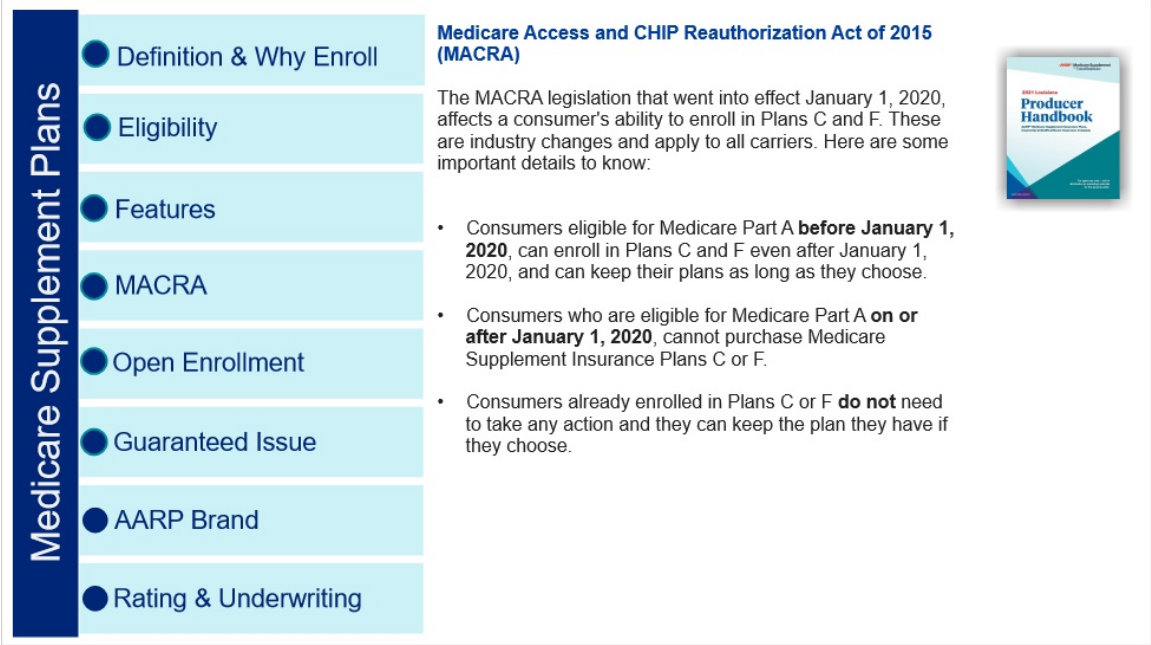
9 Features-30 Day Evaluation (Slide Layer)



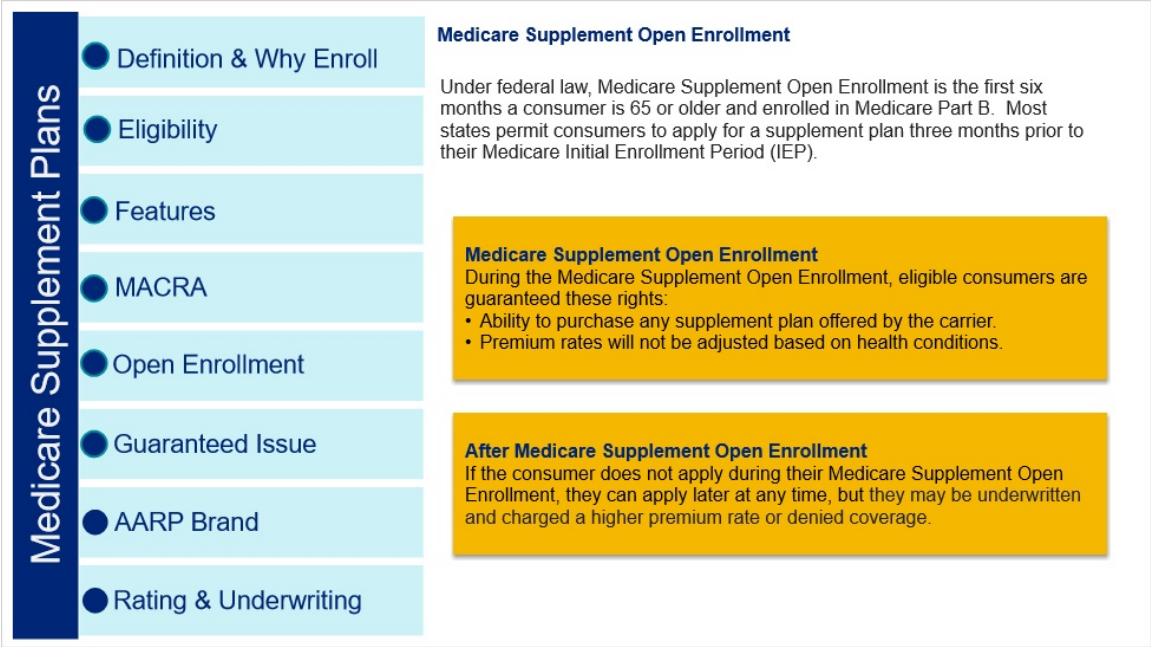
10 Features-Standardized Medicare Supplement Plan (Slide Layer)



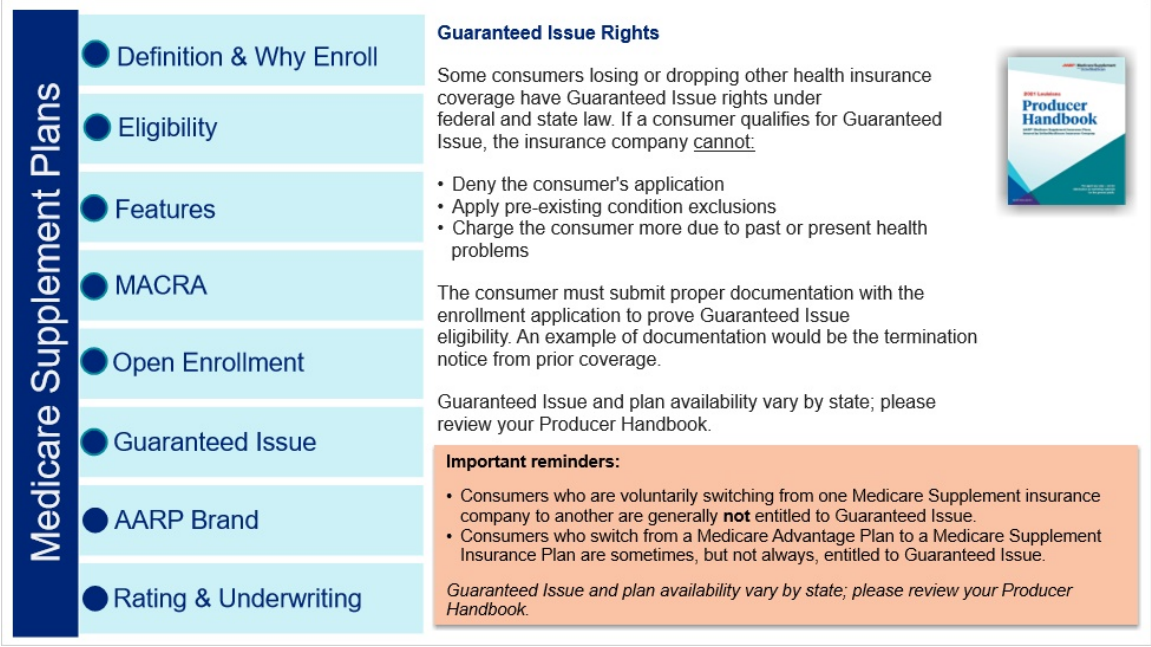
MACRA (Slide Layer)



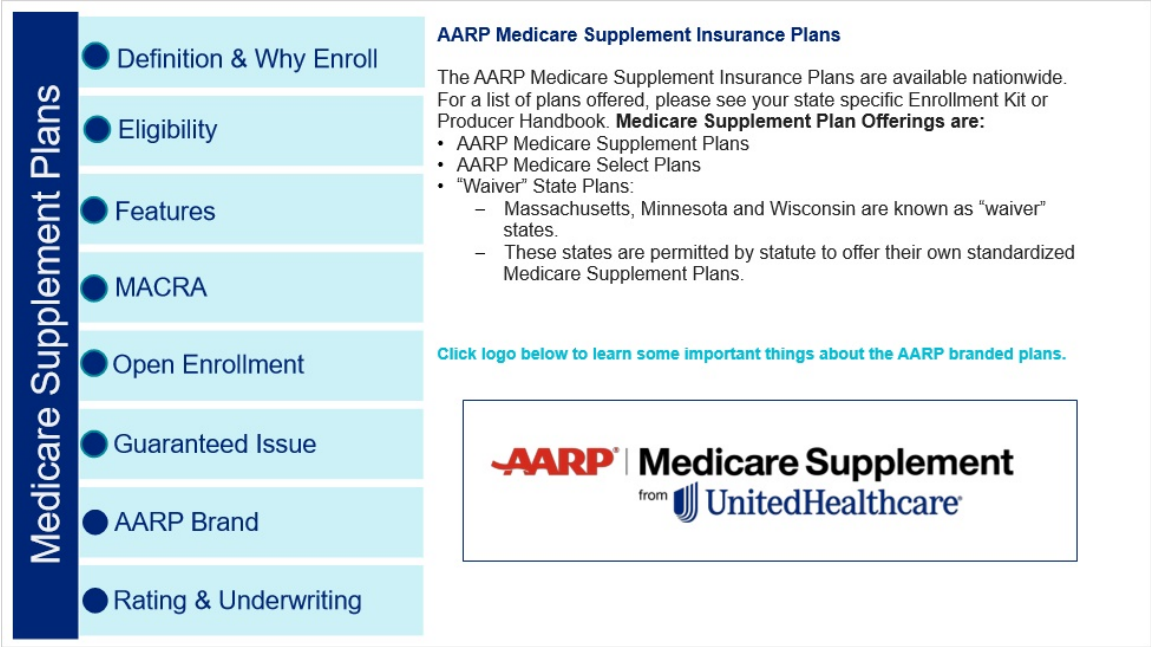
Open Enrollment (Slide Layer)



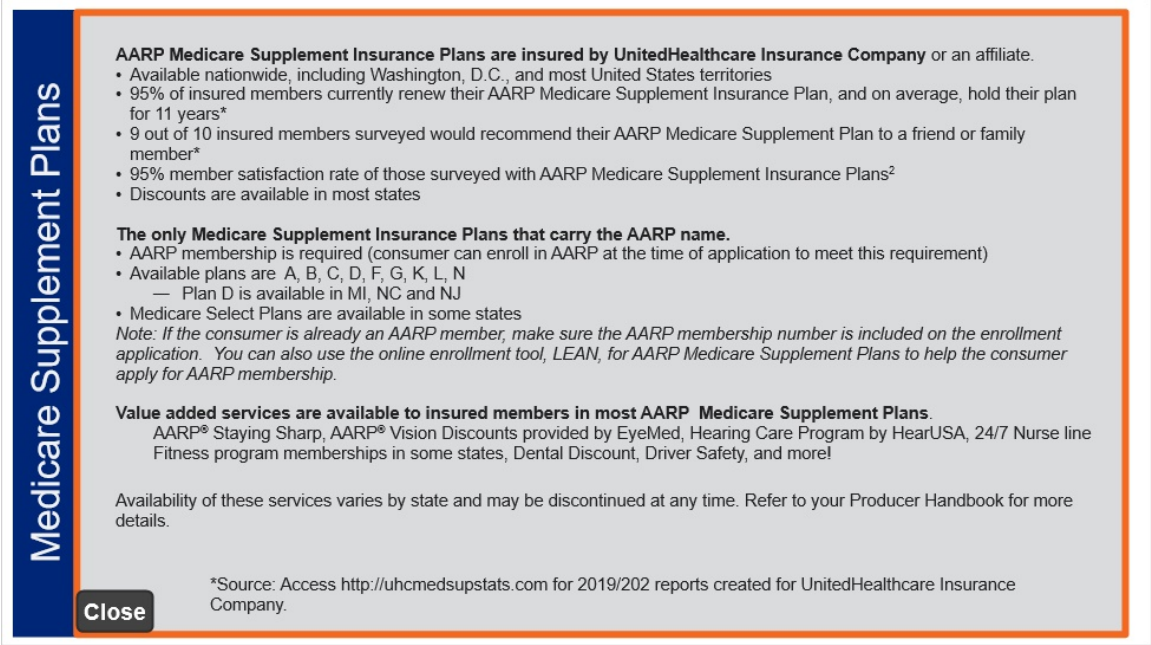
Guaranteed Issue (Slide Layer)



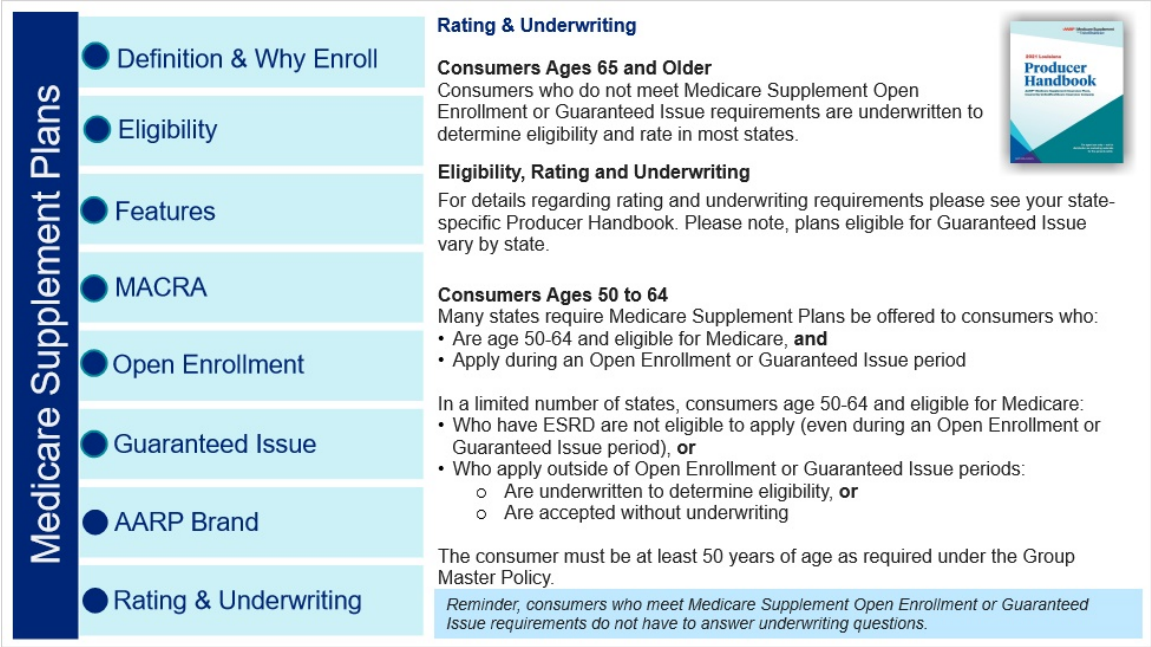
AARP Brand (Slide Layer)



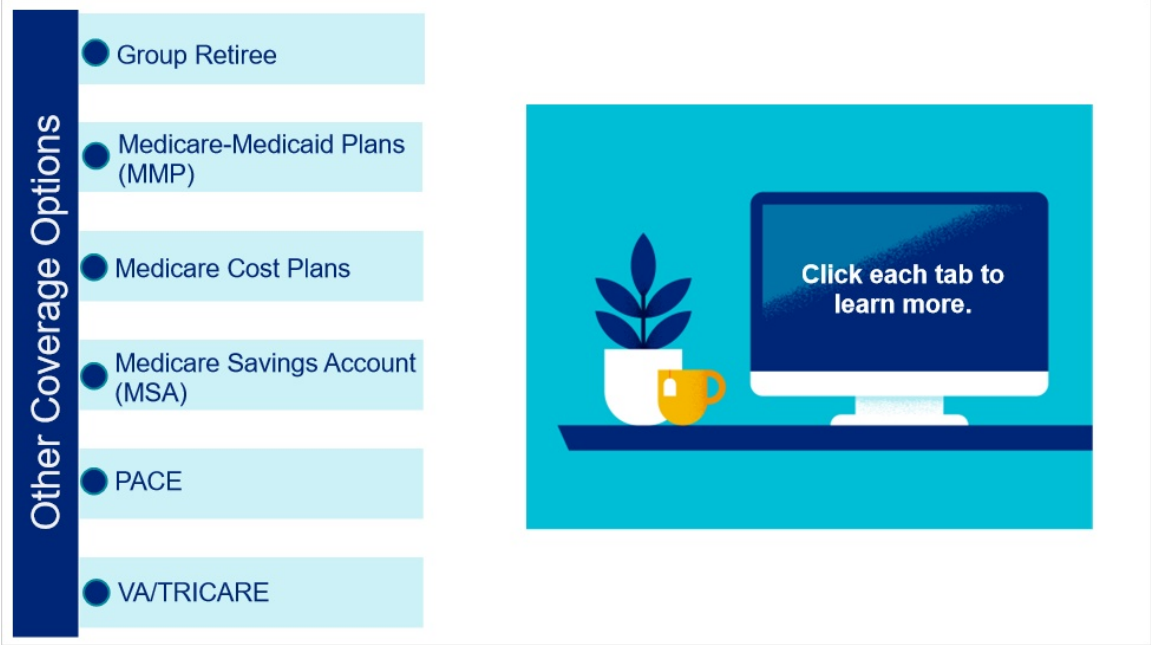
AARP Details (Slide Layer)



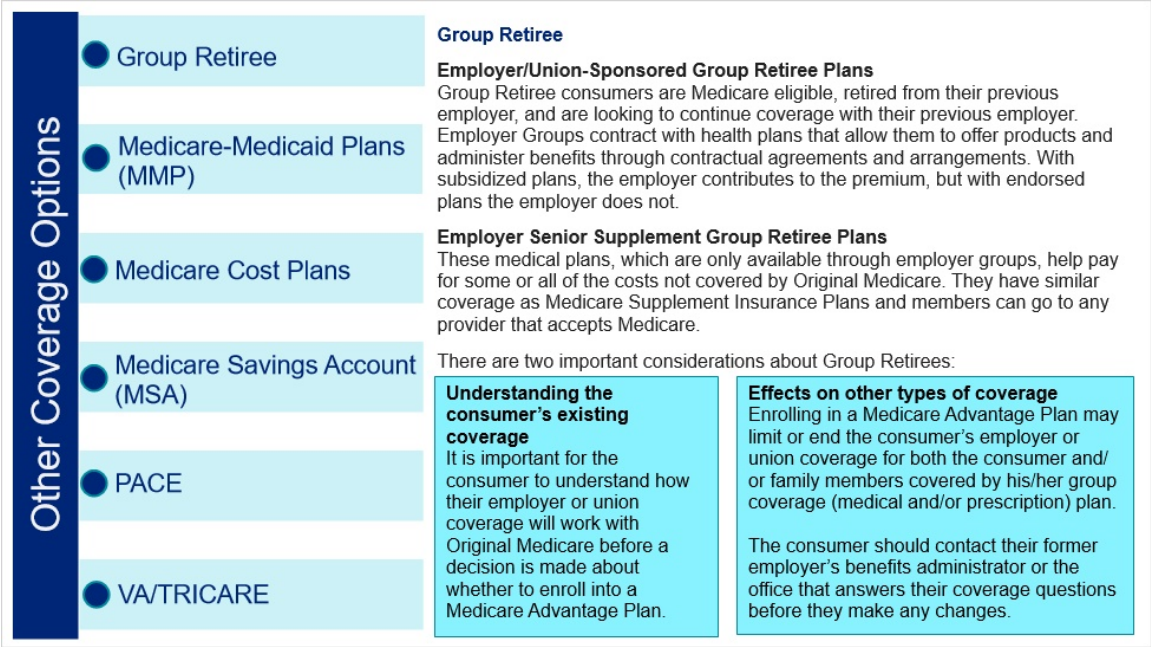
Rating & Underwriting (Slide Layer)



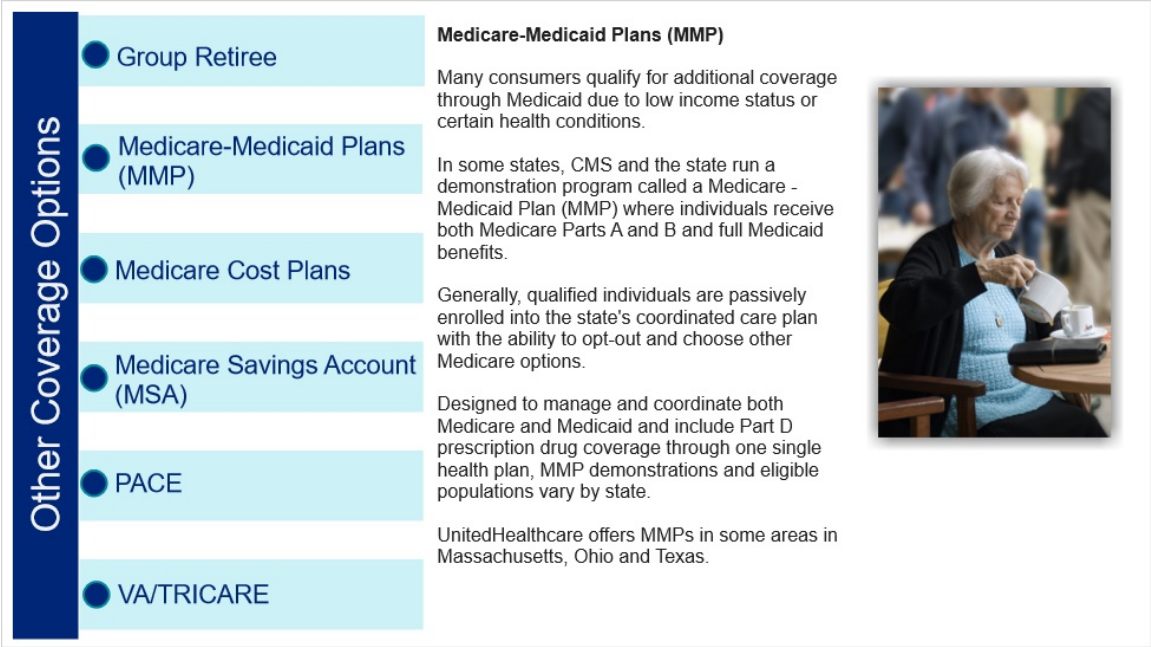
2.6 Other Coverage Options



Group Retiree (Slide Layer)

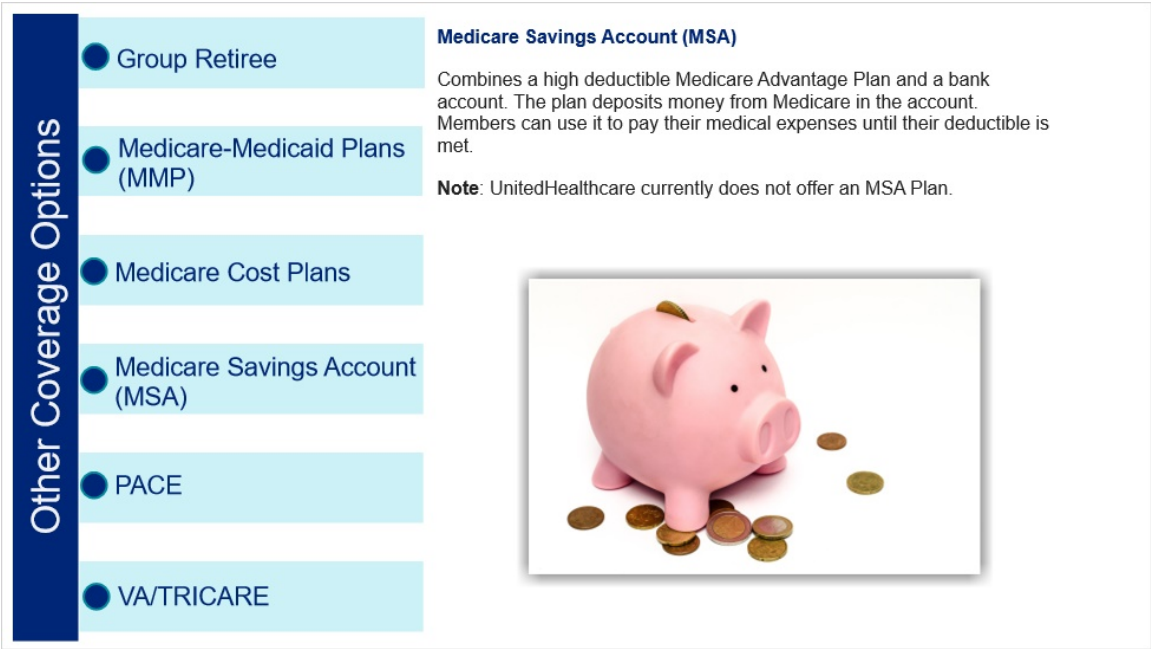


MMP (Slide Layer)



Medicare Cost Plans (Slide Layer)

MSA (Slide Layer)



PACE (Slide Layer)

Other Coverage Options

- Group Retiree
- Medicare-Medicaid Plans (MMP)
- Medicare Cost Plans
- Medicare Savings Account (MSA)
- PACE
- VA/TRICARE

Programs of All-Inclusive Care for the Elderly (PACE)

Note: UnitedHealthcare does not offer any PACE plans.

PACE is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. It combines medical, social, and long-term care services and prescription drug coverage for the frail, elderly, and/or disabled consumers who reside at home.

PACE uses Medicare and Medicaid funds to cover all of the medically necessary care and services and Part D-covered drugs. Consumers can have Medicare and/or Medicaid to enroll in PACE.

PACE organizations:

- Provide caregiving training, support groups, and respite care to help members stay in the community.
- Provide care and services in the home, community, and PACE center.
- Contract with many specialists and other providers in the community to ensure that members get the care they need.
- Are sponsored by provider sponsored health plans that treat members.
- Cover preventive care.

Note: *Enrolling a consumer in a Medicare Advantage plan or stand-alone PDP will automatically disenroll them from their PACE plan or vice versa. Agents should use special caution when disenrolling a consumer from a PACE plan due to all the additional benefits a PACE program provides.*

VA-Tricare (Slide Layer)

Other Coverage Options

- Group Retiree
- Medicare-Medicaid Plans (MMP)
- Medicare Cost Plans
- Medicare Savings Account (MSA)
- PACE
- VA/TRICARE

Veterans and TRICARE

Veterans may have the ability to get healthcare and prescription drug coverage through the VA program. Consumers, who are veterans, may also enroll in a Medicare Advantage plan with prescription drug coverage. Having both is beneficial to veterans.

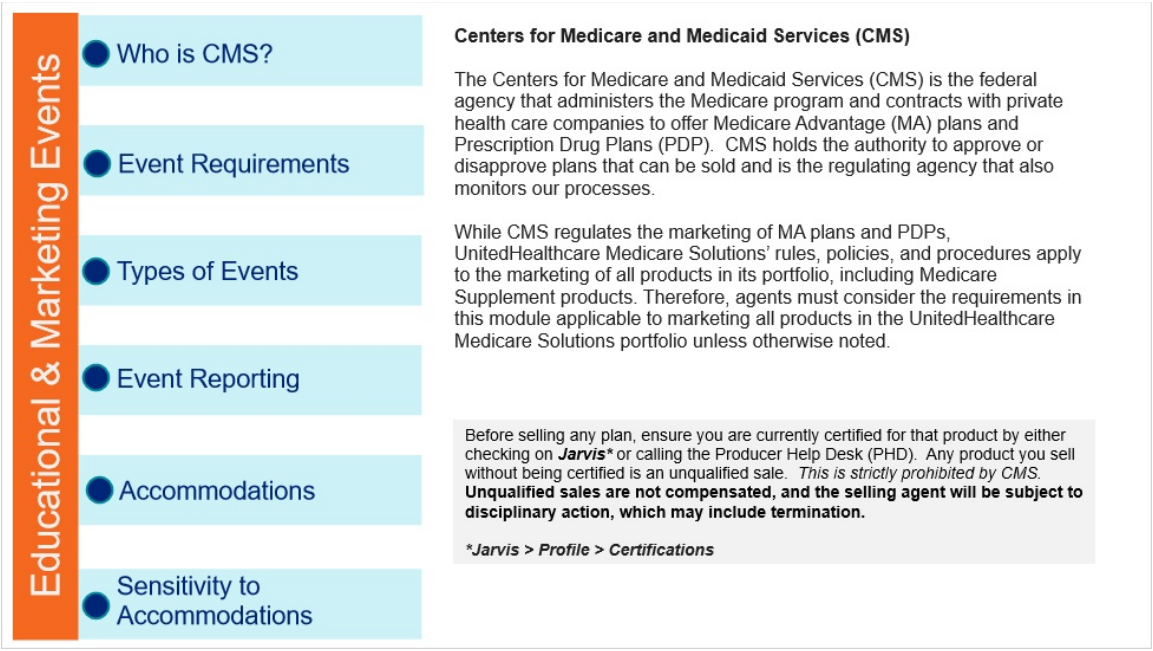
Keep in mind all prescriptions written at a VA clinic, must be filled at a VA clinic. All prescriptions written by a UnitedHealthcare network doctor for an MAPD plan, must be filled at an MAPD network pharmacy.

Consumers enrolled in TRICARE For Life (TFL) have a prescription drug benefit, so they will most likely not need Medicare prescription drug coverage. It is best for a consumer with TFL to enroll in an MA-only plan. Some exceptions may be made; in this case, get on a three way call with TFL to ensure they have proper coverage without jeopardizing their prescription drug coverage with TFL.

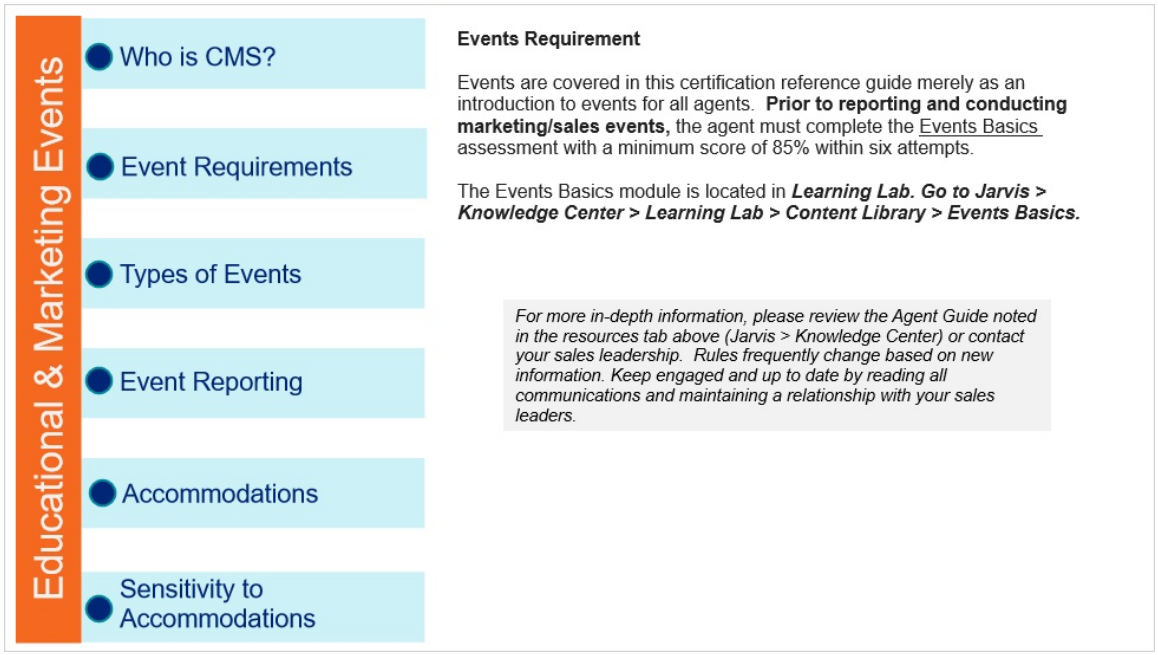
3. Ethics & Compliance

3.1 Educational & Marketing/Sales Activities

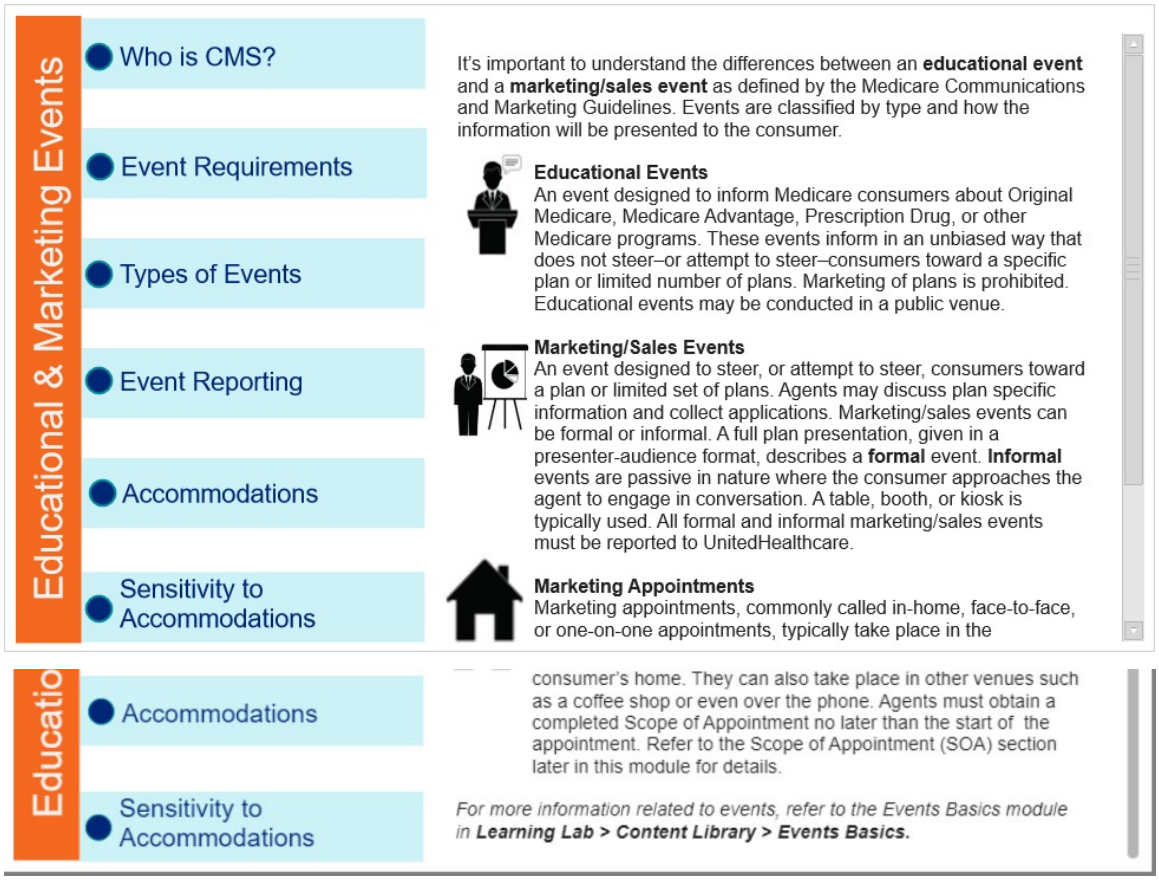
Who is CMS? (Slide Layer)



Event Requirements (Slide Layer)

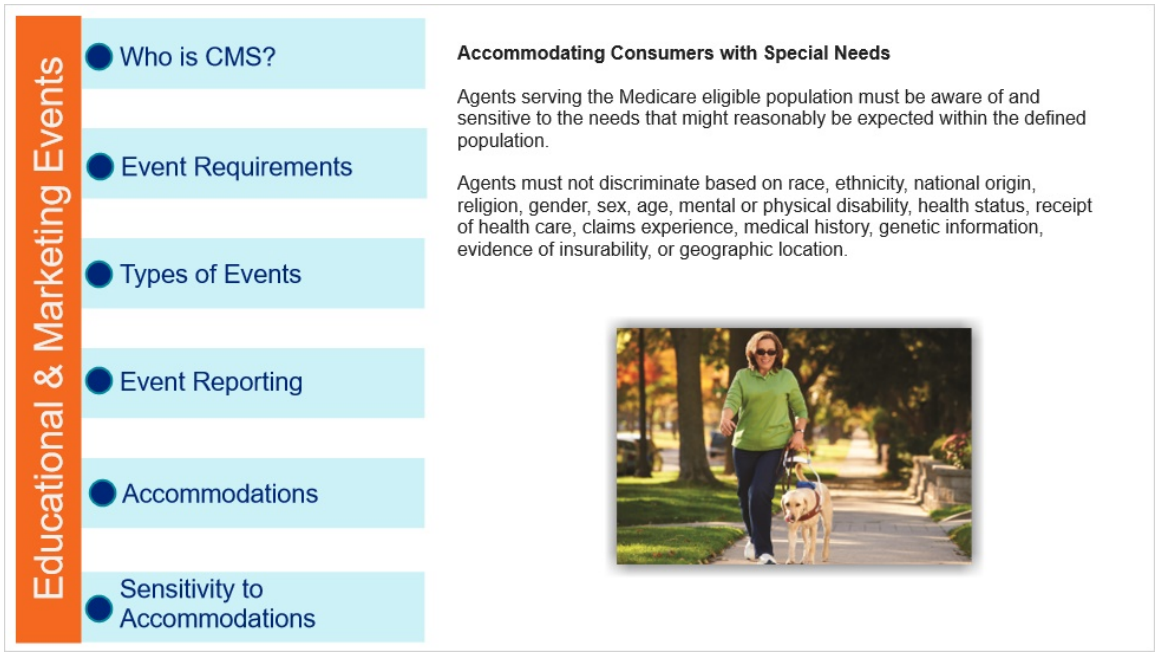


Types of Events (Slide Layer)

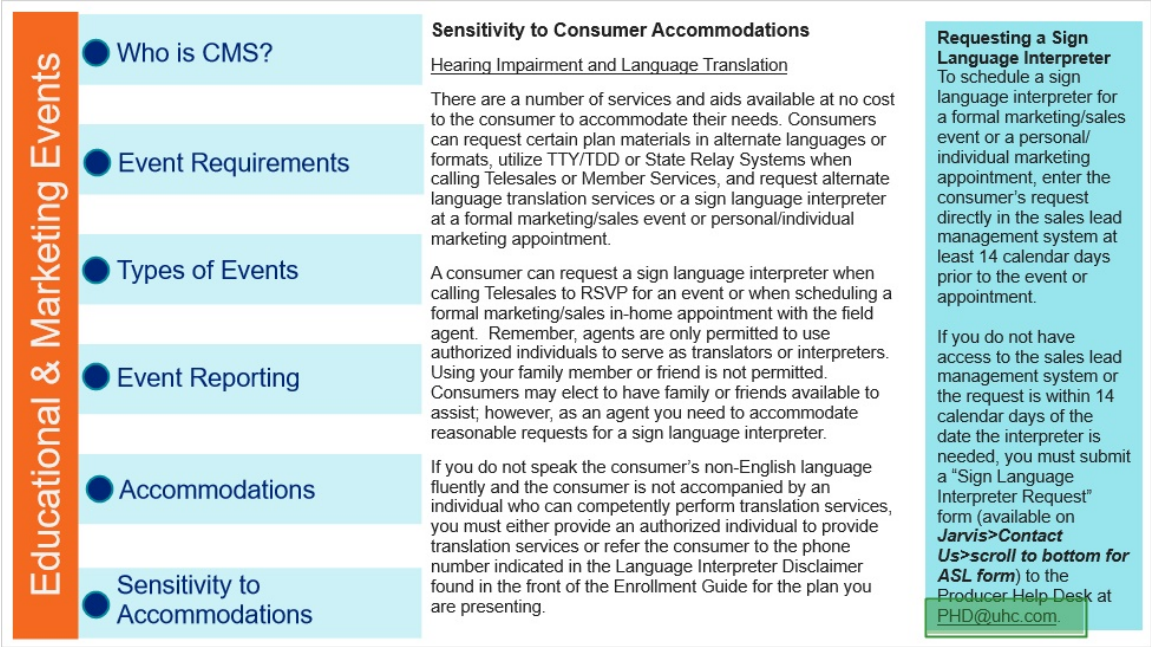


Event Reporting (Slide Layer)

Accommodations (Slide Layer)



Sensitivity to Accommodations (Slide Layer)



3.2 Marketing Materials

Definition (Slide Layer)

Marketing Materials

- Definition
- Examples

Agents are required to comply with all UnitedHealthcare rules, policies, and procedures when marketing and selling Medicare insurance plans.

Marketing Materials Definition

Marketing Materials are used to:
- Draw attention to a plan sponsor or their plan(s), and
- Influence a consumer's decision when selecting a plan in which to enroll or a member's decision to remain enrolled in their current plan.

Marketing Materials contain or address information about a plan or plans:
- Benefits or benefit structure
- Cost sharing (including premiums, copayments and deductibles)
- Measurements or ranking standards (such as Star ratings, comparison to other plans, or statistical studies or surveys)

Approval is Required for:
- All Medicare marketing materials, including AARP® Medicare Supplement, or
- Any material that mentions a plan sponsor (such as "UnitedHealthcare"), one of its affiliated plans, or displays any plan logos.

Materials that do not meet the marketing materials criteria, and do not carry any plan sponsor information or logos, are considered "generic". Generic materials do not require prior approval, but must be provided upon request and may be reviewed on a retrospective basis.

*UnitedHealthcare provides agents with approved marketing materials in its UnitedHealthcare Toolkit on **Jarvis > Sales & Marketing Tools > Sales Materials > UnitedHealthcare Toolkit**. Only materials for plans in which the agent is certified to sell will be displayed.*

Examples (Slide Layer)

Marketing Materials

- Definition
- Examples

Examples

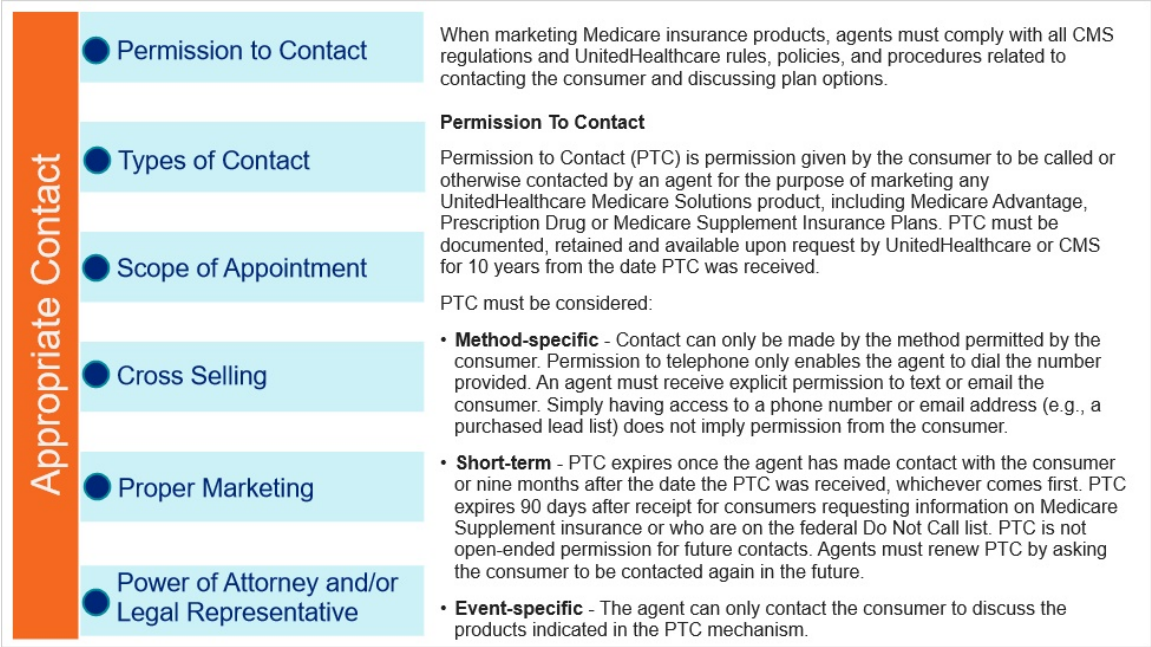
The method of communicating with the consumer or member does not determine if it is considered marketing material. Instead, it is the content of the material and the intent or purpose of the content. Any of these communication methods may be considered marketing material based on content and intent:

- Newspaper, TV, Internet and radio advertisements
- Direct mail, postcards, flyers, brochures, magnets
- Pre-enrollment materials
- Websites and social media platforms

Important Note
Social media sites and websites can be considered generic or marketing material based on its content. Sites used to market UnitedHealthcare plans must be approved by UnitedHealthcare and CMS prior to use. Refer to the Agent Website and Social Media Guidelines Job Aid on ***Jarvis > Sales & Marketing > Sales Materials > scroll down to Compliance Documents*** for information on agent-created websites and use of social media.

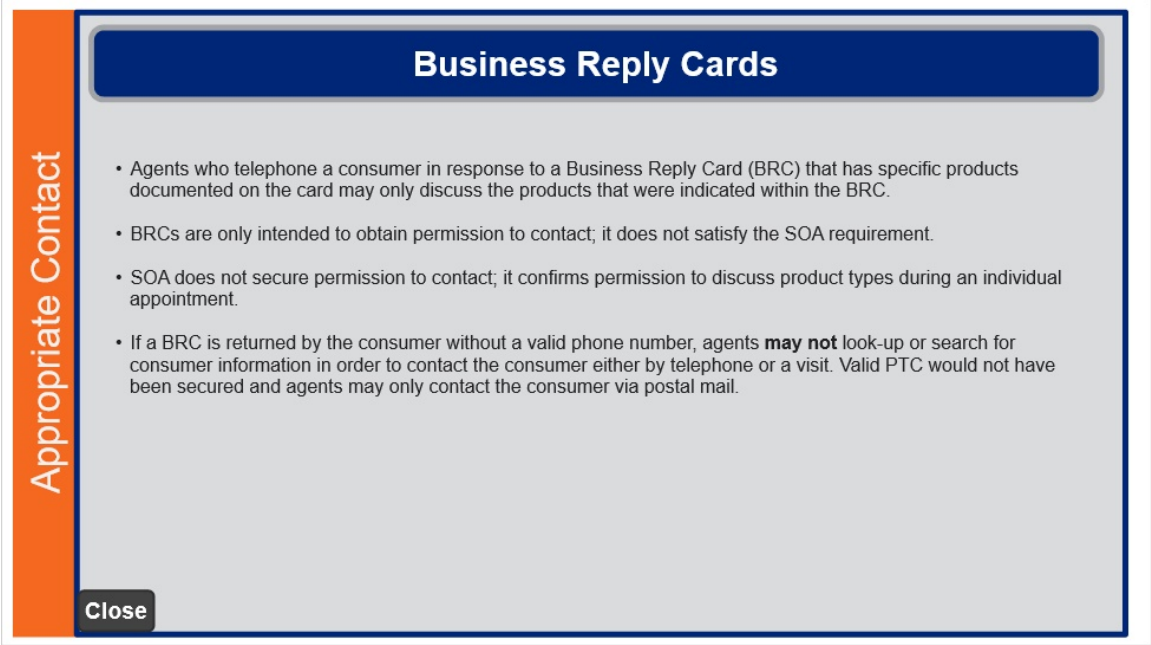
3.3 Appropriate Contact With Consumers

Permission to Contact (Slide Layer)

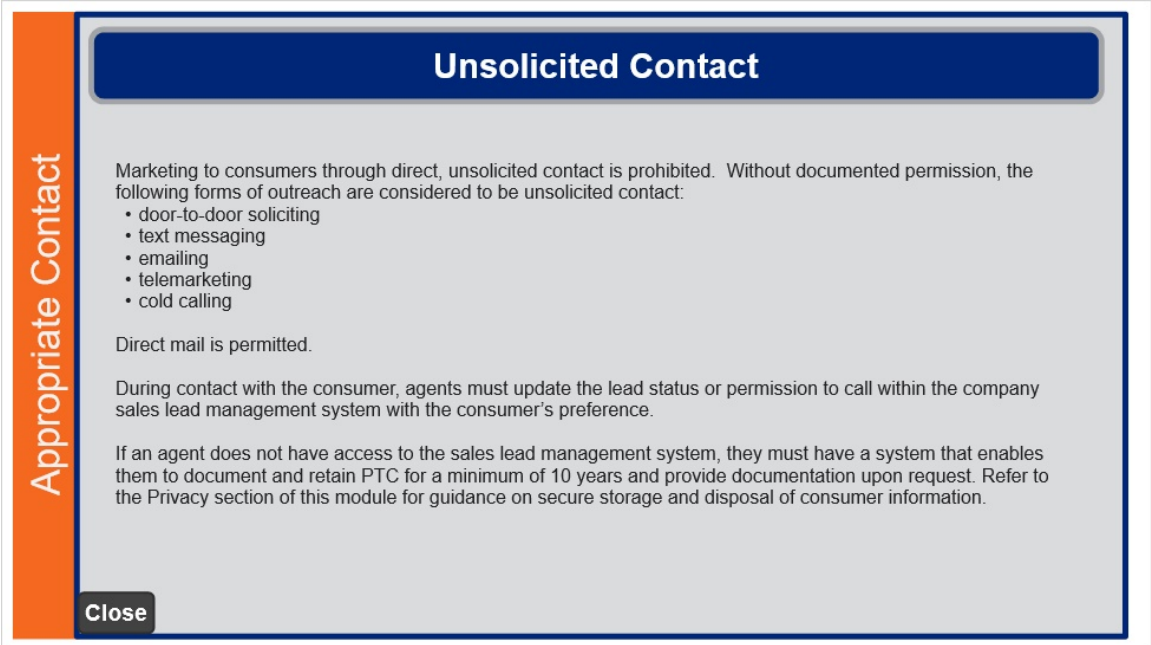


Types of Contact (Slide Layer)

Business Reply Cards (Slide Layer)

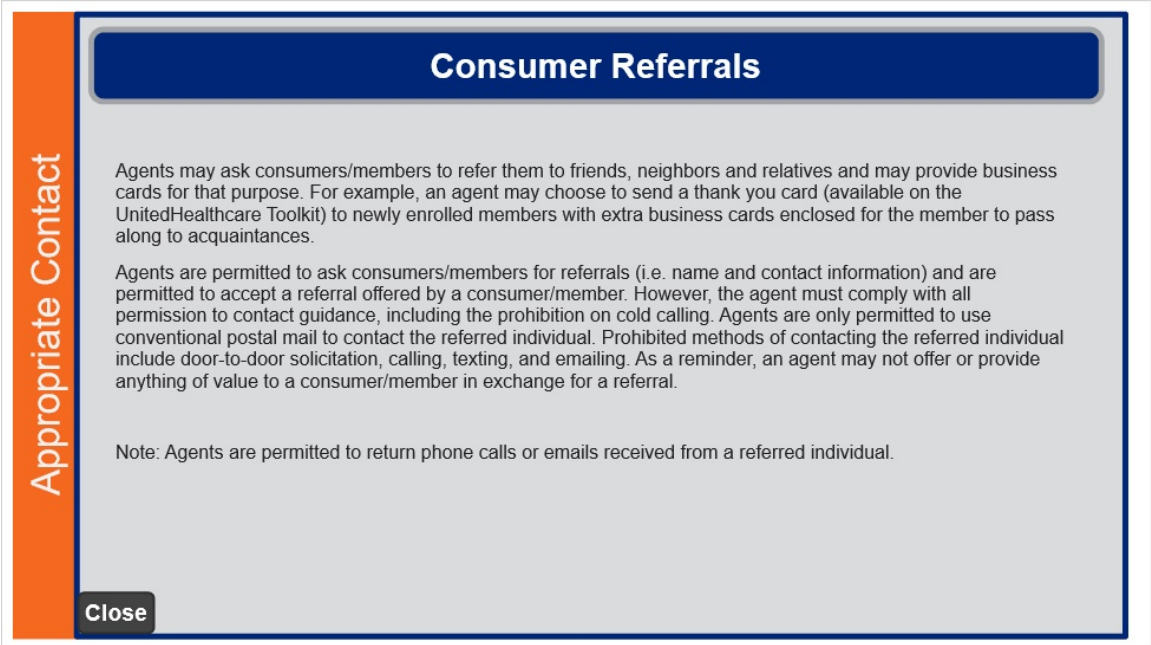


Unsolicited Contact (Slide Layer)



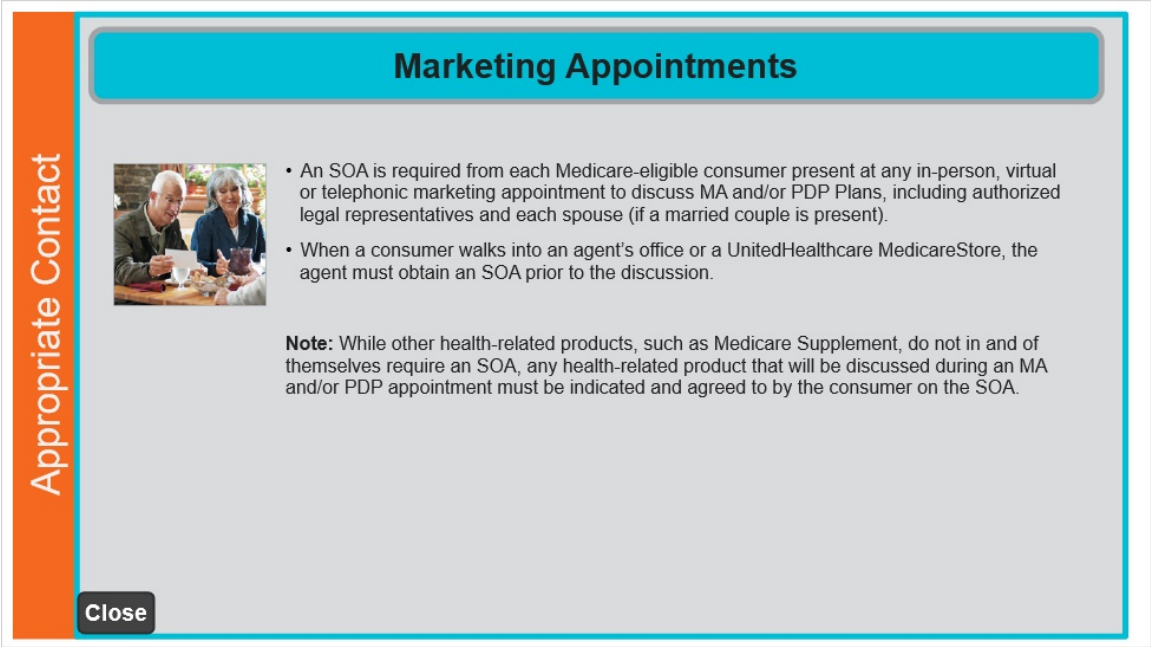
Additional Requests (Slide Layer)

Consumer Referrals (Slide Layer)



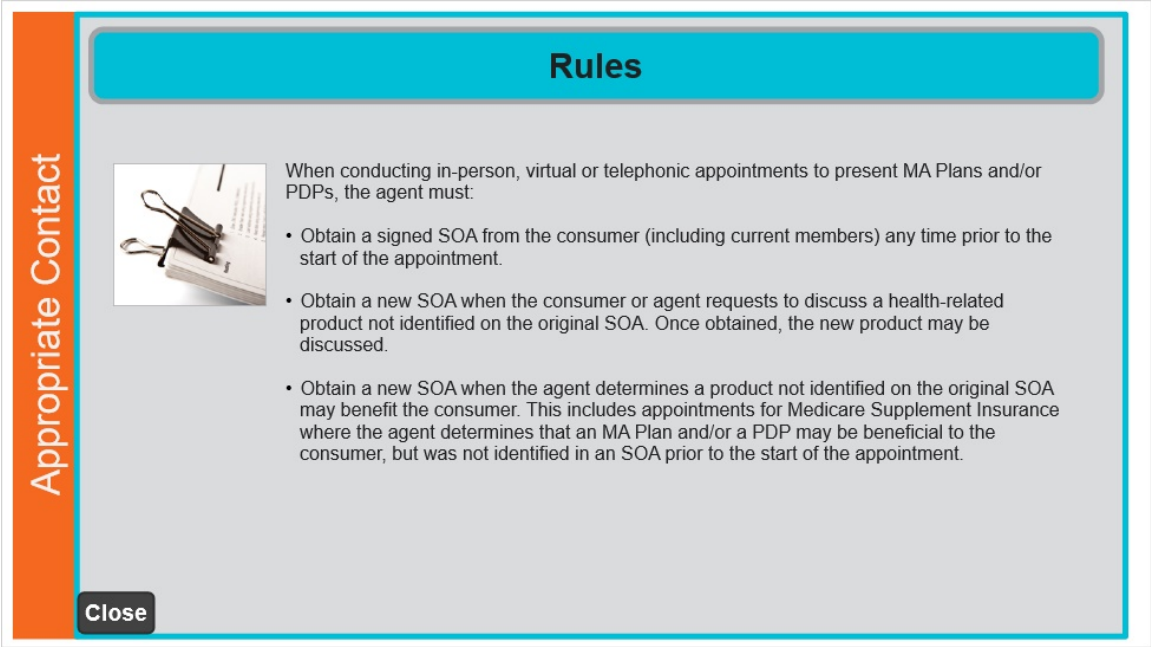
Scope of Appointment (Slide Layer)

Marketing Appointments (Slide Layer)

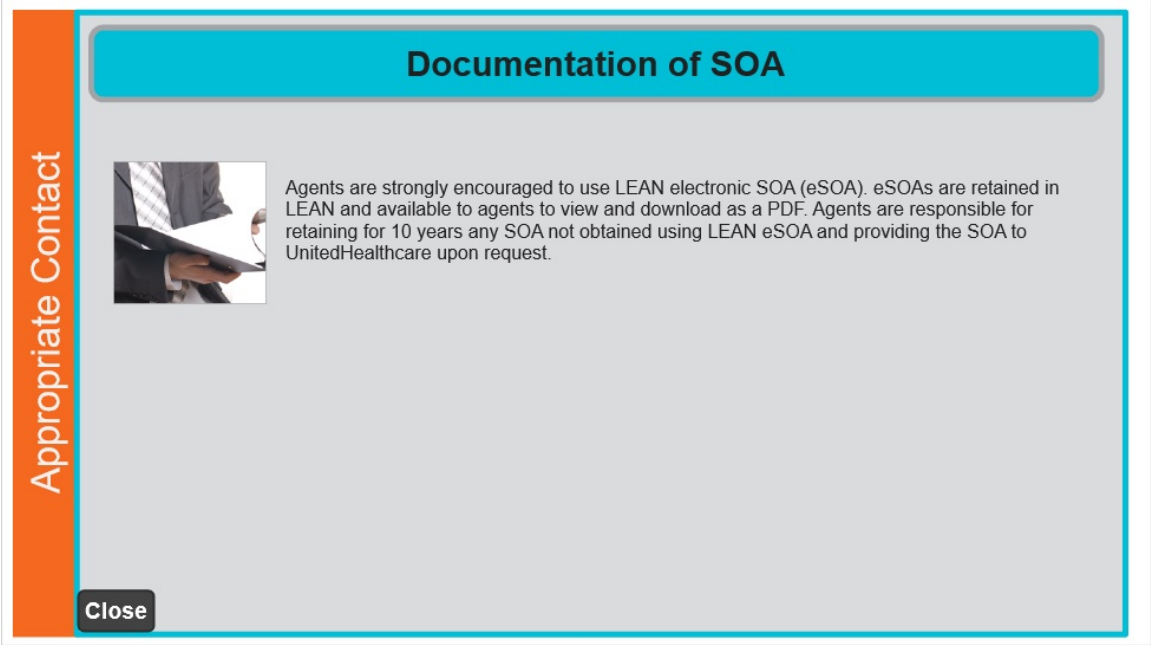


Marketing/Sales Events (Slide Layer)

Rules (Slide Layer)

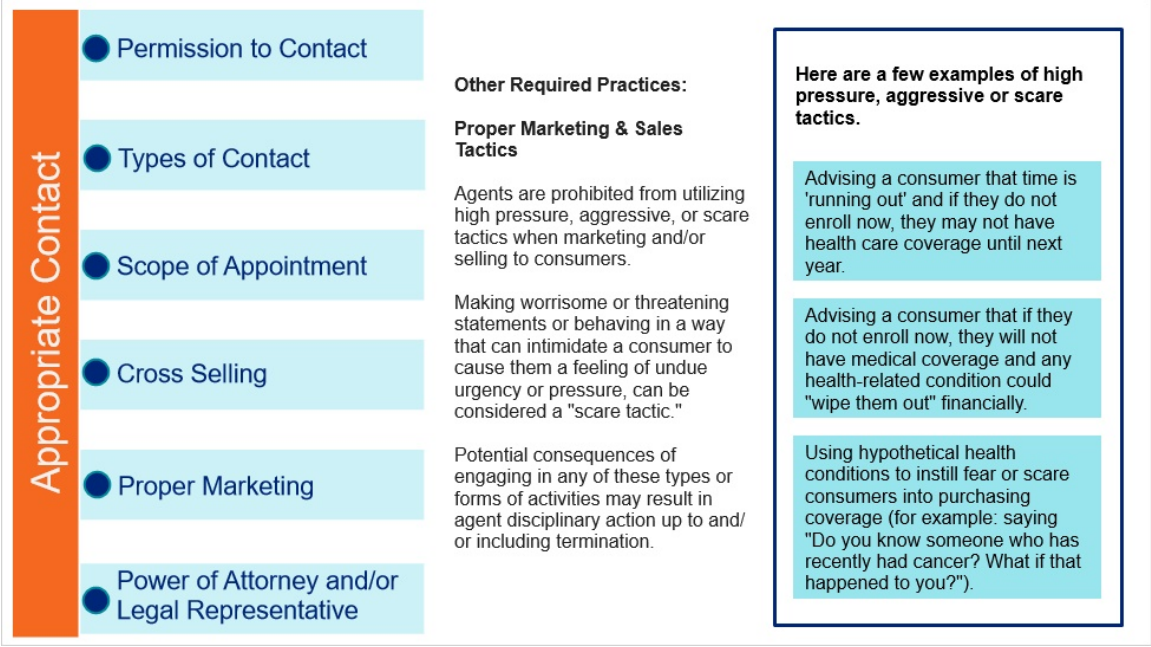


Documentation of SOA (Slide Layer)

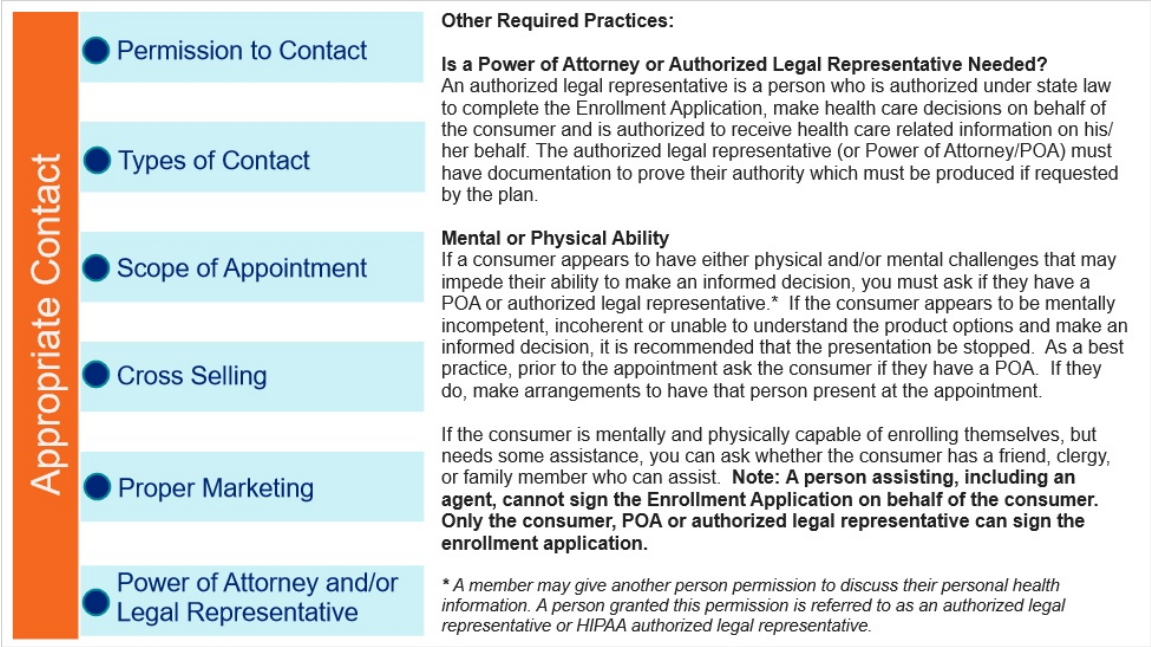


Cross-Selling (Slide Layer)

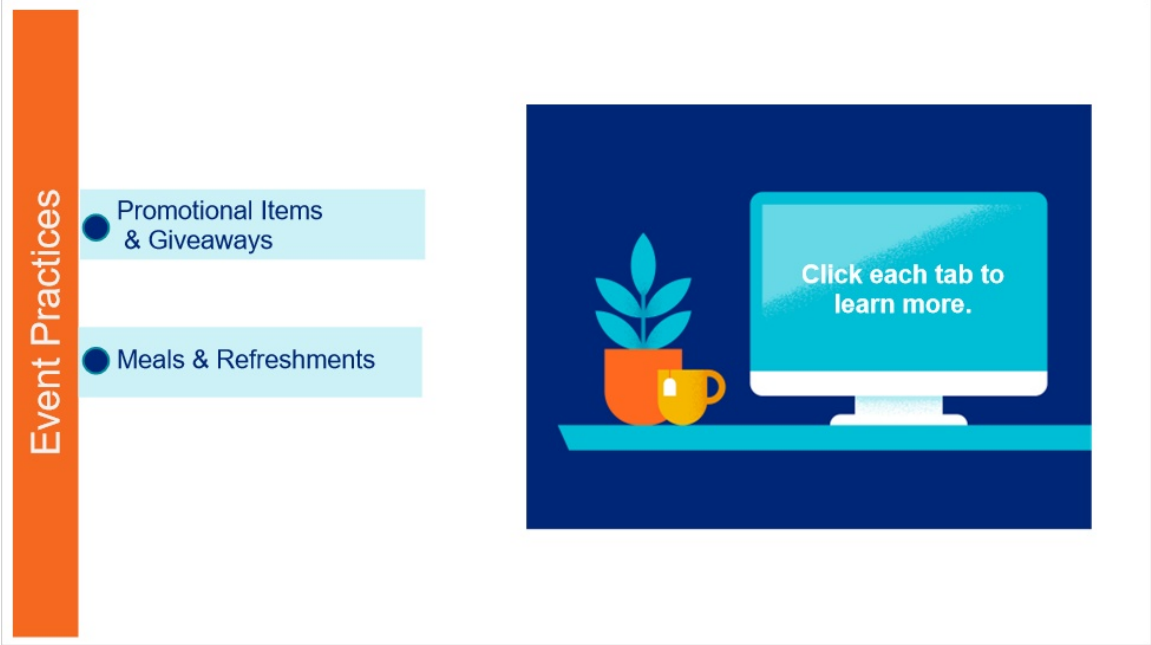
Proper Marketing & Sales Tactics (Slide Layer)



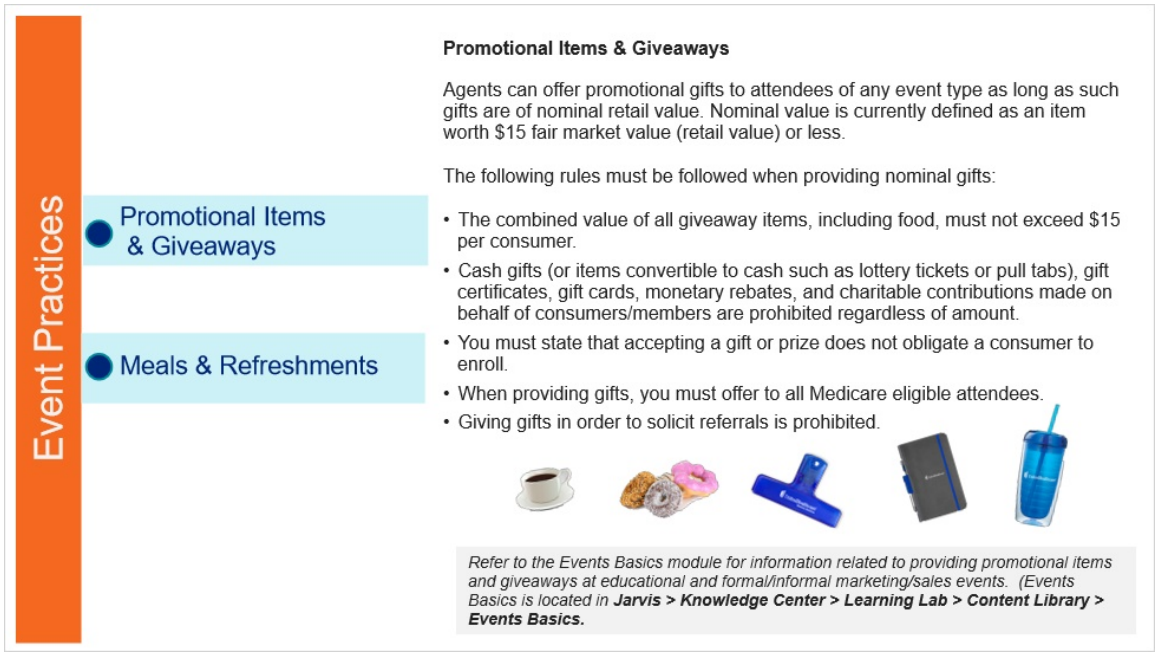
POA or Legal Representative (Slide Layer)



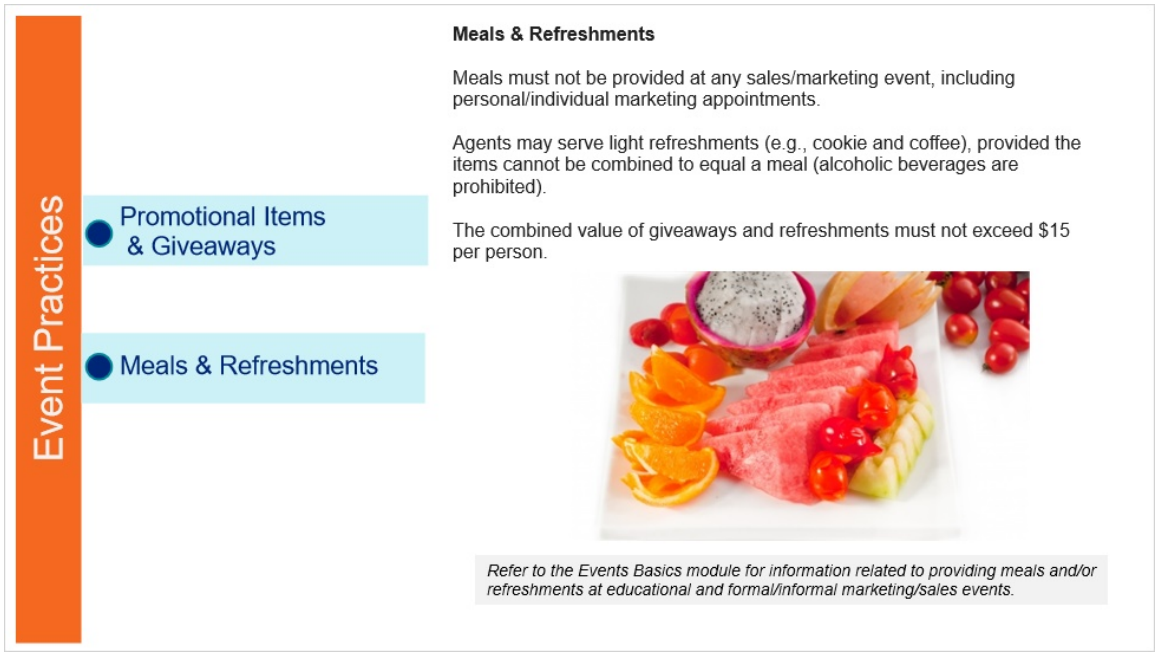
3.4 Event Practices



Promotional Items & Giveaways (Slide Layer)

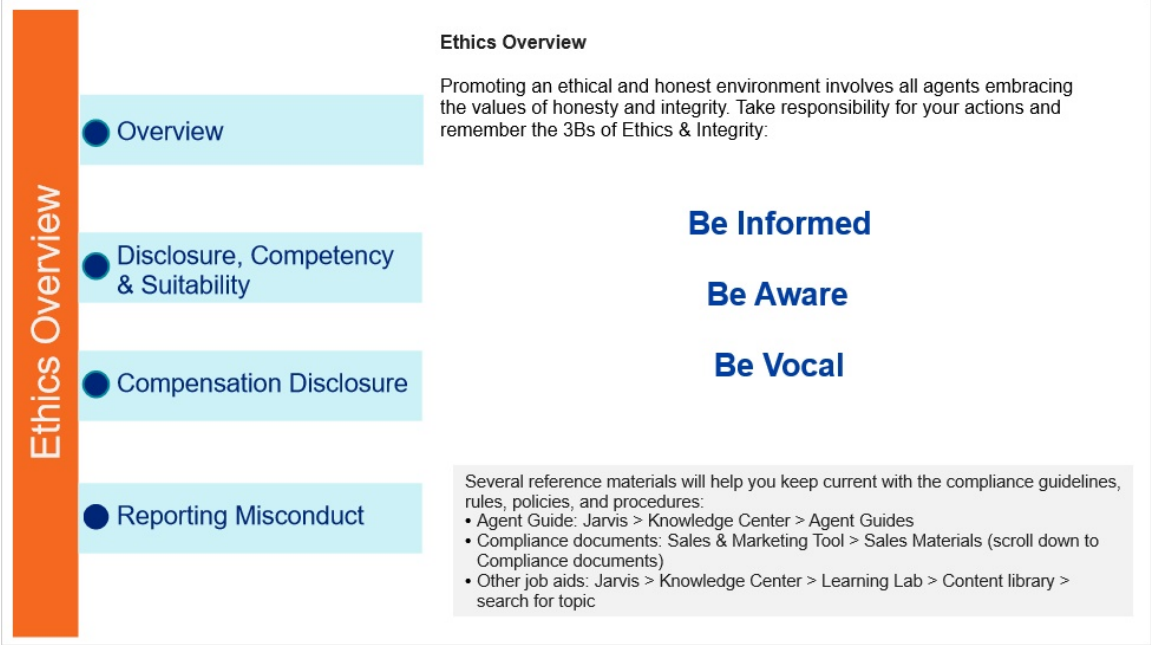


Meals & Refreshments (Slide Layer)

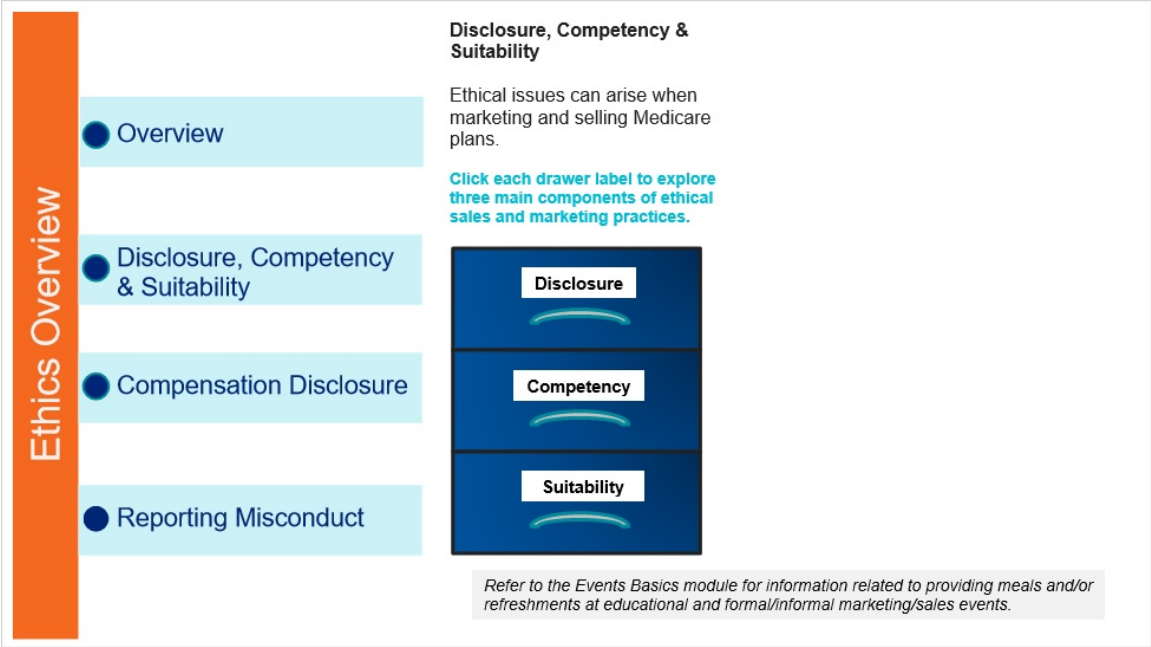


3.5 Ethics Overview

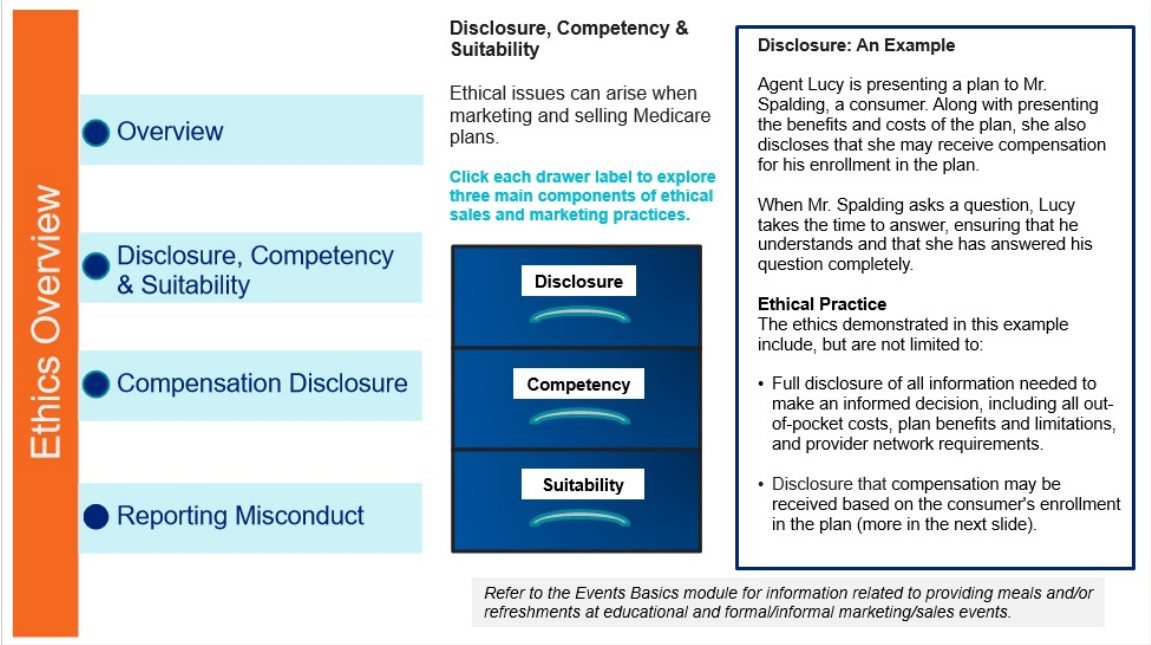
Ethics Overview (Slide Layer)



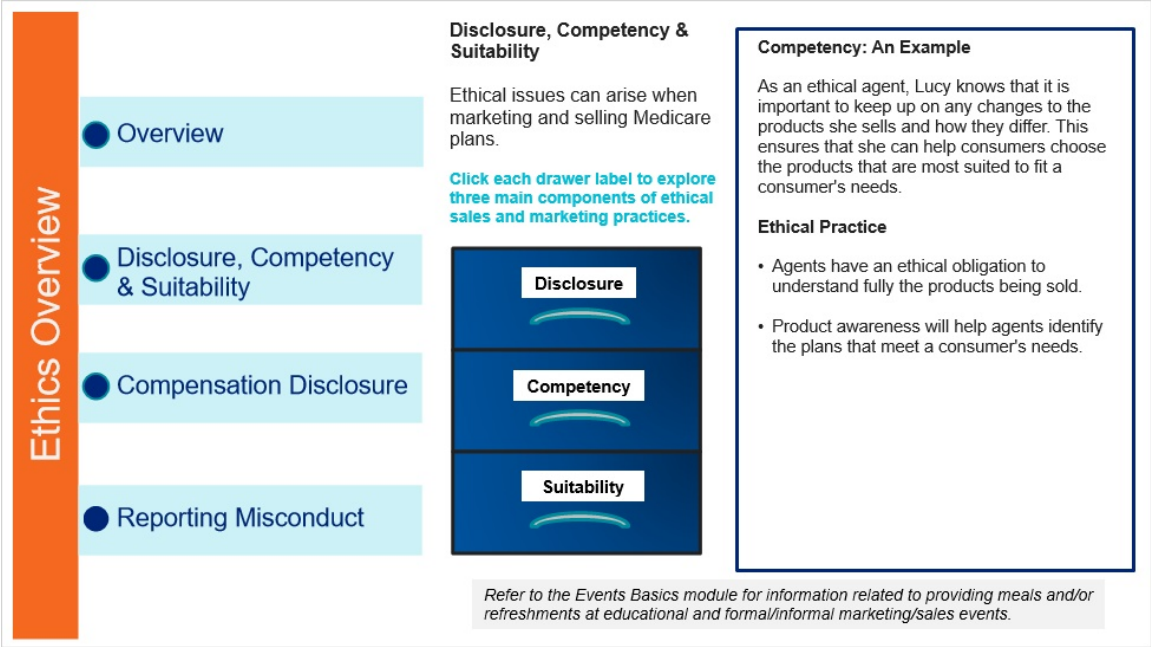
Disclosure, Competency & Suitability (Slide Layer)



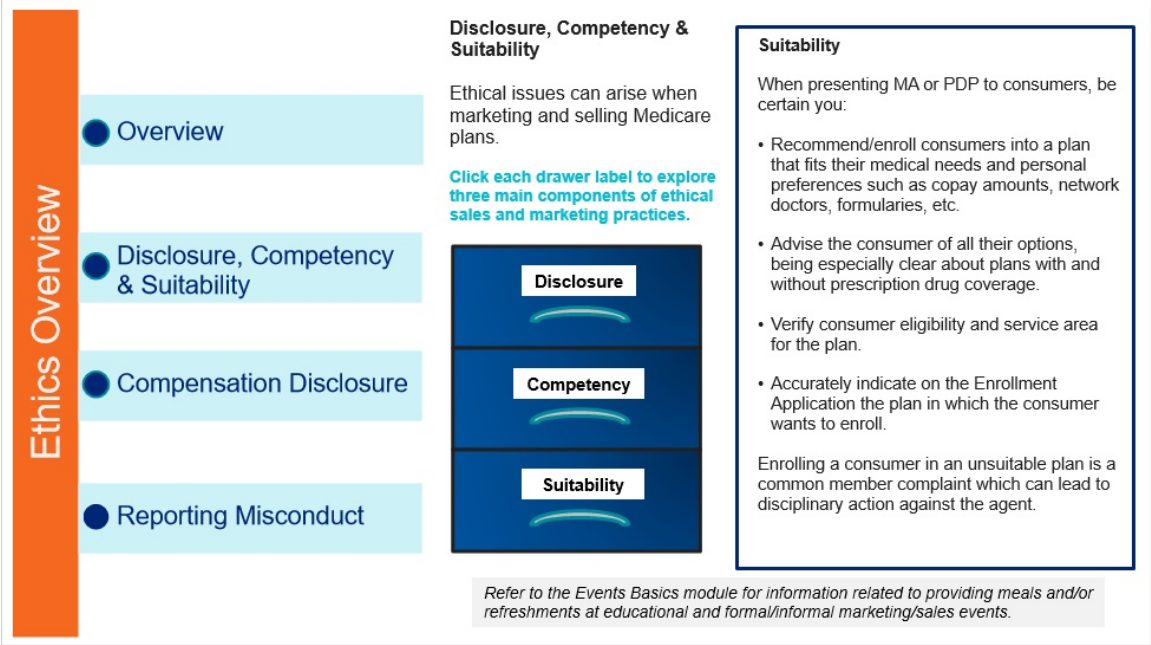
Disclosure (Slide Layer)



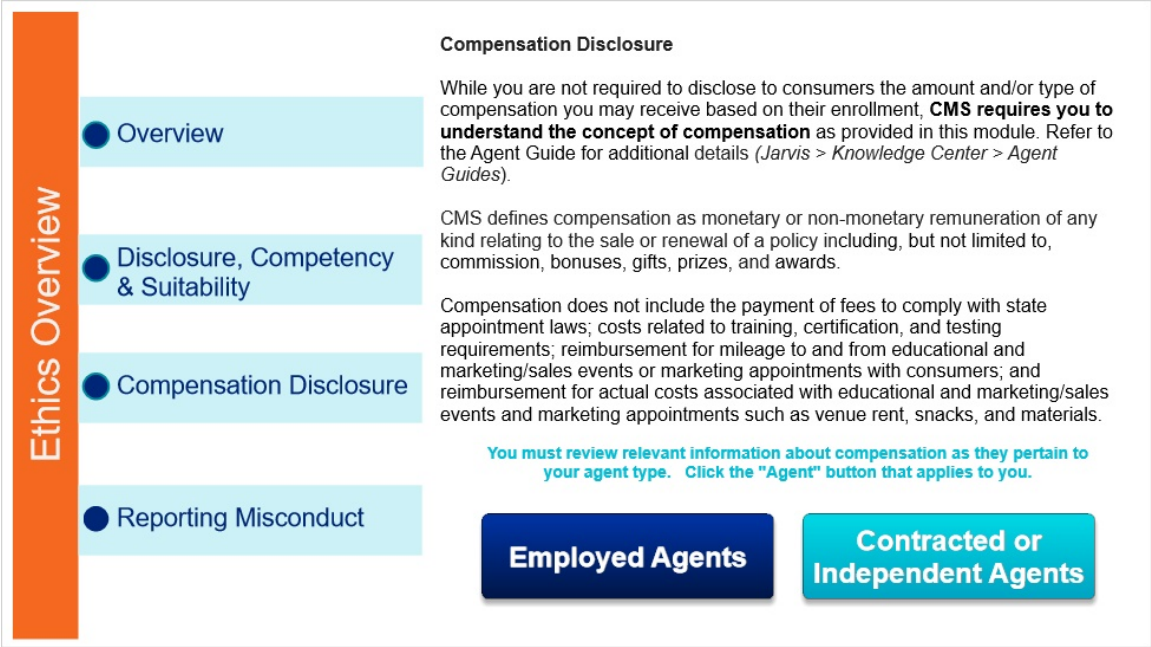
Competency (Slide Layer)



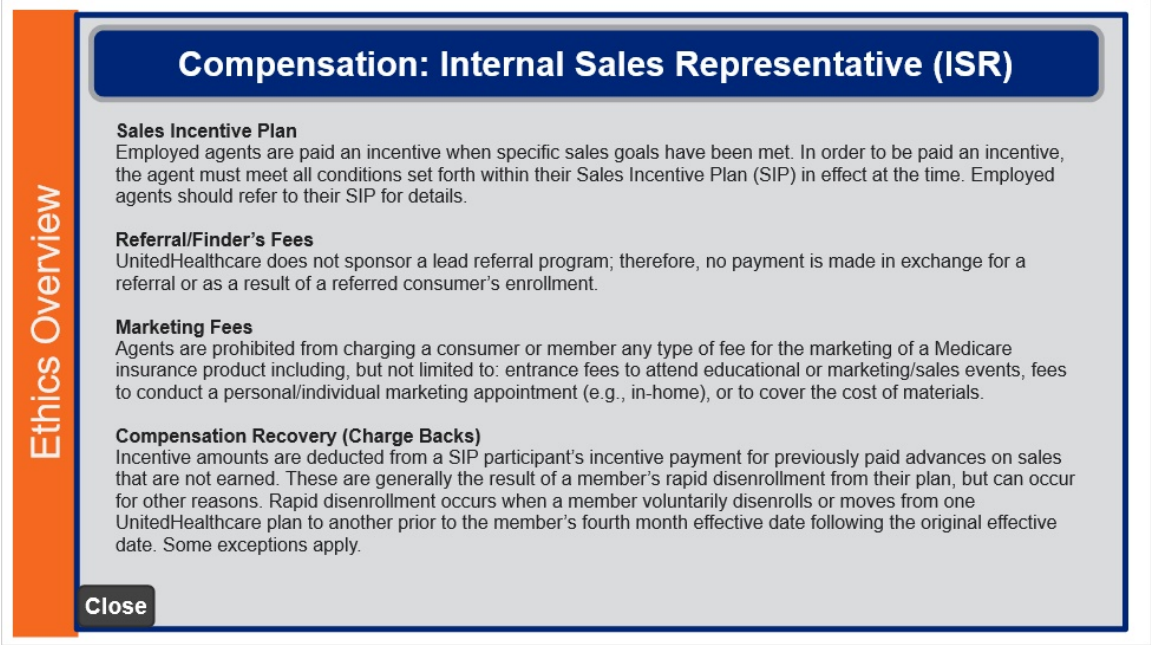
Suitability (Slide Layer)



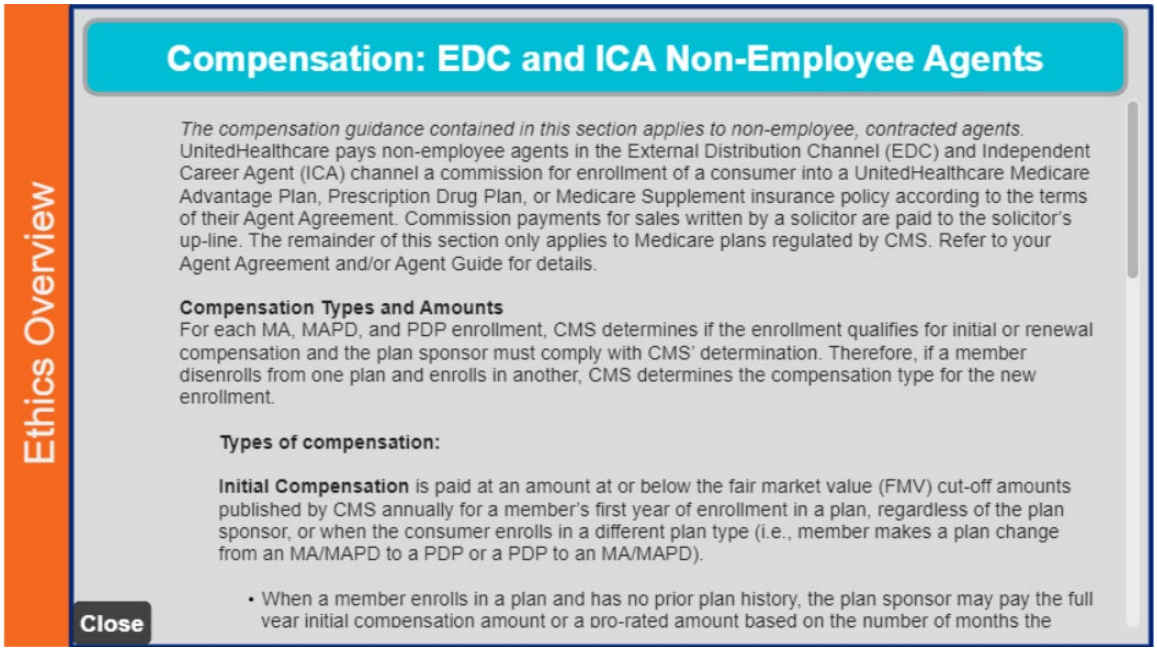
Compensation Disclosure (Slide Layer)

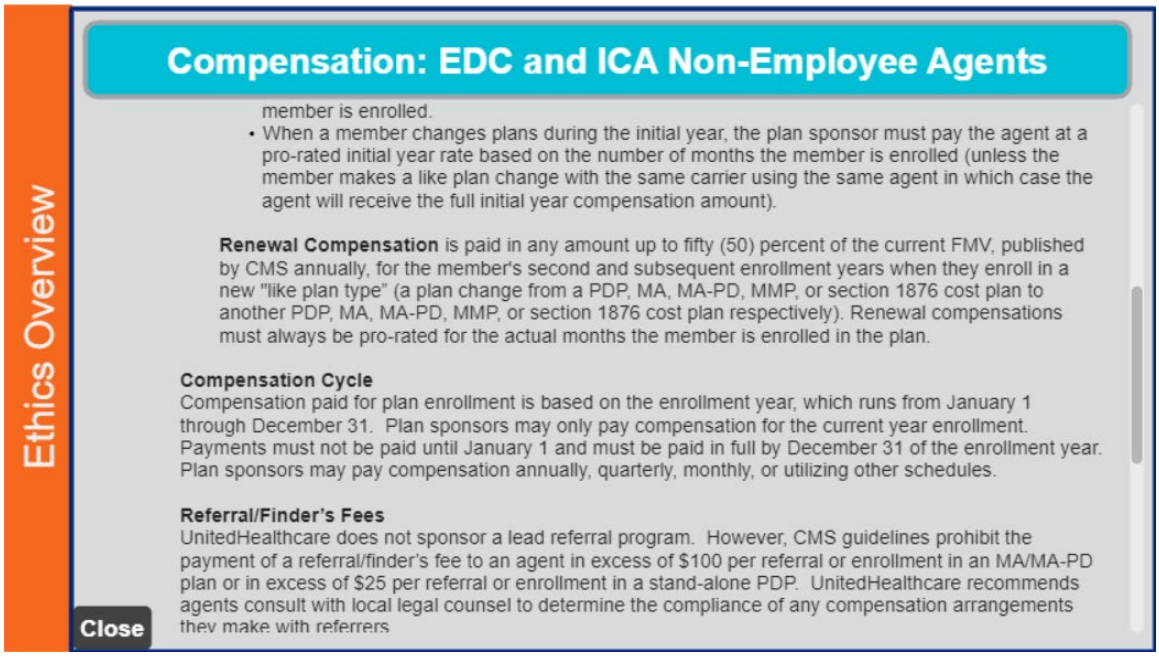


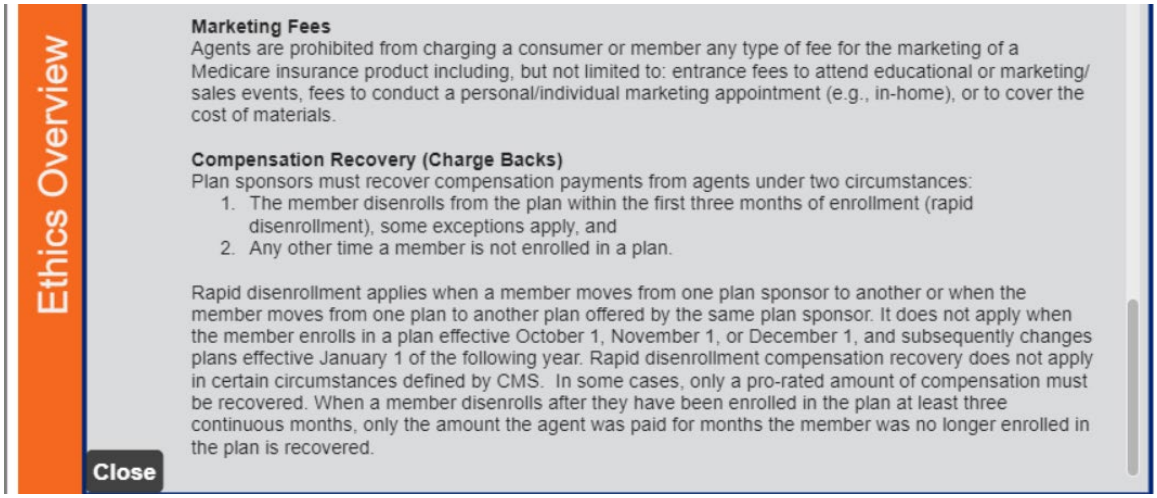
Employed Agents (Slide Layer)



Contracted or Independent Agents (Slide Layer)



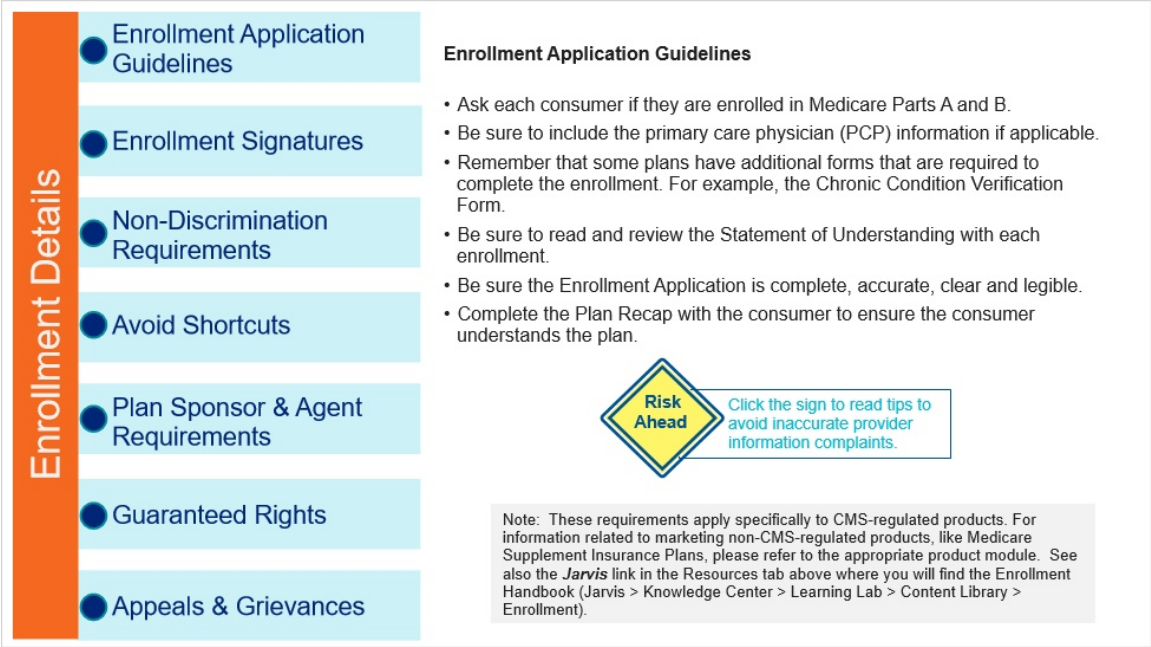




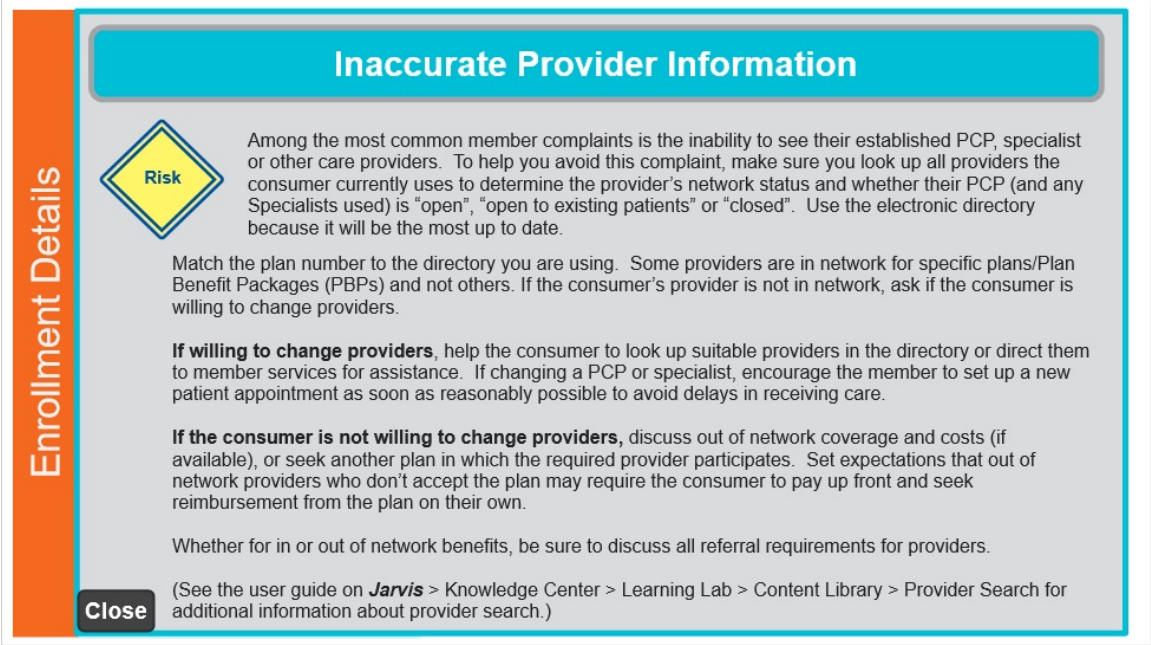
Reporting Misconduct (Slide Layer)

3.6 Enrollment Details

Enrollment Application Guidelines (Slide Layer)



Risk (Slide Layer)



Enrollment Signatures (Slide Layer)

Non-Discrimination Requirements (Slide Layer)

Avoid Shortcuts (Slide Layer)

Avoid Shortcuts

Do not take shortcuts when working with consumers to complete an enrollment application. The following guidelines should be followed when tempted with typical shortcuts:

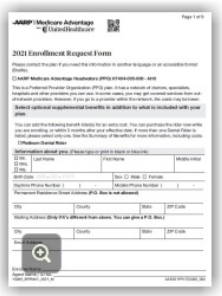
- **Don't sign the consumer's name.** Never sign an application on the consumer's behalf, even with the consumer's knowledge and consent. Only the consumer or the authorized legal representative can provide the applicant signature.
- **Don't misuse LEAN email address fields.** Agents must only enter the consumer's email address in fields reserved for the consumer in the LEAN enrollment application, including when using LEAN remote signature functionality. The agent must leave the consumer email address field(s) blank if a consumer does not have an email address or does not want to provide an email address in order to receive plan related correspondence (including an enrollment application receipt) electronically. Entering any email address (including that of an agent) in place of the consumer's is prohibited.
- **Agent of Record only when you present.** Never put your name on the enrollment application as the Agent of Record if you did not present the plan to the consumer. The signer of an application is responsible for ensuring that the consumer has been educated about the plan. That responsibility includes any mistakes or gaps in education provided to the consumer.

Taking shortcuts to avoid driving to an applicant's house or using agents that are not appointed to UnitedHealthcare to present plans will lead to disciplinary action, which may include termination of your agent agreement or even loss of renewal commissions.

Plan Sponsor and Agent Requirements (Slide Layer)

Plan Sponsor & Agent Requirements

The following is a basic outline of how applications are processed. Some enrollments may require additional steps based on added eligibility requirements.



Click the image to enlarge.

Application Submission: Agents must submit the Enrollment Application to UnitedHealthcare within 24 hours of receipt to avoid a "late application" infraction. Advise consumers that if they need to use the plan prior to receiving their confirmation letter and member ID card, they should contact the customer service number to confirm enrollment. If the enrollment request is denied by CMS and depending on previous coverage, the consumer may have to pay the full cost for non-emergent or non-urgent care or fall back on Original Medicare cost sharing.

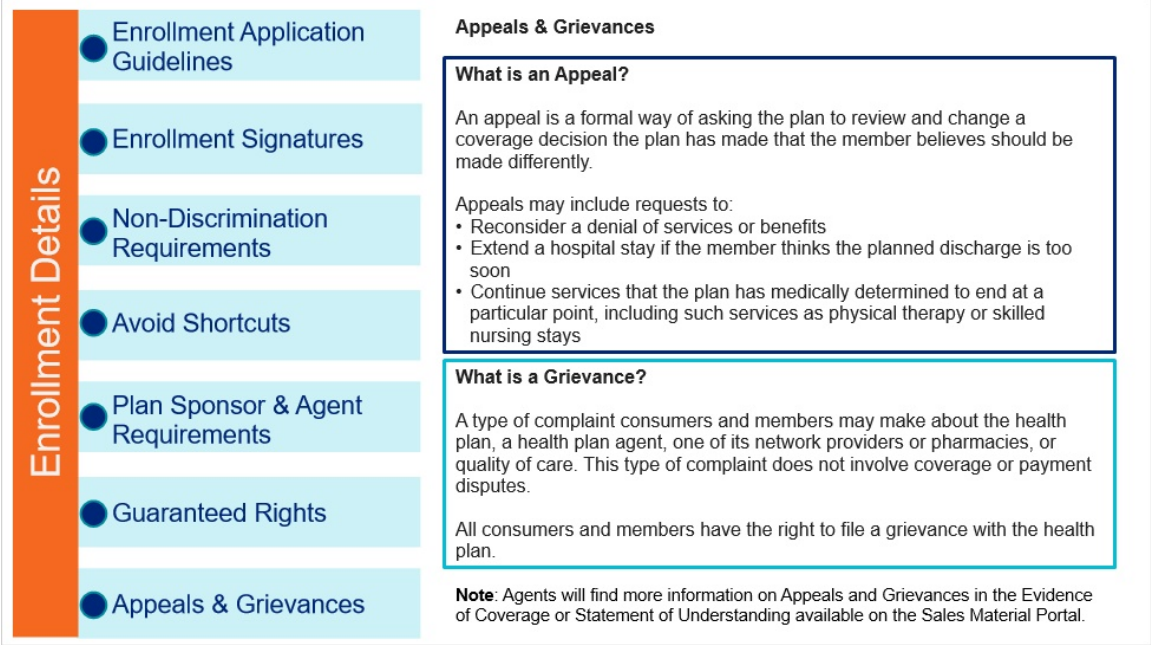
Enrollment Application Receipt Acknowledgment: Plans must acknowledge to the consumer that their application has been received. For paper applications, the plan sends a letter to the consumer within 10 days of receipt that acknowledges its receipt and states the effective date of coverage. Electronic enrollments are confirmed as received with a confirmation or tracking number. This must be provided to the consumer through an email or directly by the agent.

Plan Validation: UnitedHealthcare will validate all information on the application, then submit the enrollment information to CMS for approval.

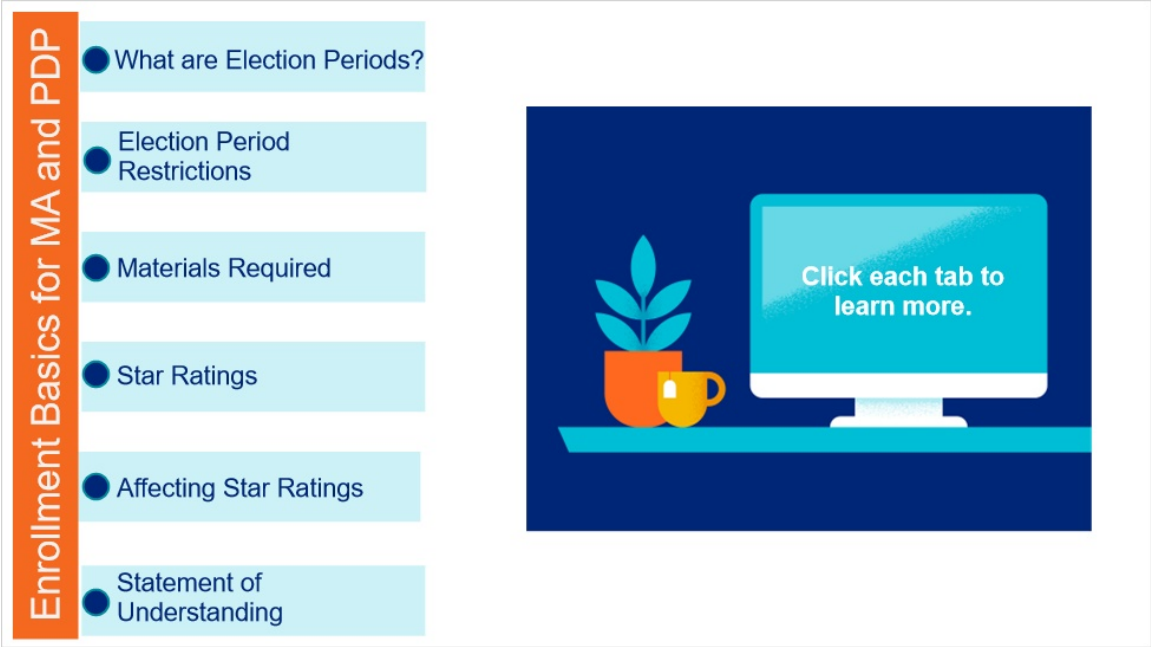
Confirmation Letter and ID Card: Once approved by CMS, the plan will send a letter confirming enrollment that also states the plan effective date along with the member's plan ID card.

Guaranteed Rights (Slide Layer)

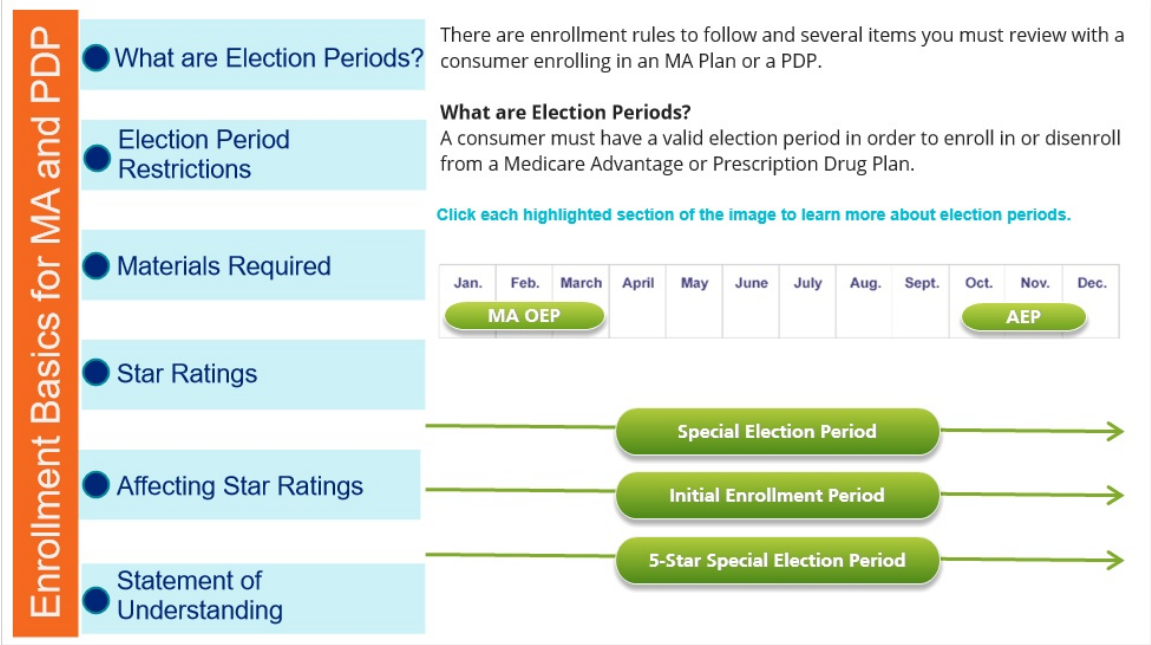
Appeals and Grievances (Slide Layer)



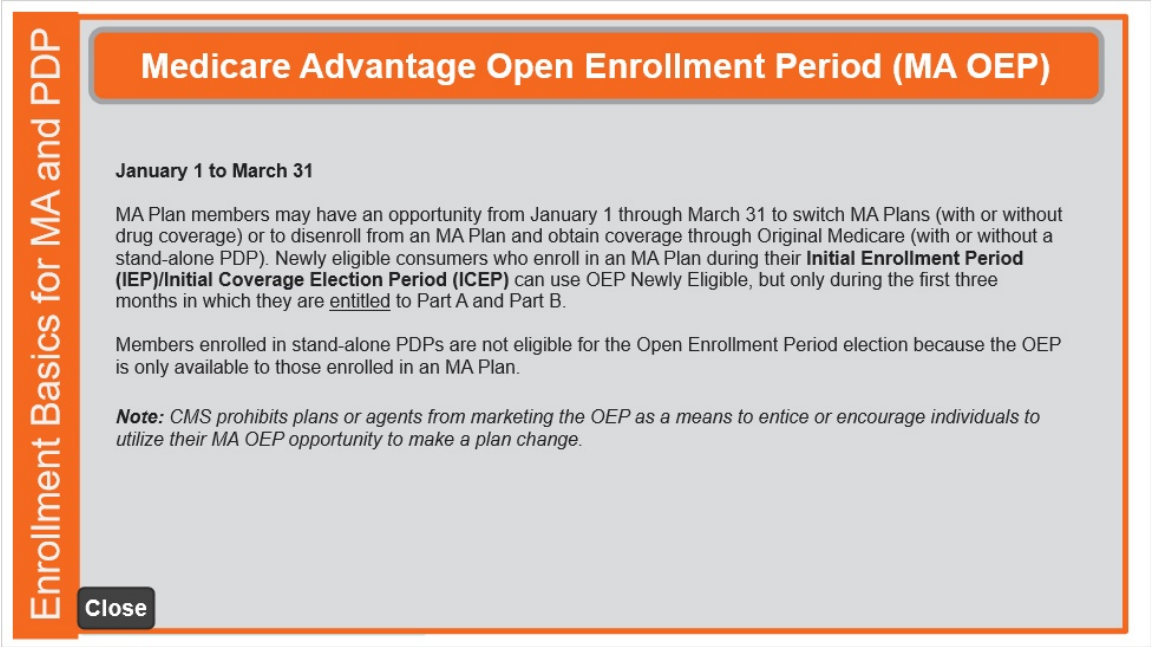
3.7 Enrollment Basics



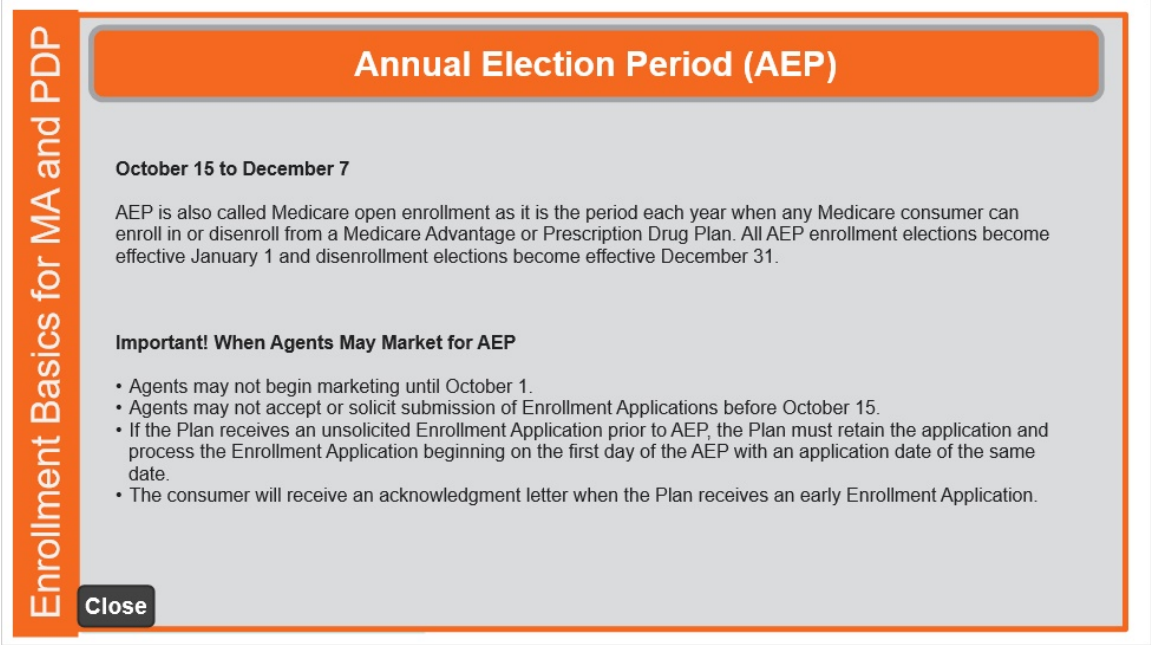
What are Election Periods? (Slide Layer)



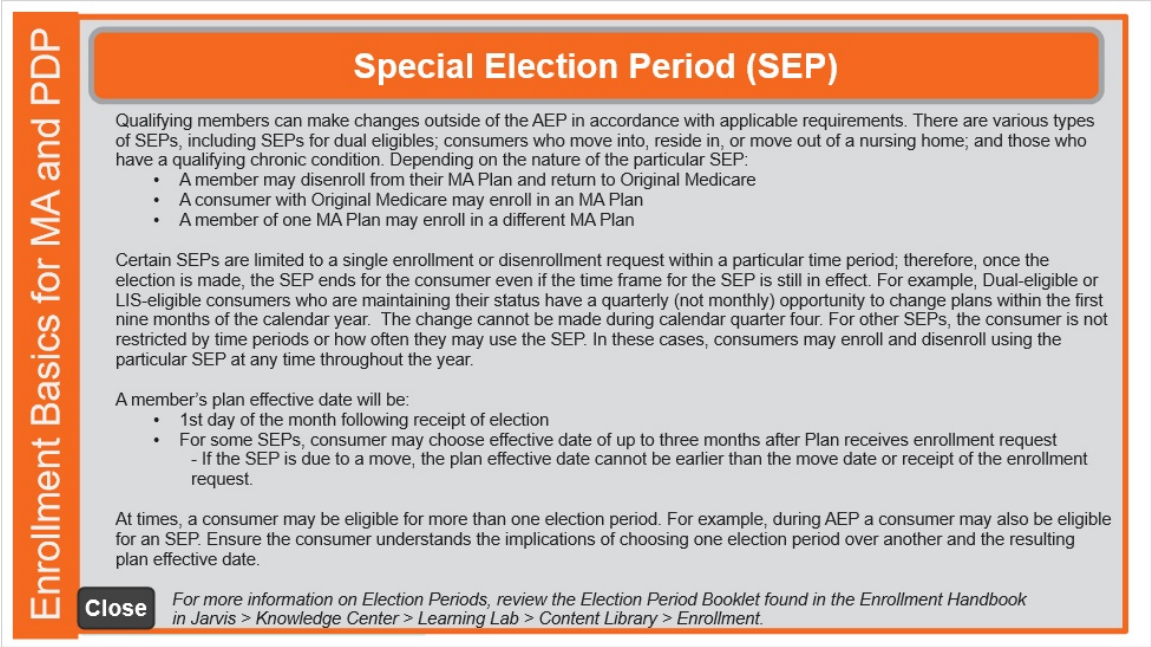
MA OEP (Slide Layer)



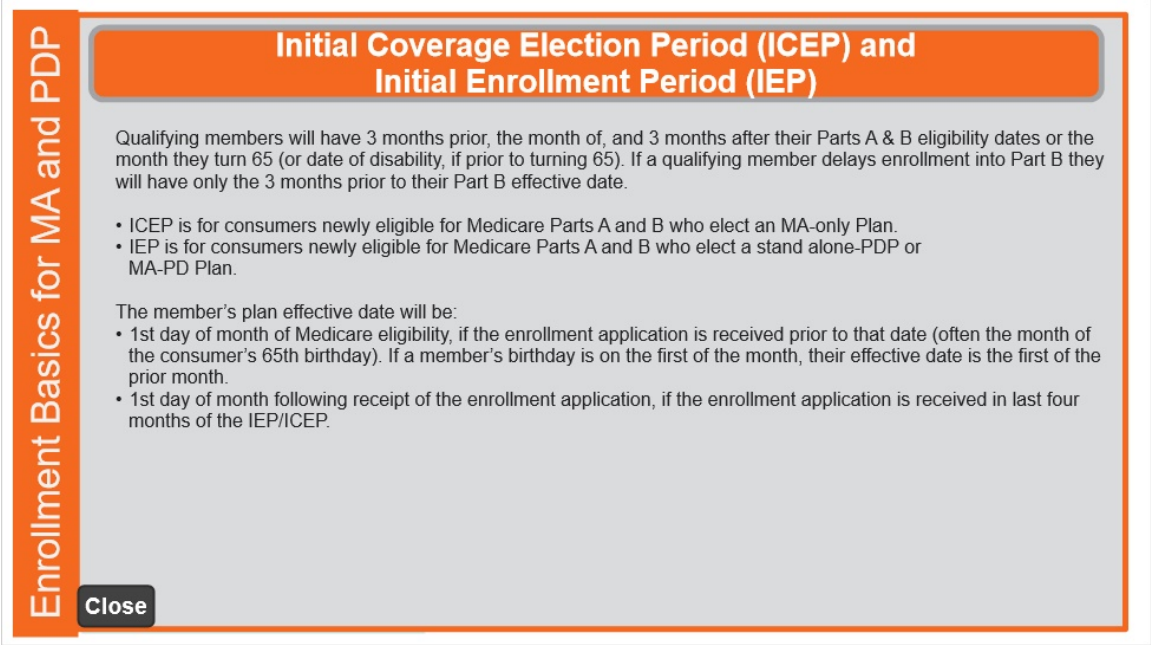
AEP (Slide Layer)



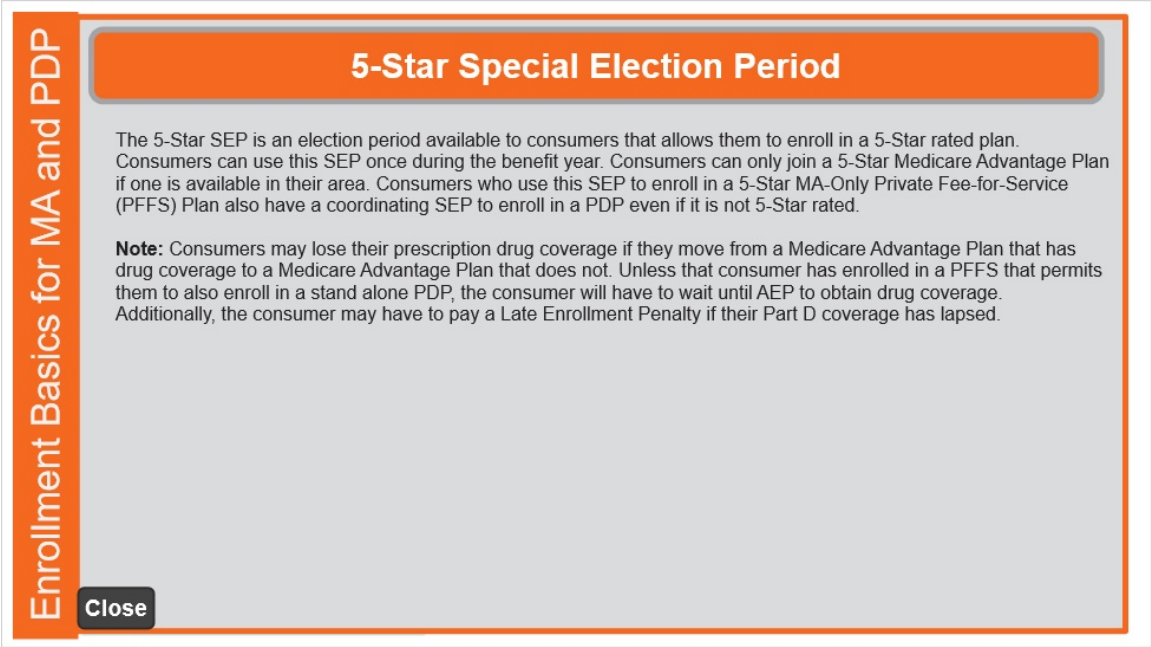
SEP (Slide Layer)



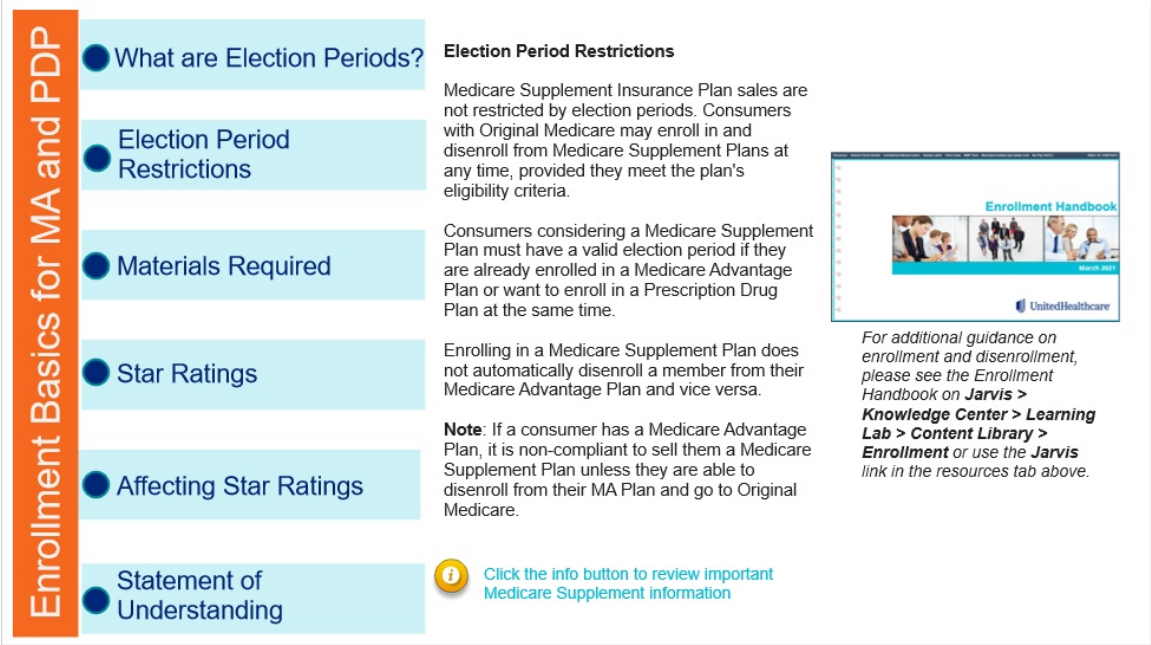
IEP (Slide Layer)

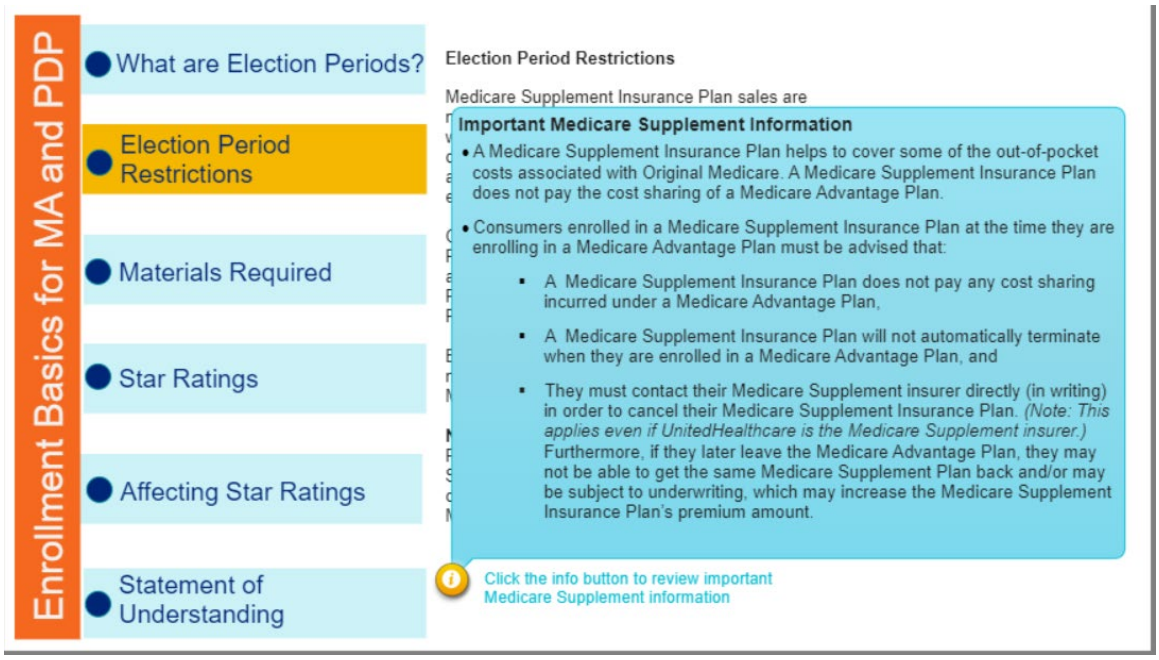


5 Star SEP (Slide Layer)

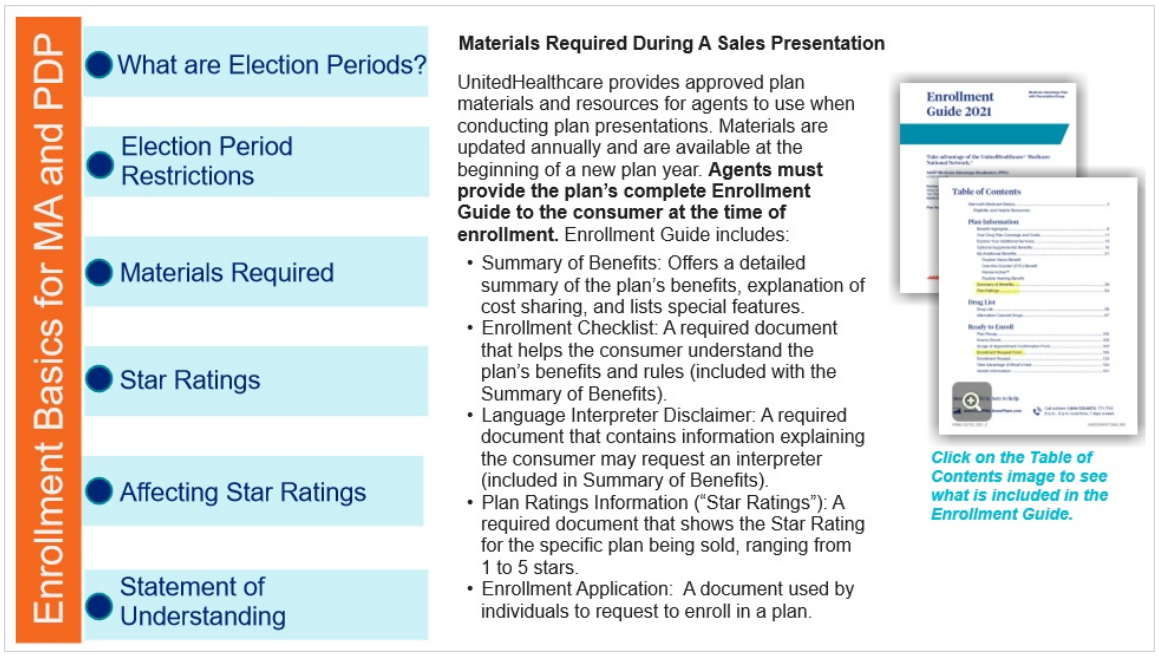


Election Period Restrictions (Slide Layer)



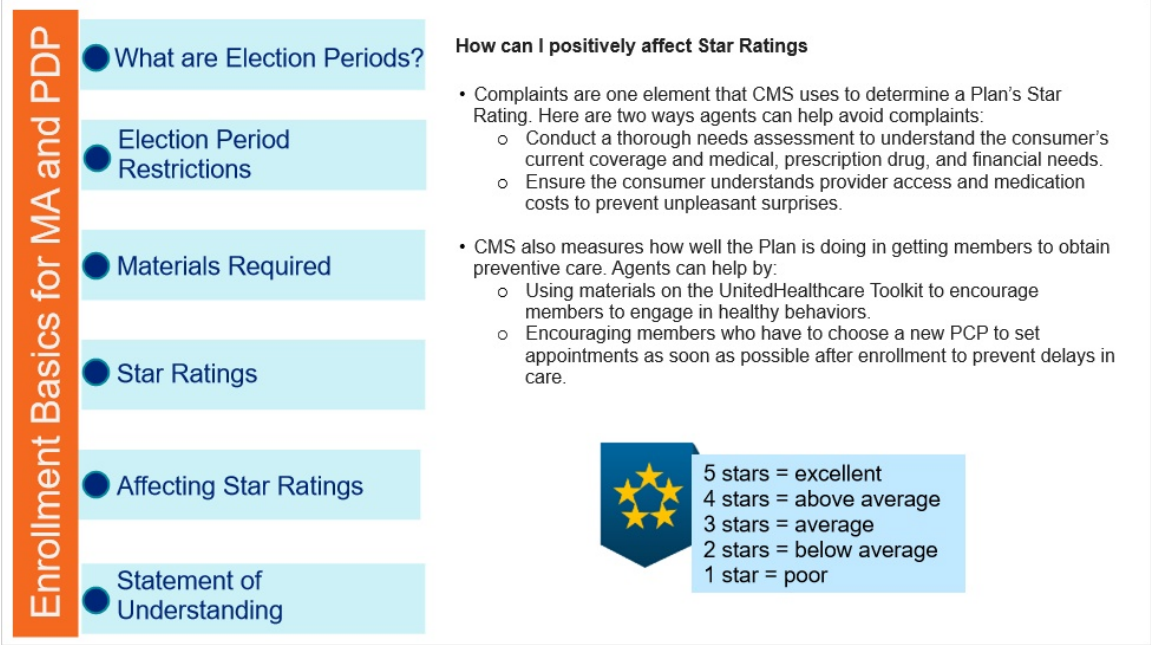


Materials Required (Slide Layer)

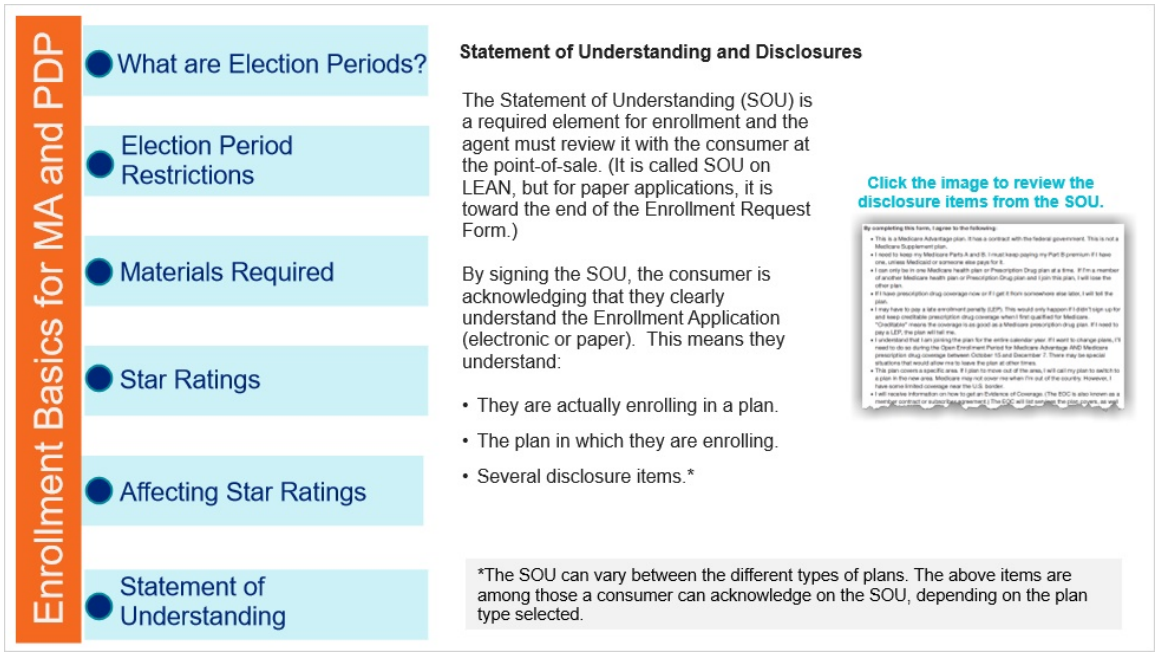


Star Ratings (Slide Layer)

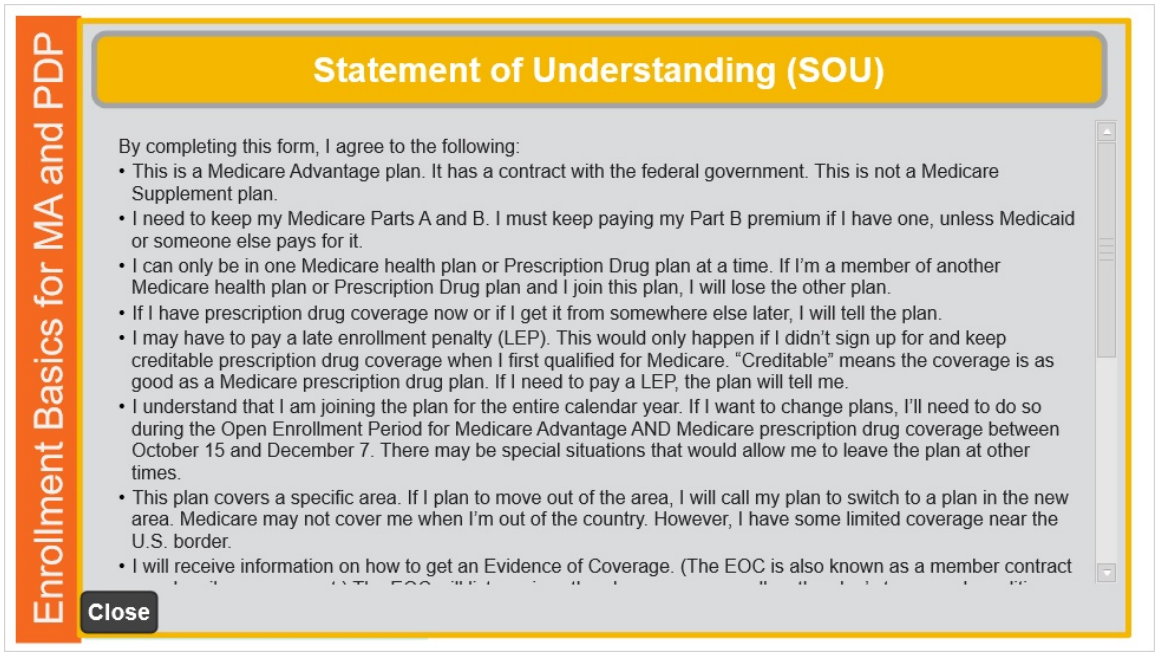
Affecting Star Ratings (Slide Layer)

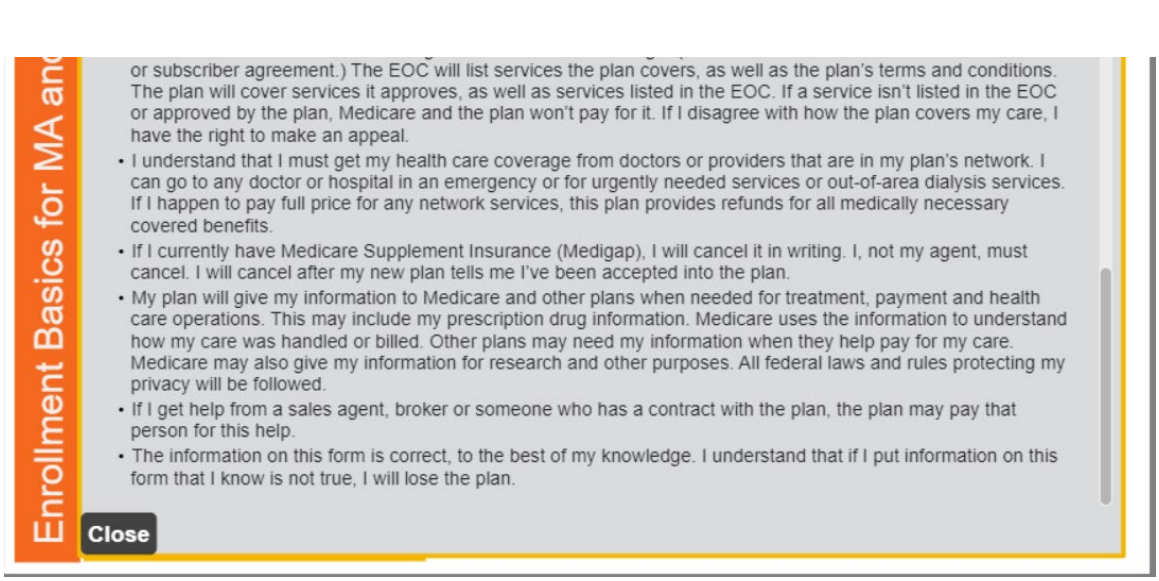


SOU and Disclosures (Slide Layer)



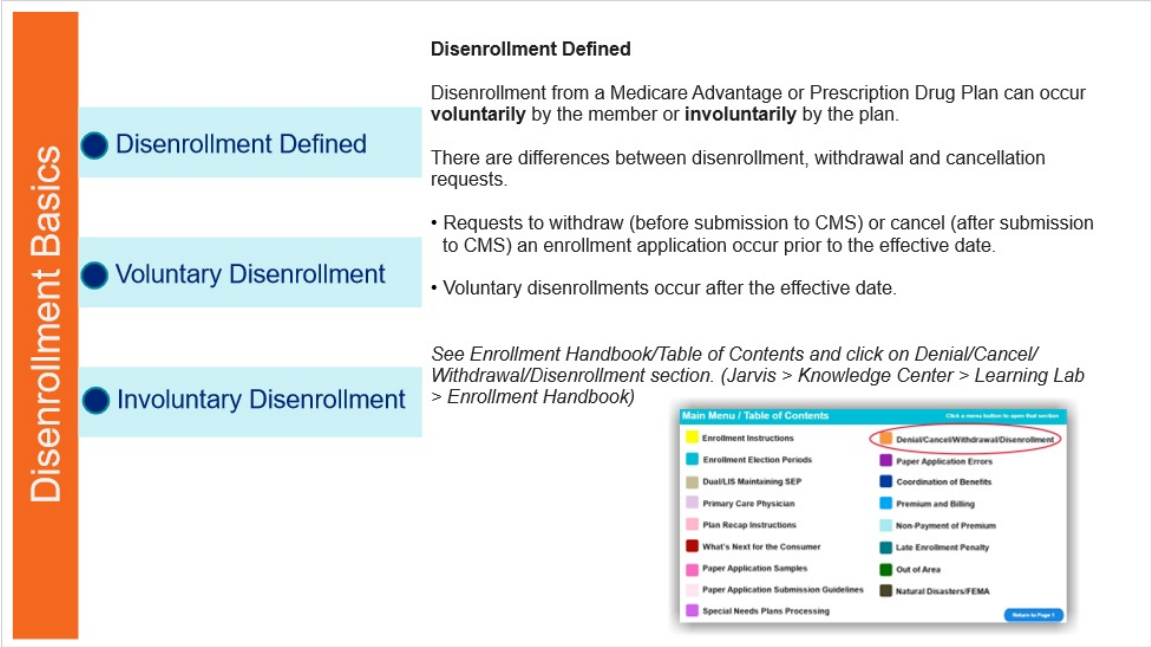
SOU (Slide Layer)



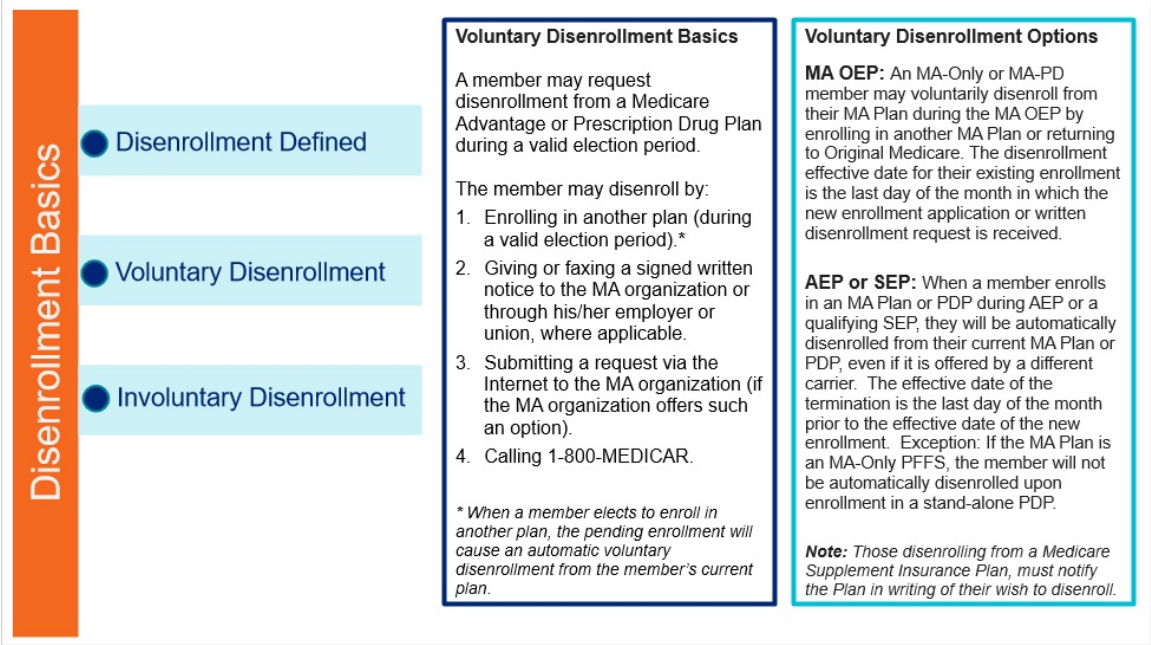


3.8 Disenrollment Basics

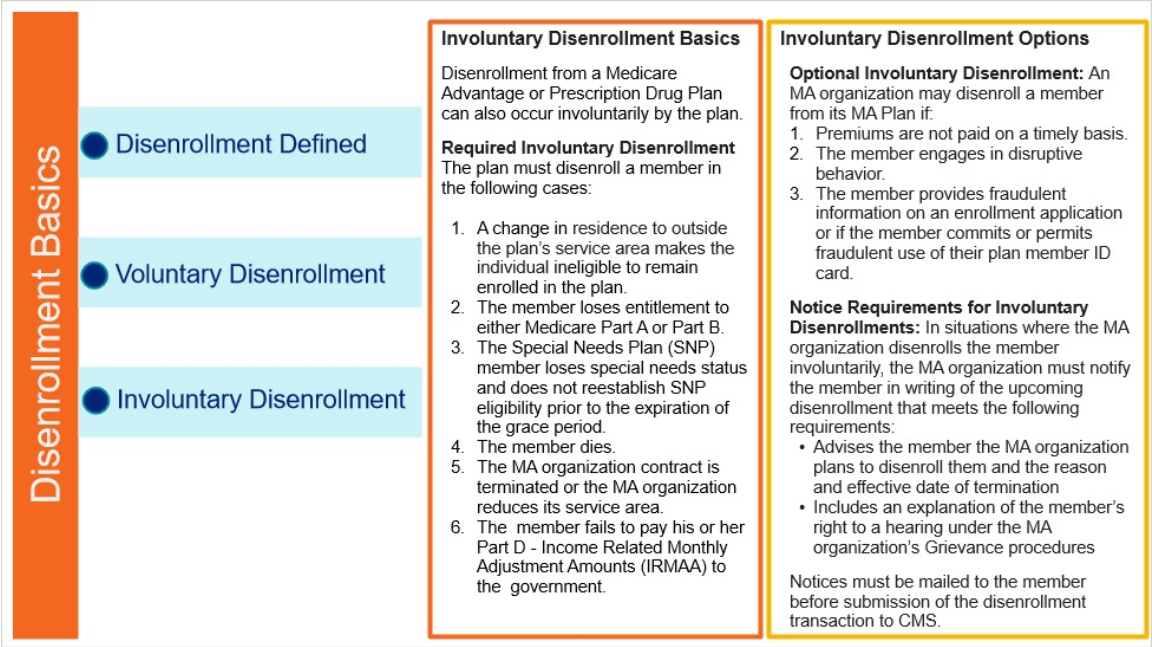
Disenrollment Defined (Slide Layer)



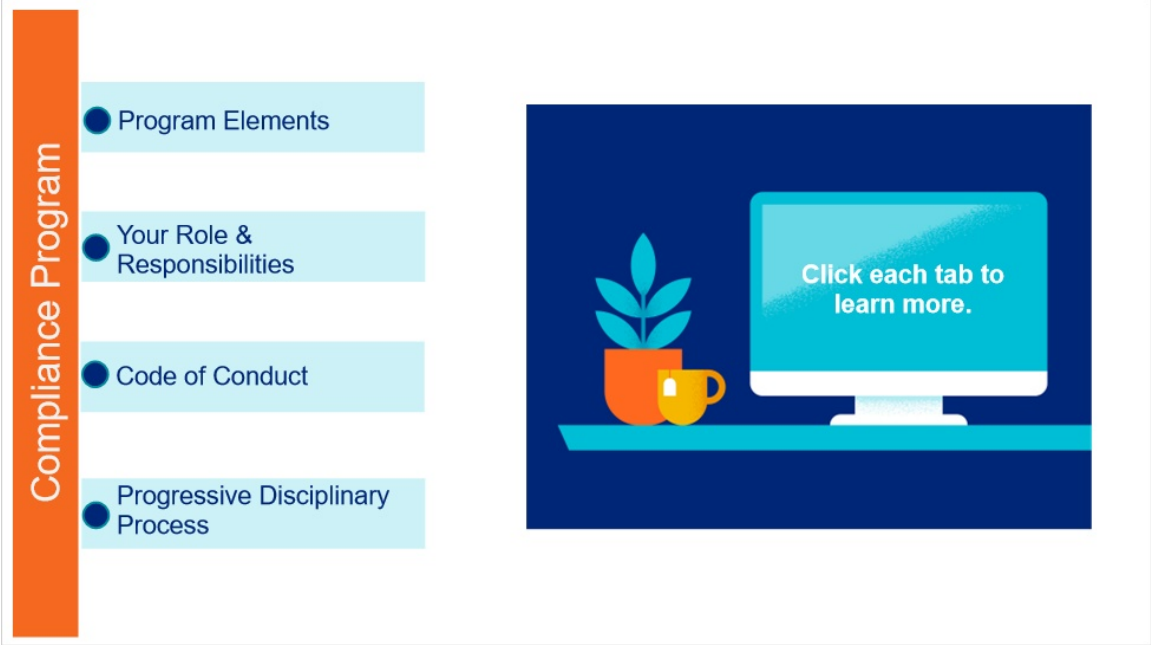
Voluntary Disenrollment (Slide Layer)



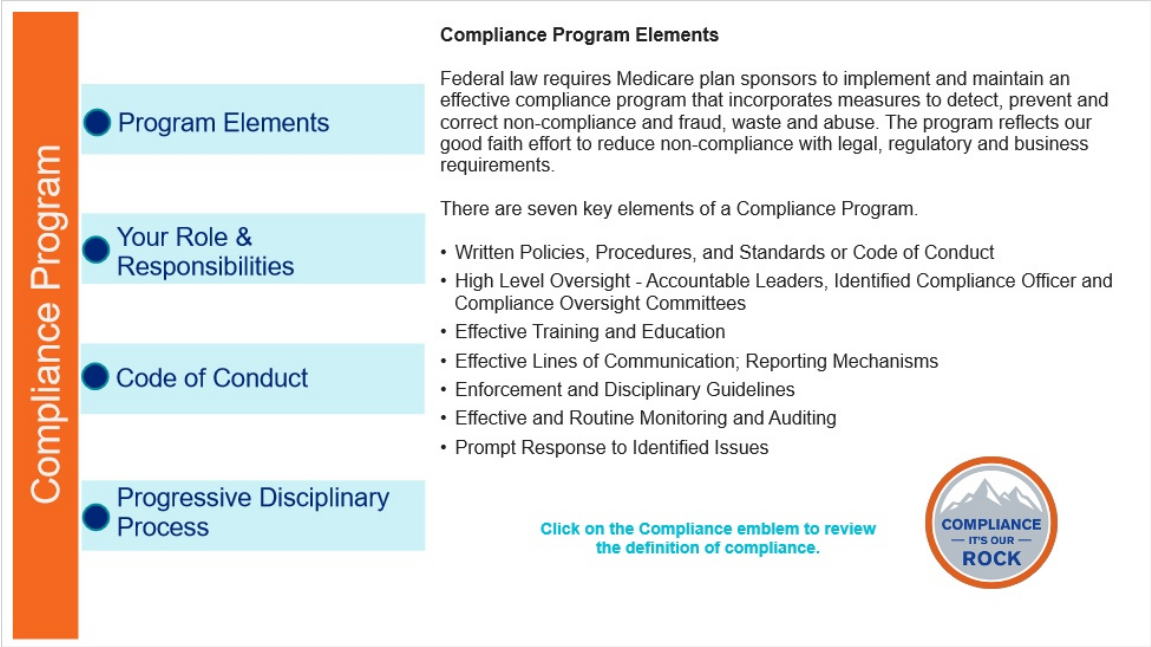
Involuntary Disenrollment (Slide Layer)



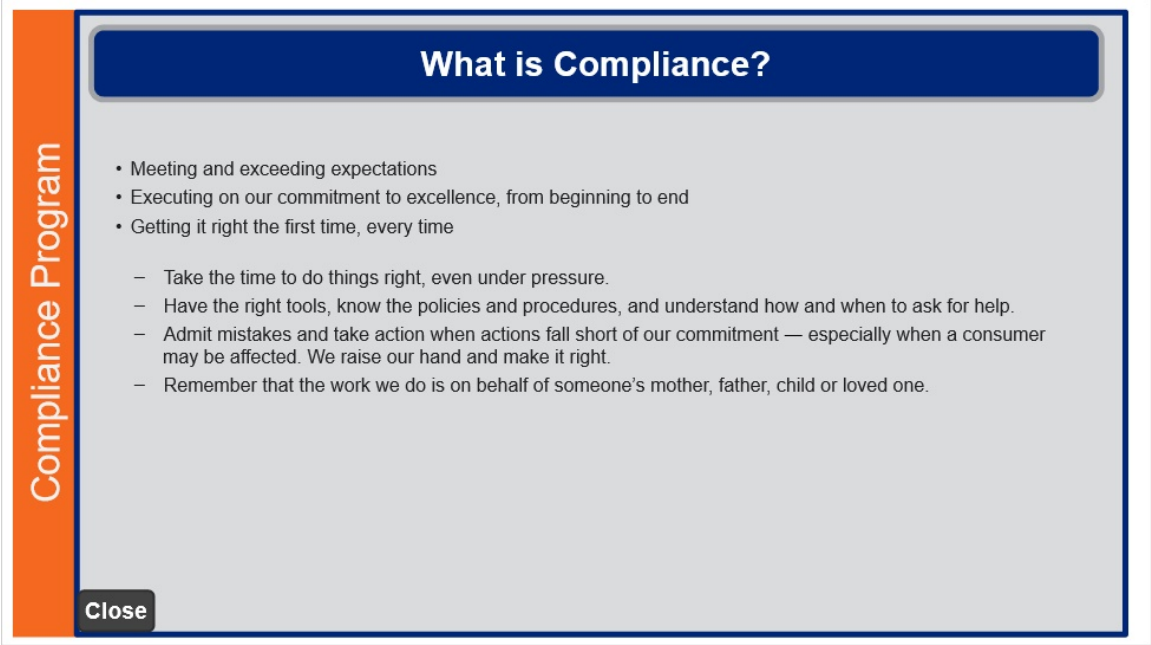
3.9 Compliance Program



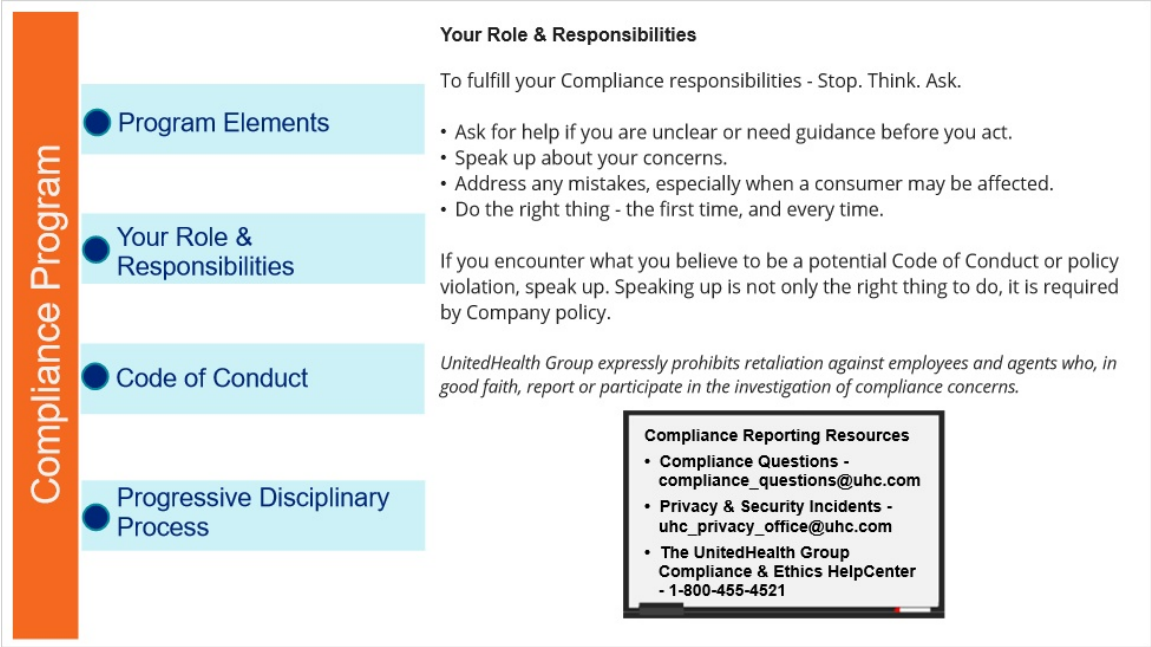
Program Elements (Slide Layer)



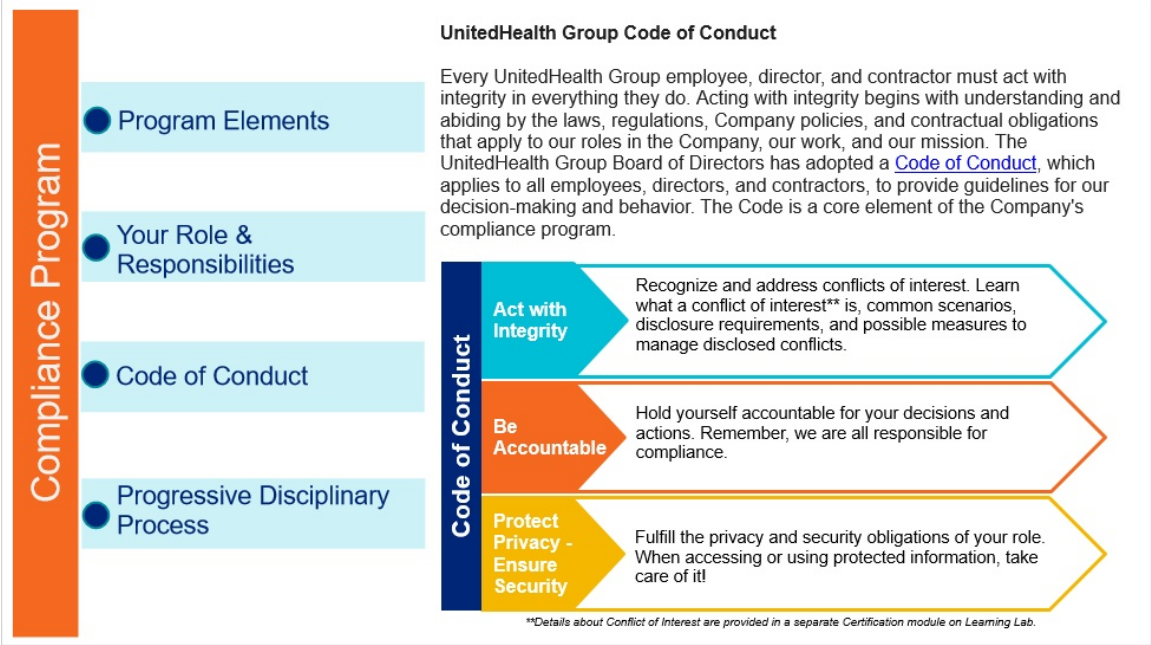
What is compliance? (Slide Layer)



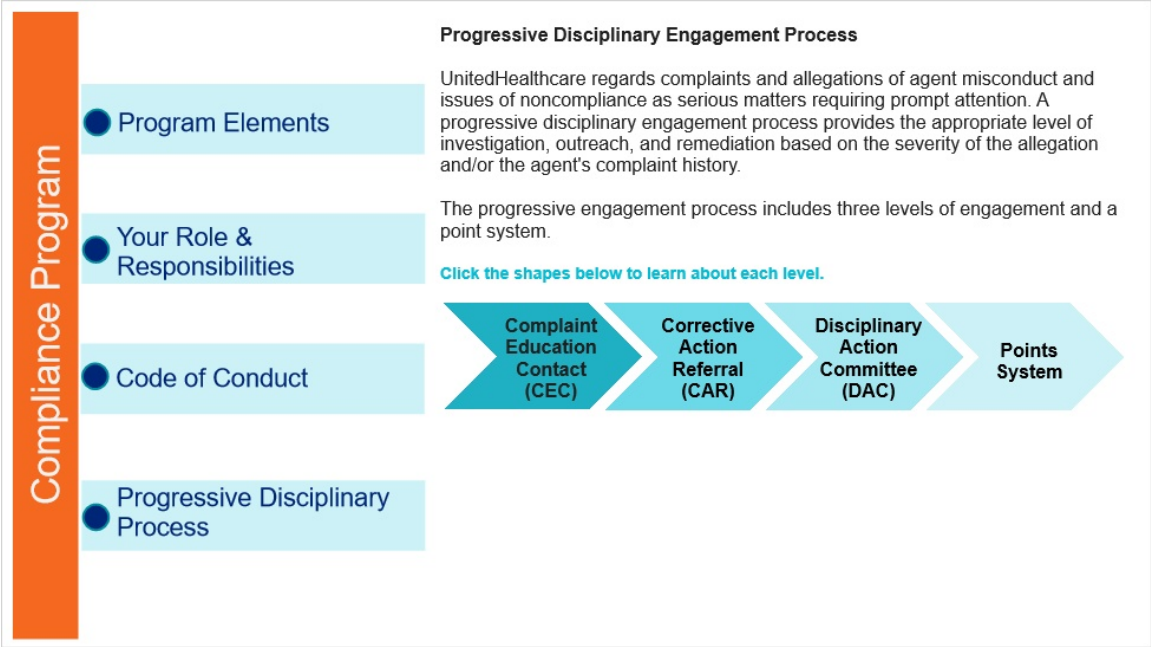
Your Role and Responsibilities (Slide Layer)



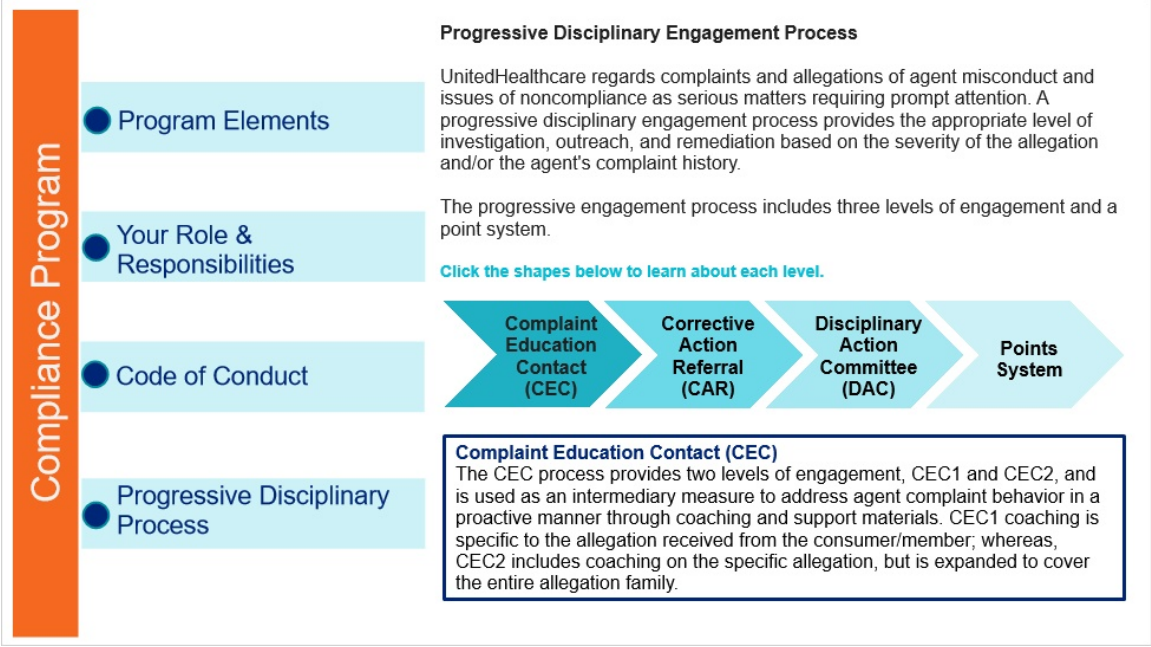
Code of Conduct (Slide Layer)



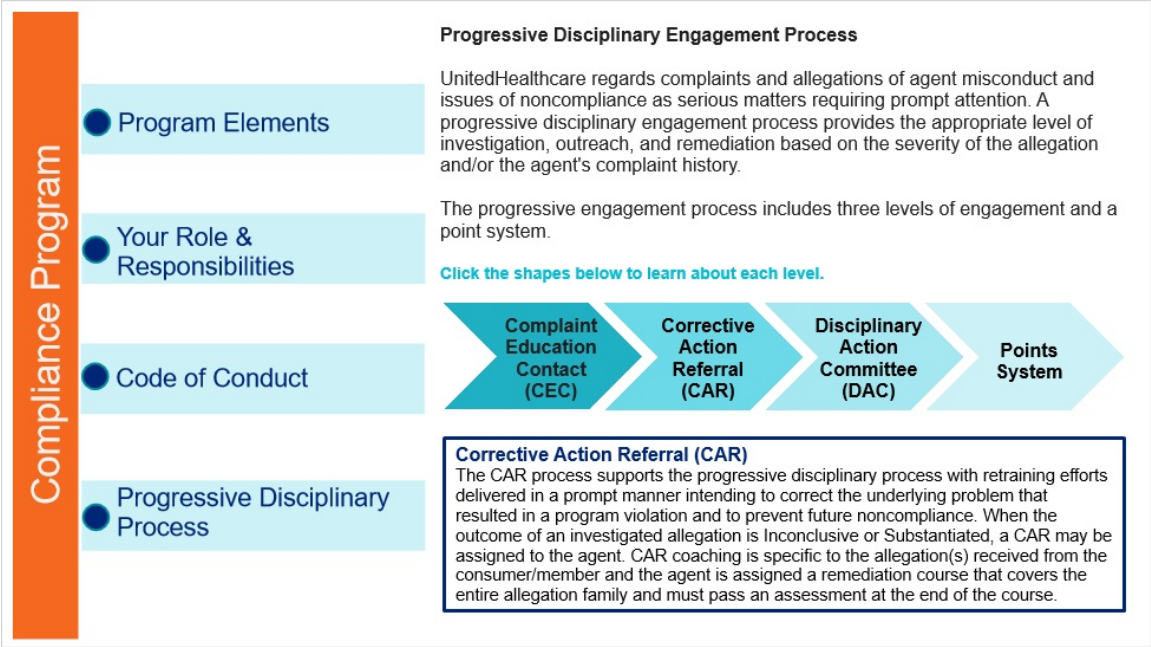
Progressive Disciplinary Process (Slide Layer)



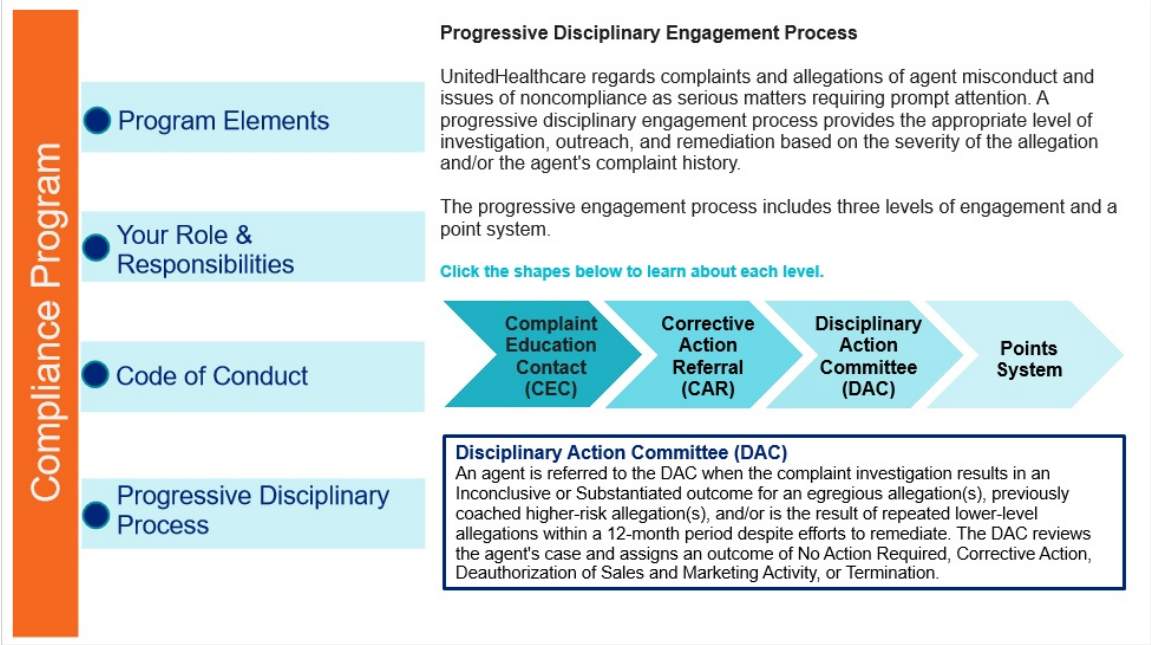
CEC (Slide Layer)



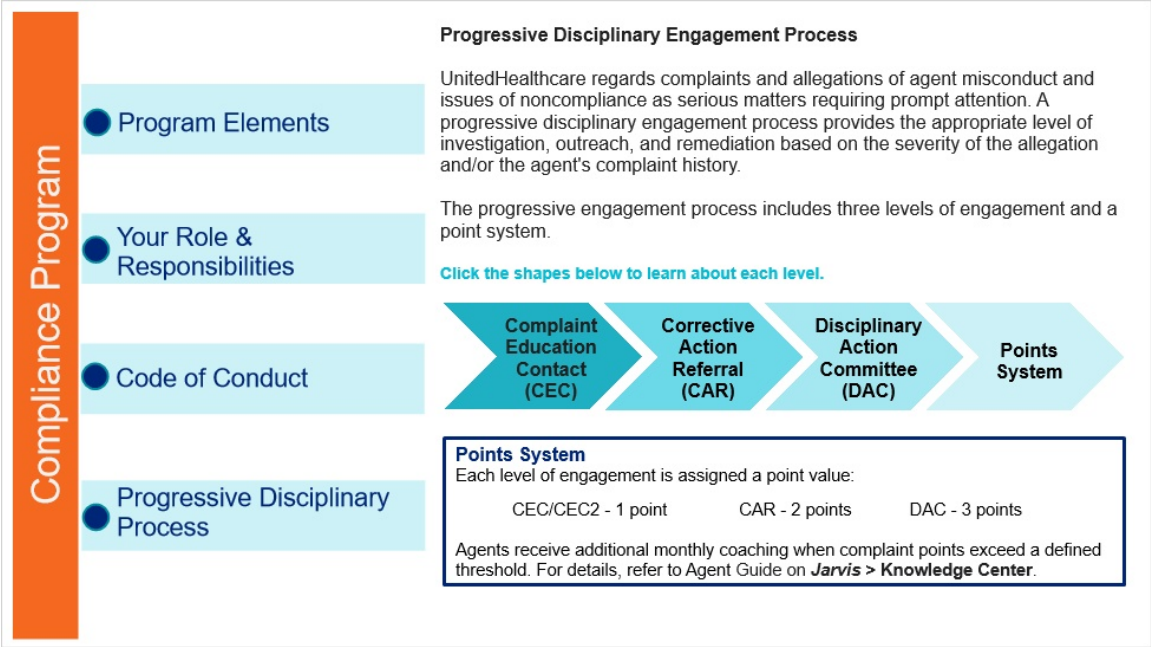
CAR (Slide Layer)



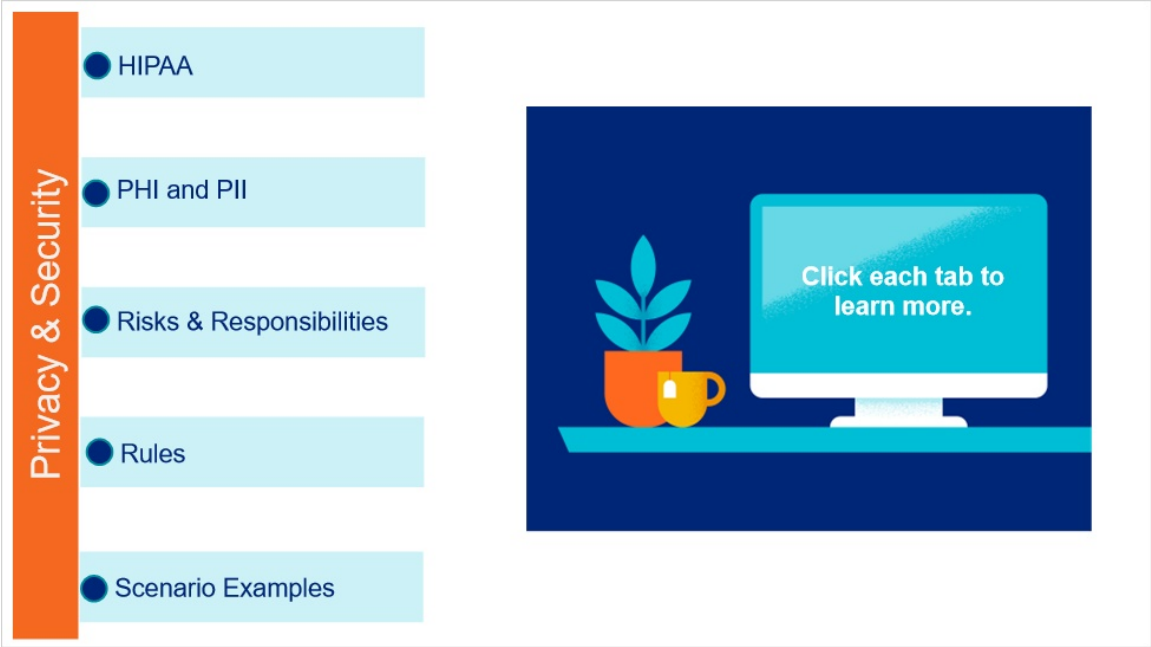
DAC (Slide Layer)



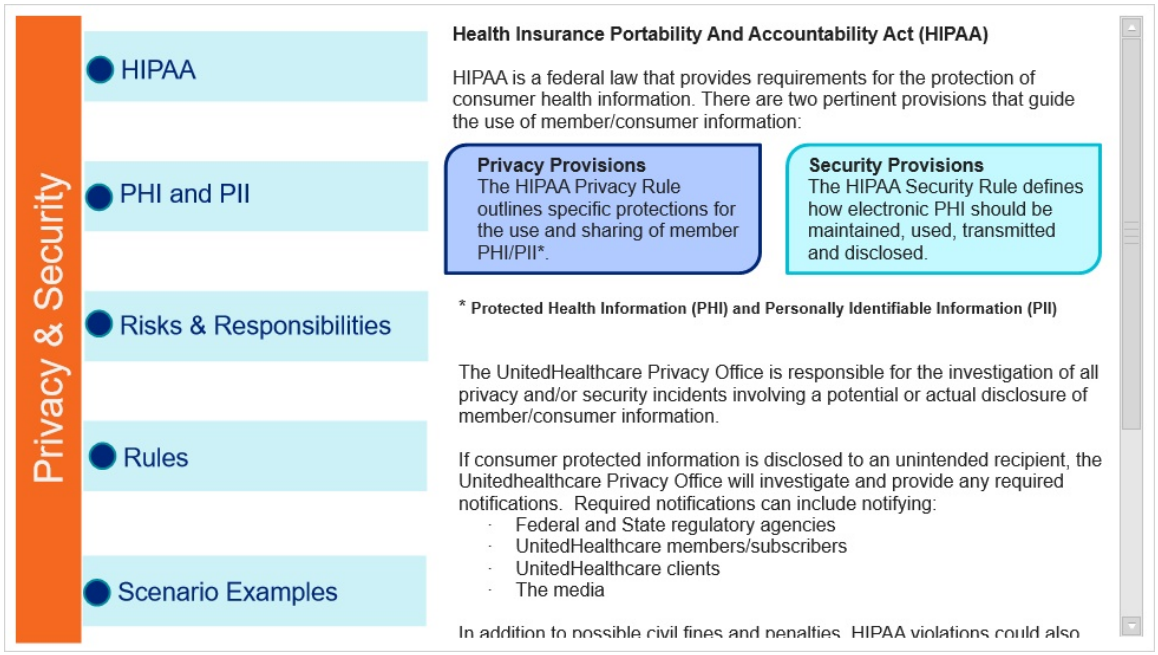
Points System (Slide Layer)

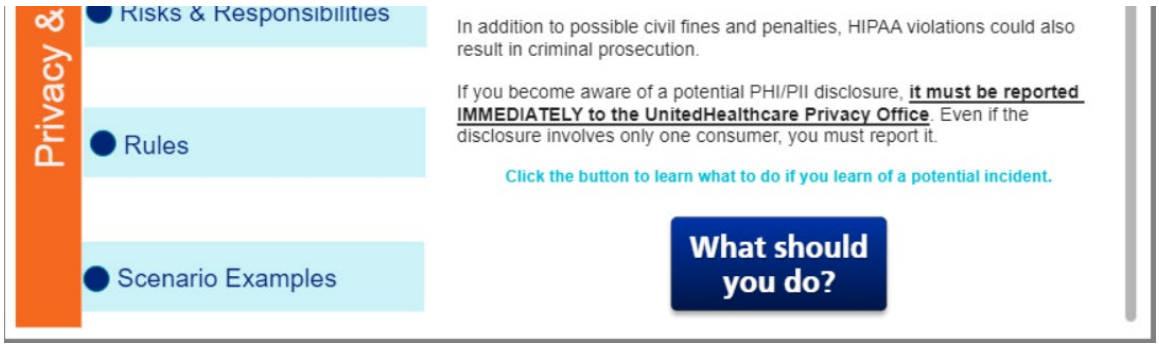


3.10 Privacy & Security

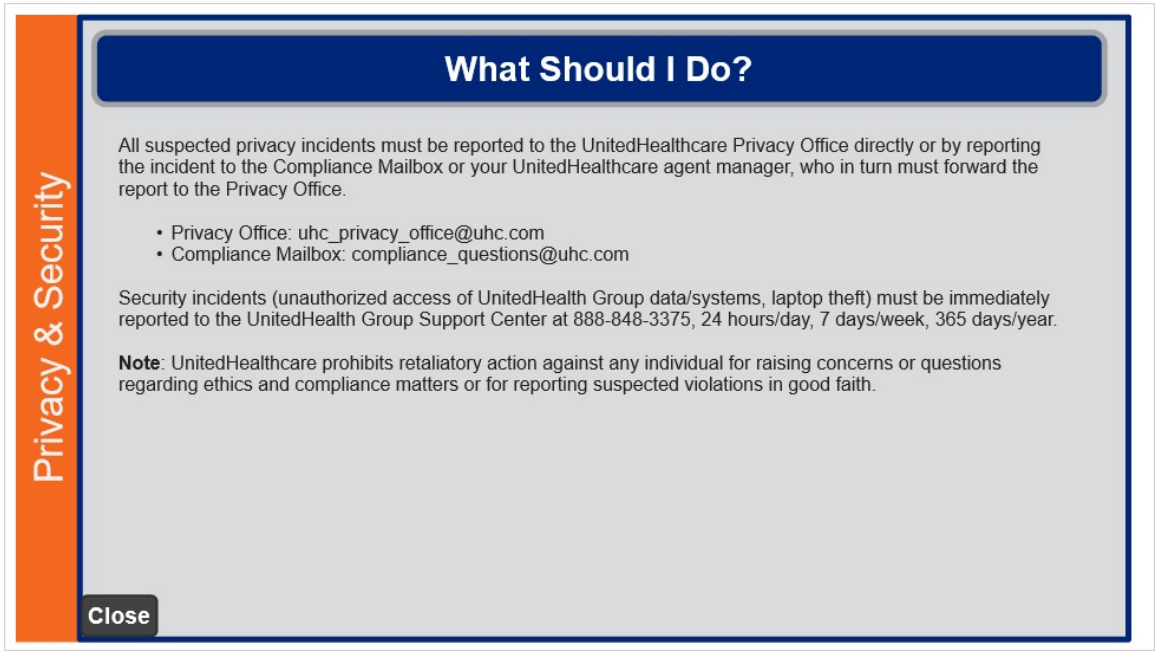


HIPAA (Slide Layer)

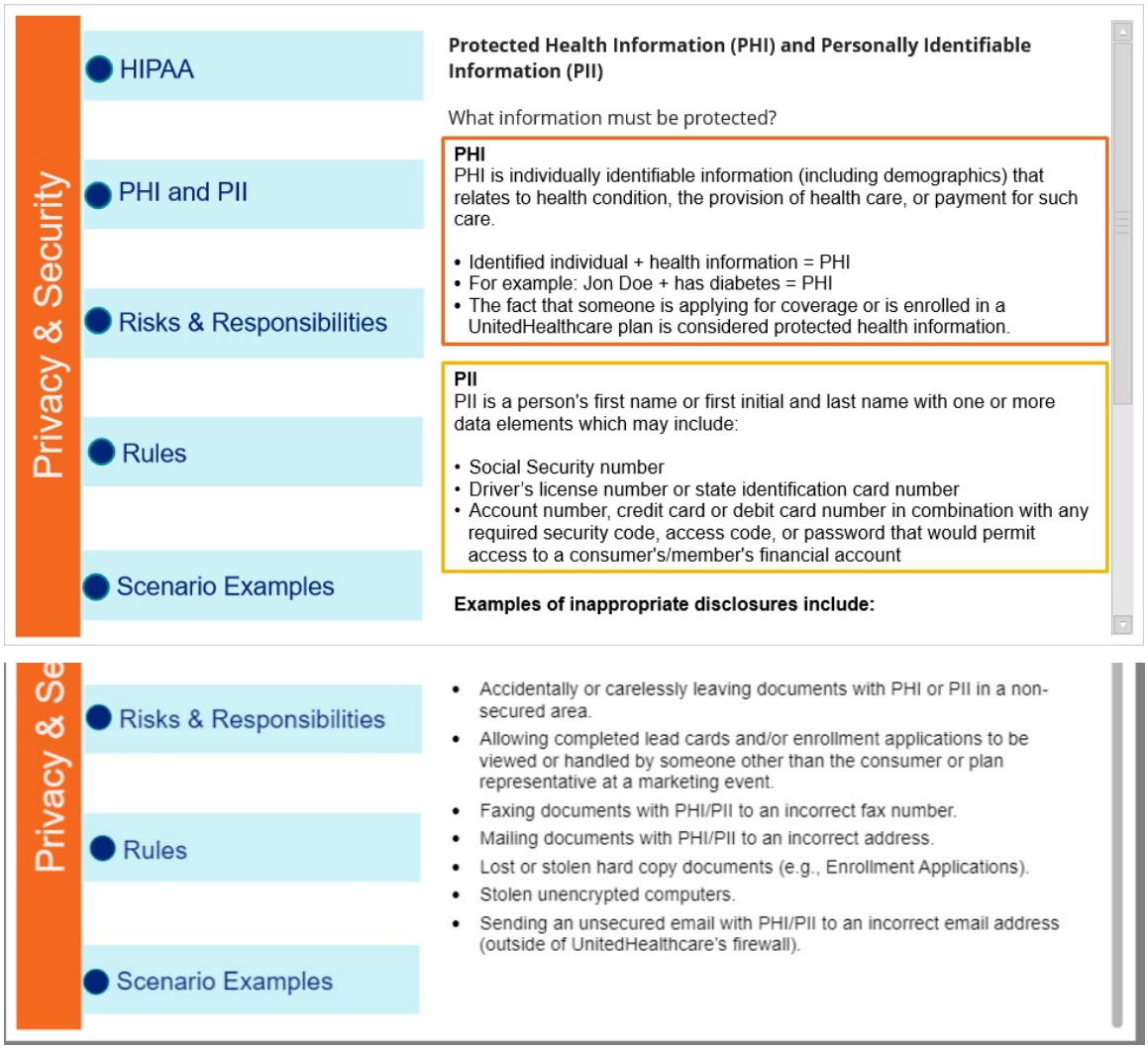




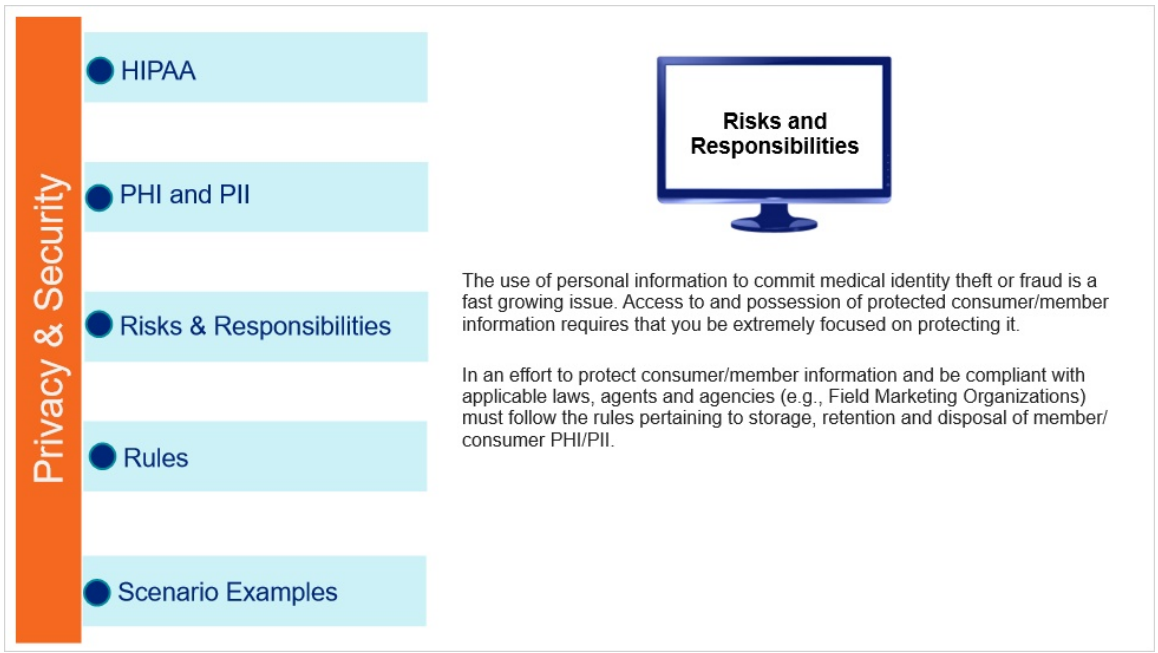
What Should I Do? (Slide Layer)



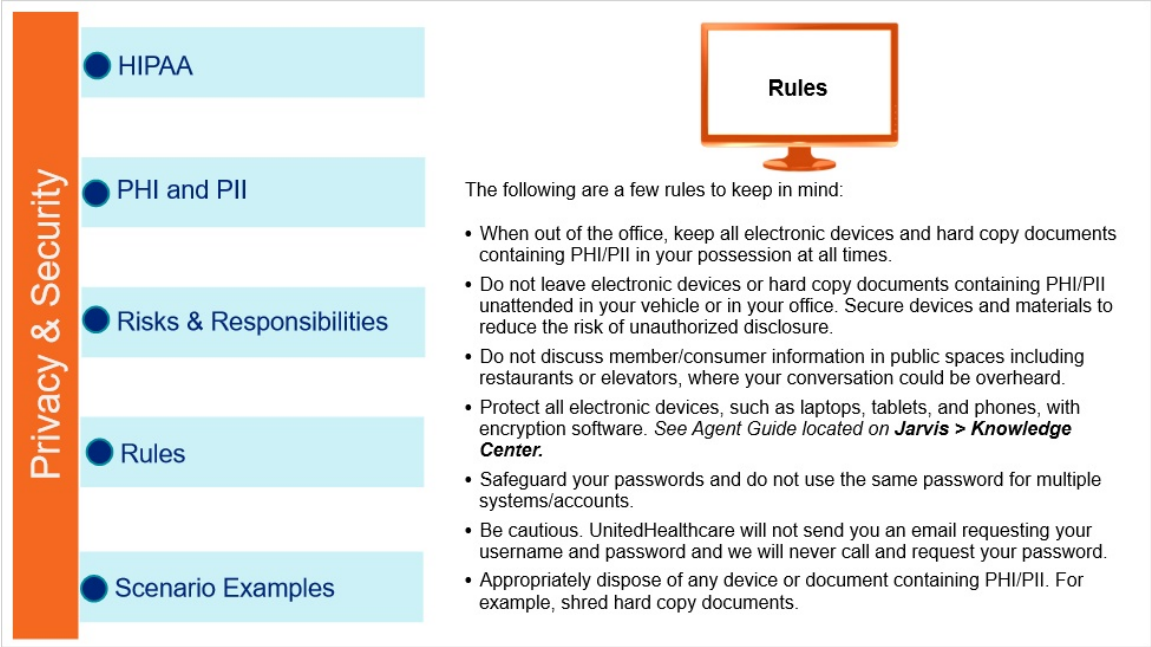
PHI and PII (Slide Layer)



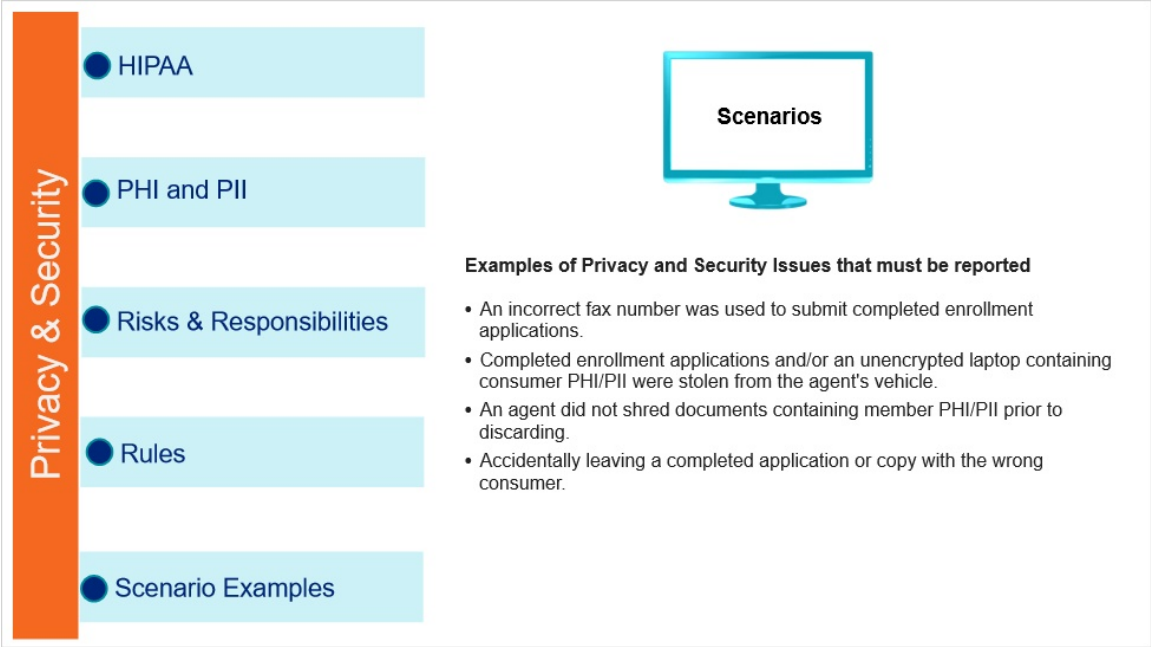
Risks and Responsibilities (Slide Layer)



Rules (Slide Layer)

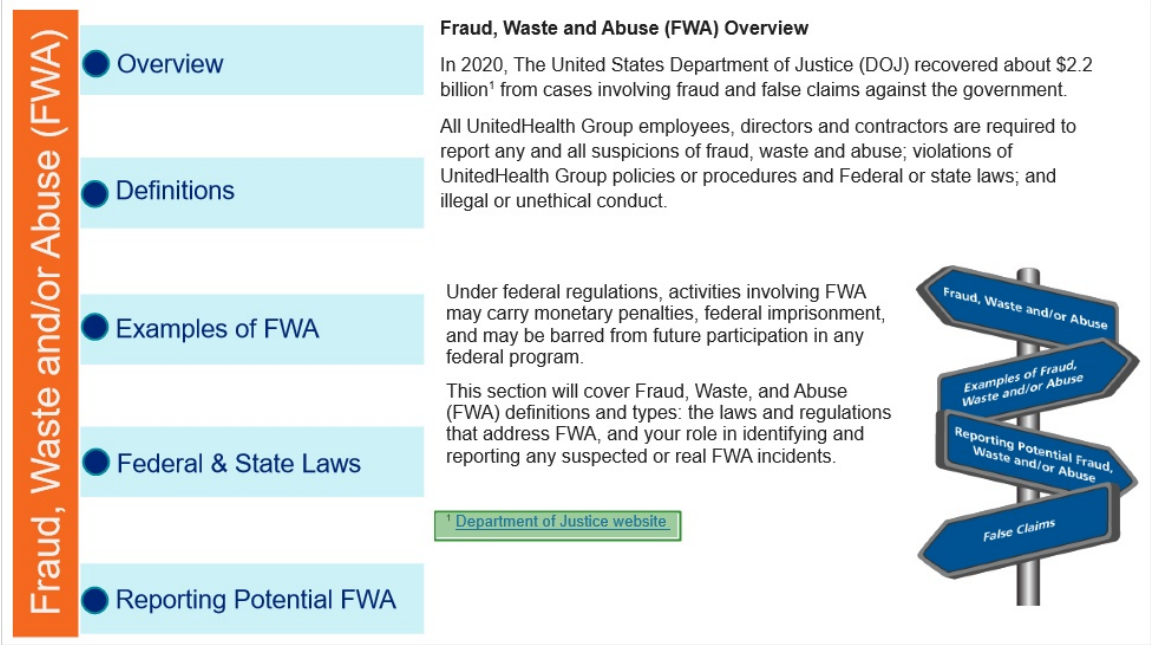


Scenario Examples (Slide Layer)



3.11 Fraud, Waste & Abuse

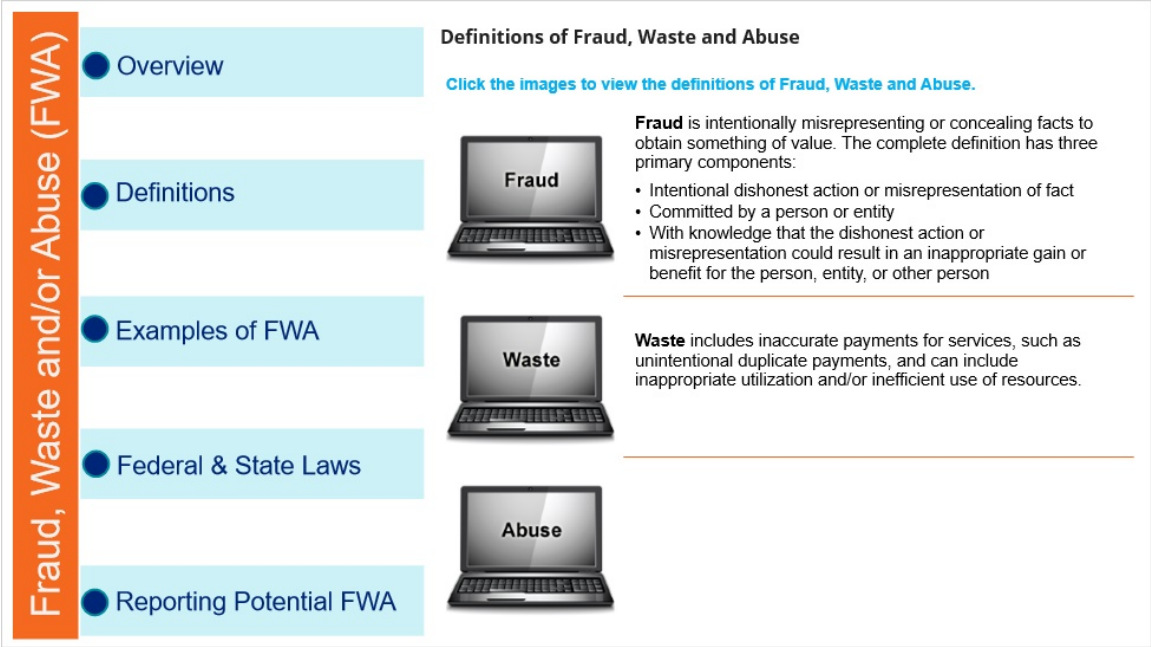
Overview (Slide Layer)



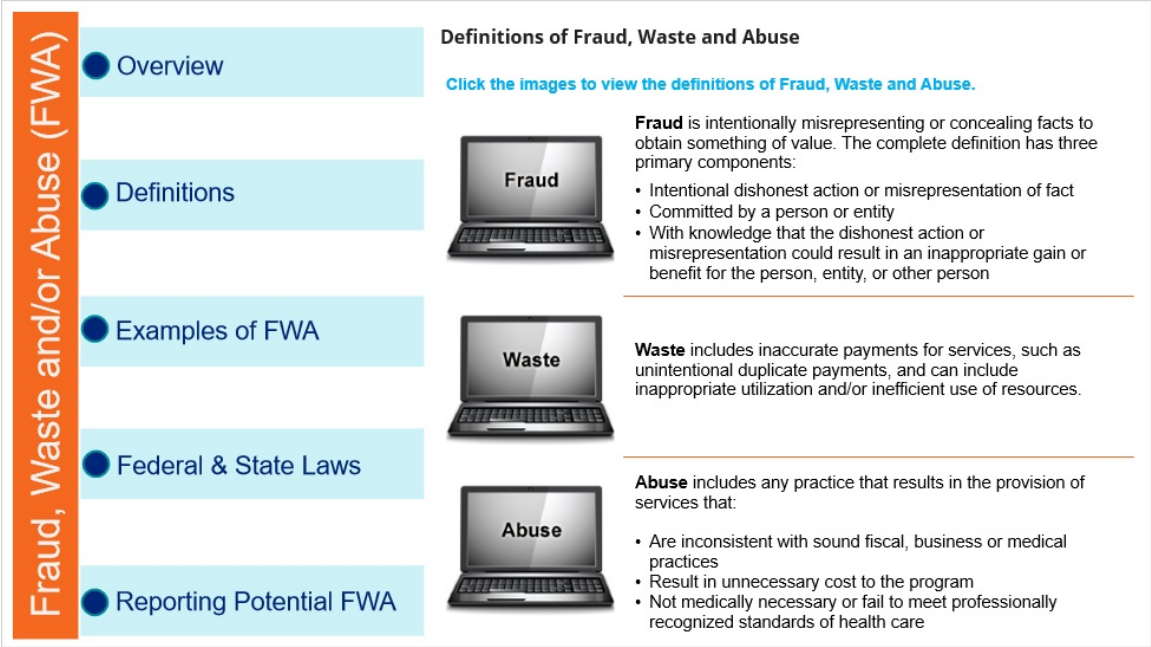
Definitions (Slide Layer)

Fraud (Slide Layer)

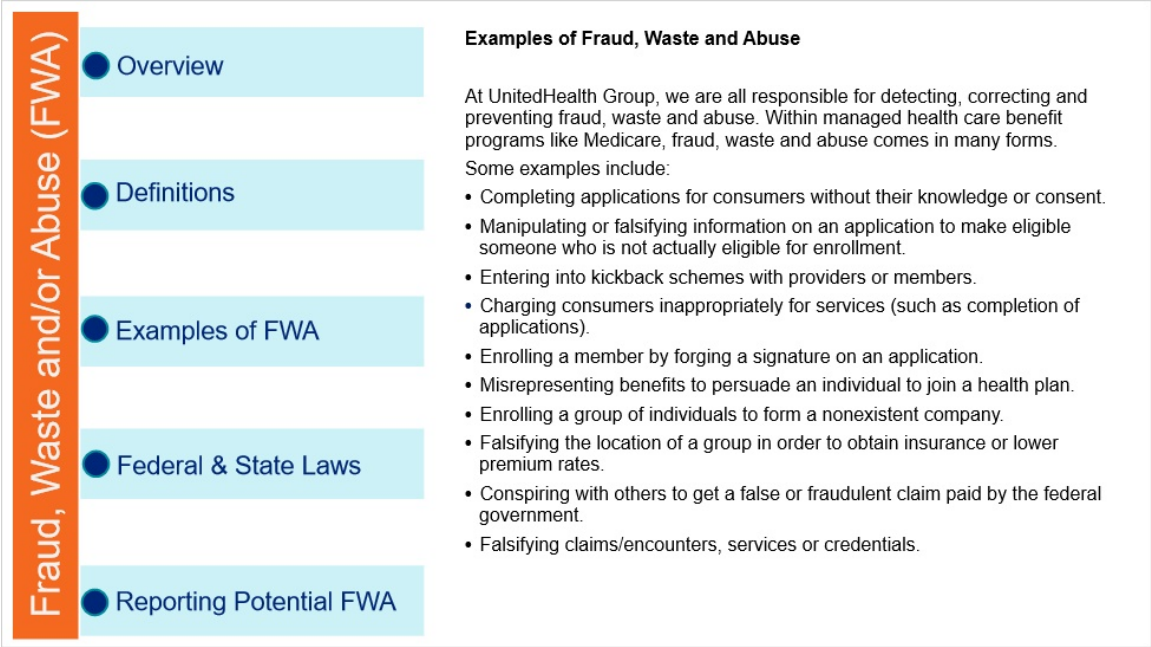
Waste (Slide Layer)



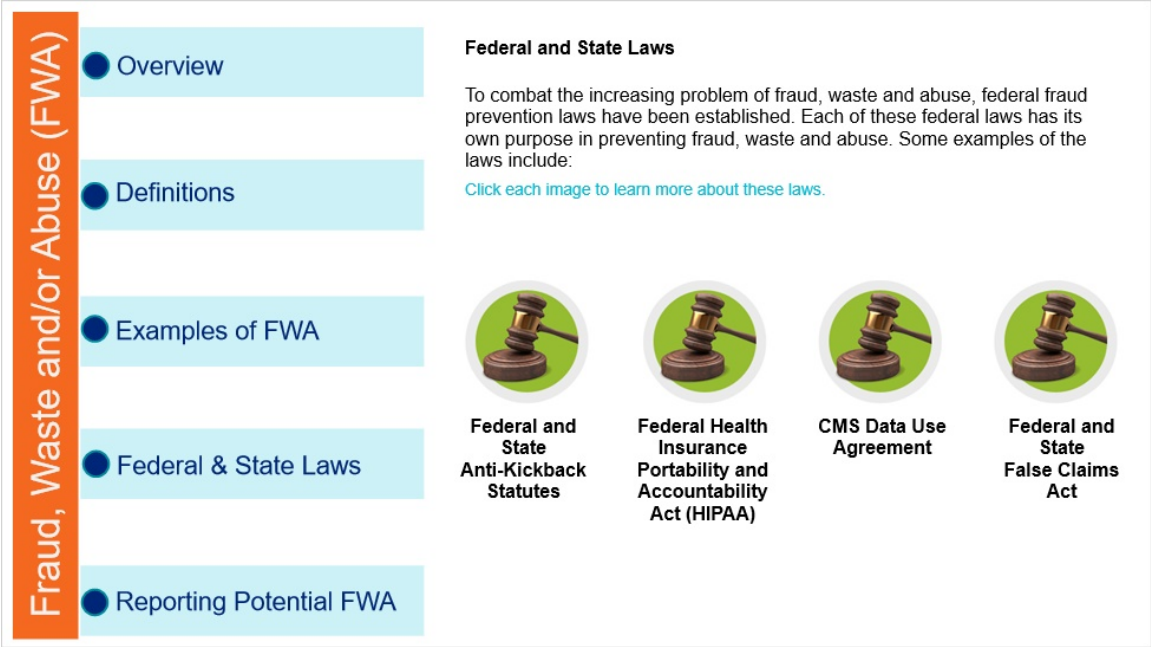
Abuse (Slide Layer)



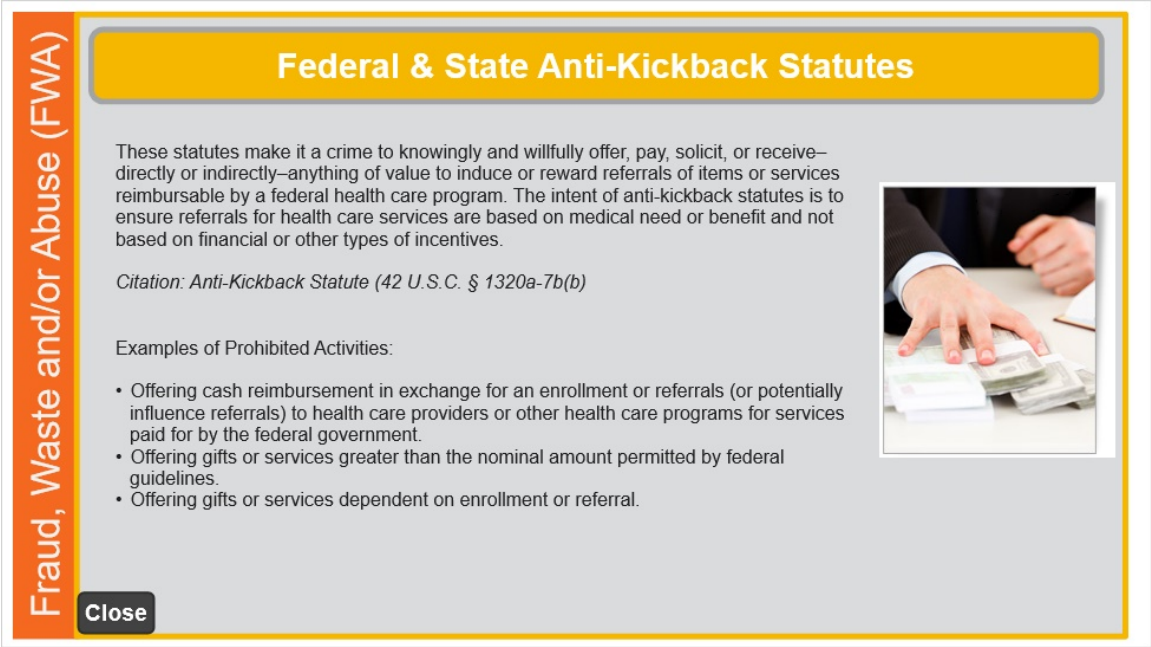
Examples of FWA (Slide Layer)



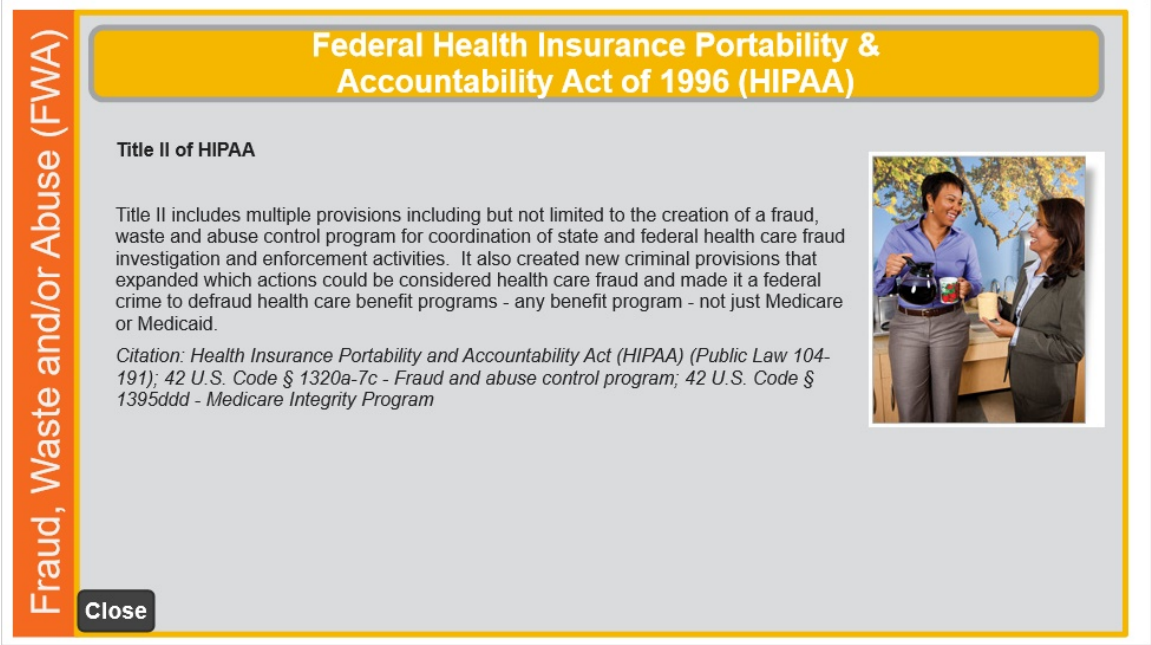
Federal and State Laws (Slide Layer)



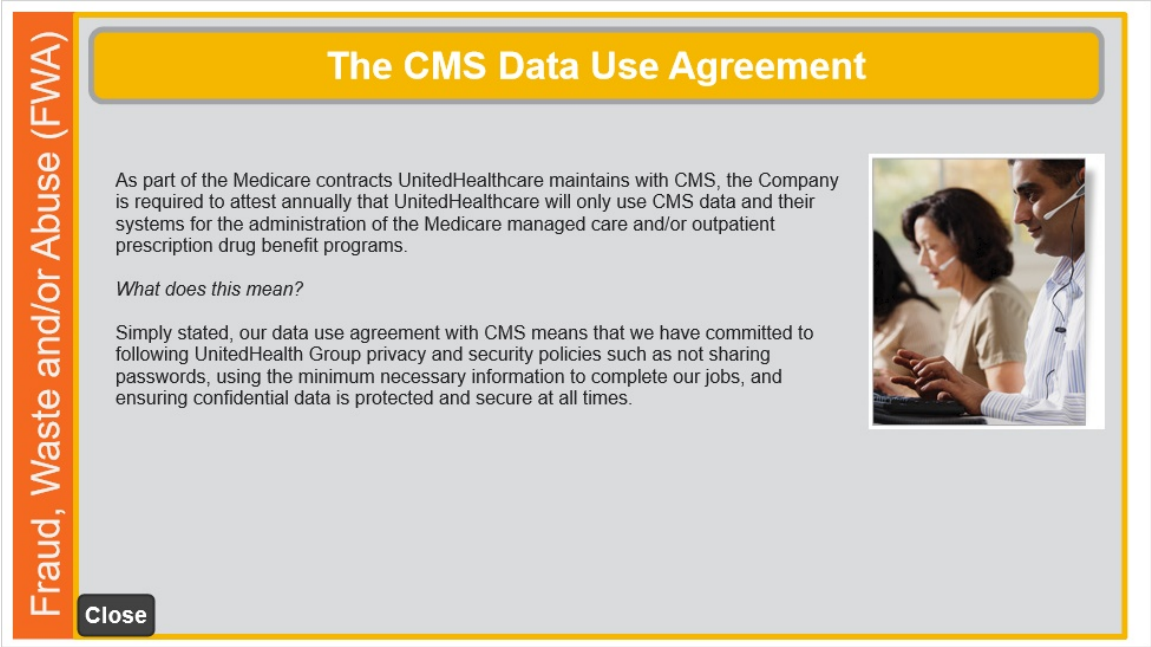
Anti-Kickback (Slide Layer)



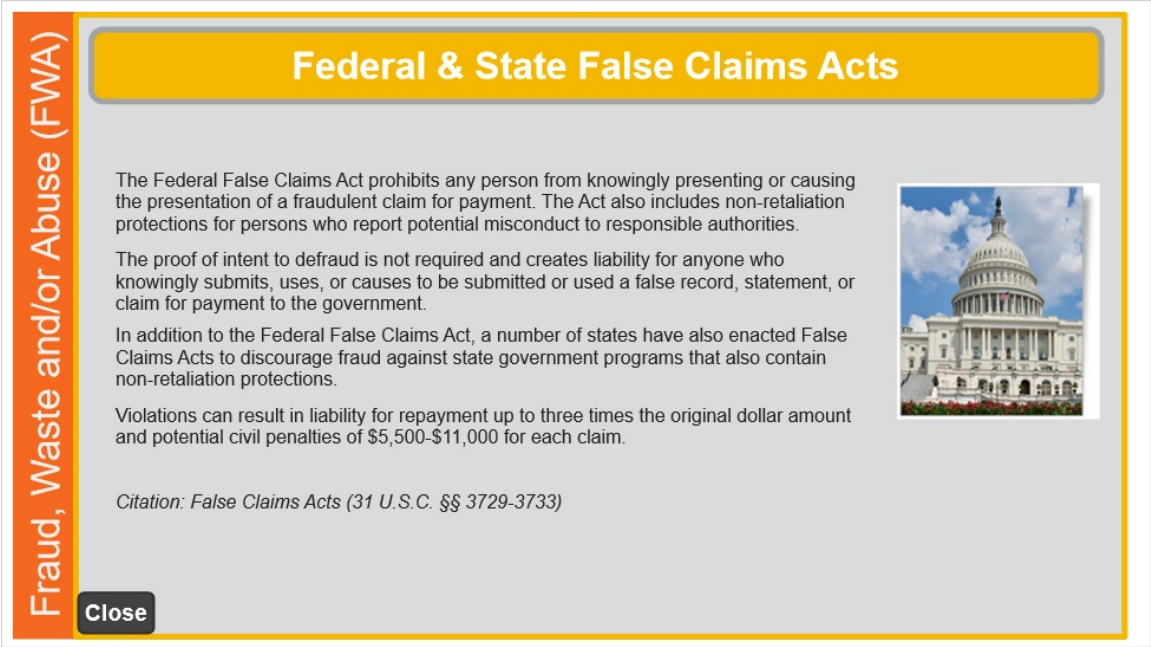
HIPAA 1996 (Slide Layer)



CMS Data Use (Slide Layer)

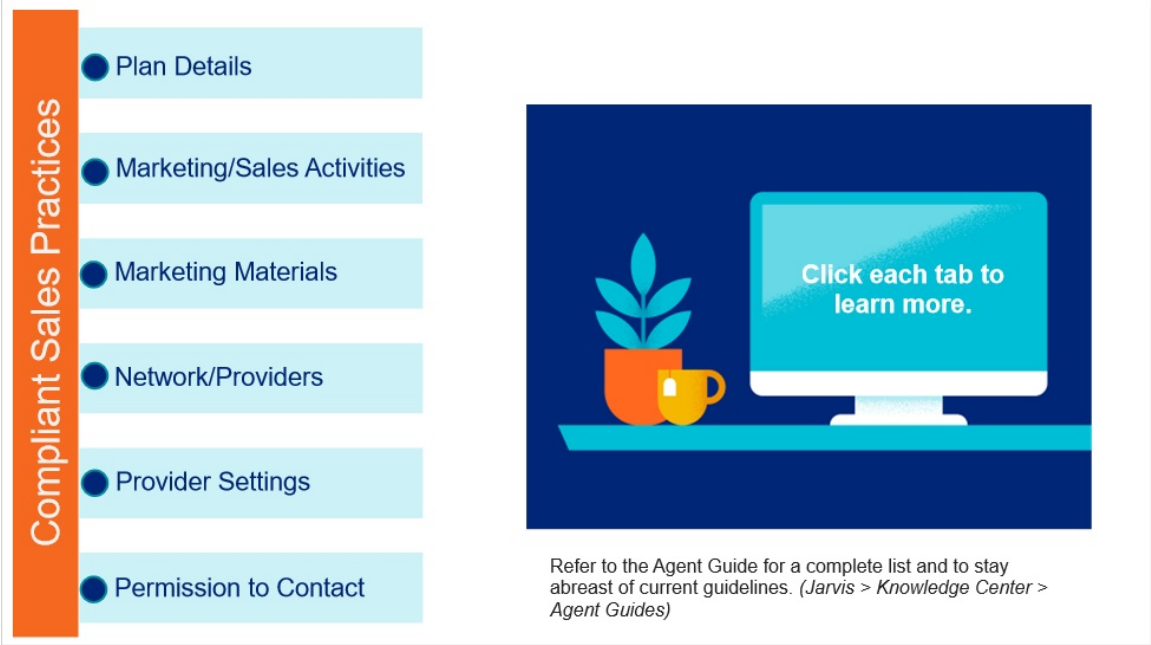


False Claims Act (Slide Layer)



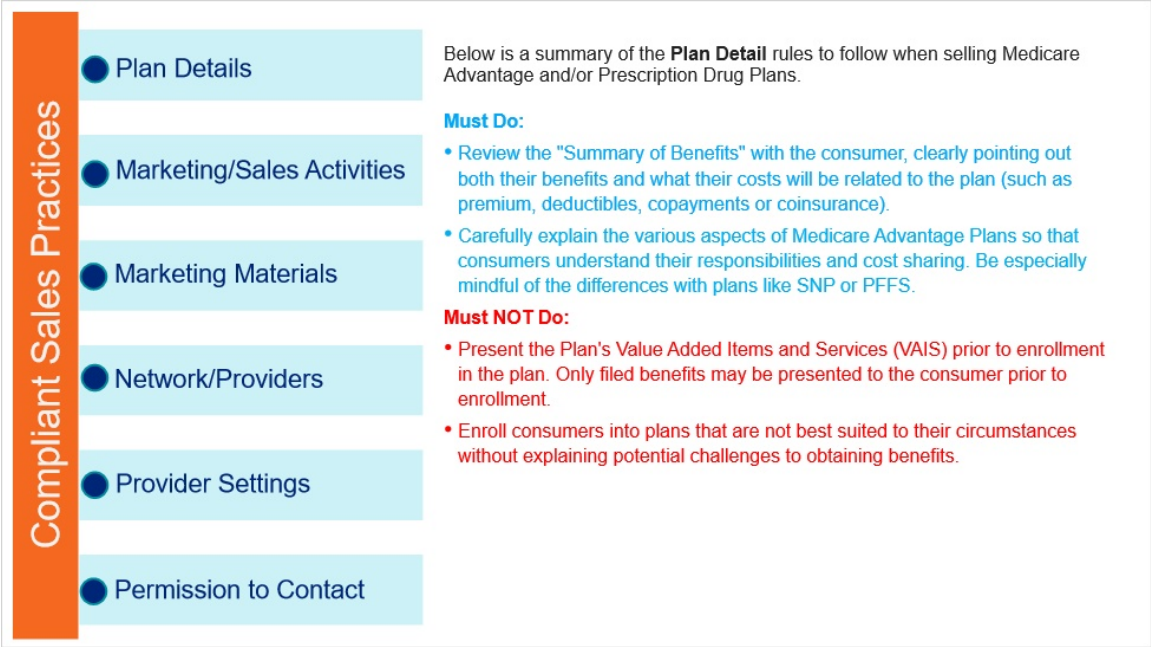
Reporting FWA (Slide Layer)

3.12 Compliant Sales Practices



Refer to the Agent Guide for a complete list and to stay abreast of current guidelines. *(Jarvis > Knowledge Center > Agent Guides)*

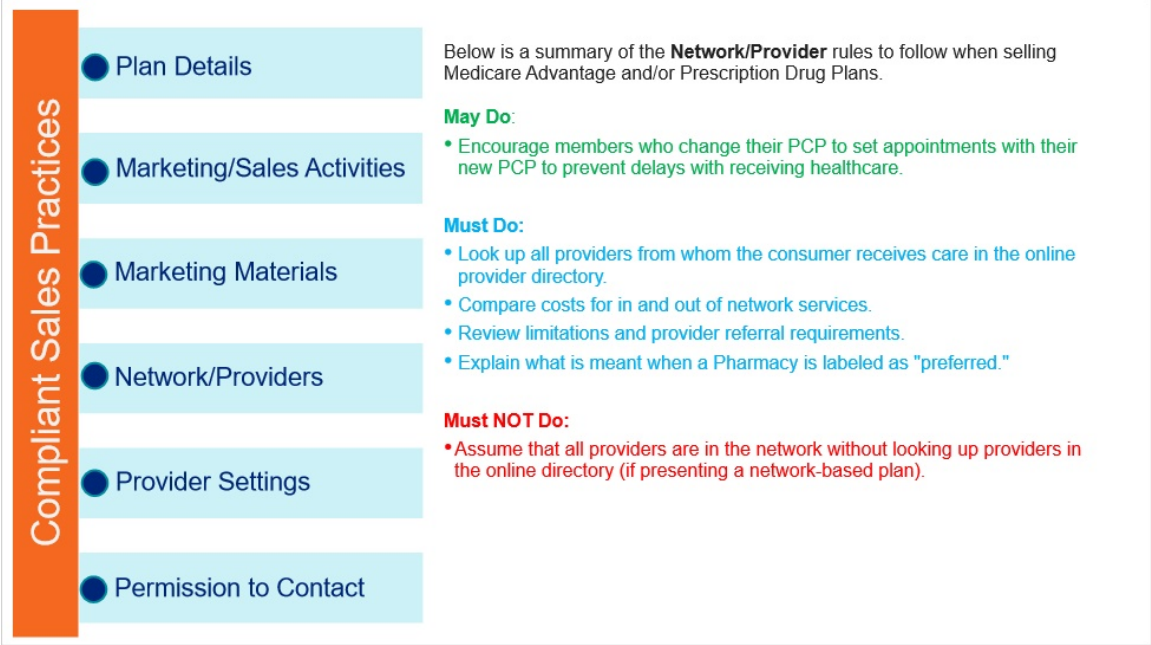
Plan Details (Slide Layer)



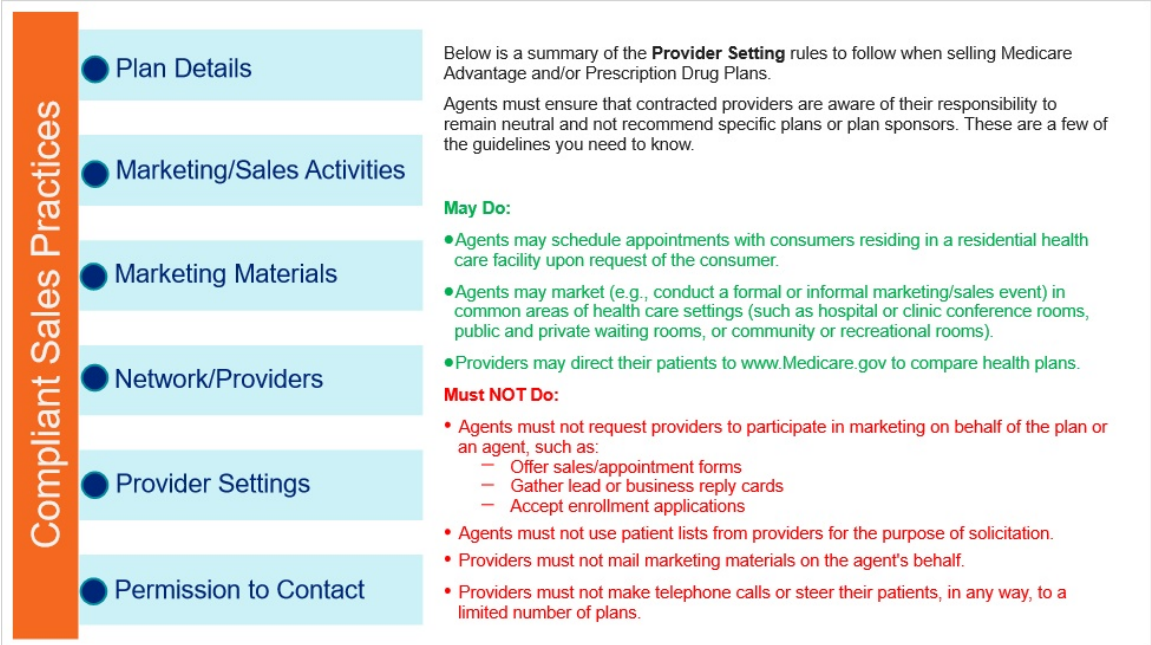
Marketing-Sales Activities (Slide Layer)

Marketing Materials (Slide Layer)

Network/Providers (Slide Layer)



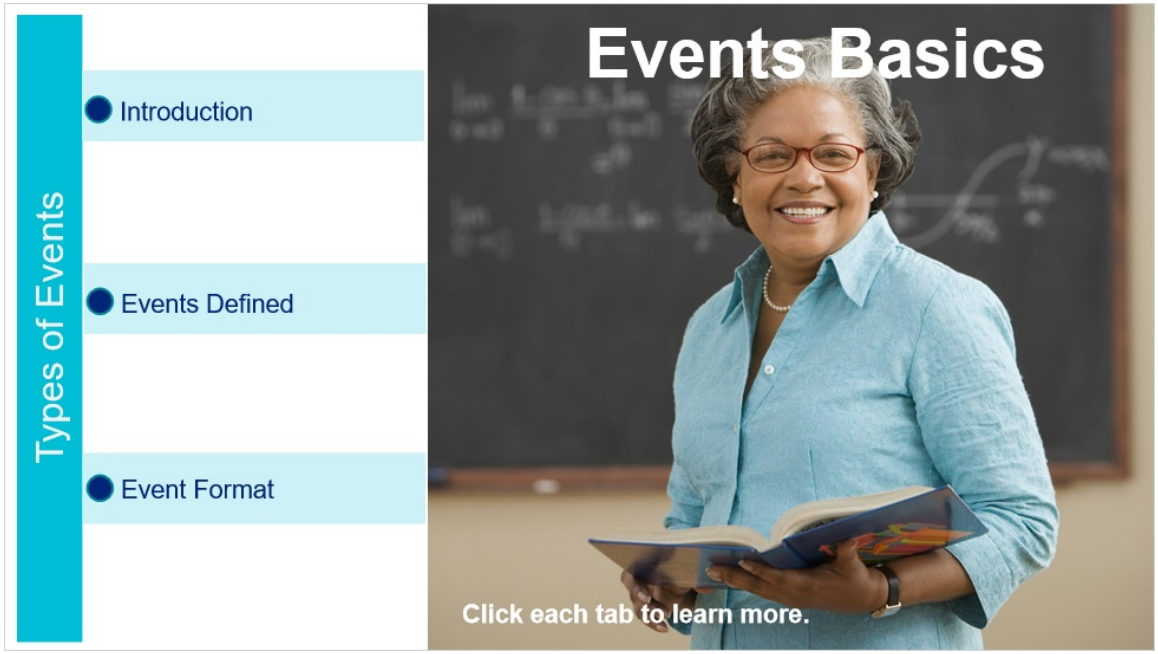
Provider Settings (Slide Layer)



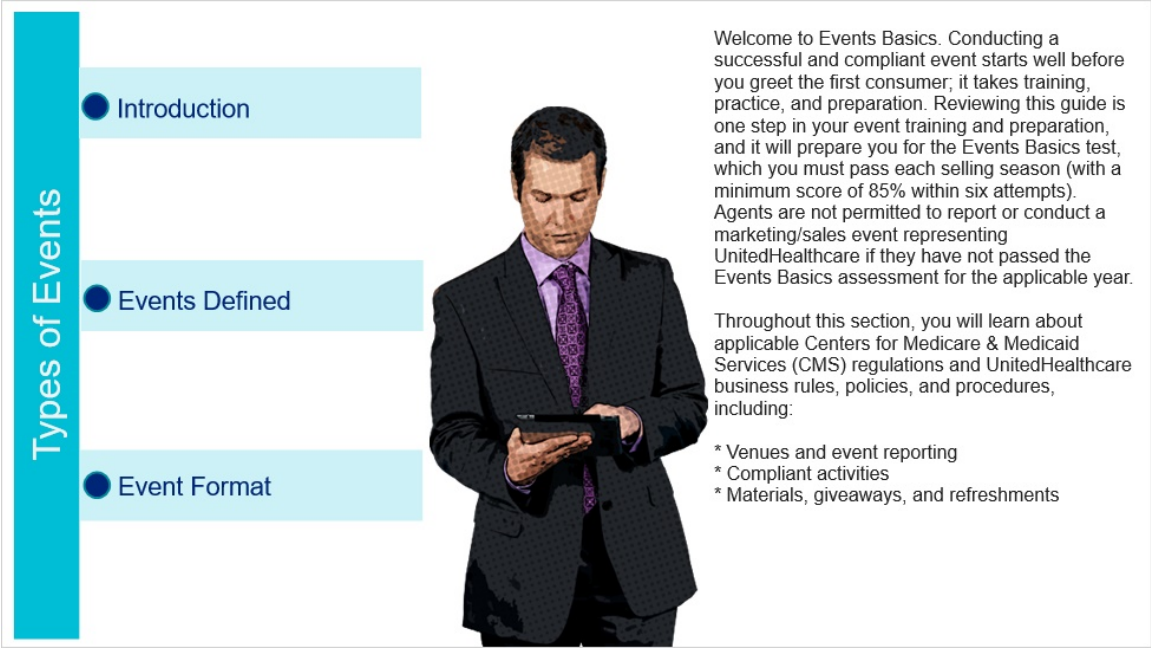
Permission to Contact (Slide Layer)

4. Events Basics

4.1 Types of Events

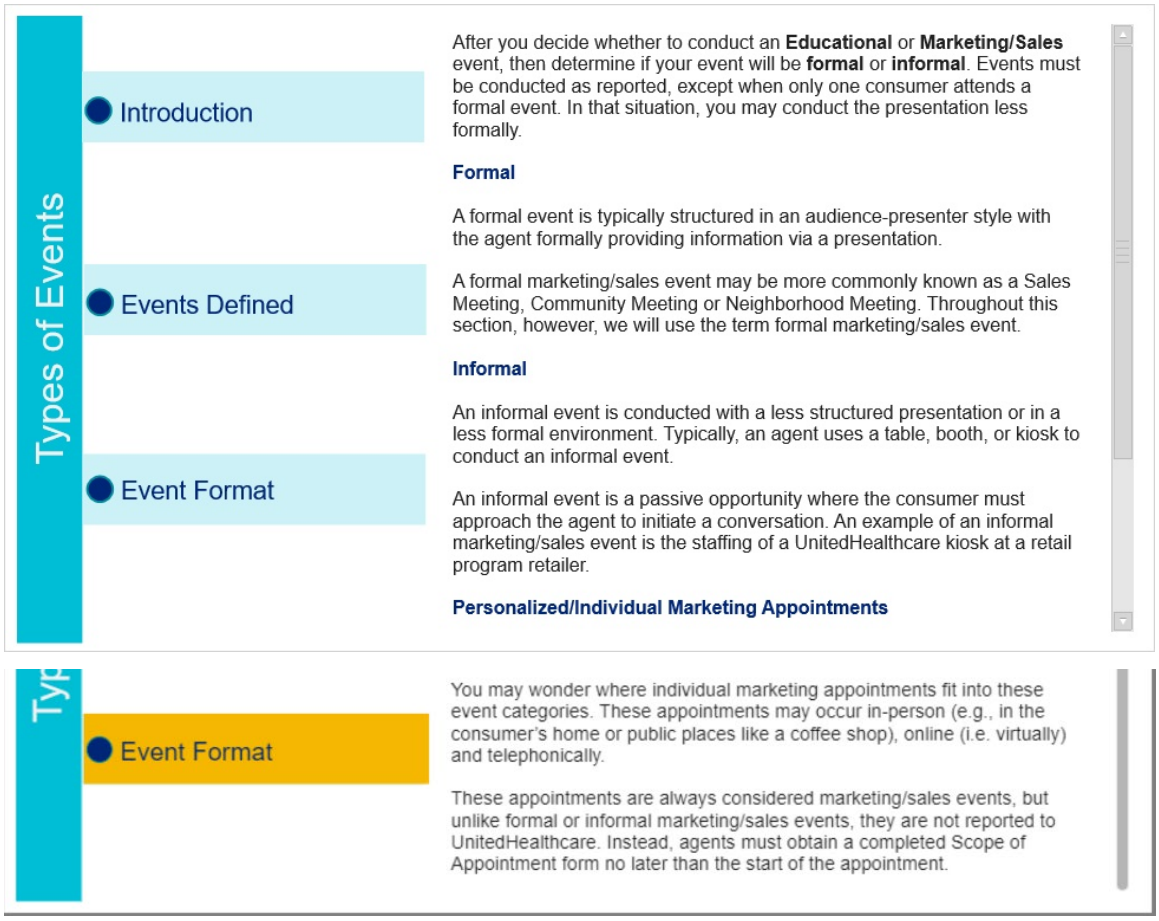


Introduction (Slide Layer)

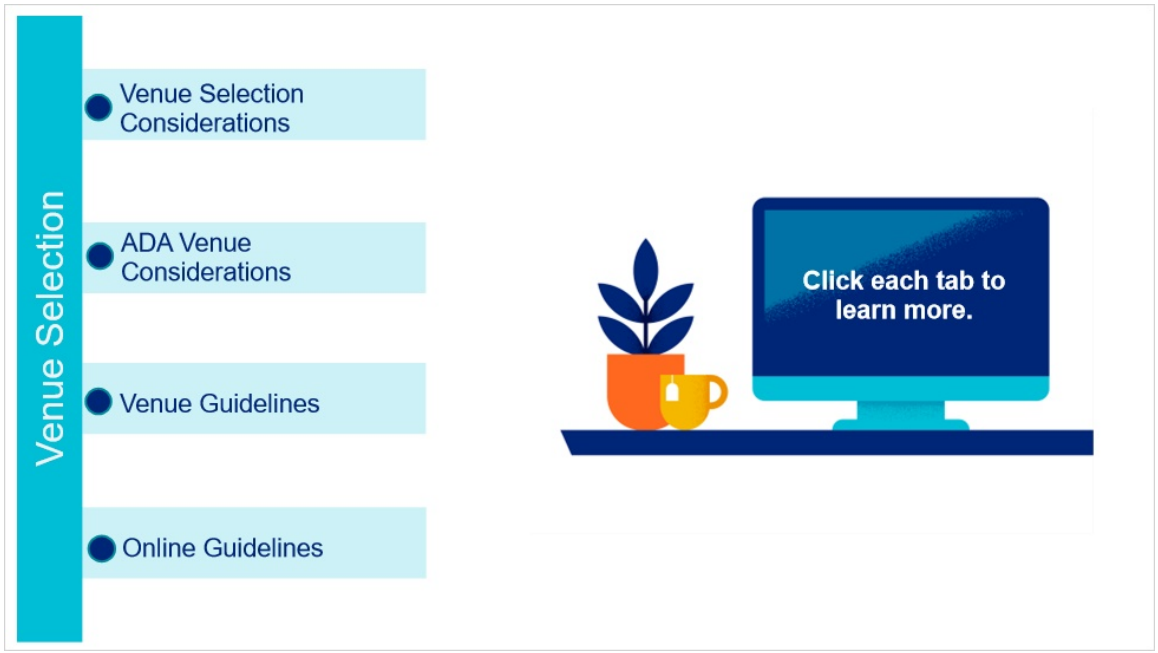


Events Defined (Slide Layer)

Event Format (Slide Layer)

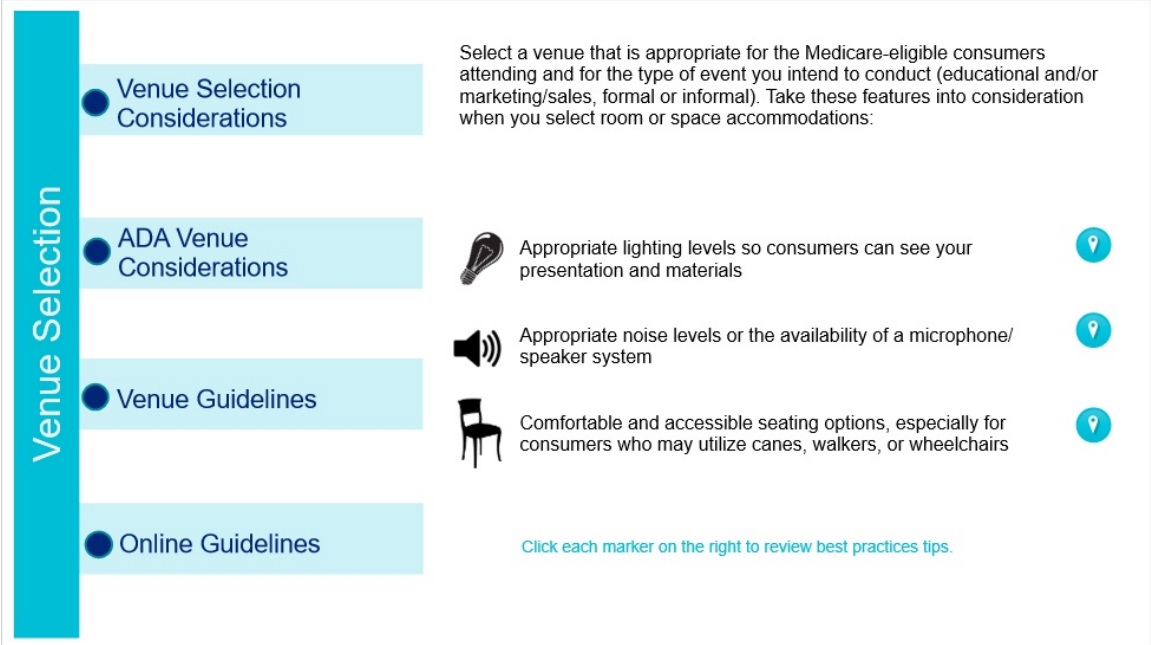


4.2 Venue Selection



Venue Selection

Considerations (Slide Layer)



Best Practice

If you are projecting your presentation onto a screen or monitor, ensure the consumers have unobstructed views and the text is readable from where they are seated.

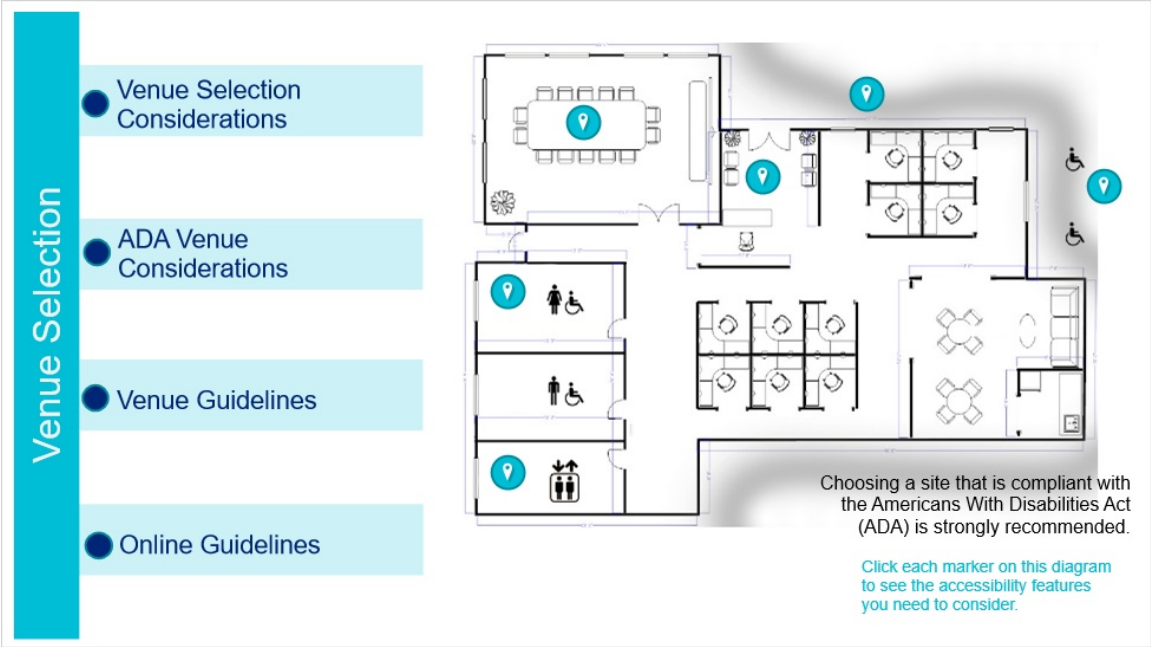
Best Practice

Will the consumer in the back corner of the room or under the air conditioning vent be able to hear your presentation? Will noise levels outside the meeting space vary depending on the time of day? You want each consumer to hear your entire presentation, so be sure to consider factors that might contribute to them not being able to hear your presentation. Ensure a microphone/speaker system is available.

Best Practice

Consider visiting the venue on a day and time similar to your scheduled event to be aware of venue circumstances in advance (e.g., foot traffic, business activities, parking).

ADA Venue Considerations (Slide Layer)



Be Aware...

Agents must be aware of and sensitive to the needs of the Medicare-eligible consumer, which may include planning for and/or accommodating language barriers and disabilities.

There are a number of services and aids available at no cost to the consumer, such as:

- Plan materials in alternate languages and formats
- TTY/TDD or state relay system when calling UnitedHealthcare's Telesales and Customer Service call centers
- Sign language interpreters (with advance notice) at formal marketing/sales events and face-to-face appointments, including online events and appointments.
- Language translation services via conference call

Refer to the Agent Guide for additional guidelines related to accommodating the needs of a consumer.

Venues should have...

Entrance doors that open automatically or a resource available to welcome and assist the consumer.

Venues should have...

Walkways, entrances, and hallways that are clear and dry, and handrails along stairways and/or ramps.

Venues should have...

Handicap and/or senior parking stalls close to entrances.

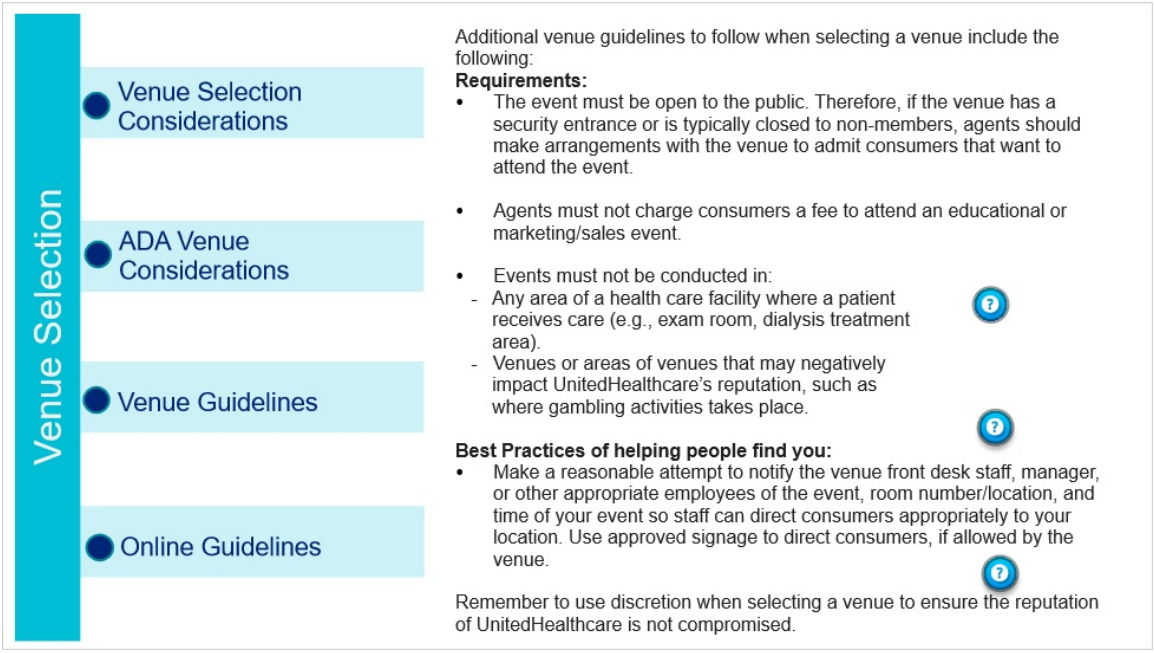
Venues should have...

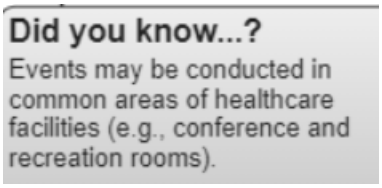
Handicap accessible restrooms.

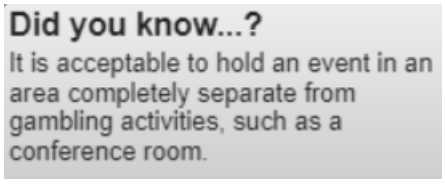
Venues should have...

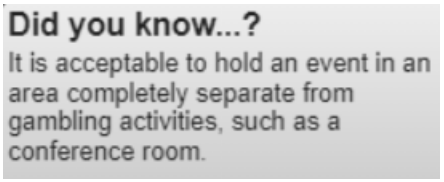
Ramps and/or elevators as an alternative to stairs.

Venue Guidelines (Slide Layer)

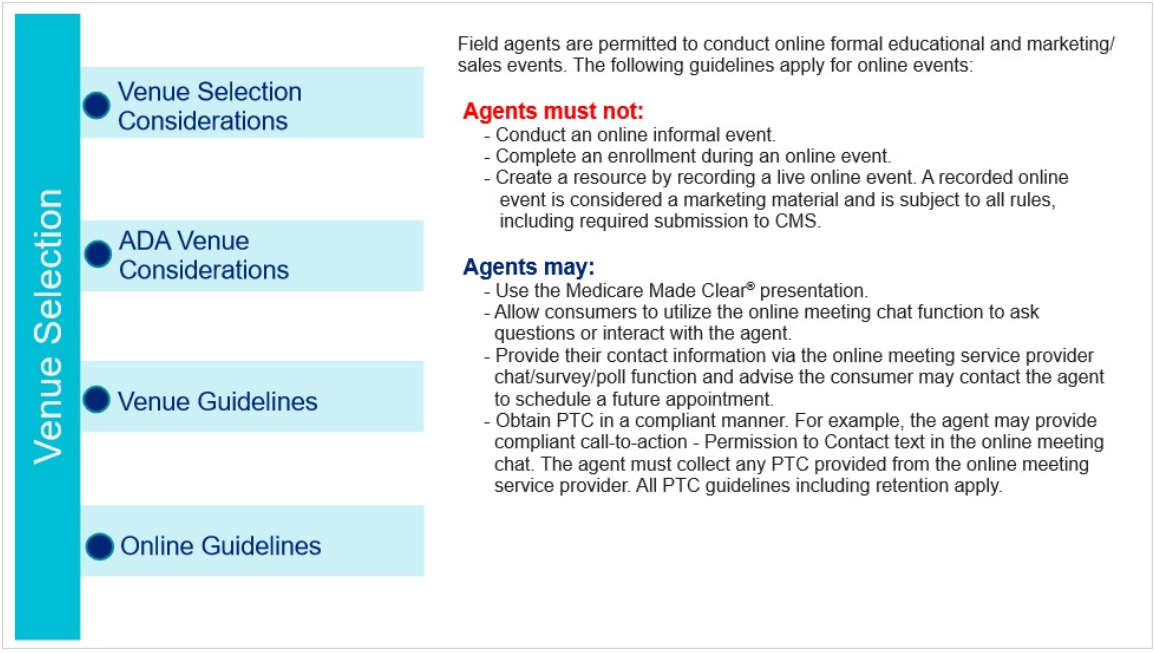




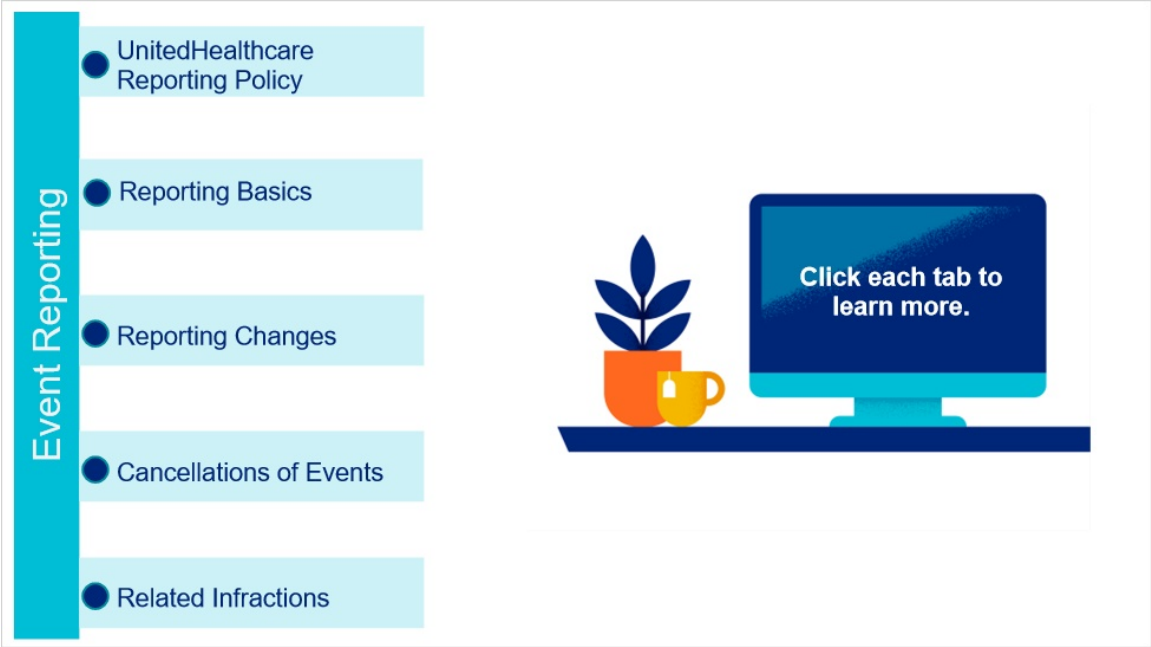




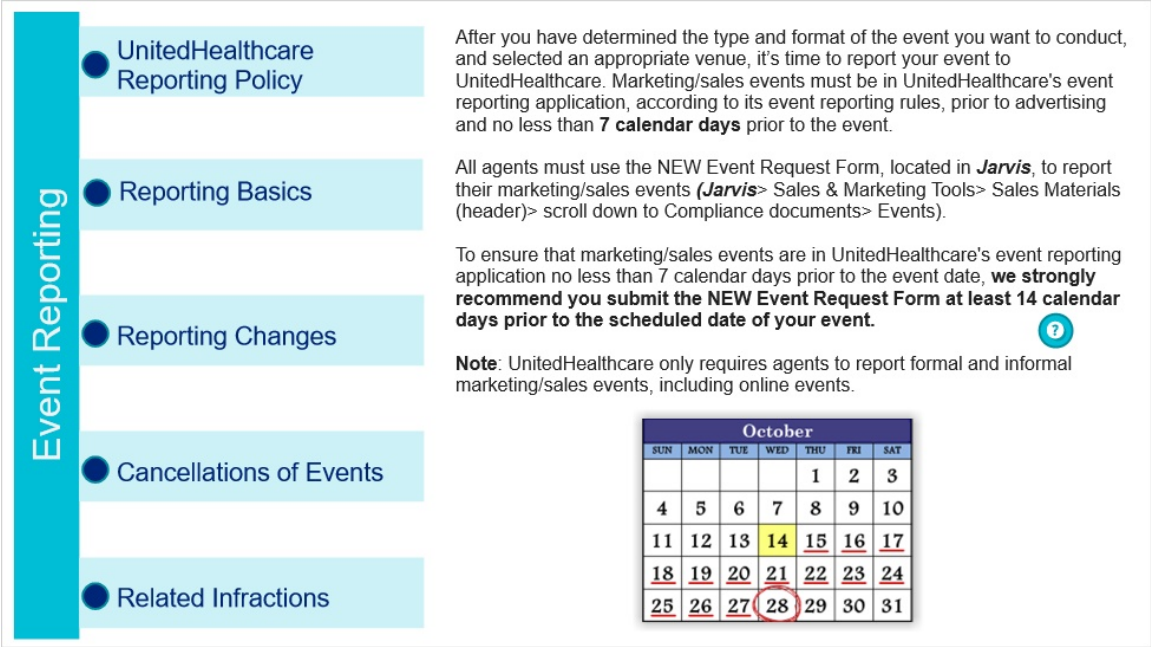
Online Guidelines (Slide Layer)



4.3 Event Reporting



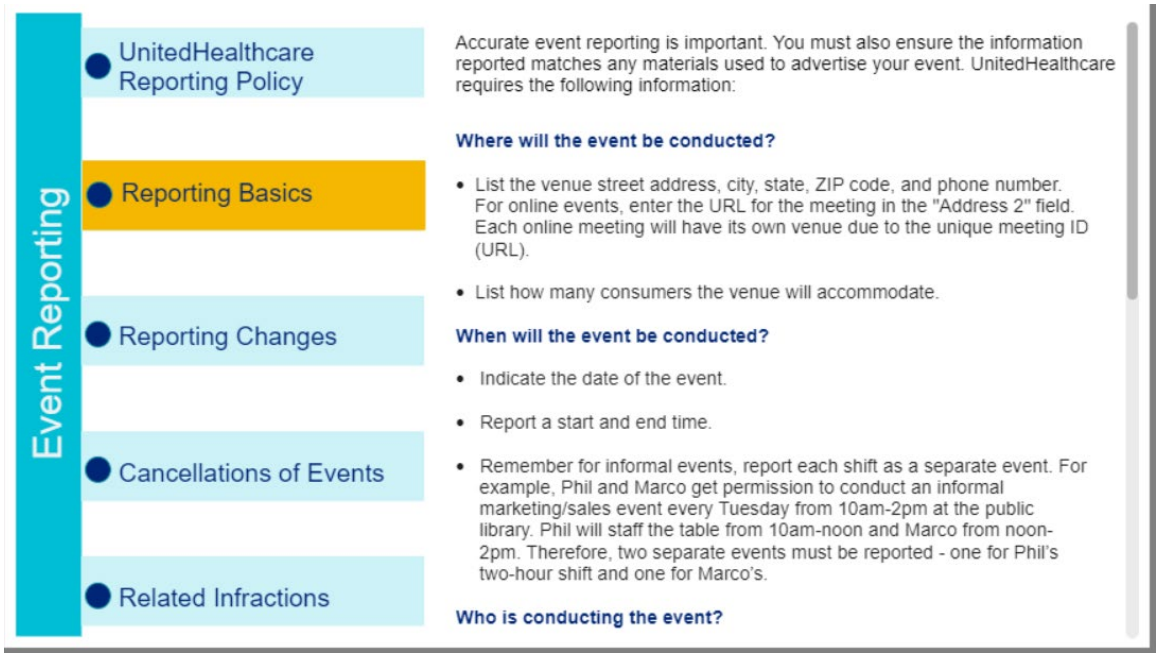
UnitedHealthcare Reporting Policy (Slide Layer)

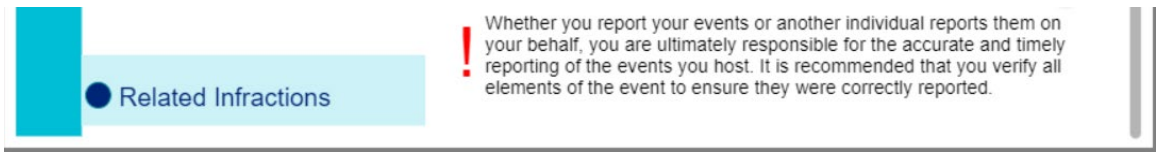


Did you know?

New Event Request Forms submitted within 7 calendar days of the date of the event will not be processed. Conducting an unreported marketing/ sales event is prohibited.
Note: Educational events are not reported to UnitedHealthcare.

Reporting Basics (Slide Layer)





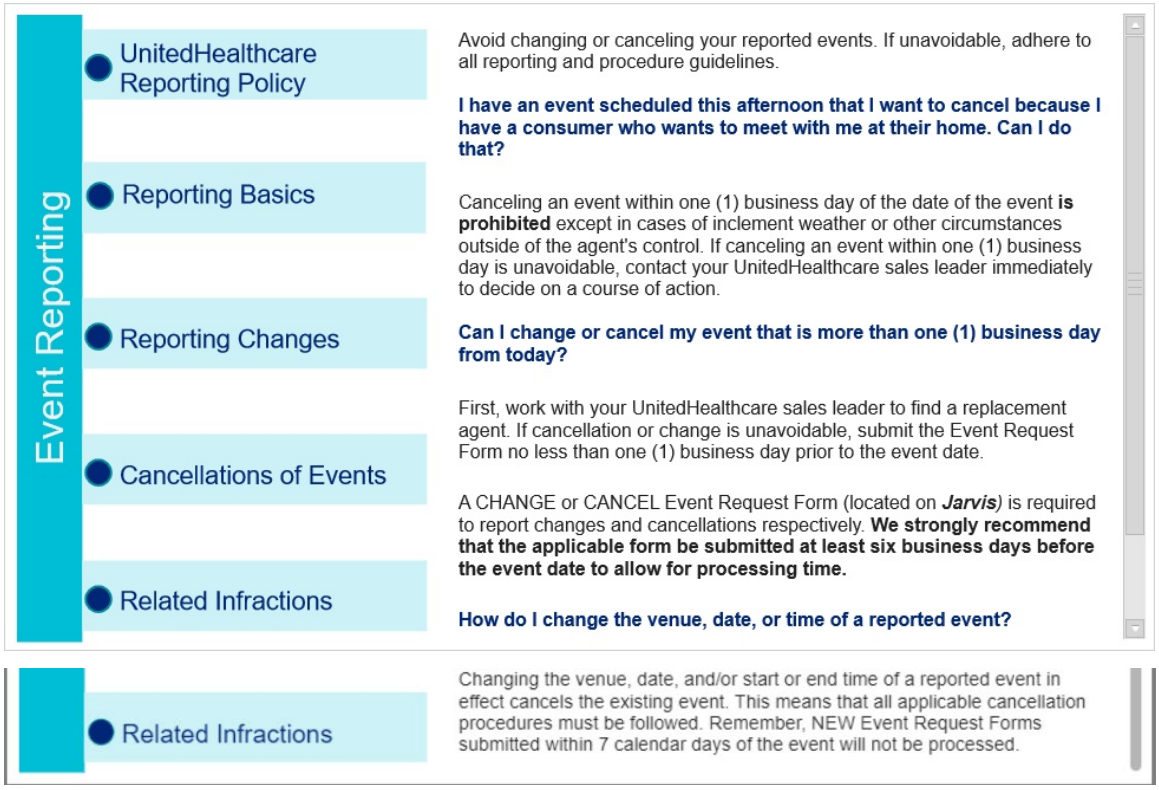
Did you know?

Report your event as an informal marketing/sales if it will consist of a short introductory presentation, that does not include plan specific information, immediately followed by an opportunity for consumers to approach you (at a booth or table) to ask questions, receive plan information, obtain your business card/contact information, schedule a future appointment, or any other marketing activity. All compliance rules for an informal marketing/sales event would apply and you must make sure any event advertising is consistent with a marketing/sales event.

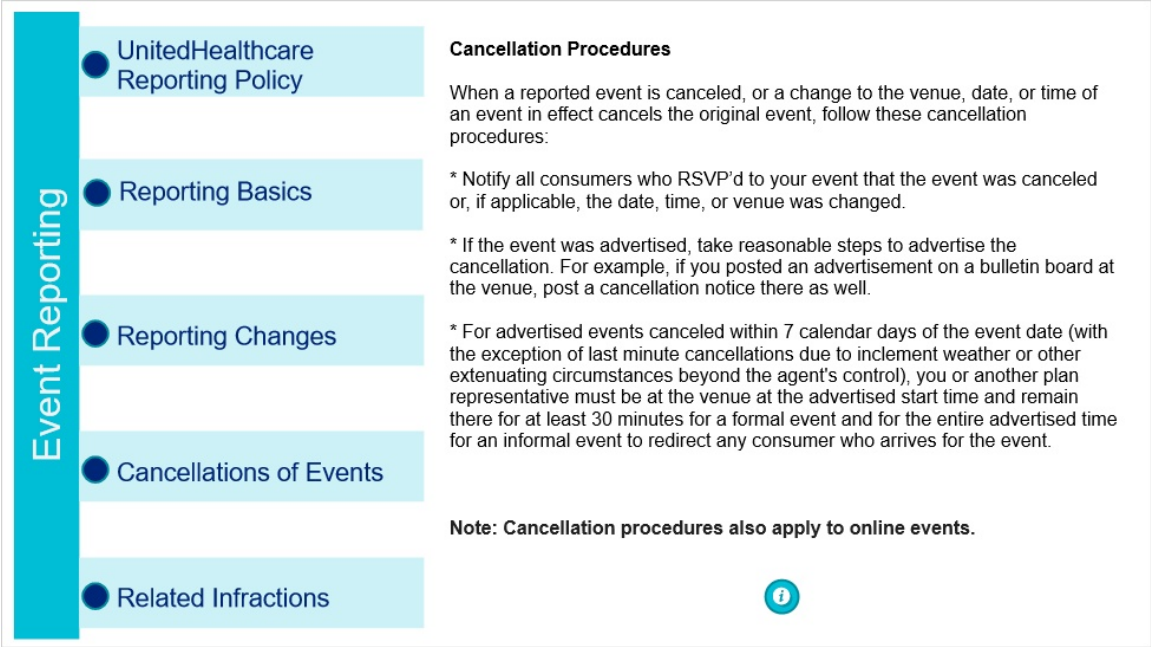
Remember...

You may answer any plan-specific question asked by a consumer (even if it is not related to the product you are presenting) provided you are certified in the applicable product. If you are not appropriately certified, refer the consumer to other resources, such as UnitedHealthcare's or Medicare's toll-free number or UnitedHealthcare's website or Medicare.gov.

Reporting Changes (Slide Layer)



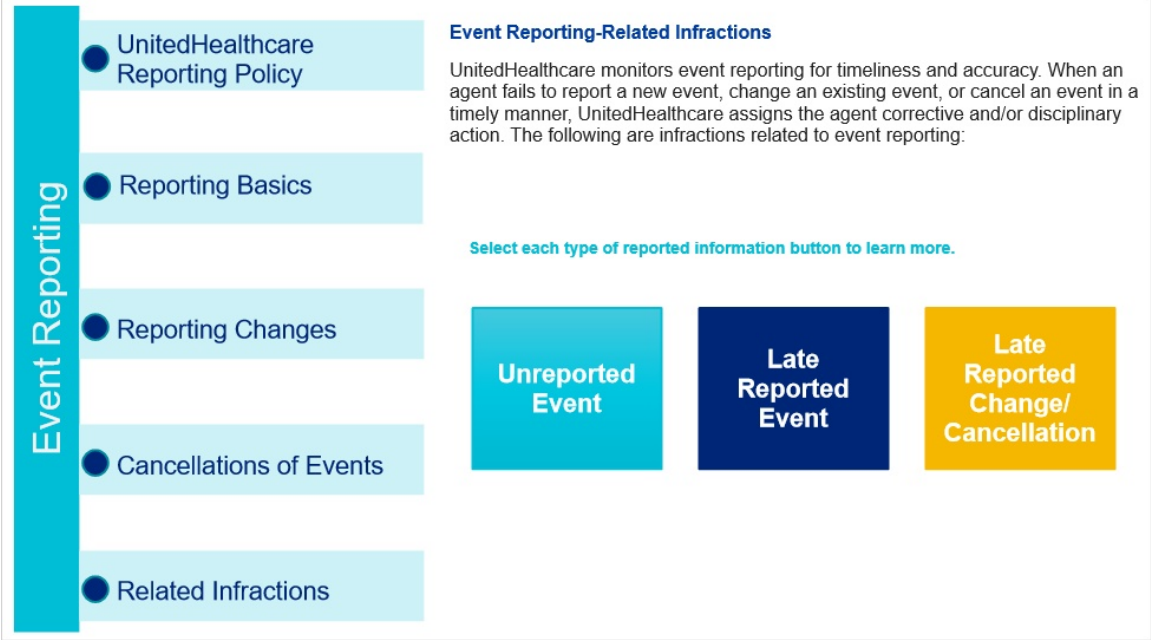
Cancellations of Events (Slide Layer)



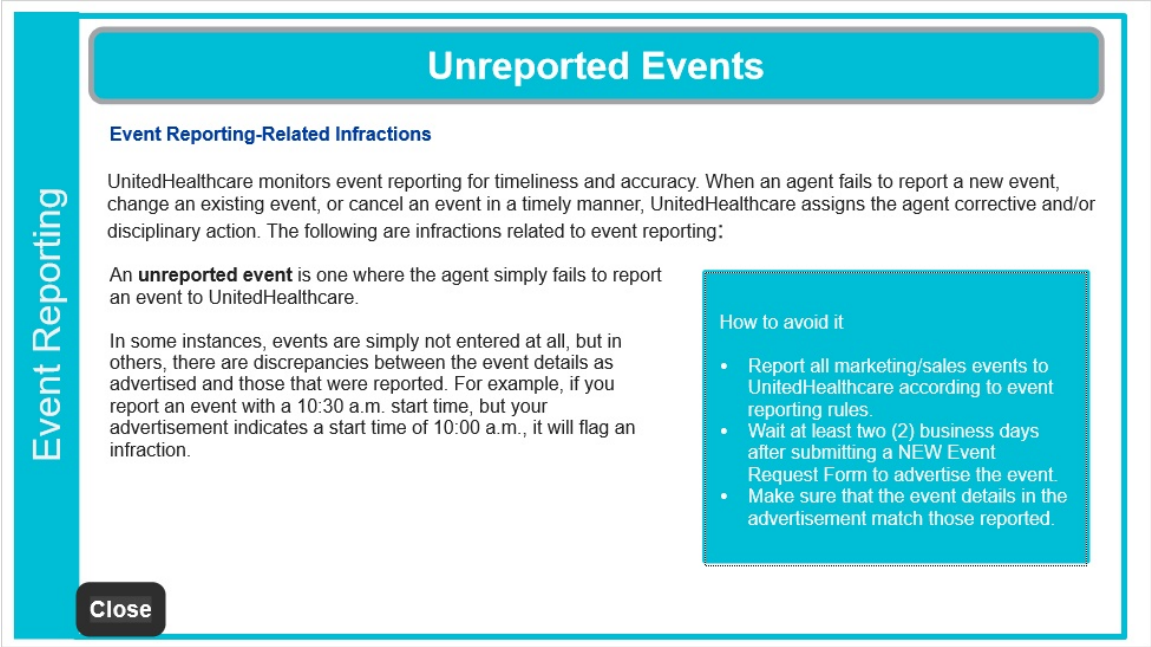
Note!

In cases of inclement weather or other extenuating circumstances that result in an unavoidable, last minute cancellation, ask the venue to post a sign making consumers aware of the cancellation.

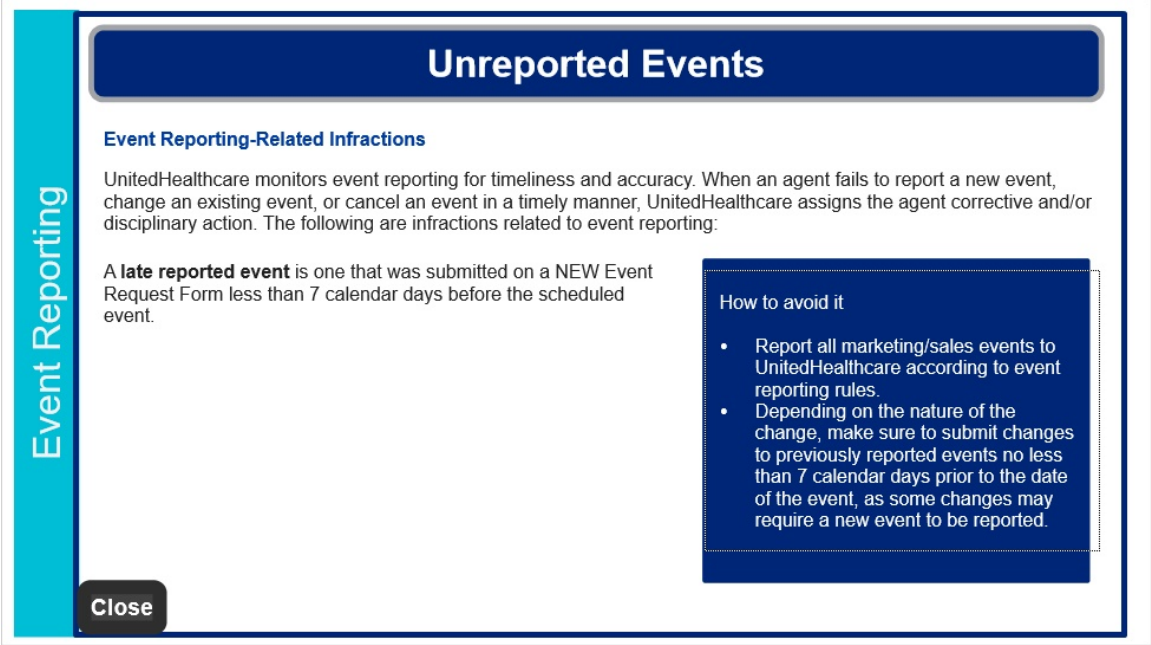
Related Infractions (Slide Layer)



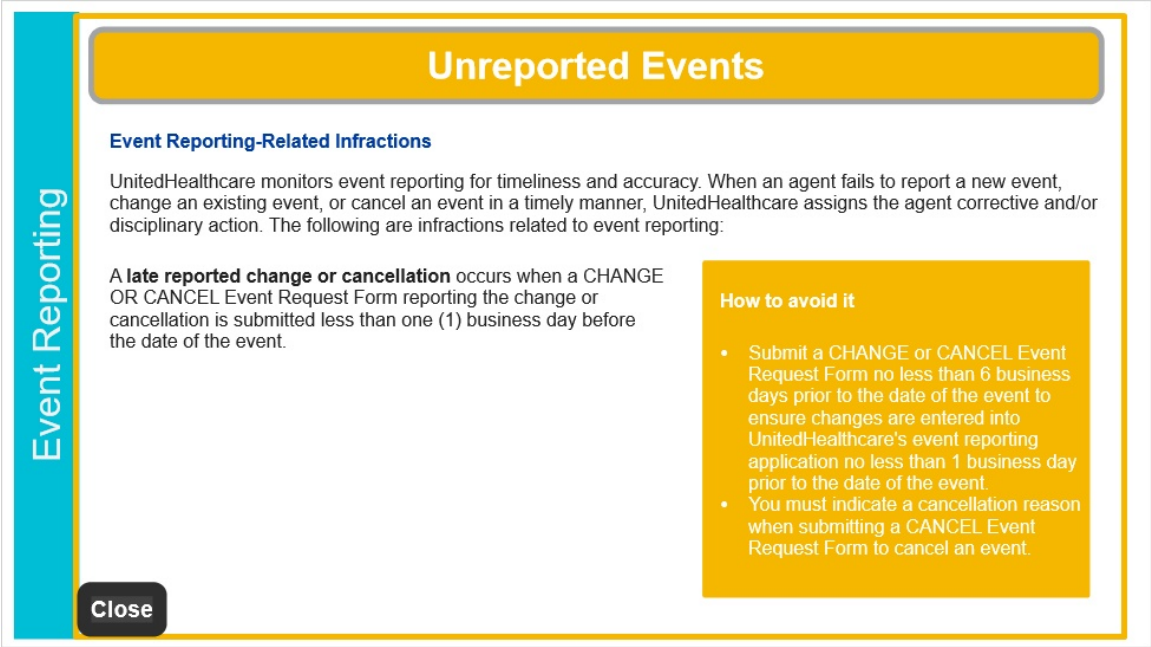
Unreported Event (Slide Layer)



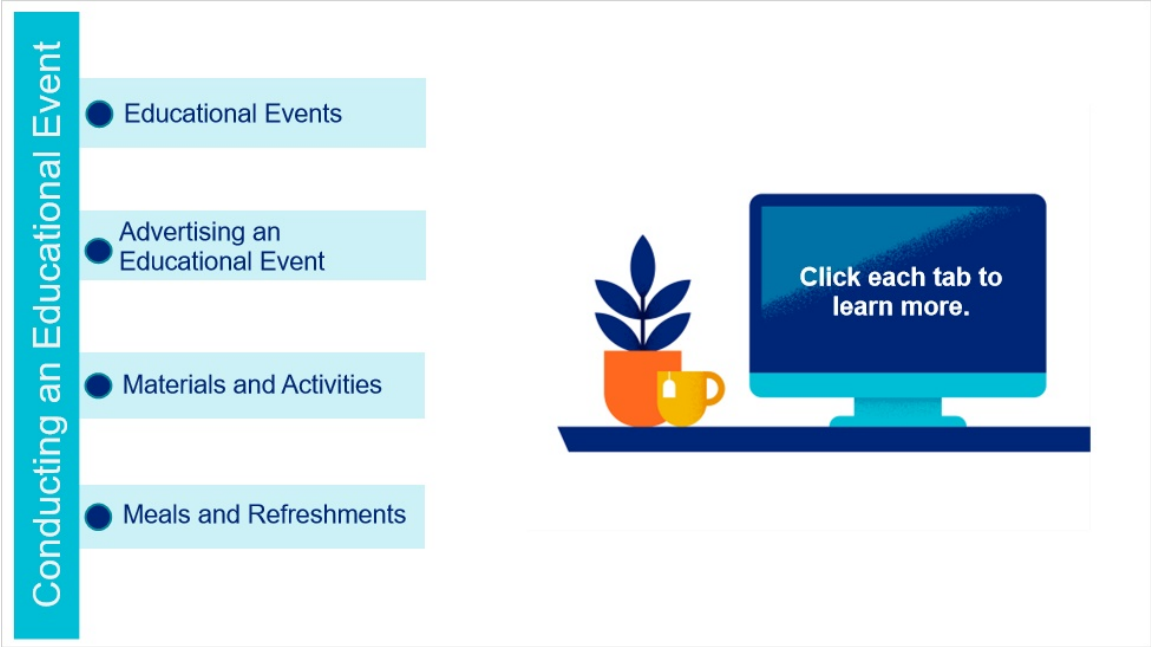
Late Reported Event (Slide Layer)



Late Reported Change / Cancellation (Slide Layer)



4.4 Educational Events



Educational Events (Slide Layer)

Conducting an Educational Event

- Educational Events
- Advertising an Educational Event
- Materials and Activities
- Meals and Refreshments

An educational event is designed to inform consumers about Original Medicare, Medicare Advantage, Prescription Drug, or other Medicare programs in an unbiased way that does not steer, or attempt to steer, consumers toward a specific plan or limited number of plans. The purpose is to provide objective information about the Medicare program and/or health improvement and wellness.

A plan sponsor, such as UnitedHealthcare, an agent, or another entity can host an educational event.

Advertising an Educational Event (Slide Layer)

Conducting an Educational Event

- Educational Events
- Advertising an Educational Event
- Materials and Activities
- Meals and Refreshments

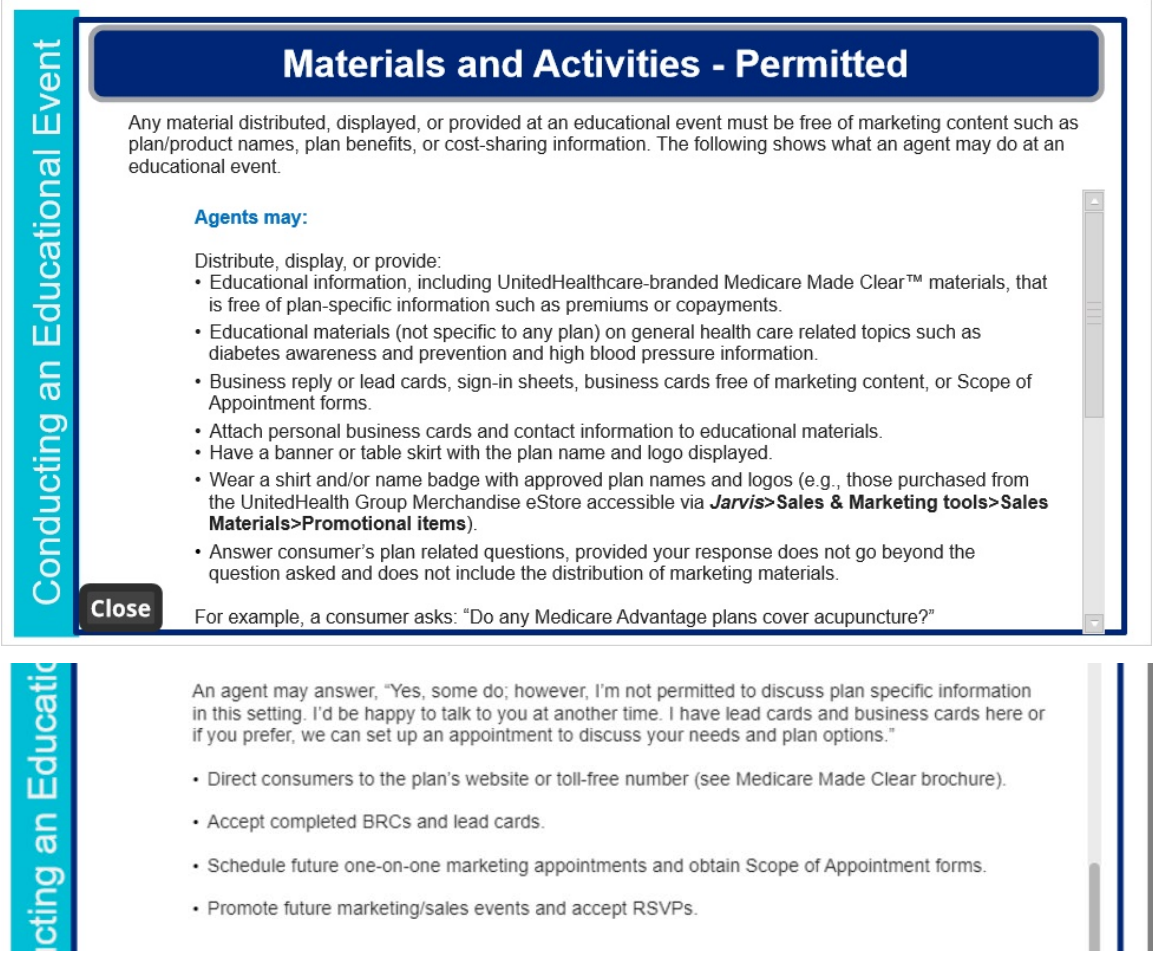
Advertising an Educational Event

If an in-person or online educational event is advertised or promoted, it must be done in a way that clearly communicates that the event is solely for educational purposes and include the required disclaimer which is "For accommodations of persons with special needs at meetings call <insert phone number and TTY number>".

Agents participating in an event sponsored by another entity must be aware how the event is being advertised or promoted by the sponsoring entity to ensure the agent properly reports and compliantly conducts the event. If the event does not meet the definition of an educational event, it must be reported and conducted as a marketing/sales event and all related rules would apply.

Materials and Activities (Slide Layer)

Materials and Activities - Permitted (Slide Layer)



Materials and Activities - Prohibited (Slide Layer)

Meals and Refreshments at an Educational Event (Slide Layer)

4.5 Marketing/Sales Events

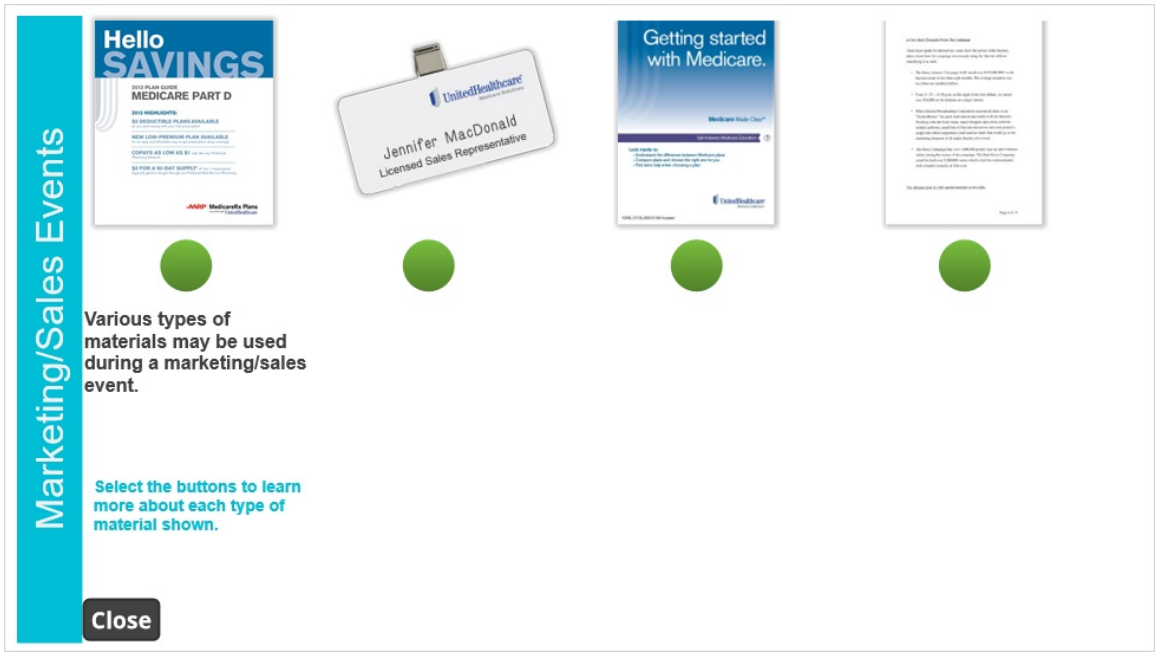
Advertising a Marketing/Sales Event (Slide Layer)

Note
All plan names and plan types that you will present during the event must be clearly stated

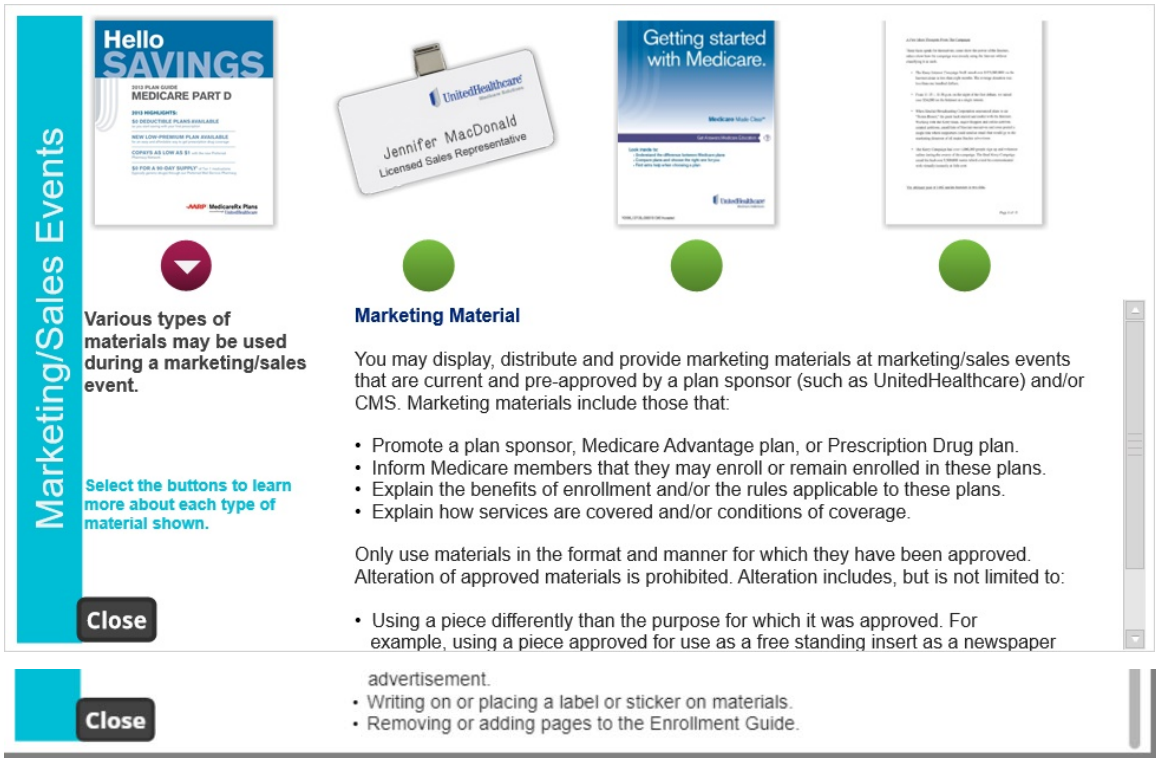
Note
If the advertisement or marketing material promotes a drawing, prize, or any promise of a free gift, it must include a statement indicating that there is no obligation to enroll in the plan.

Note
In addition to this disclaimer, agents must make available a sign language interpreter at an in-person or online formal marketing/sales event upon reasonable request. A request form with instructions is available on ***Jarvis*>Contact US, scroll down to locate Interpreter Request form**.

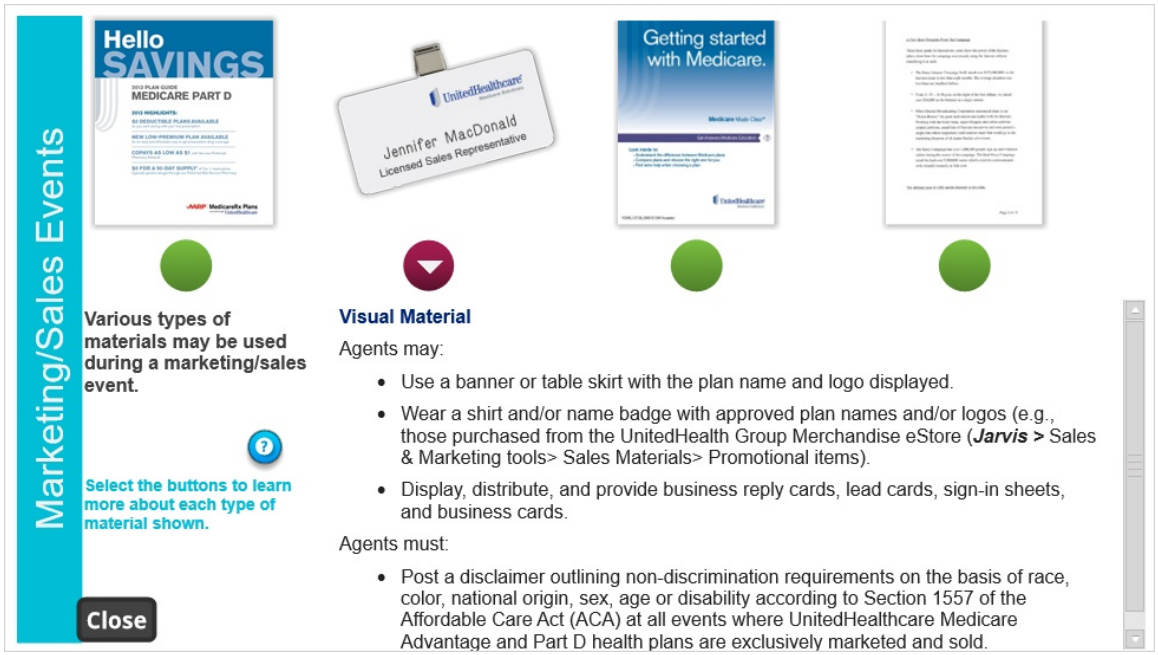
Materials at a Marketing/SalesI Event (Slide Layer)



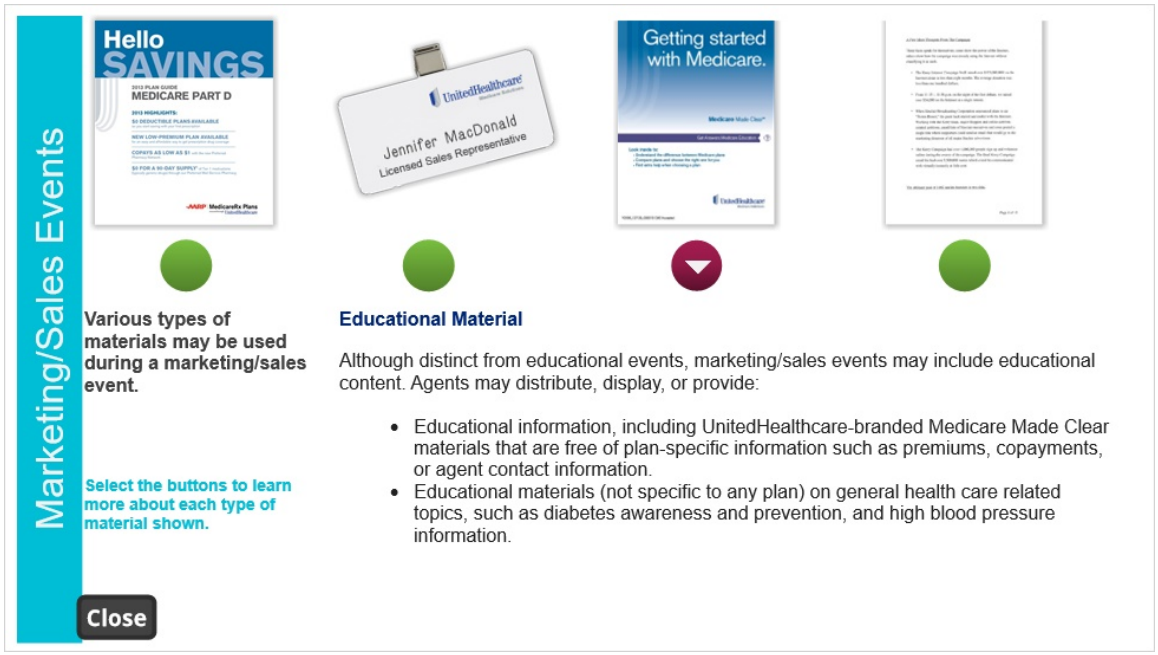
Marketing Materials (Slide Layer)



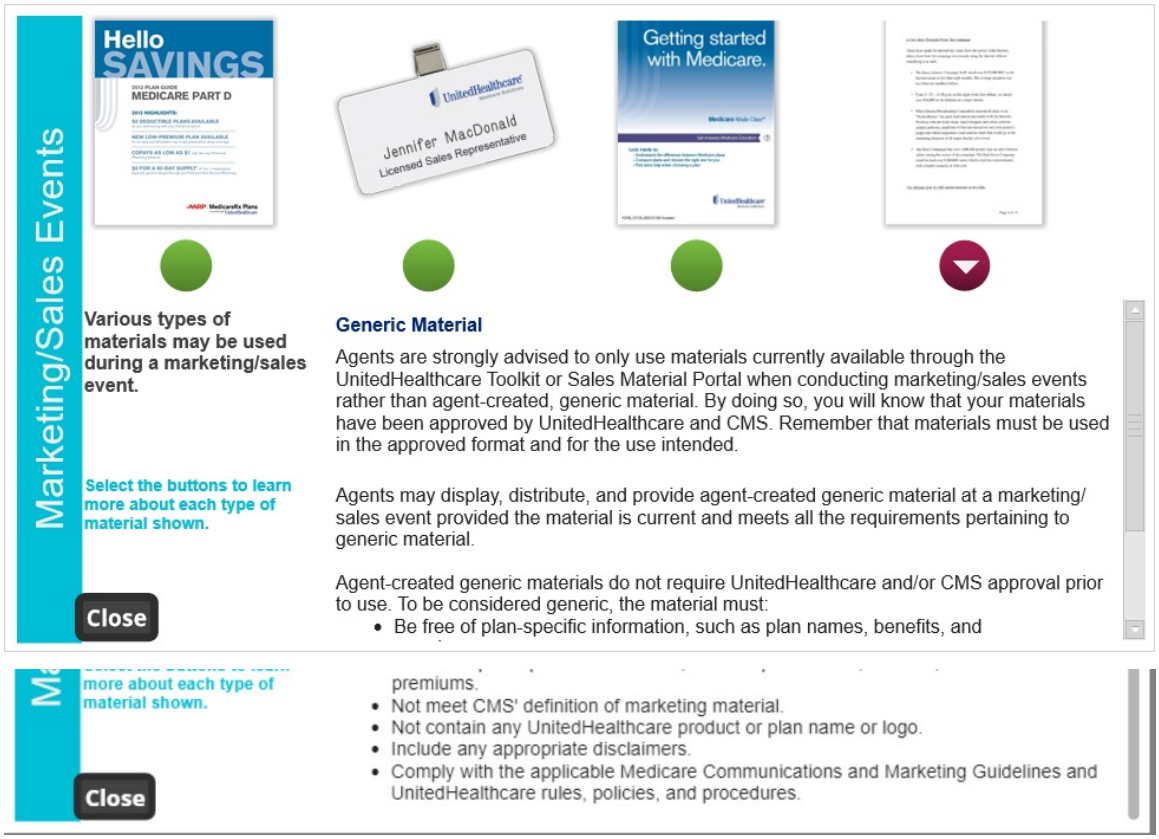
Visual Materials (Slide Layer)



Educational Materials (Slide Layer)

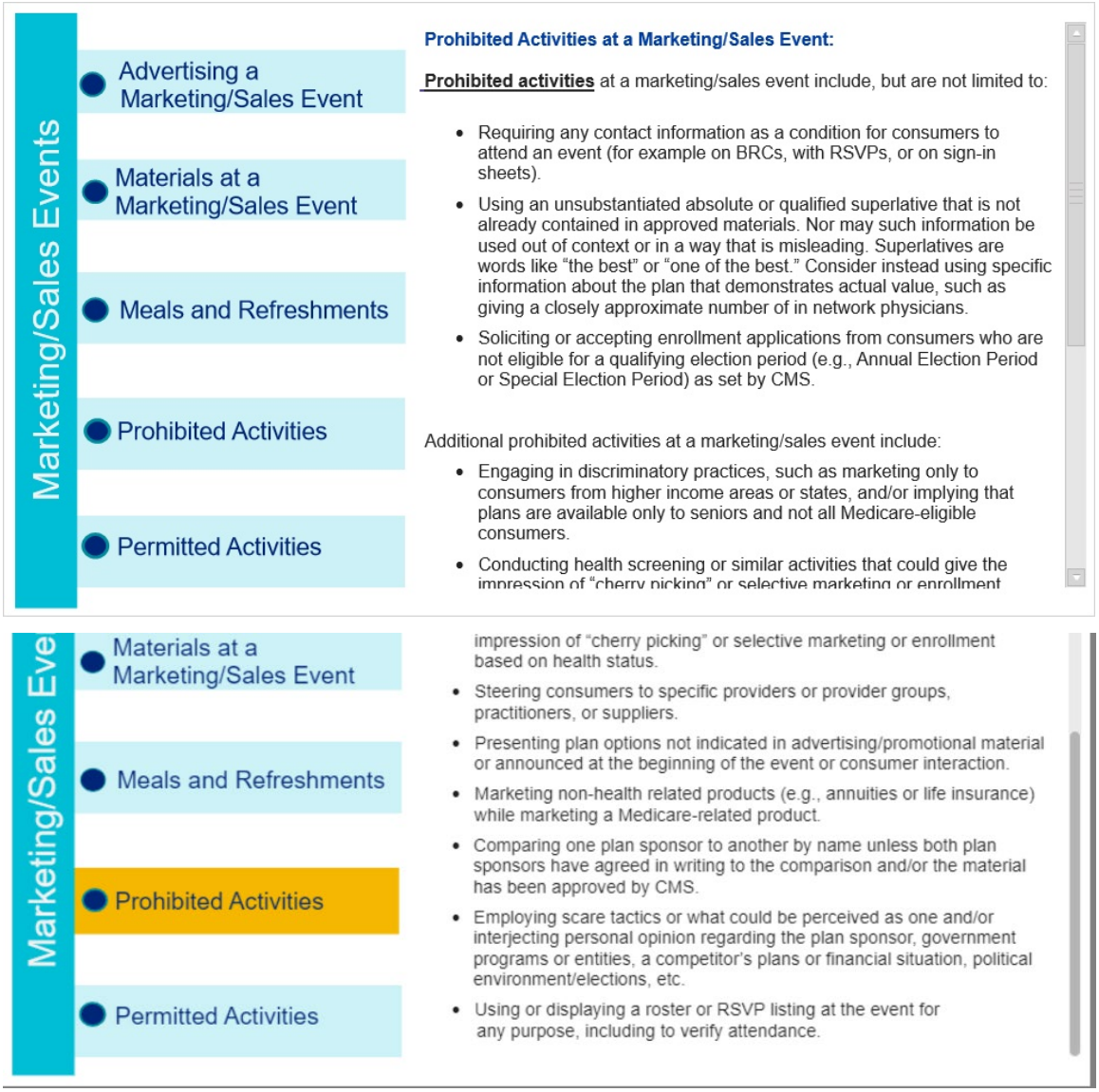


Generic Materials (Slide Layer)

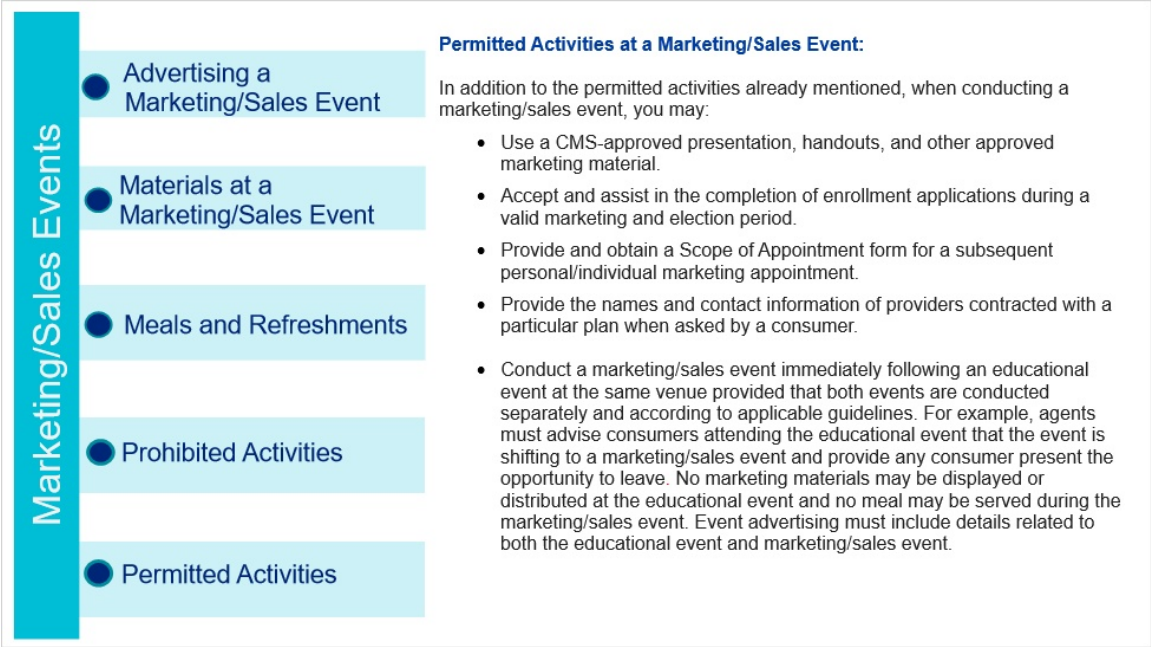


Meals and Refreshments at an Educational Event (Slide Layer)

Prohibited Materials at a Marketing/Sales Event (Slide Layer)

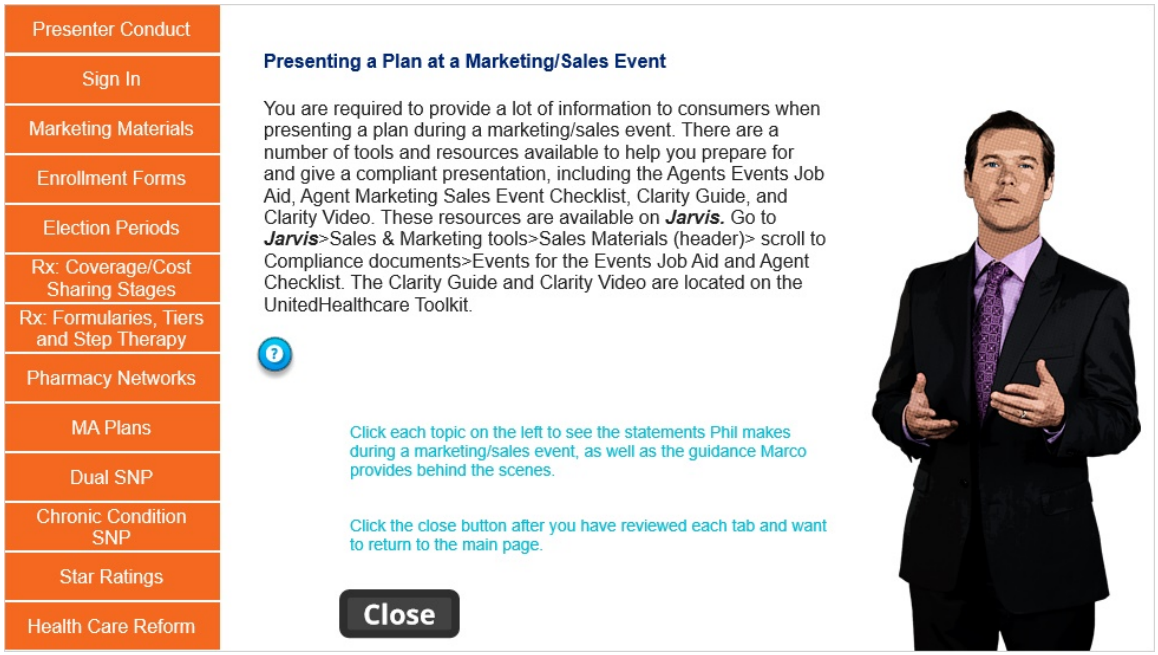


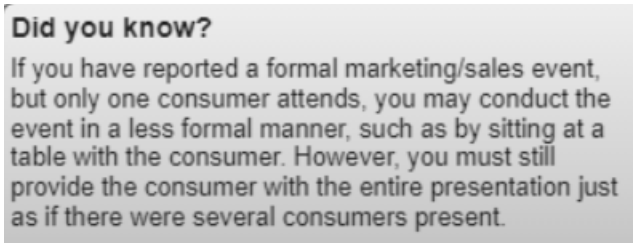
Permitted Materials at a Marketing/ Sales Event (Slide Layer)



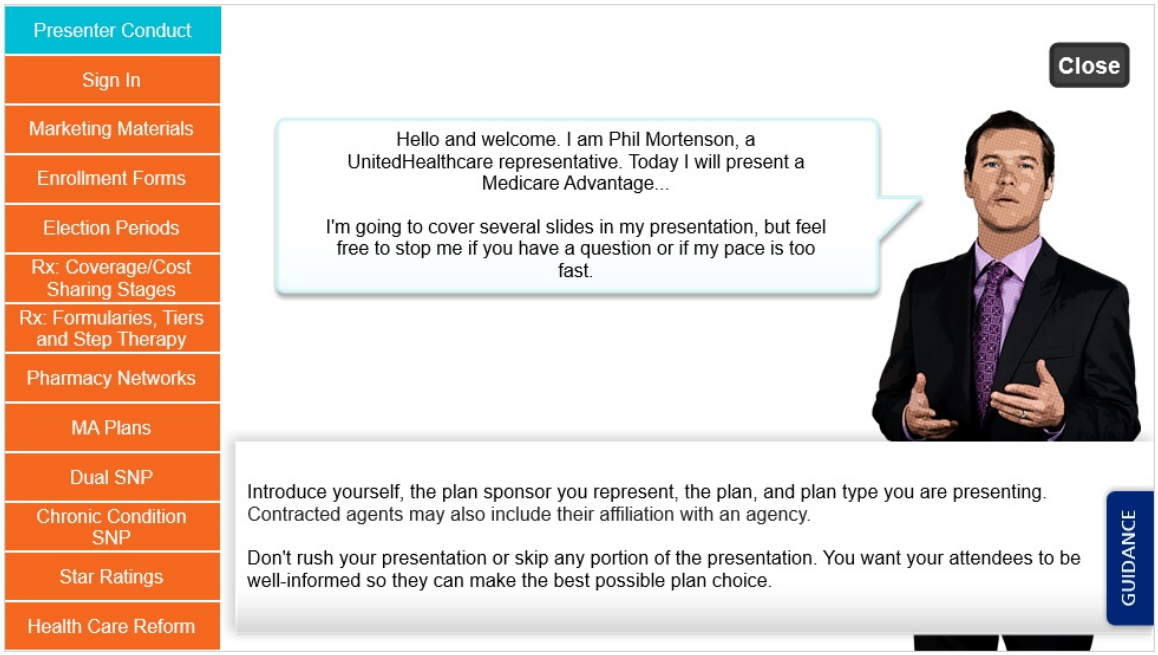
4.6 Marketing/Sales Events Presenting

Presenting a Plan at a Marketing/Sales Event (Slide Layer)

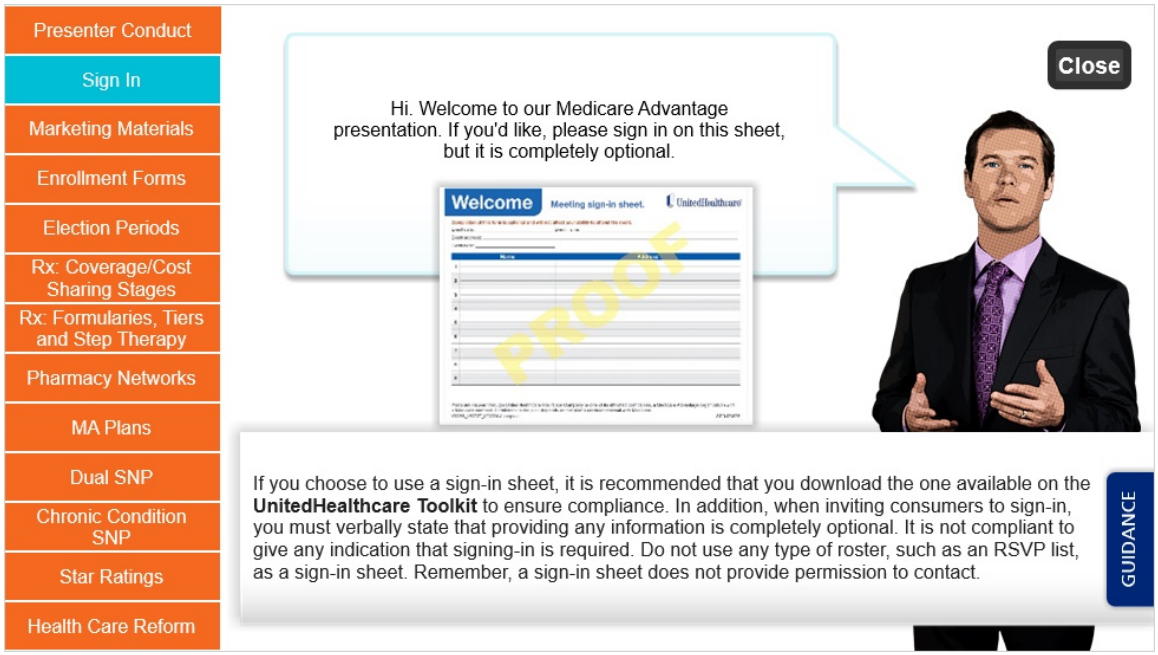




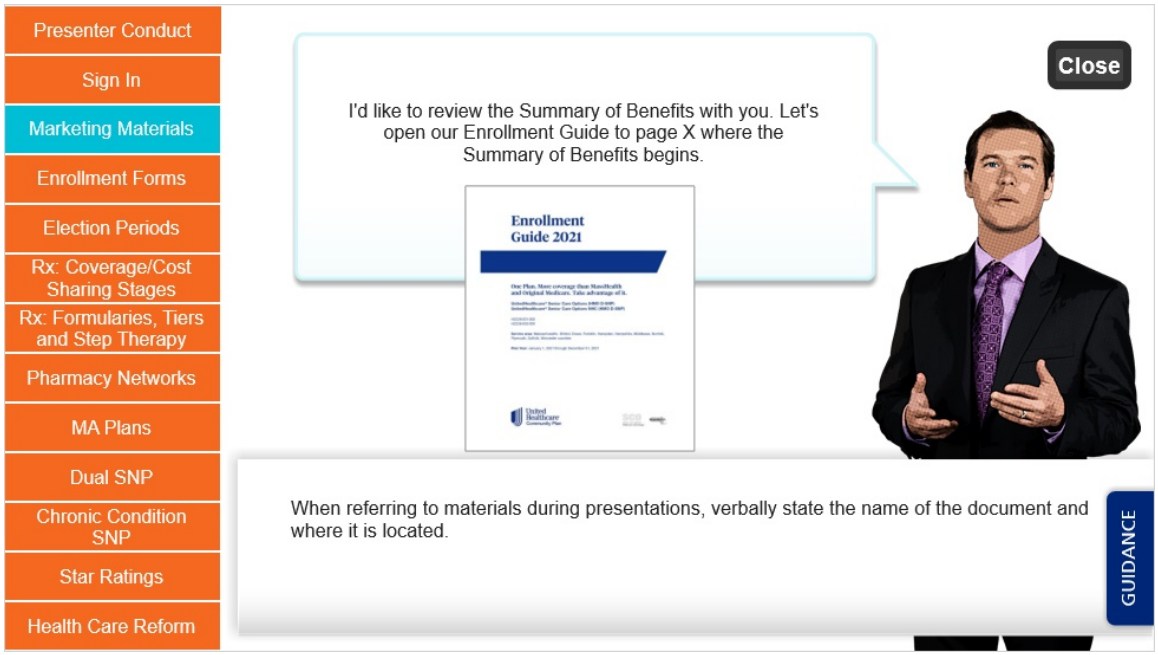
Presenter (Slide Layer)



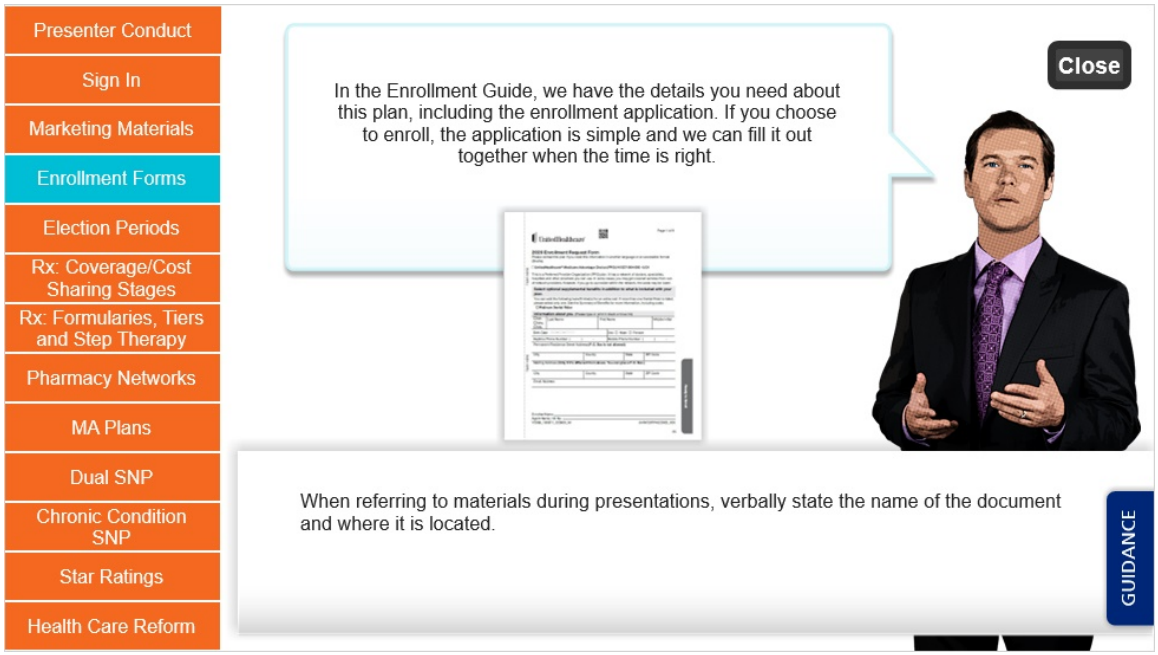
Sign In (Slide Layer)



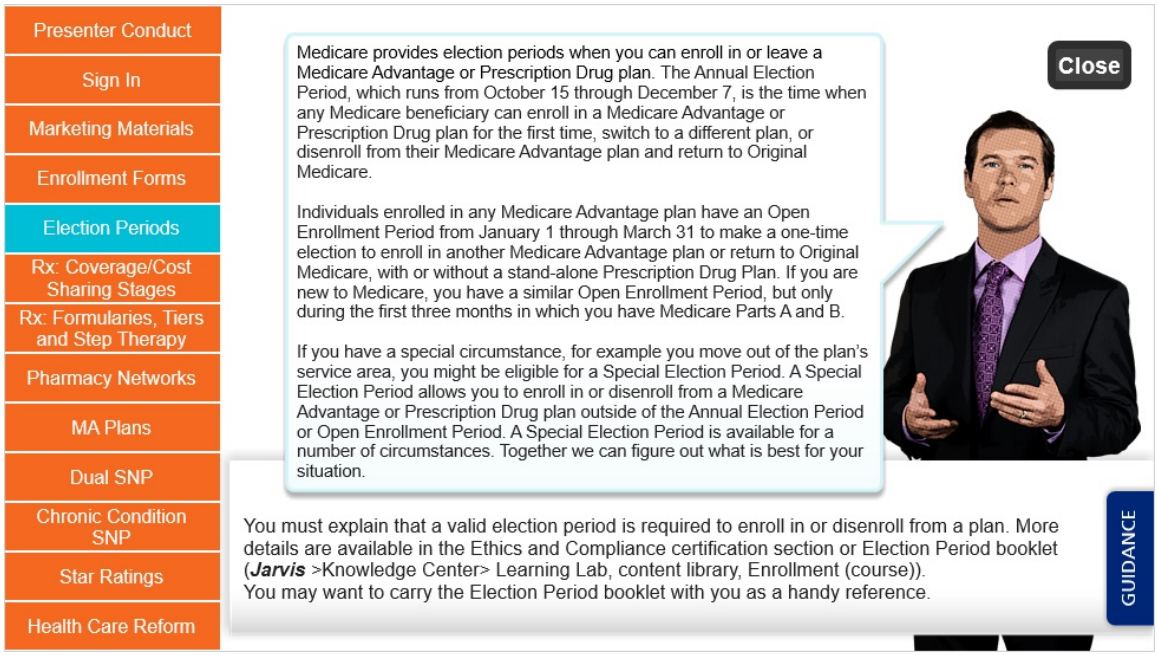
Marketing (Slide Layer)



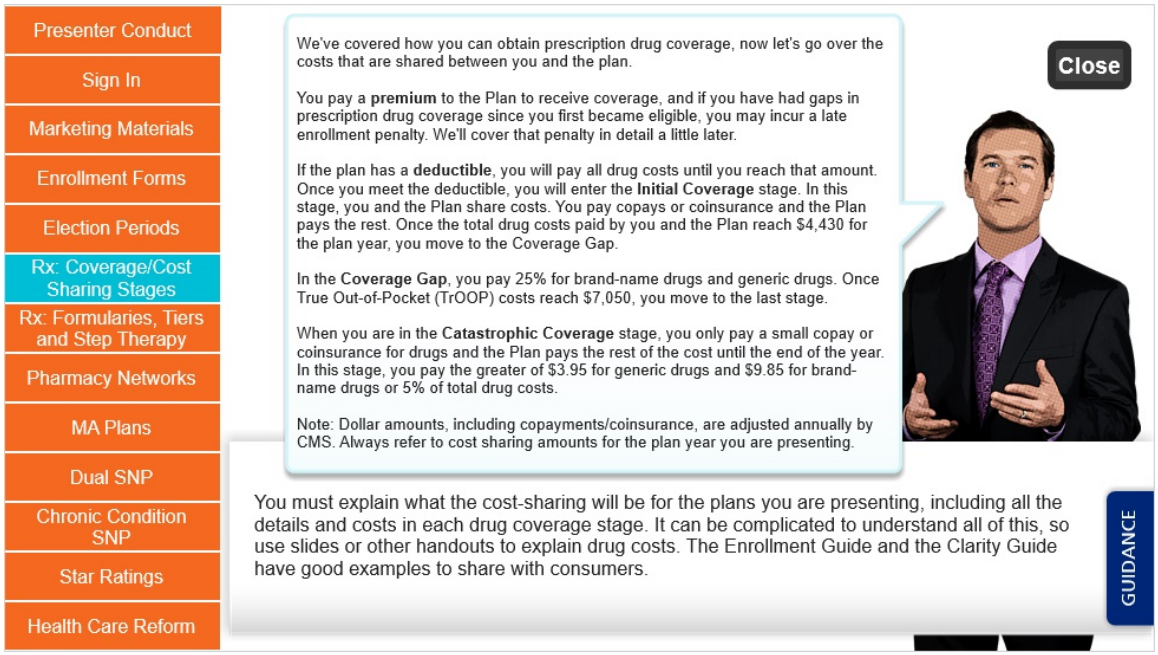
Enrollment (Slide Layer)



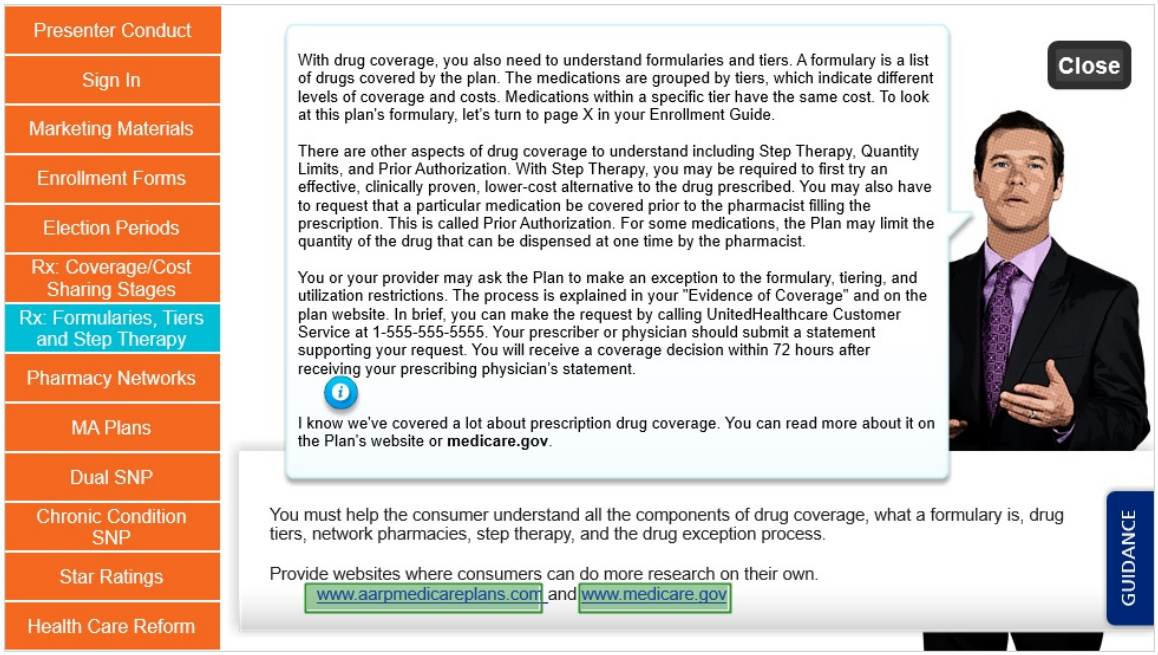
Election Periods (Slide Layer)



RX-Coverage (Slide Layer)



RX Formularies (Slide Layer)

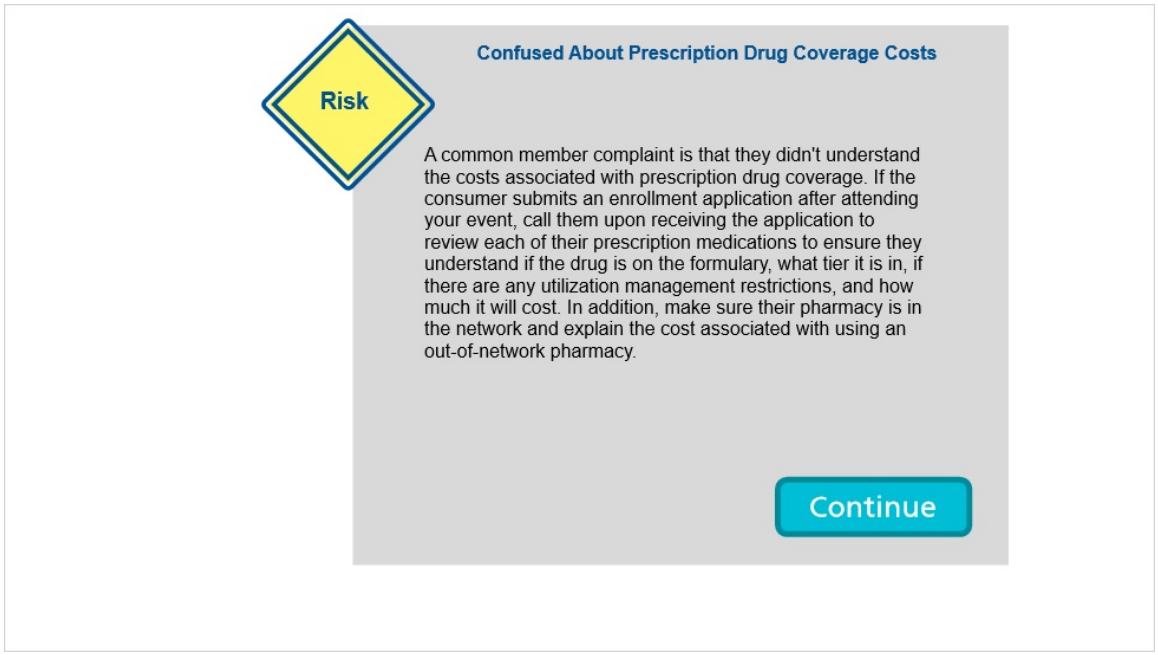


Disclaimer

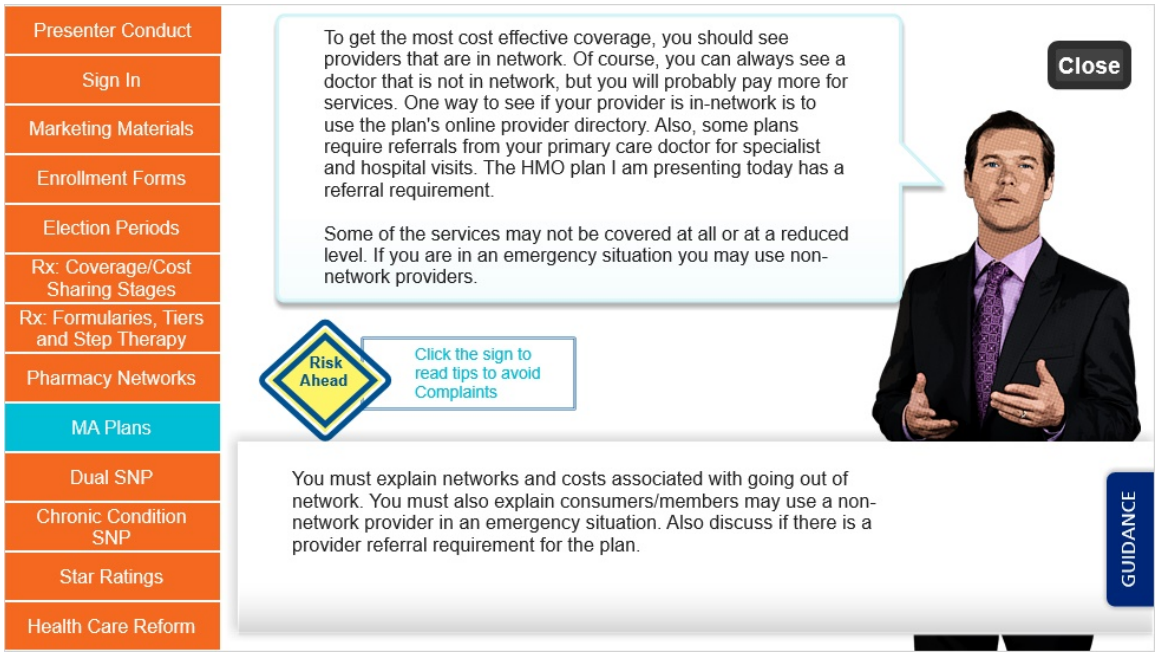
Phone number is for illustrative purposes only. Consult plan materials for the phone number for the plan you are presenting.

Pharmacy Networks (Slide Layer)

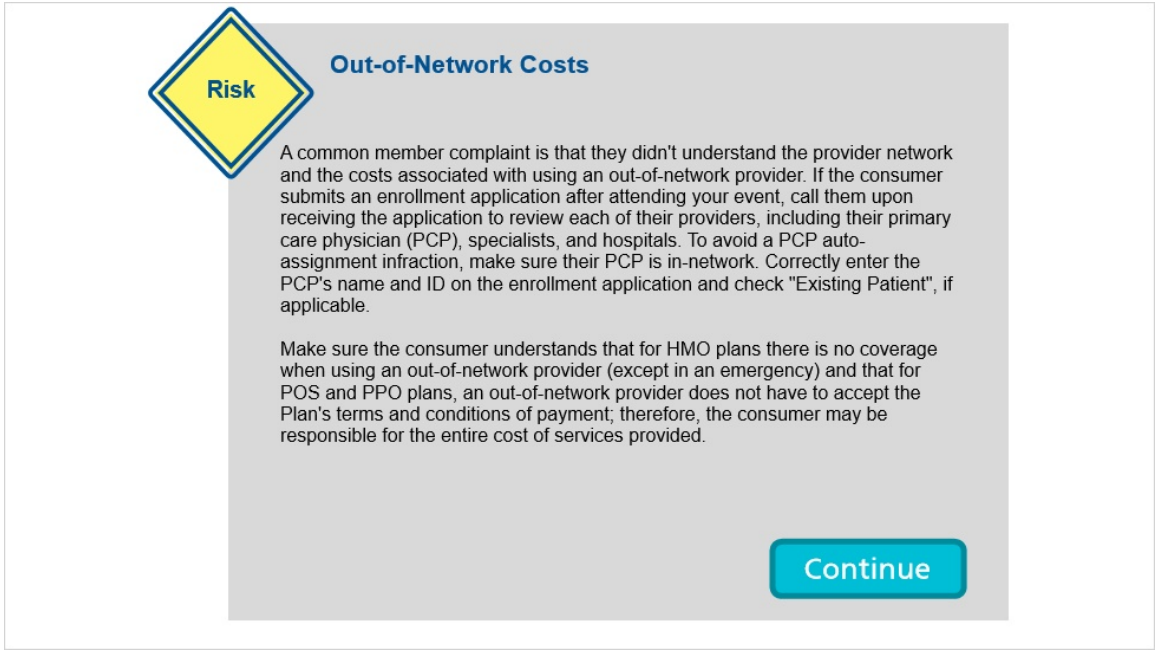
Pharmacy Network Risk (Slide Layer)



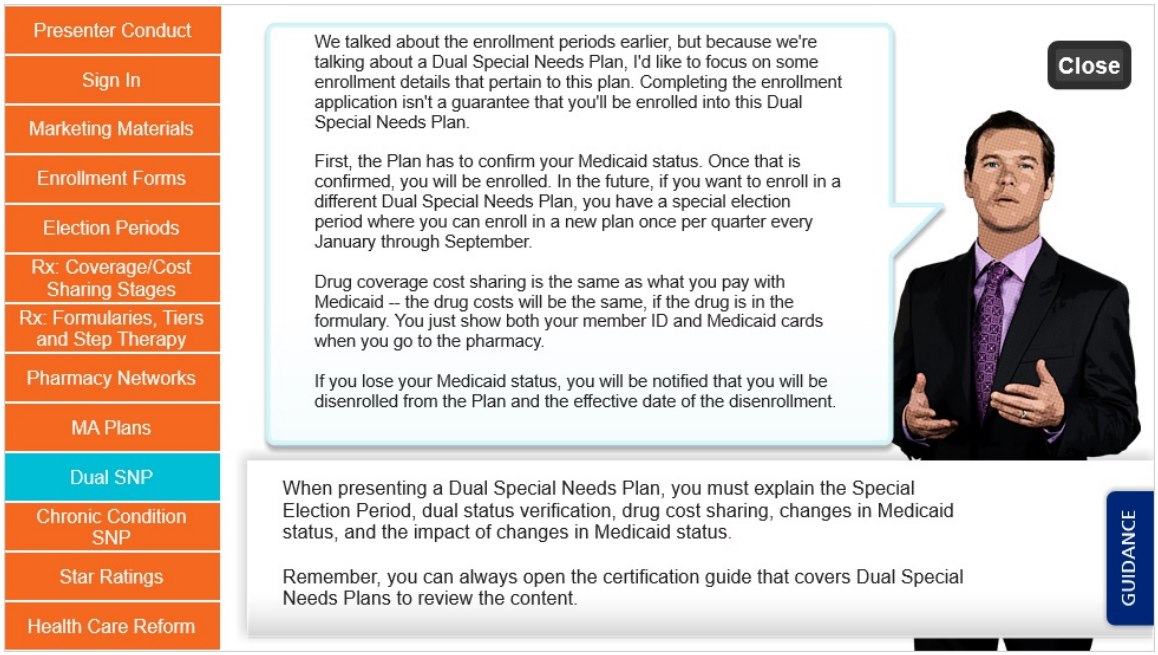
MA (Slide Layer)



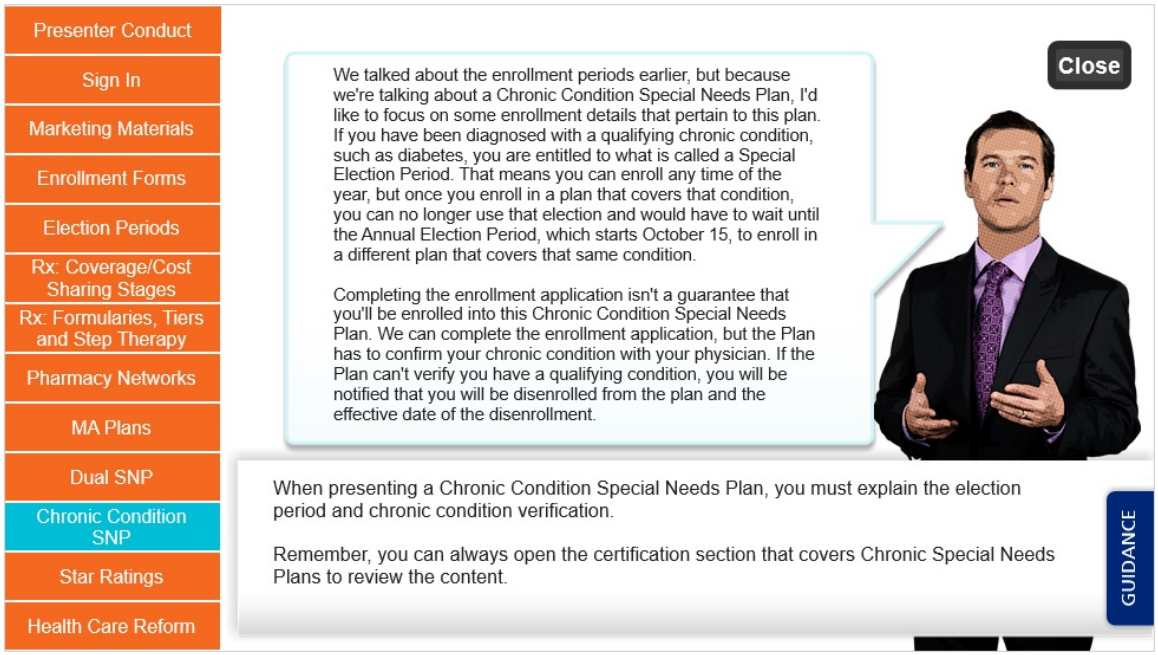
MA- Out of Network Costs (Slide Layer)



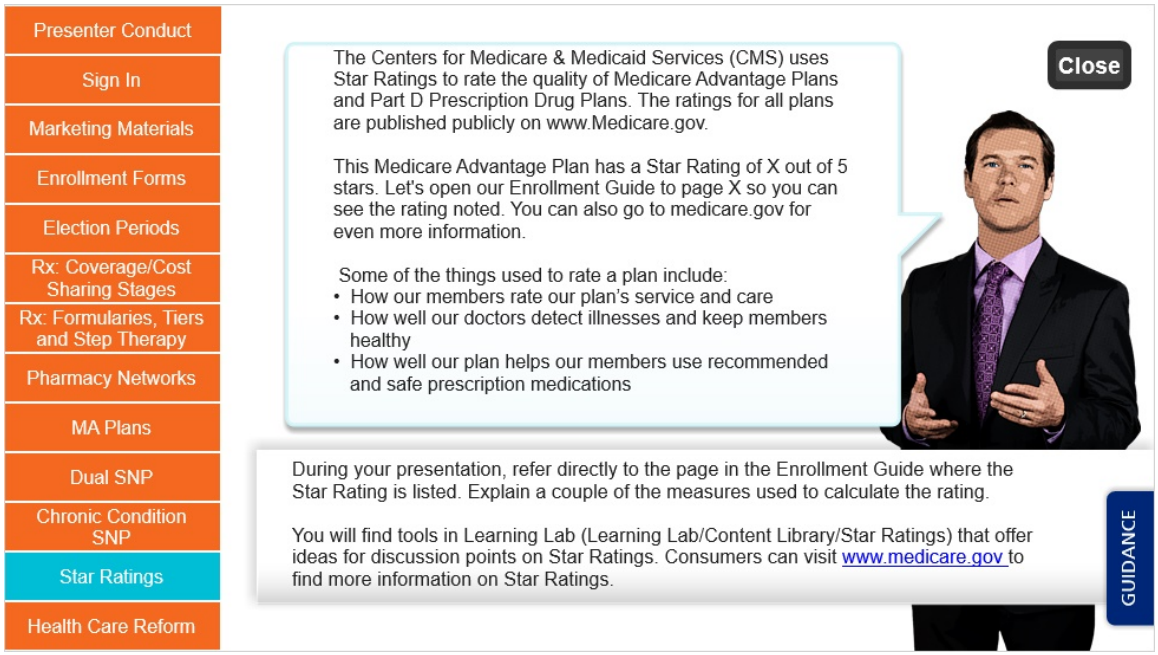
Dual SNP (Slide Layer)



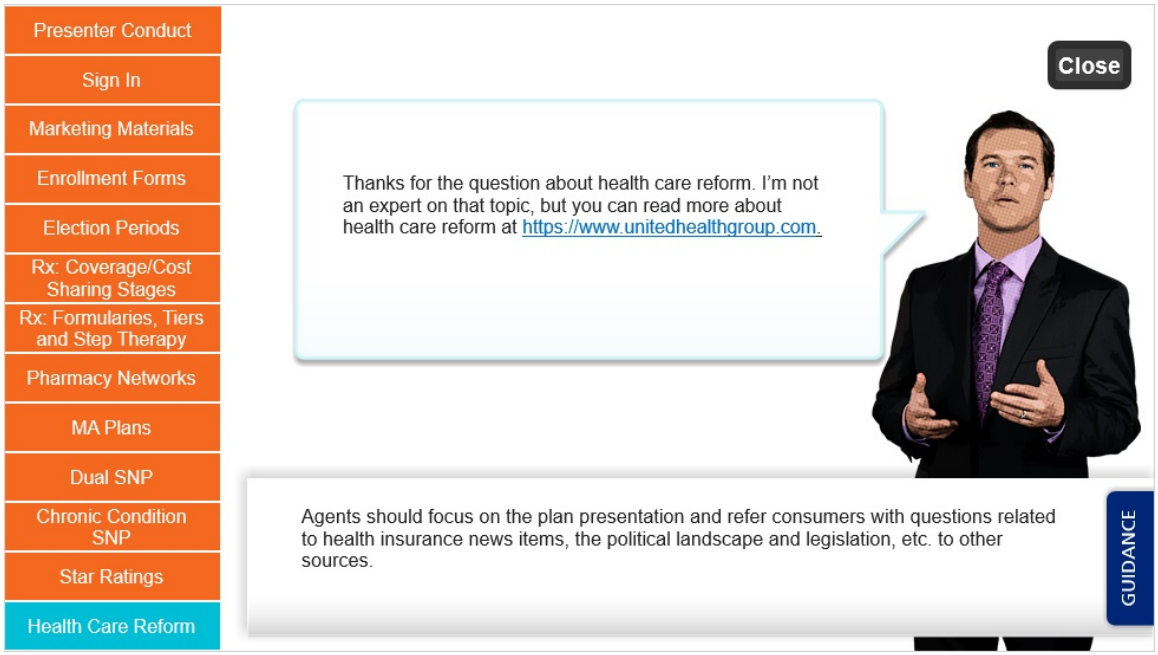
Chronic Condition (Slide Layer)



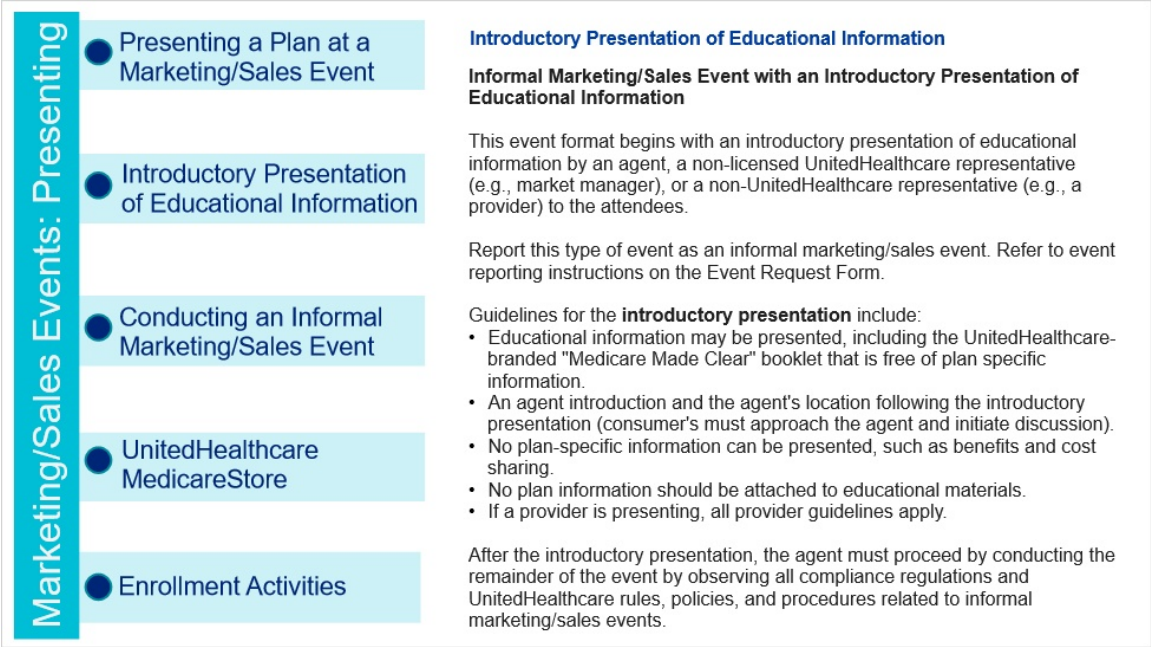
Star Ratings (Slide Layer)



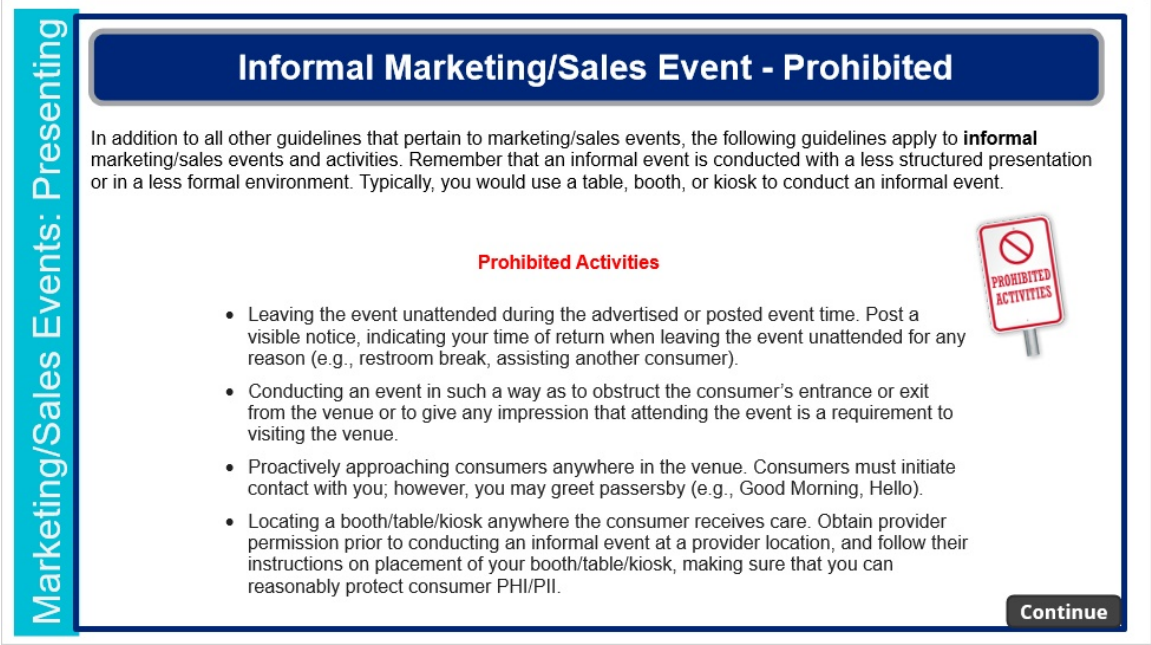
Healthcare Reform (Slide Layer)



Introductory Presentation of Educational Information (Slide Layer)



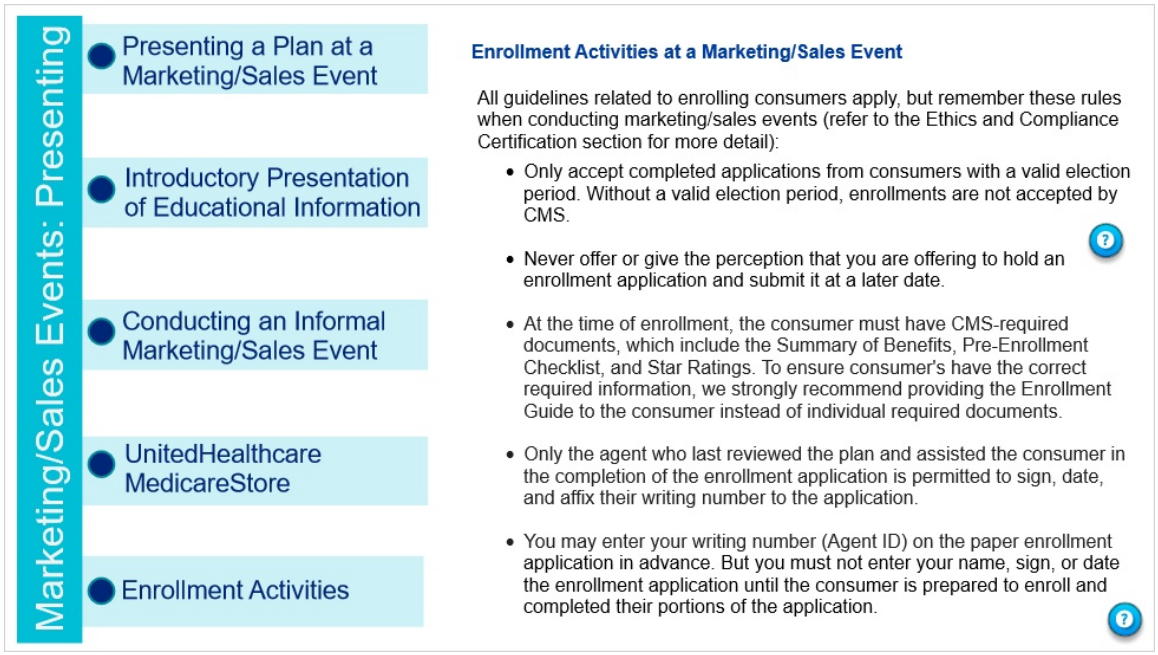
Prohibited Informal Marketing/Sales Event (Slide Layer)

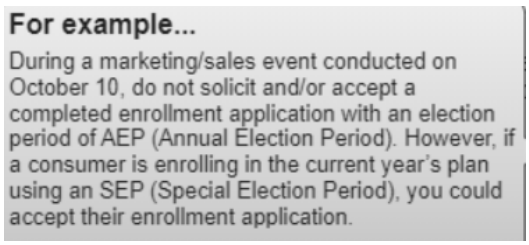


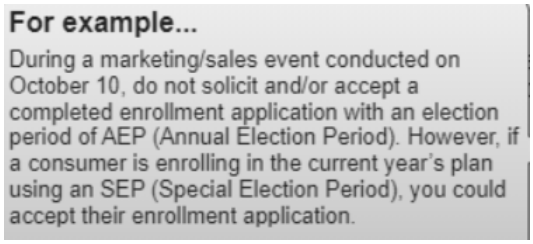
Permitted Informal Marketing/Sales Event (Slide Layer)

UnitedHealthcare MedicareStore (Slide Layer)

Enrollment Activities (Slide Layer)



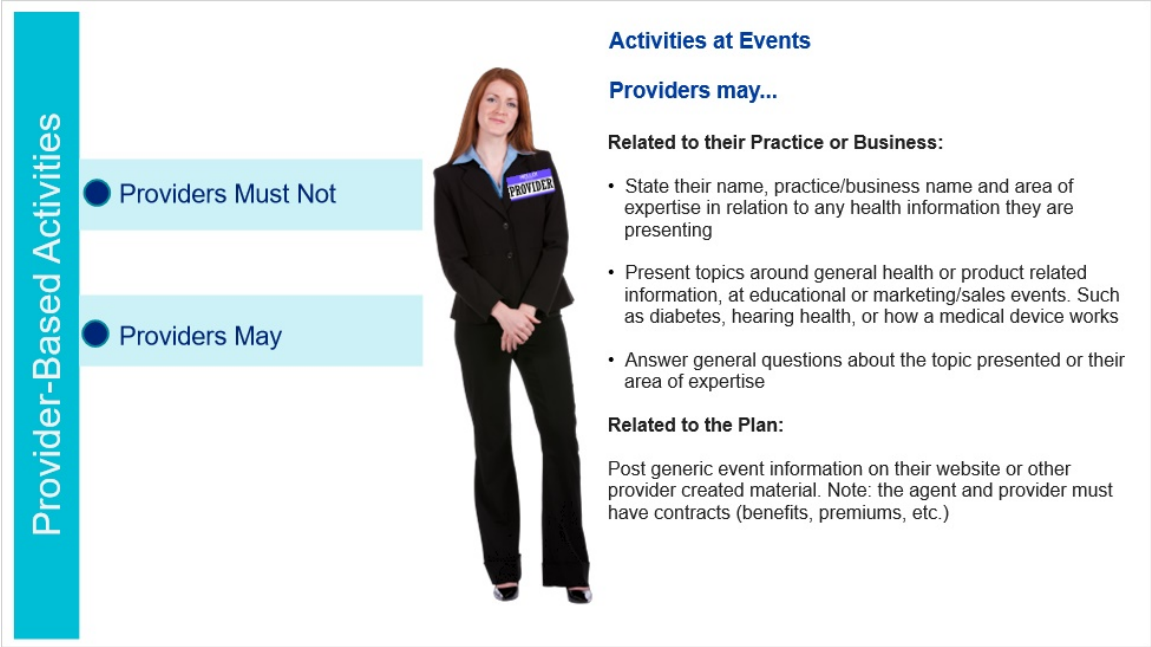




4.7 Provider-Based Activities at Events

Providers Must Not (Slide Layer)

Providers May (Slide Layer)



4.8 Giveaways

Giveaways

Giveaways

Agents may provide a giveaway to consumers at an event as long as the giveaway is of nominal value and is provided whether or not the consumer enrolls in the plan. **Note that these guidelines are the same for educational and marketing/sales events.**

The following guidelines apply to giveaway items:

- The retail value of all giveaways, combined with the retail value of meals and refreshments, must not exceed $15 on a per-person basis.
- Regardless of dollar amount, the following items may not be used as giveaways: money, gift cards, gift certificates, gifts easily converted to cash, gambling associated items (e.g., lottery tickets, pull-tabs, meat raffles), charitable contributions on behalf of a consumer, coupons or certificates redeemable for meals or other consumables.
- If the giveaway provided is one large gift that is enjoyed by all in attendance (e.g., a movie), the total retail cost must be $15 or less when it is divided by the estimated attendance.

The following are additional guidelines that apply to giveaway items:

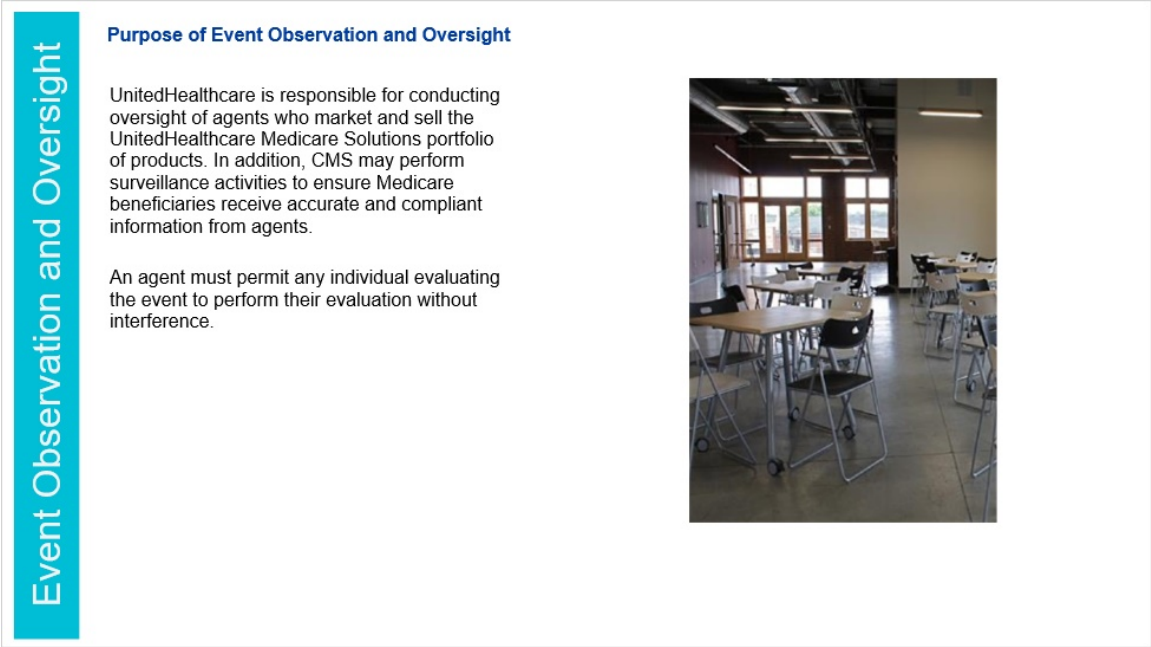
- Promotional items containing the plan sponsor's name, logo, toll-free customer service number, and/or website may be offered. Promotional items may contain agent contact information.

Contests and Drawings

When no prize, regardless of value, is to be awarded to a contest winner, agents may conduct in-person or online games of chance (e.g., BINGO) or games of skill (e.g., trivia) without obtaining approval, from UnitedHealthcare and completing Rules of Entry documentation requirements. Examples of acceptable acknowledgement of a winner include applause or certificate.

- When a nominal prize (does not exceed $15 in combination with all other giveaways, including refreshments) is to be awarded to a contest winner, the following requirements must be met:
- The individual indicated as the "Presenting Agent" must complete, retain, and make available upon request a UnitedHealthcare Rules of Entry document (available on Jarvis) for the applicable contest; AND
- All requirements outlined in the Rules of Entry document must be met, including prize value limits, alternate means of entry option, posting the Rules of Entry document at in-person events and displayed or announced at online events, and limitation on use of consumer contact information.
- Agents must obtain written approval from UnitedHealthcare prior to reporting and conducting an event where a drawing will be conducted with a prize worth more than $15. A detailed contest proposal must be submitted to compliance_questions@uhc.com at least 30 days prior to the anticipated event date to ensure event reporting requirements can be met. When approved, requirements outlined above must be met except for the nominal value limit and includes the additional requirement that winners awarded a prize of $30 or more must sign a liability waiver.

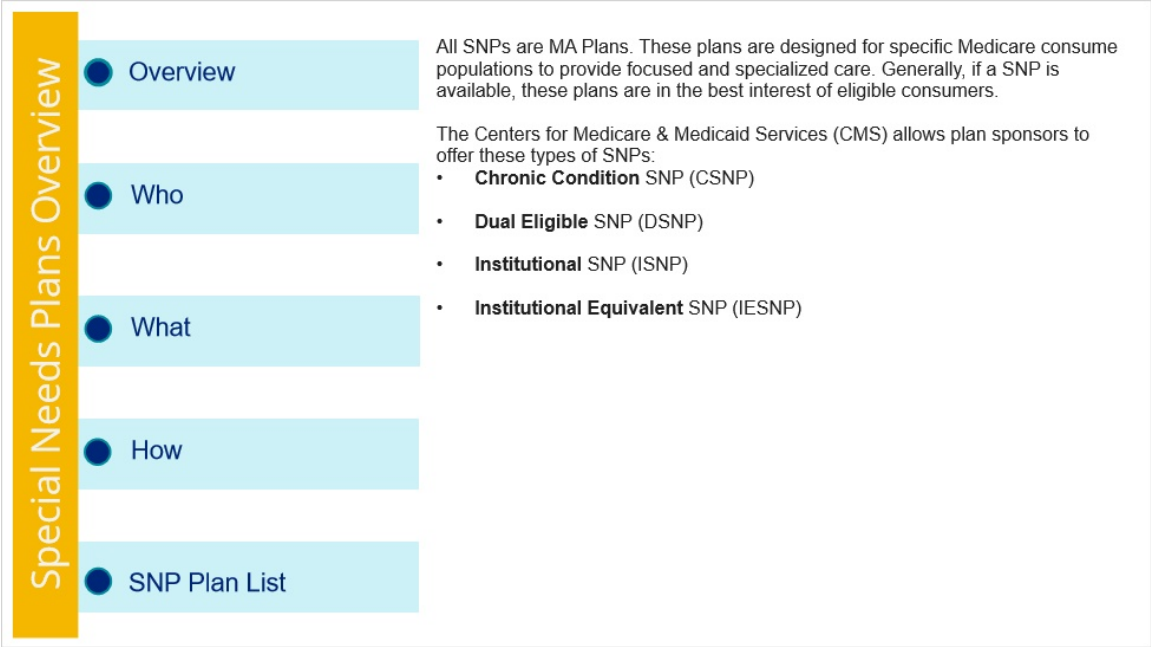
4.9 Event Observation and Oversight



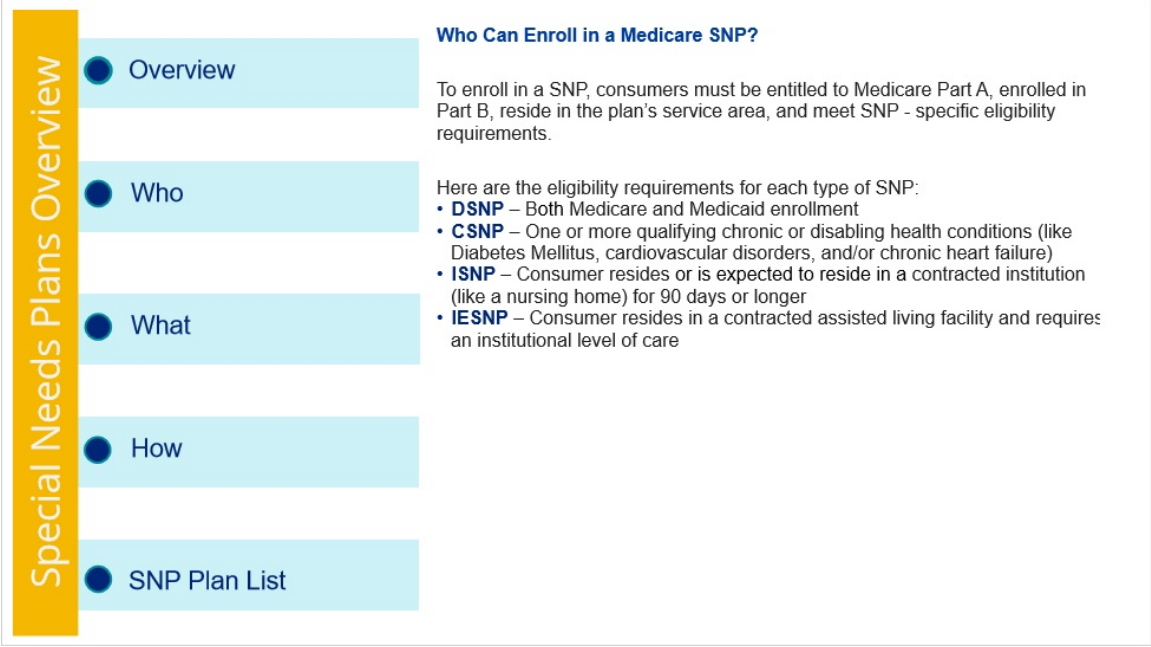
5. Special Needs Plans

5.1 Special Needs Plans (SNP)

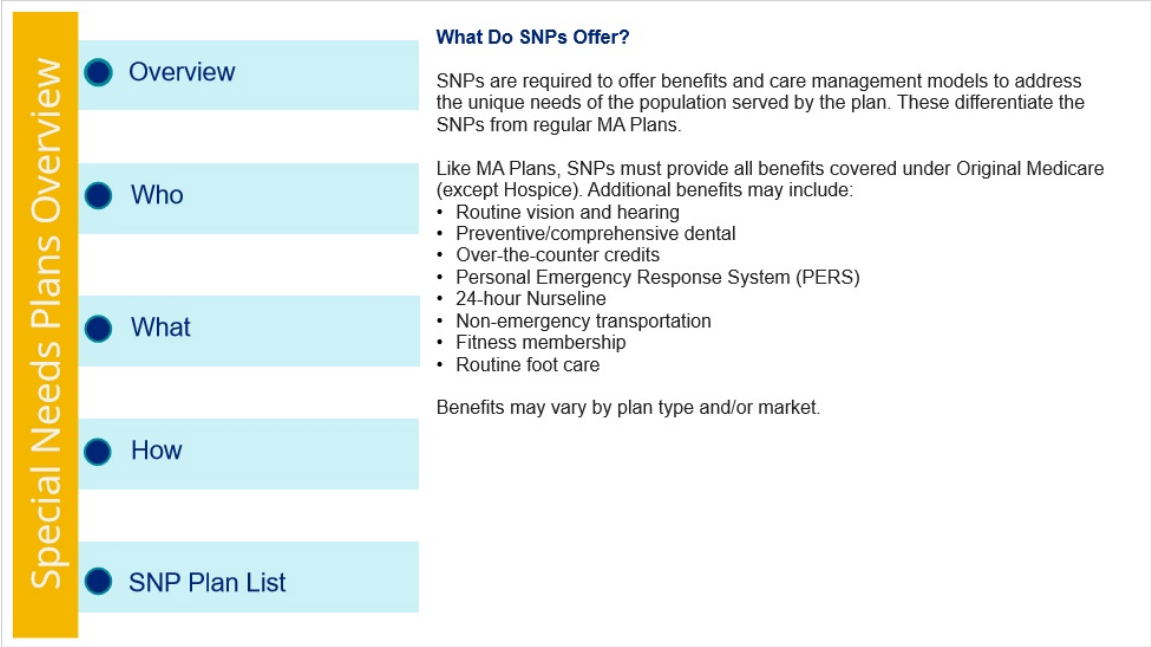
Overview (Slide Layer)



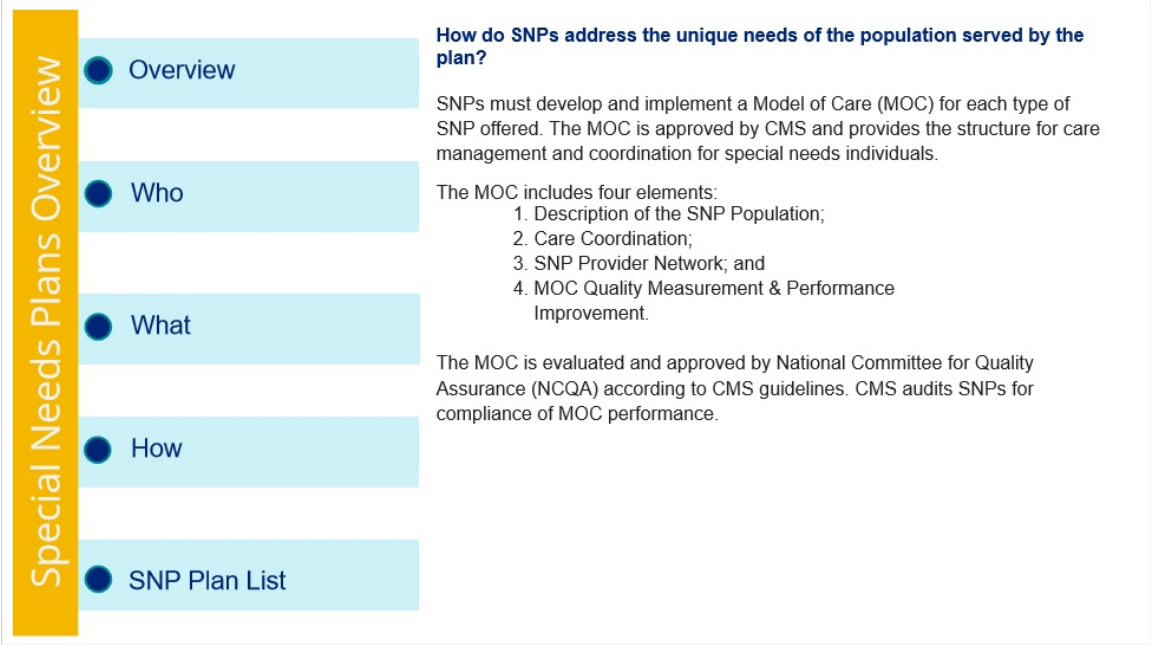
Who (Slide Layer)



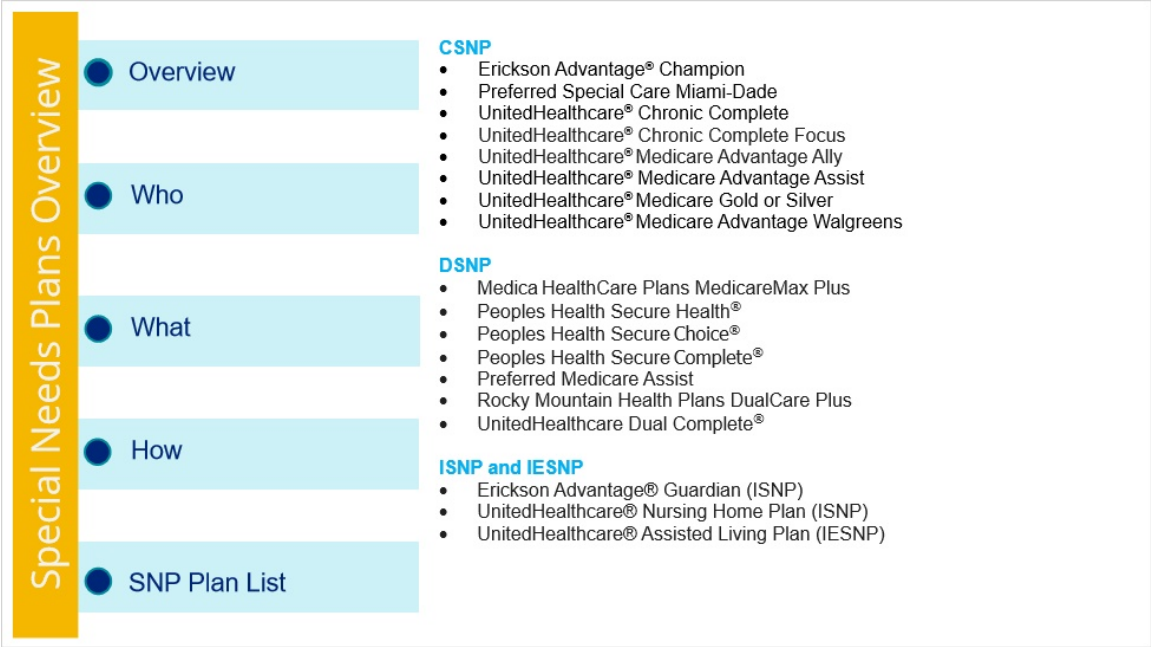
What (Slide Layer)



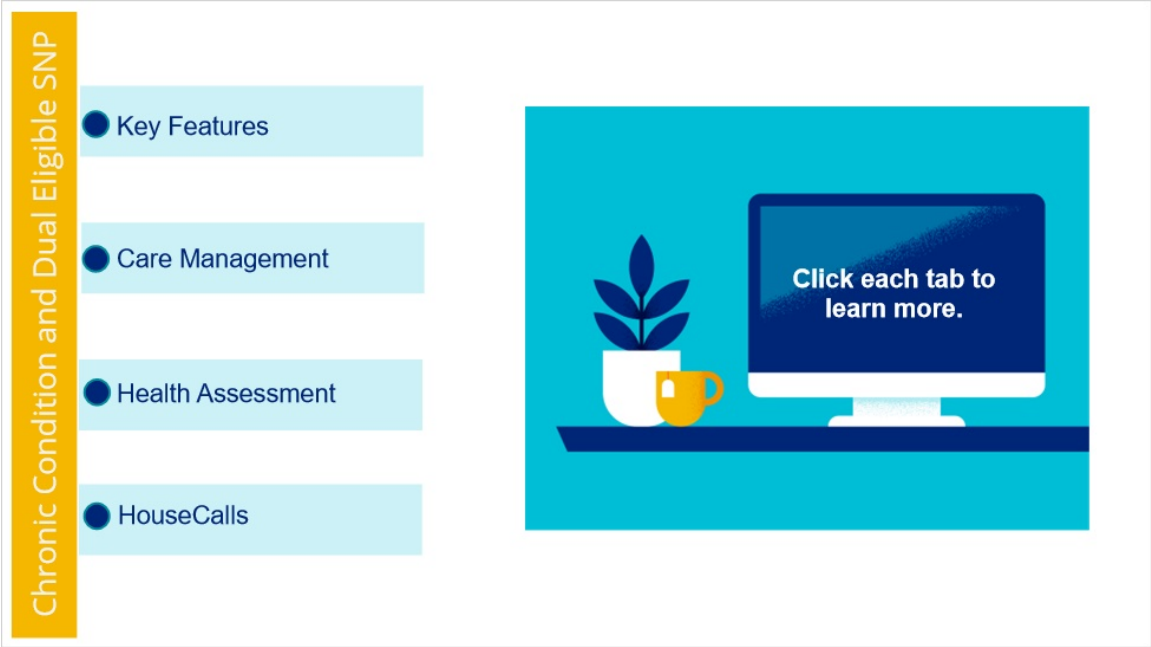
How (Slide Layer)



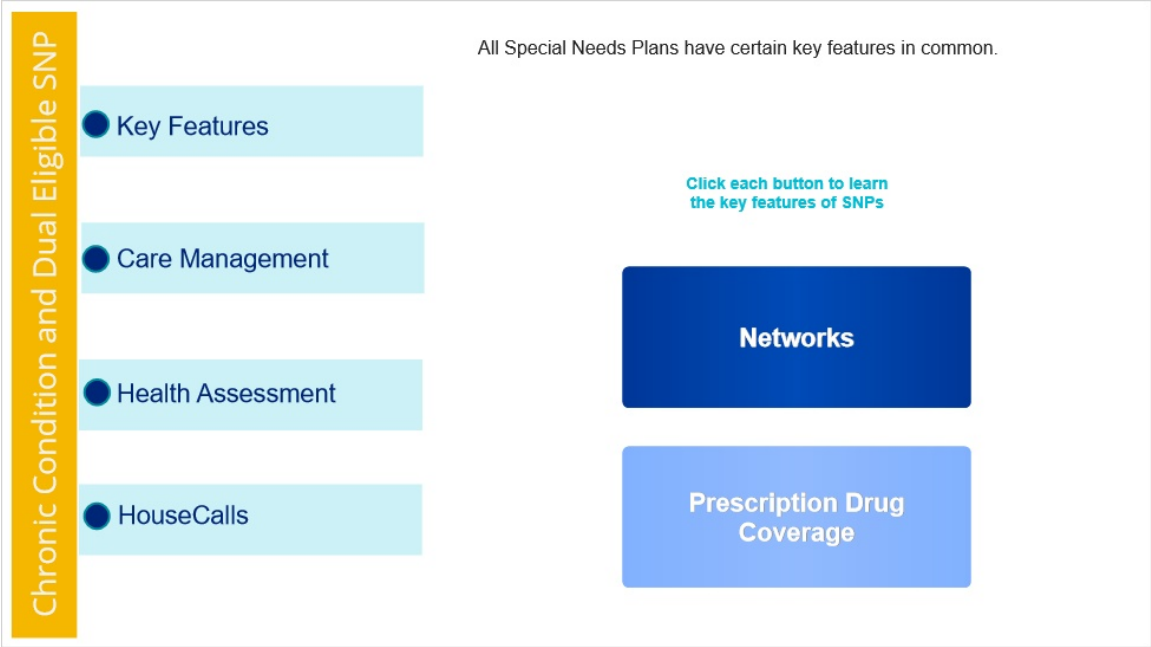
SNP Plans (Slide Layer)



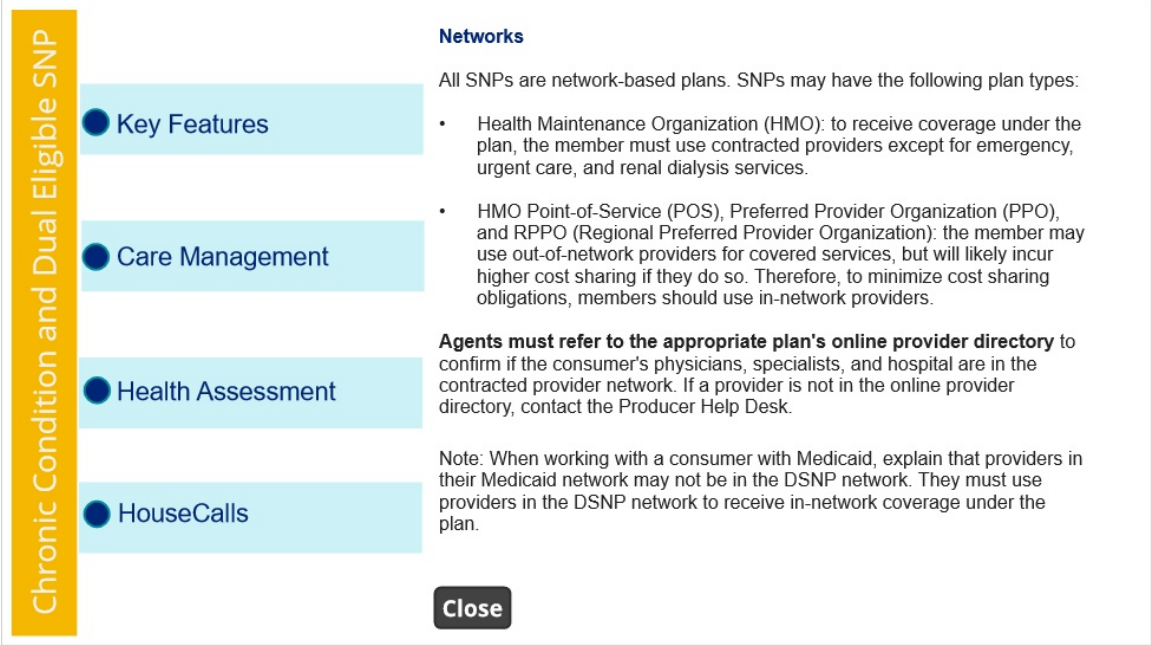
5.2 CSNP DSNP Common Features



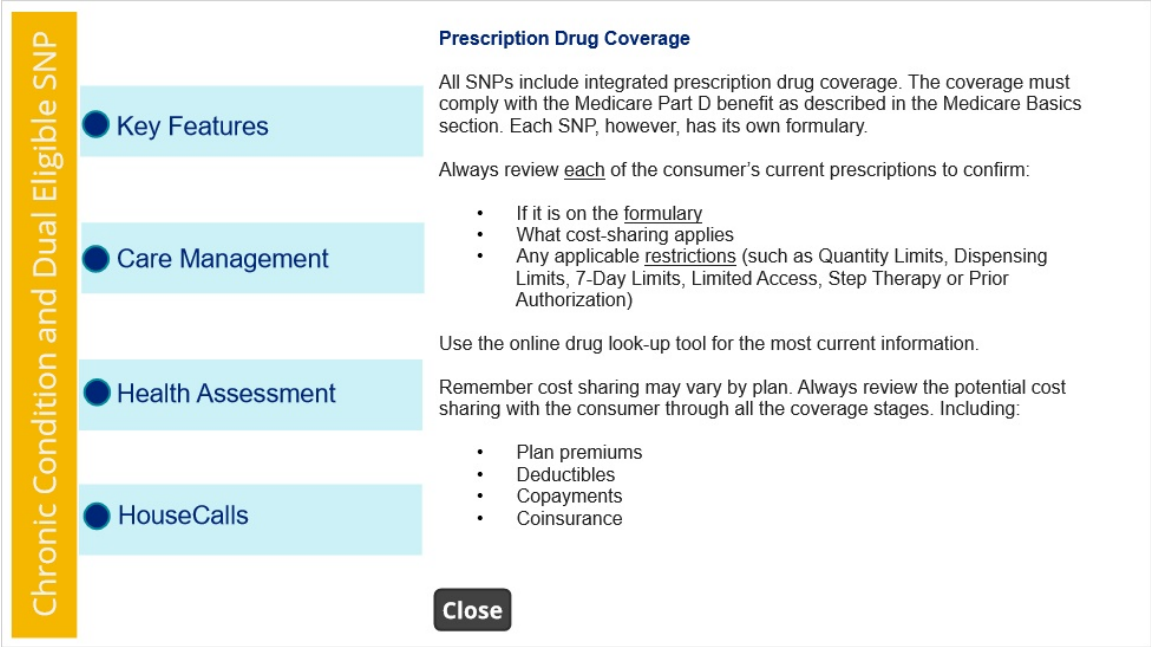
Key Features (Slide Layer)



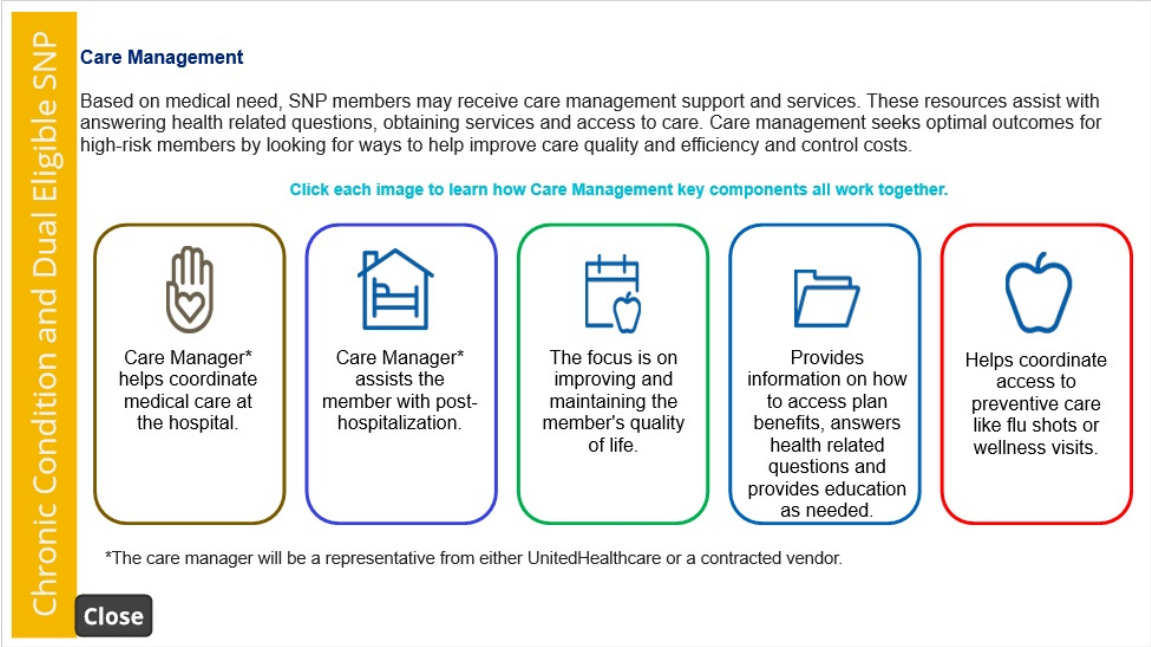
Networks (Slide Layer)



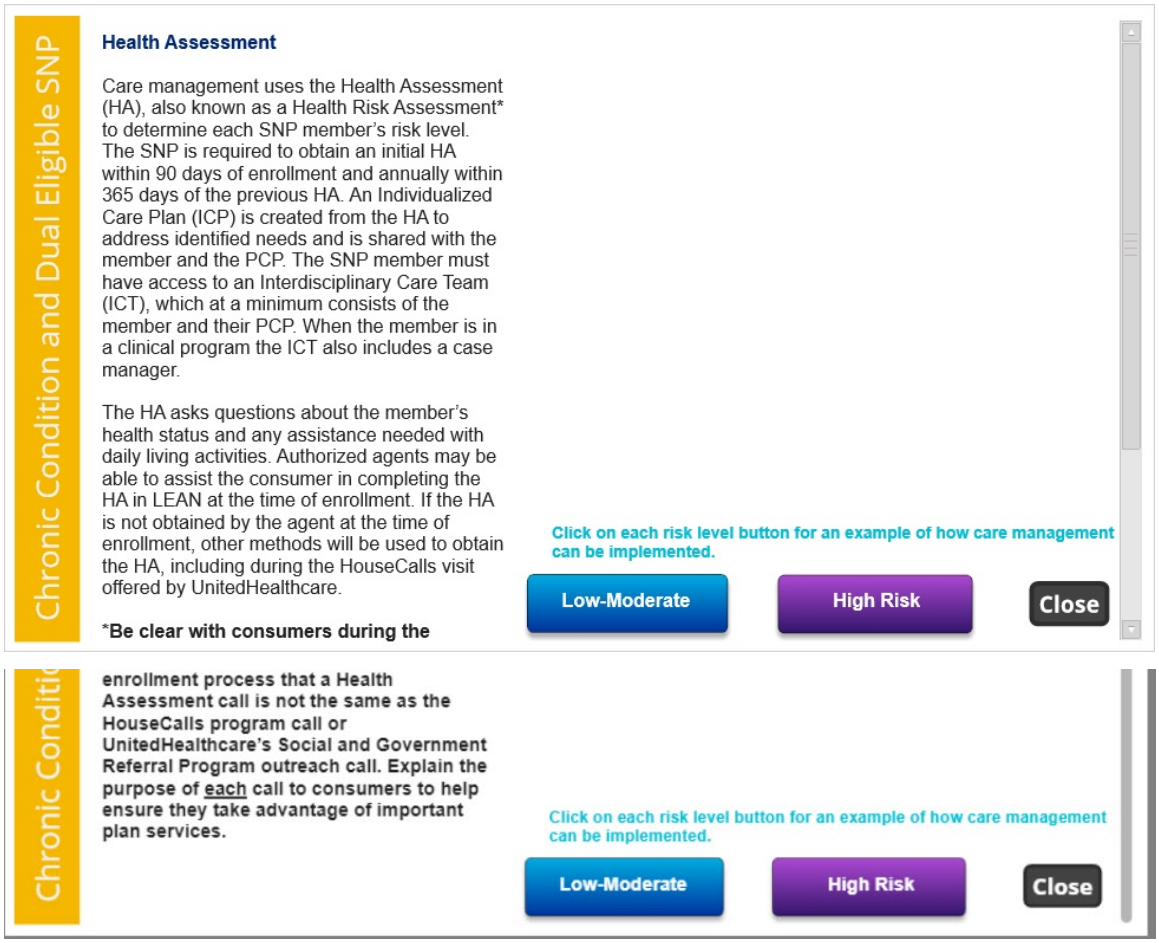
Prescription Drug Coverage (Slide Layer)



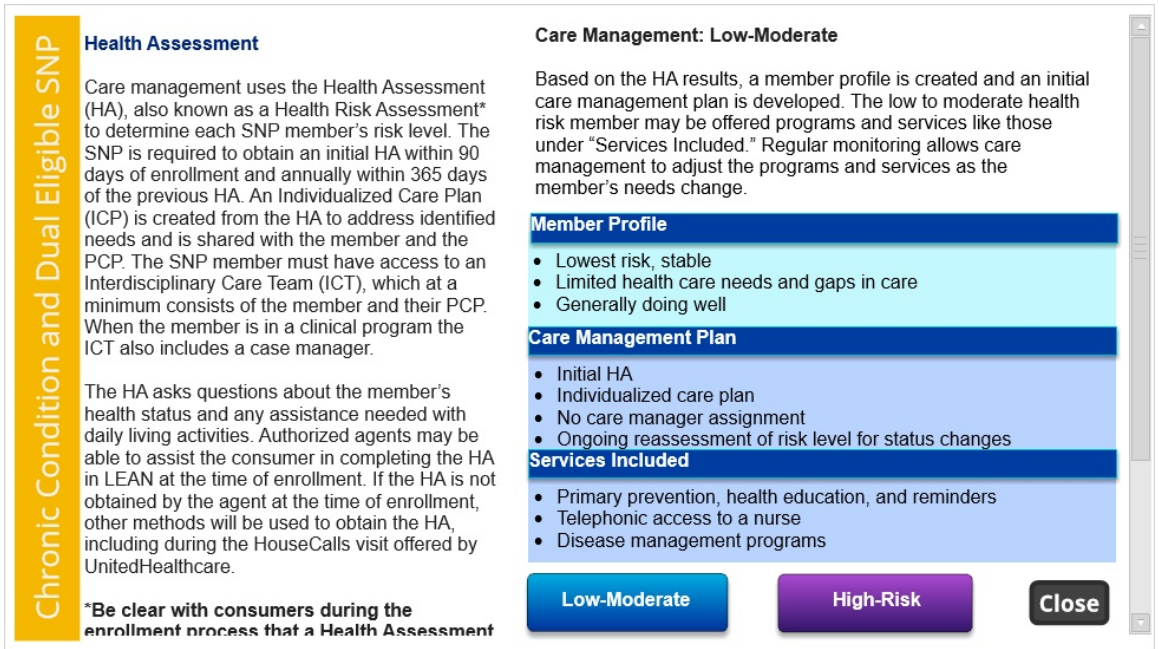
Care Management (Slide Layer)



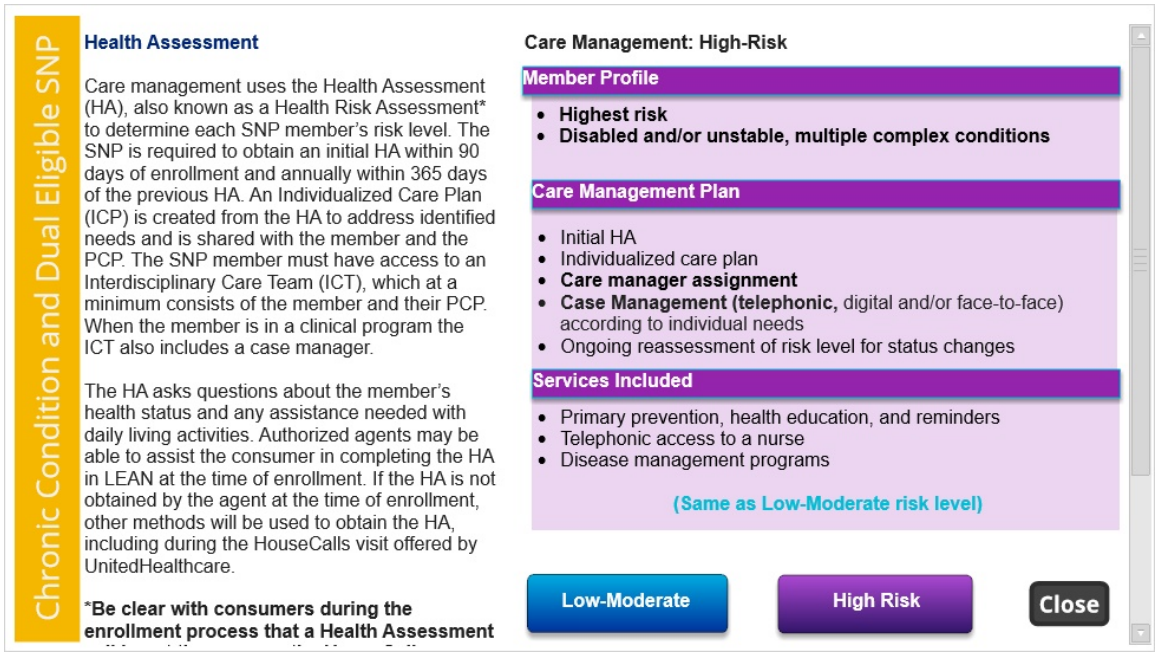
Health Assessment (Slide Layer)



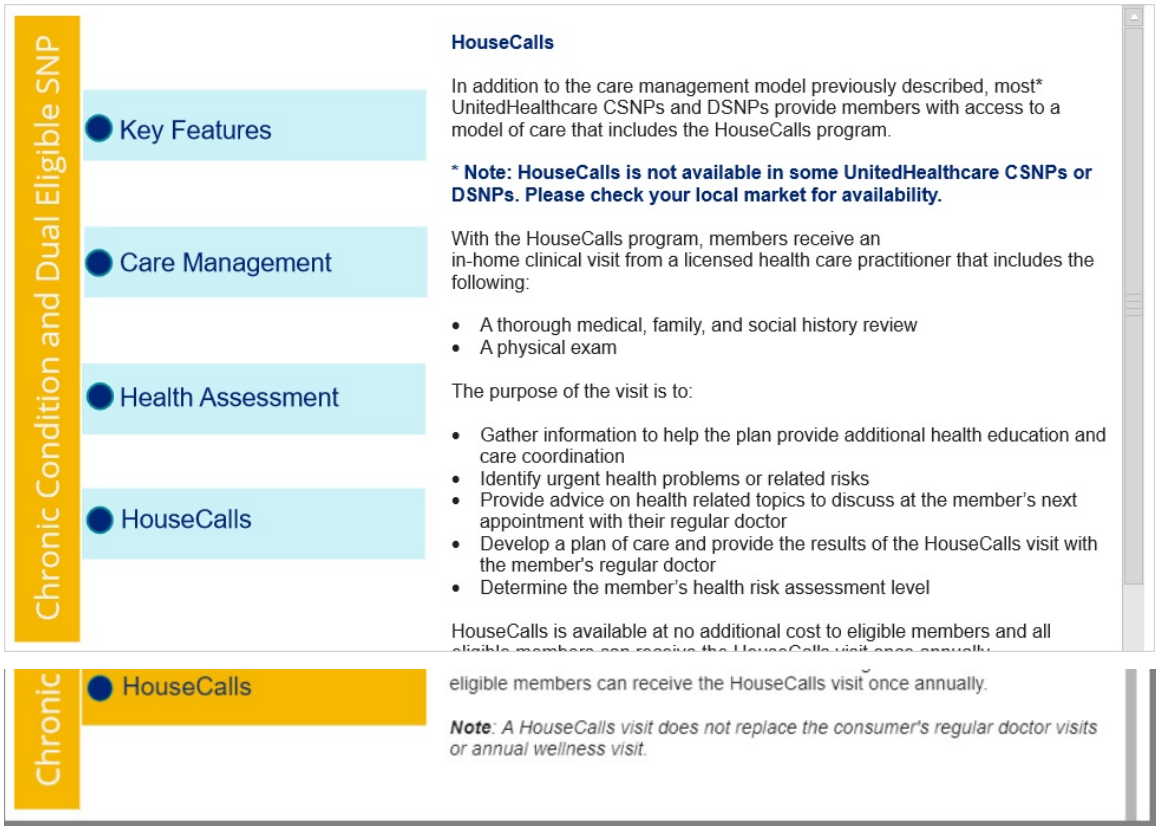
Low- Moderate Risk (Slide Layer)



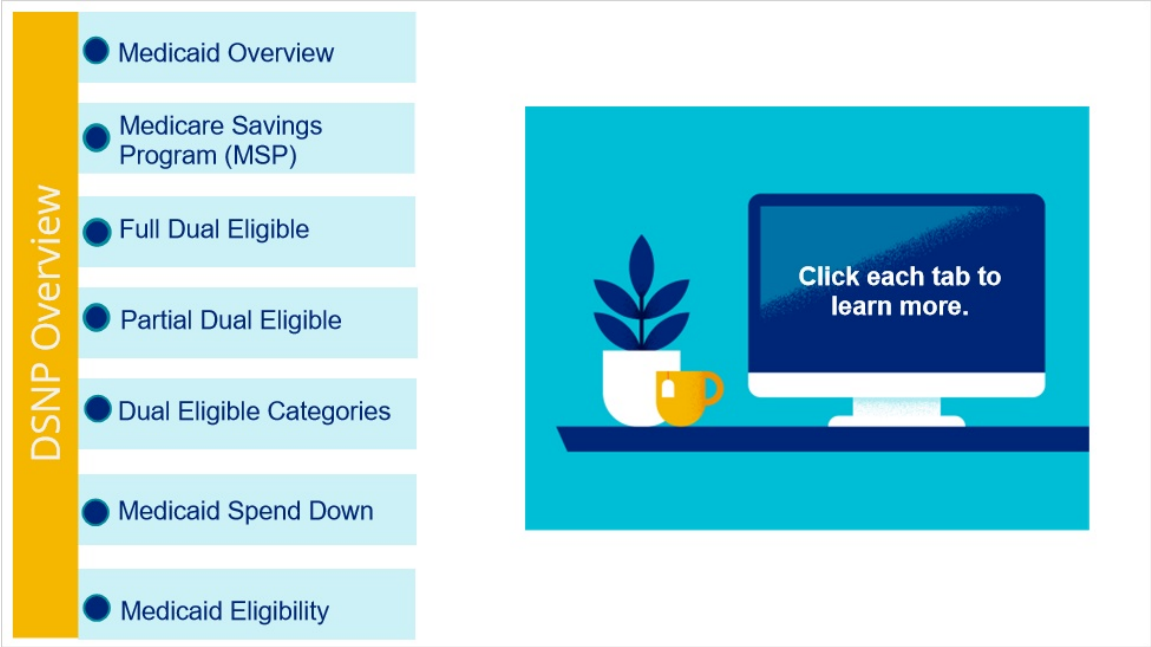
High Risk (Slide Layer)



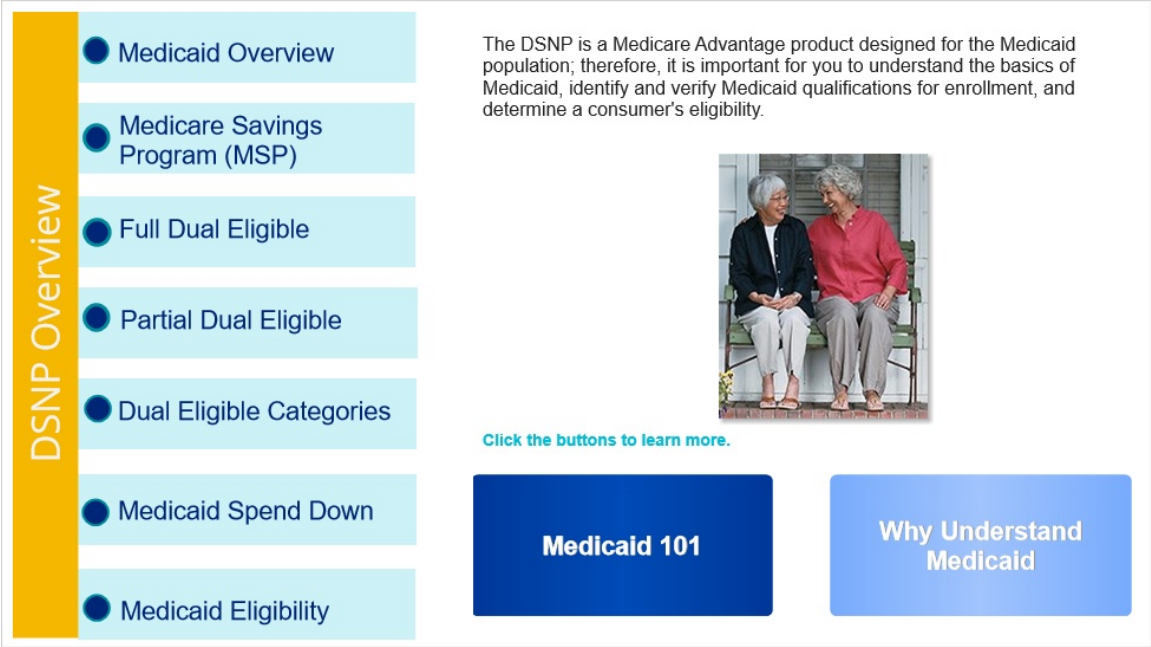
House Calls (Slide Layer)



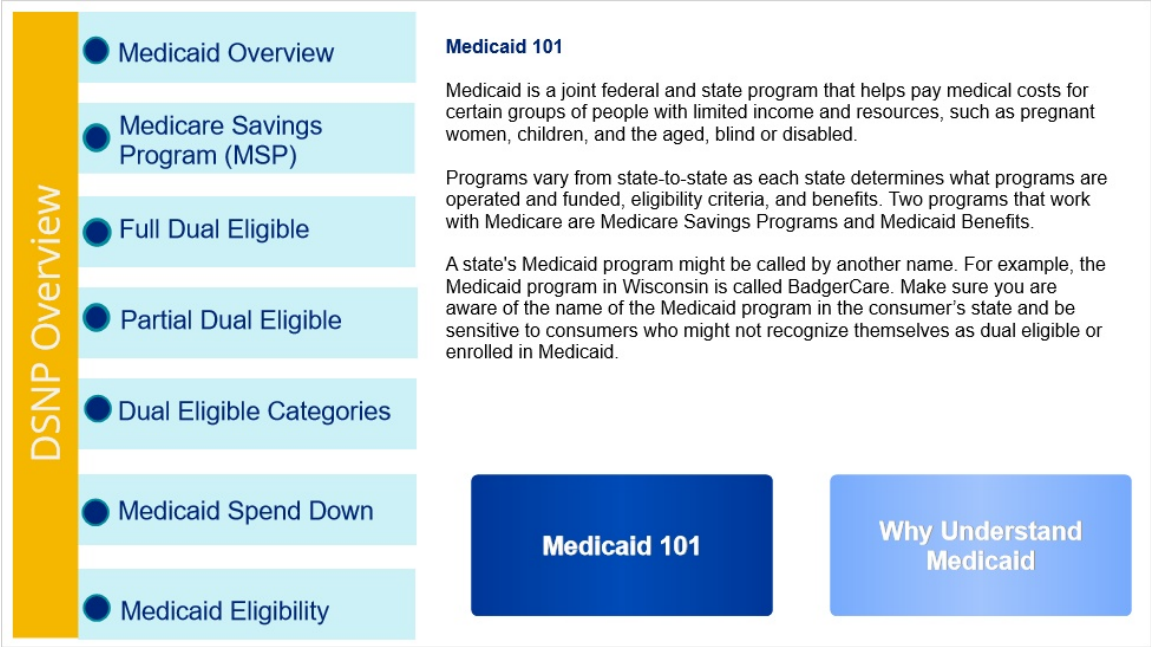
5.3 DSNP Overview



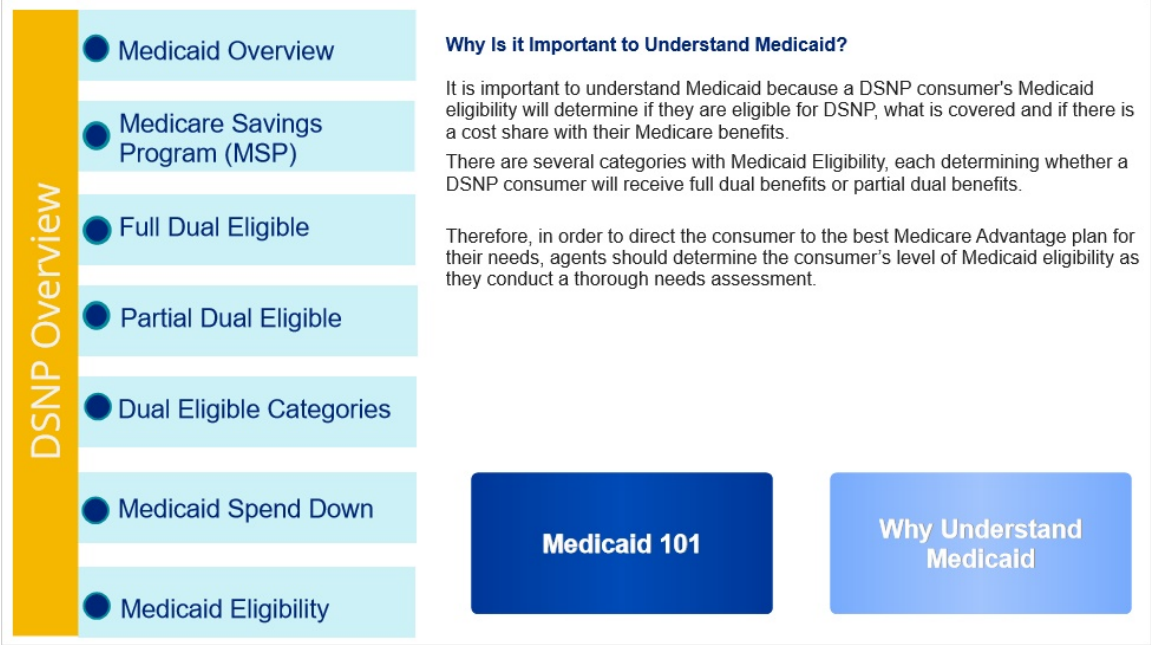
Medicaid Overview (Slide Layer)



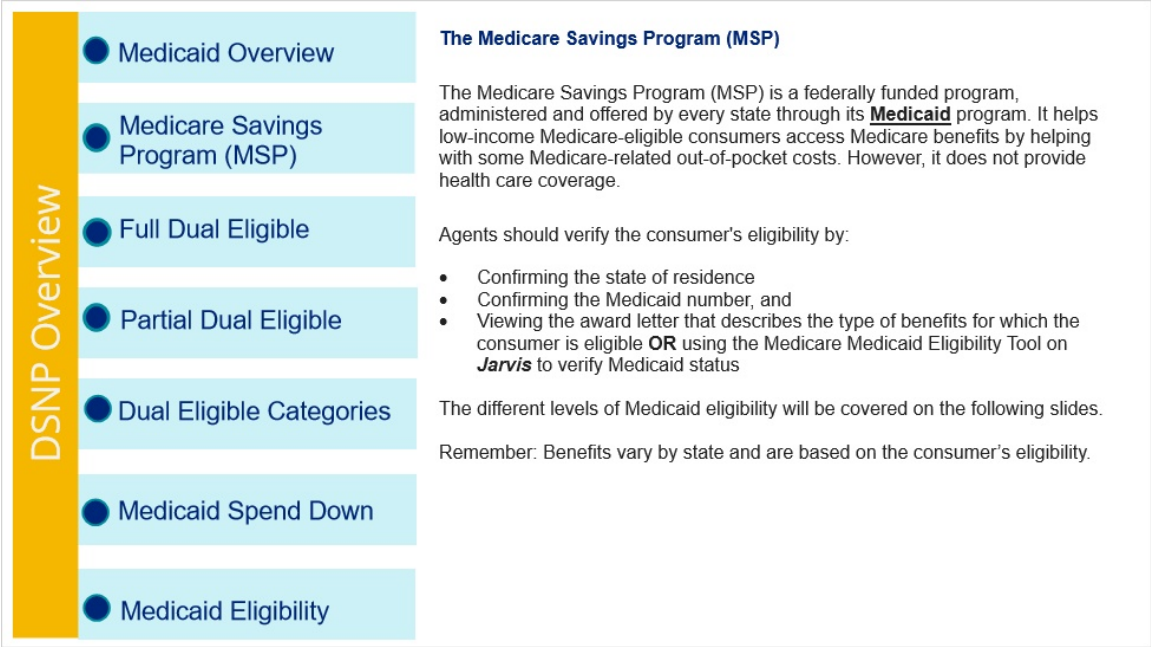
Medicaid 101 (Slide Layer)



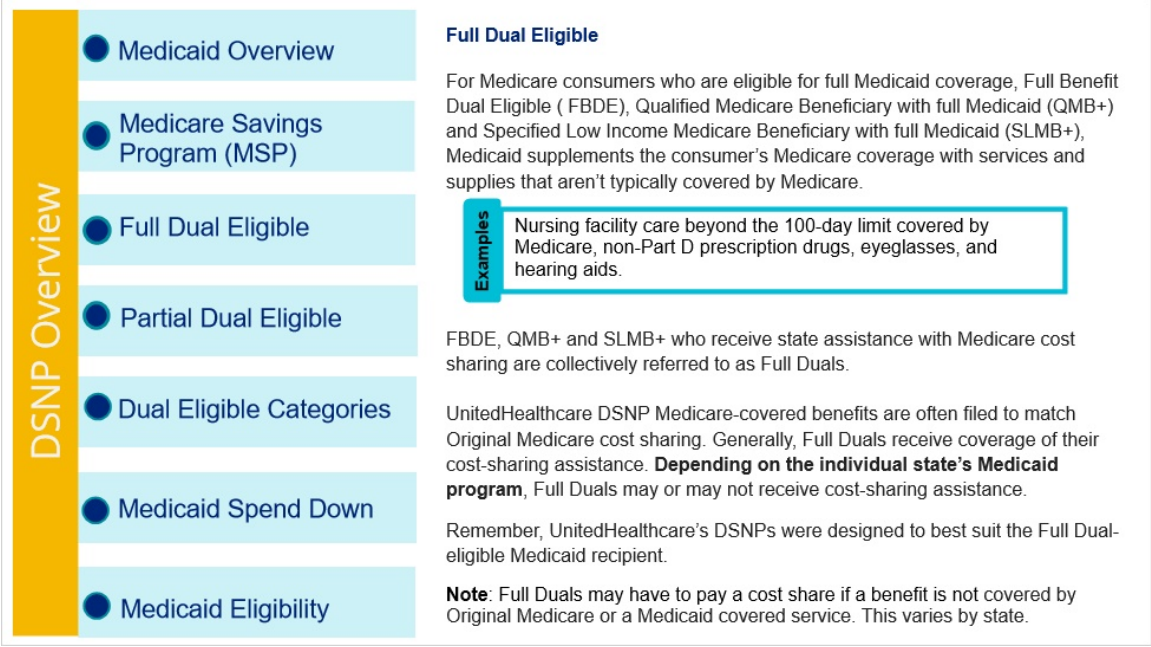
Why Is it Important to Understand Medicaid (Slide Layer)



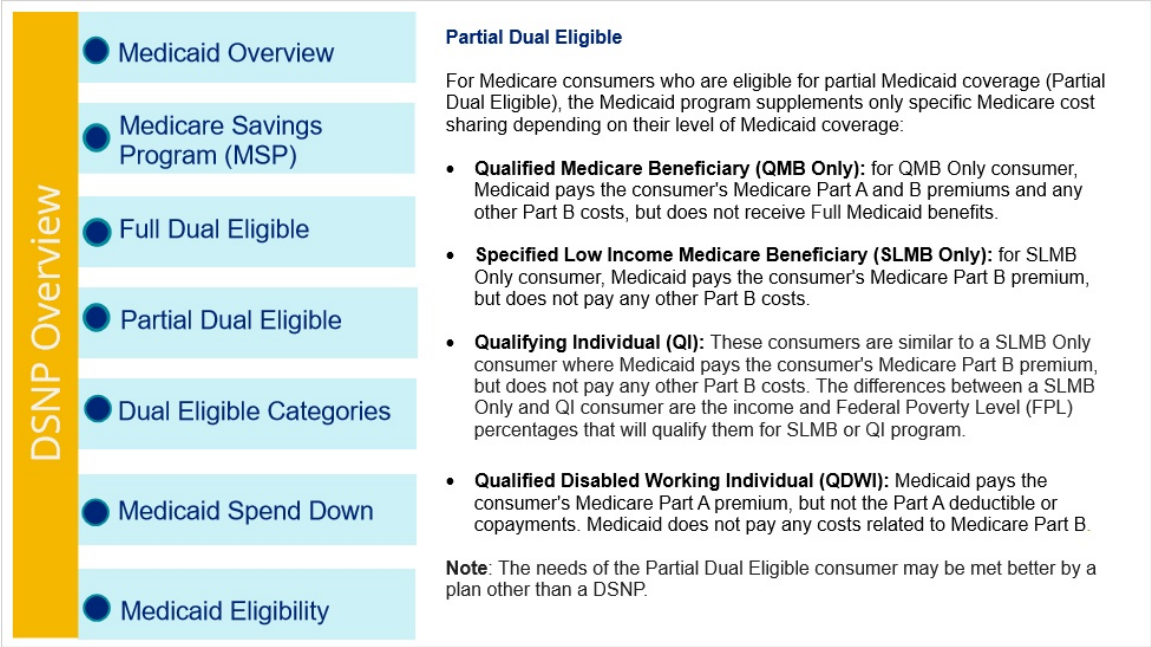
Medicare Savings Program (Slide Layer)



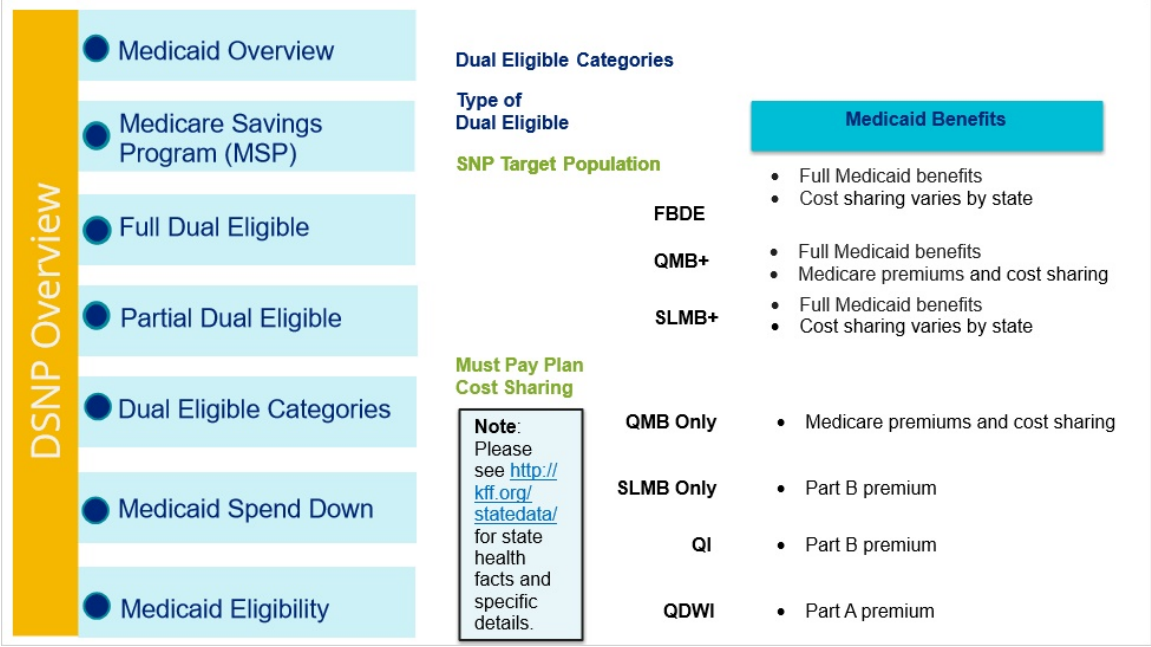
Full Dual Eligible (Slide Layer)



Partial Dual Eligible (Slide Layer)



Dual-Eligible Categories (Slide Layer)



Medicaid Spend Down Explained (Slide Layer)

DSNP Overview

Medicaid Spend Down Explained

Some states provide a "spend down" process by which qualified consumers may use their excess income towards their out-of-pocket medical expenses to qualify for Medicaid coverage. Excess income is the amount of income the consumer has over the level established by the state as qualifying a consumer for Medicaid.

By "spending down" their income to the level set by the state's Medicaid program the individual is considered "medically needy".

After the spend down requirement is met (sometimes for particular types of expenses within a given time frame), Medicaid begins to provide benefits. For these consumers, usually the spend-down requirement has to be met annually.

Consumers who want to know more should be encouraged to call their state Medicaid program to see if they qualify, learn how to apply, and their particular state's requirement for spend down.

Close

Medicaid Eligibility (Slide Layer)

DSNP Overview

- Medicaid Overview
- Medicare Savings Program (MSP)
- Full Dual Eligible
- Partial Dual Eligible
- Dual Eligible Categories
- Medicaid Spend Down
- Medicaid Eligibility

Medicaid Eligibility

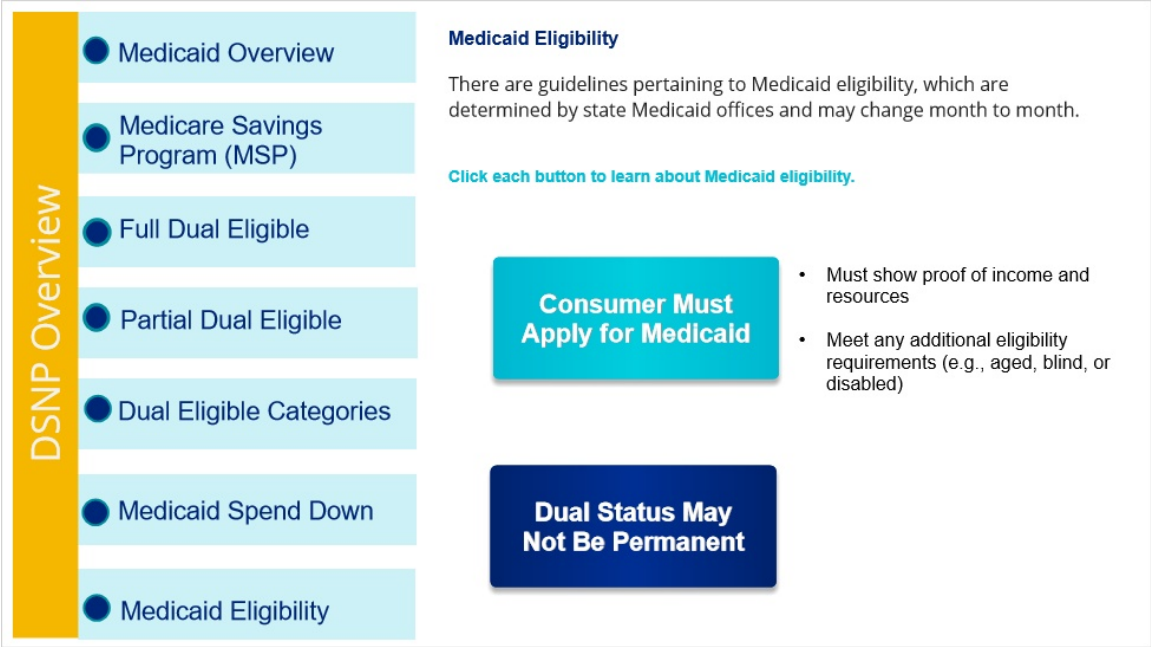
There are guidelines pertaining to Medicaid eligibility, which are determined by state Medicaid offices and may change month to month.

Click each button to learn about Medicaid eligibility.

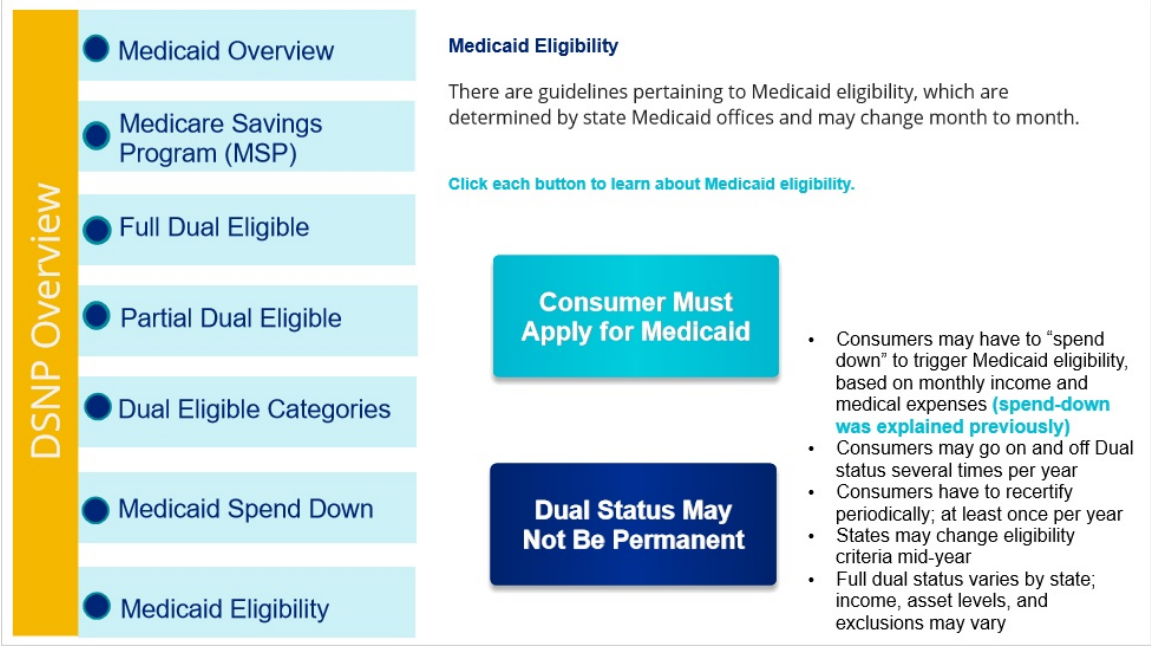
Consumer Must Apply for Medicaid

Dual Status May Not Be Permanent

Medicaid Eligibility - Consumer Must (Slide Layer)

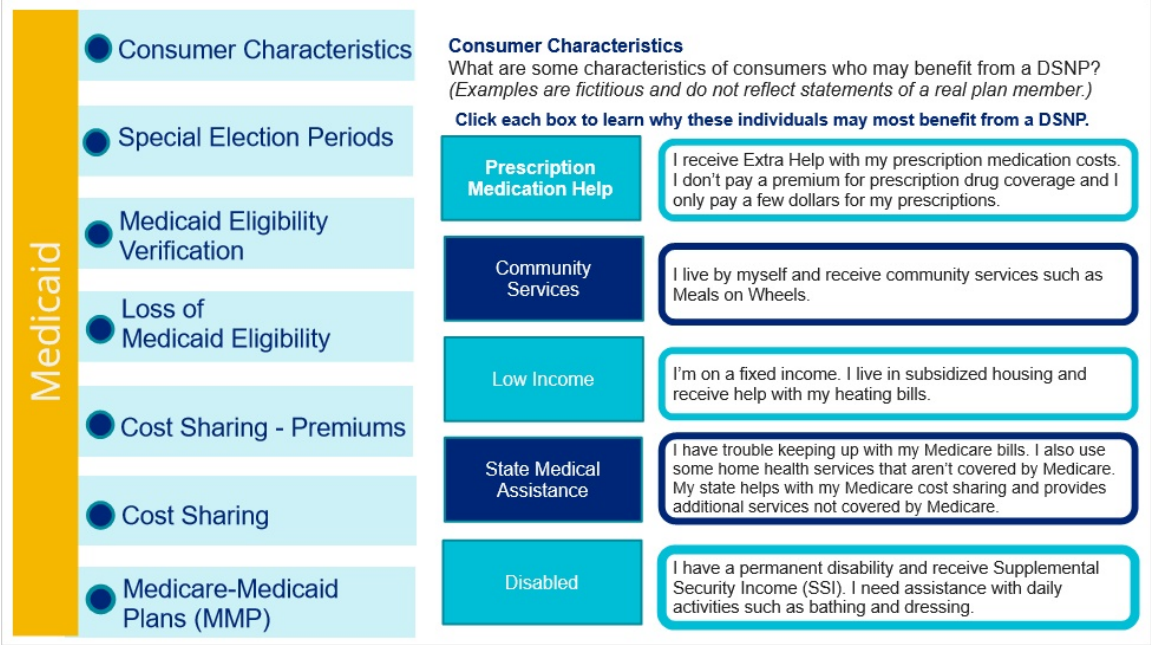


Medicaid Eligiblity - Dual Status (Slide Layer)

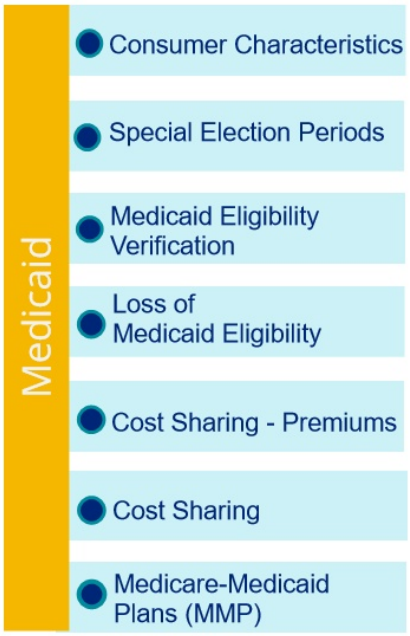


5.4 Medicaid

Consumer Characteristics (Slide Layer)



Special Election Periods (Slide Layer)



Special Election Periods

The Center for Medicare and Medicaid Services (CMS) grants Dual Eligible consumers a special election period in addition to the IEP, AEP, and OEP election periods.

DSNP consumers are permitted to enroll or disenroll **once per calendar quarter from January 1 through September 30** using the Dual/LIS Maintaining SEP.

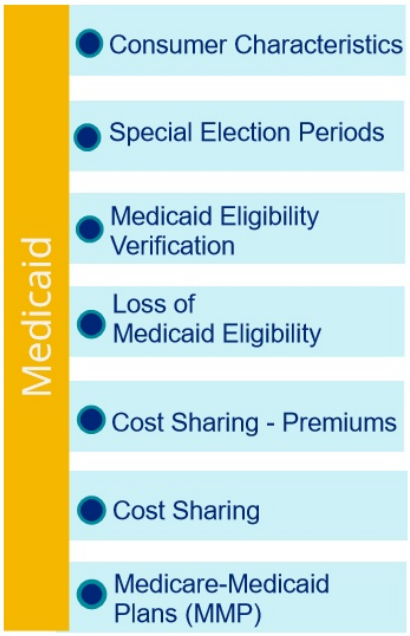
During AEP, DSNP consumers may not switch plans, but may elect a new plan for a January 1 effective date.

For more information, please check the Election Period Booklet (available on Learning Lab*). Also, the Medicare and You Handbook available at Medicare.gov will provide additional information. Consumers may incur penalties if they do not enroll for either Medicare Part B or Medicare Part D during their initial eligibility period.*

For more information on Medicare Part B penalties, see the Medicare and You Handbook.

For more information on Medicare Part D penalties, see the Late Enrollment Penalties topic in the Medicare Prescription Drug Plans section.

Medicaid Eligibility Verification (Slide Layer)



Medicaid Eligibility Verification

A consumer's Medicaid status can be verified during the sales process for most states. For eligible states, field sales agents should use the Medicare Medicaid Eligibility Lookup tool on *Jarvis* to determine Medicare and Medicaid eligibility for consumers and members. For states that are not available in the look up tool, the agent should call the Producer Help Desk (PHD).

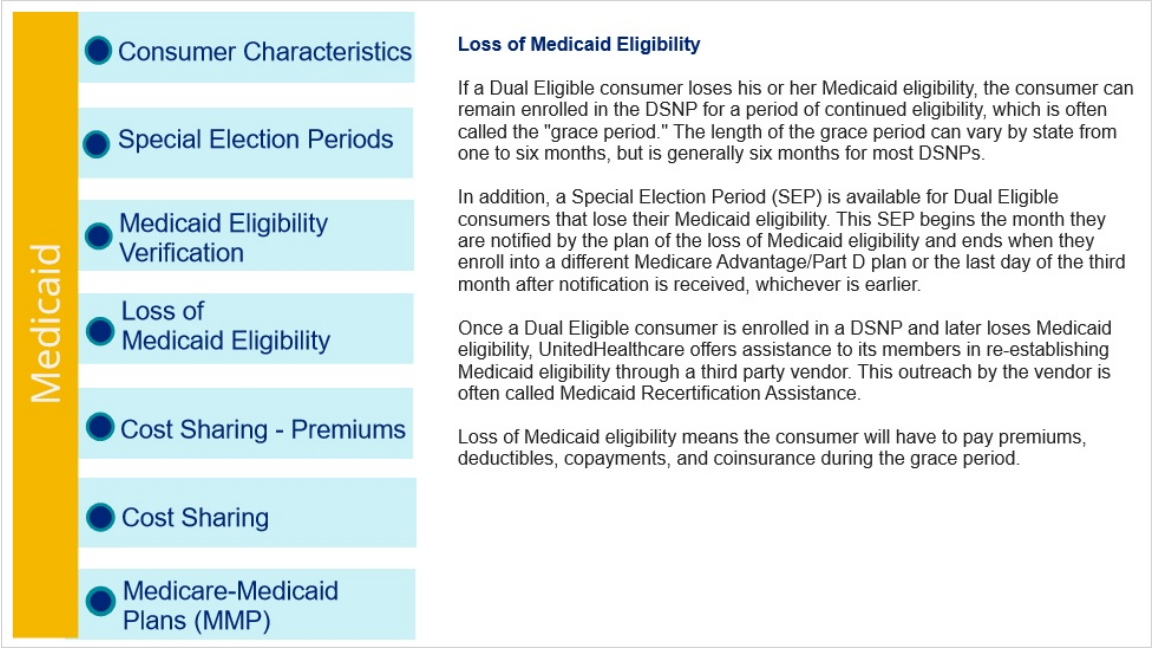
Review the Medicare Medicaid Eligibility Lookup Tool job aid for instructions on how to use the tool.
(Jarvis> Knowledge Center> Learning Lab> Content Library> Jarvis> Additional References)

Prior to using the lookup tool or calling the PHD, the agent must be prepared with the following information about the consumer:
* Date the consumer gave the agent permission to look up their Medicare and/or Medicaid status
* Consumer's first and last name, Medicare and Medicaid numbers (or Social Security number), and date of birth.

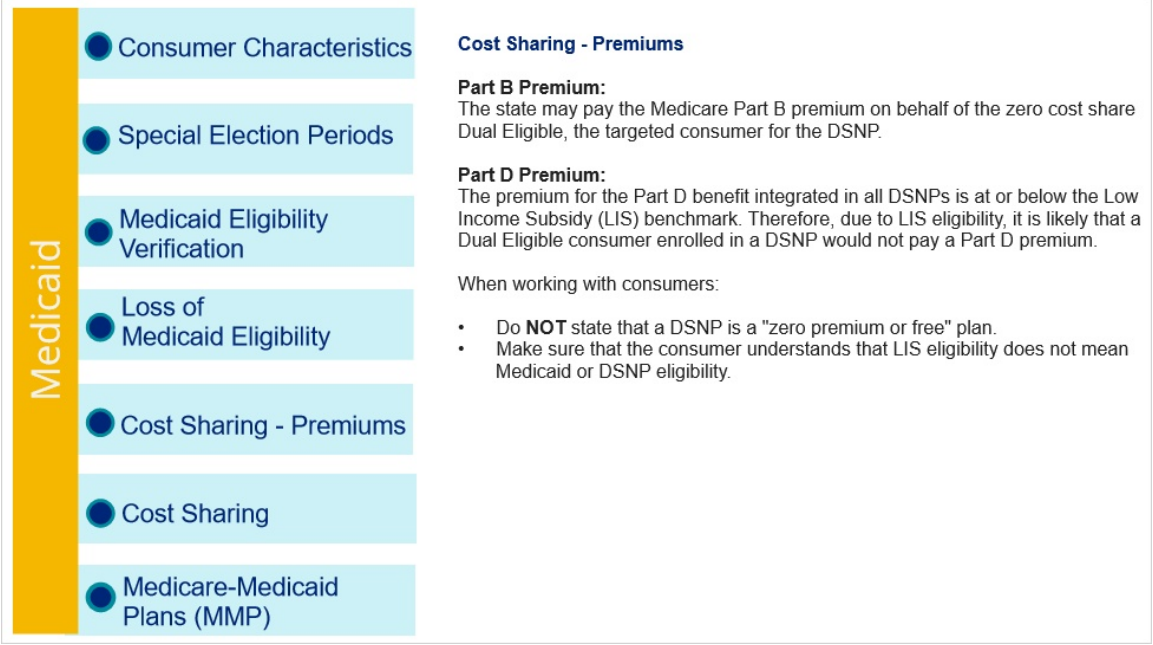
After providing the required information, the agent will receive confirmation of the consumer's Medicaid eligibility status and level of benefits, if the consumer is eligible to use the Dual/LIS Maintaining SEP, and the UnitedHealthcare plans available to the consumer based on their Medicaid status.

Note: The Medicare Medicaid Eligibility Lookup Tool and PHD performs Medicaid verifications for states where UnitedHealthcare has either a DSNP or UnitedHealthcare® Medicare Advantage Assure plan.

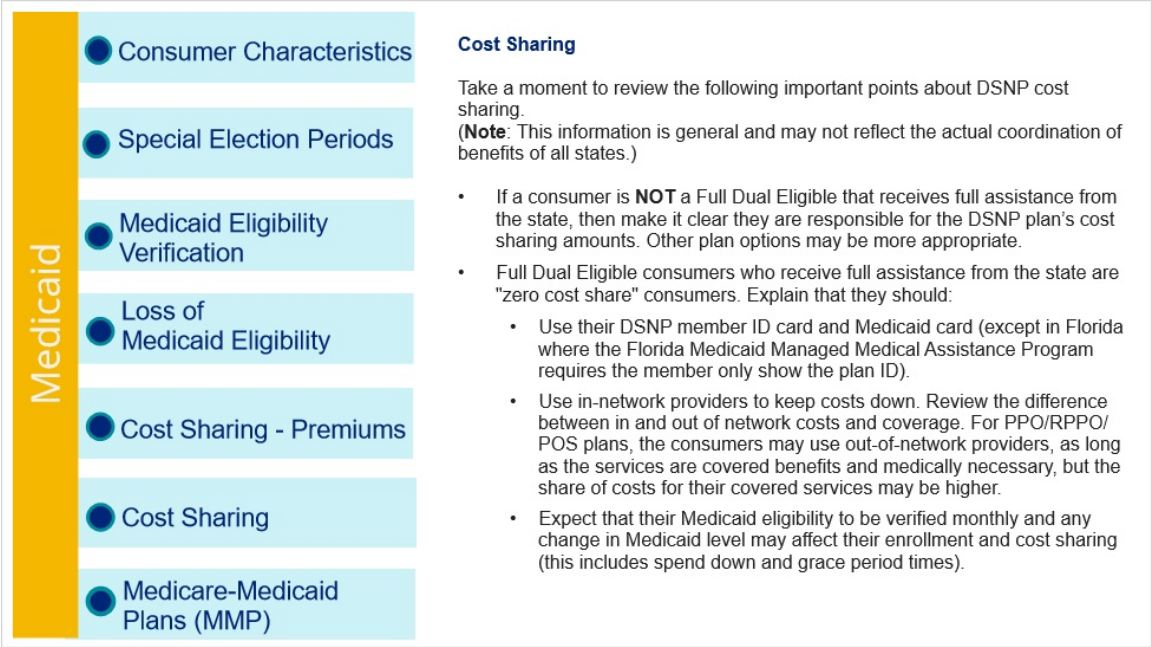
Loss of Medicaid Eligibility (Slide Layer)



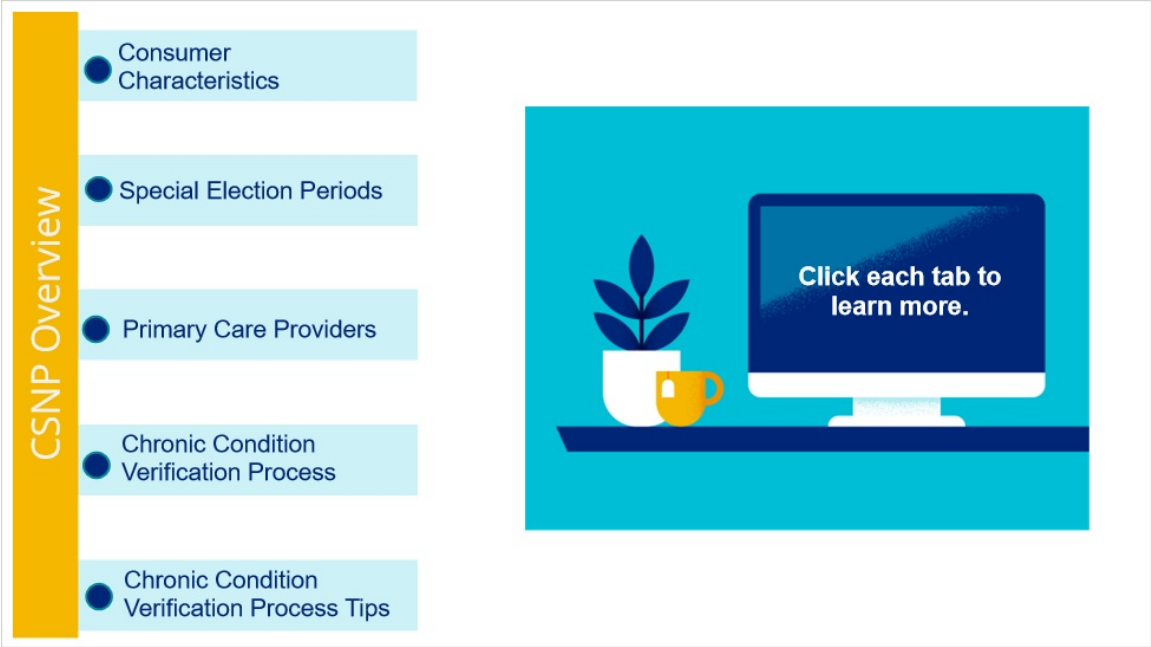
Cost Sharing - Premiums (Slide Layer)



Cost Sharing (Slide Layer)

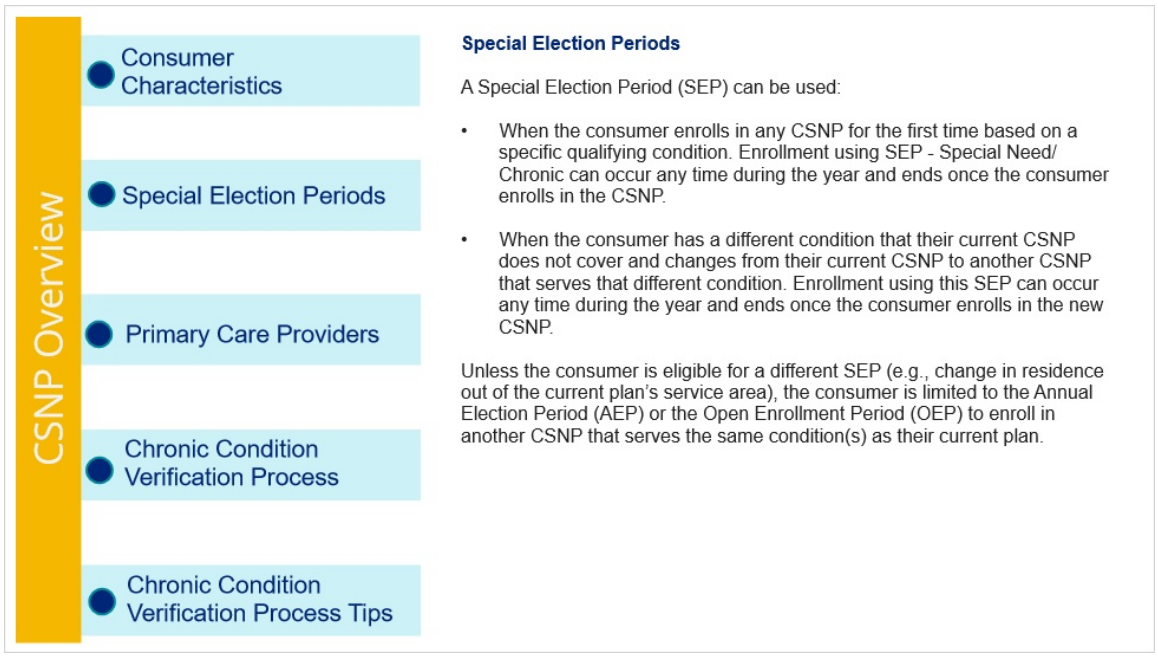


5.5 CSNP Overview

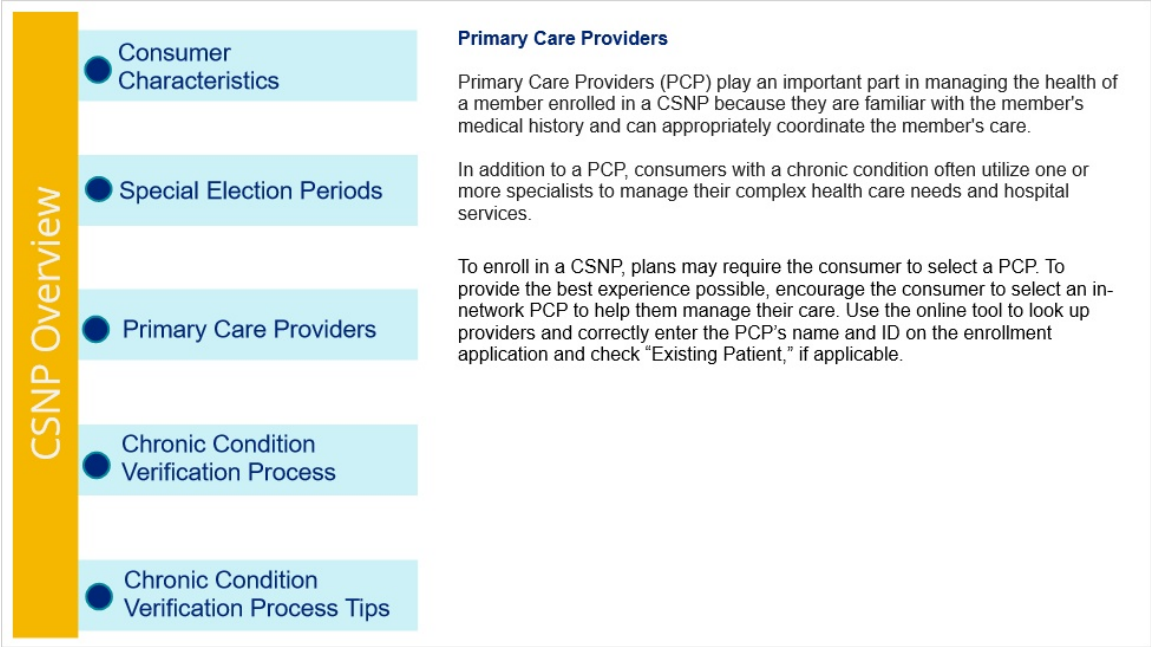


Consumer Characteristics (Slide Layer)

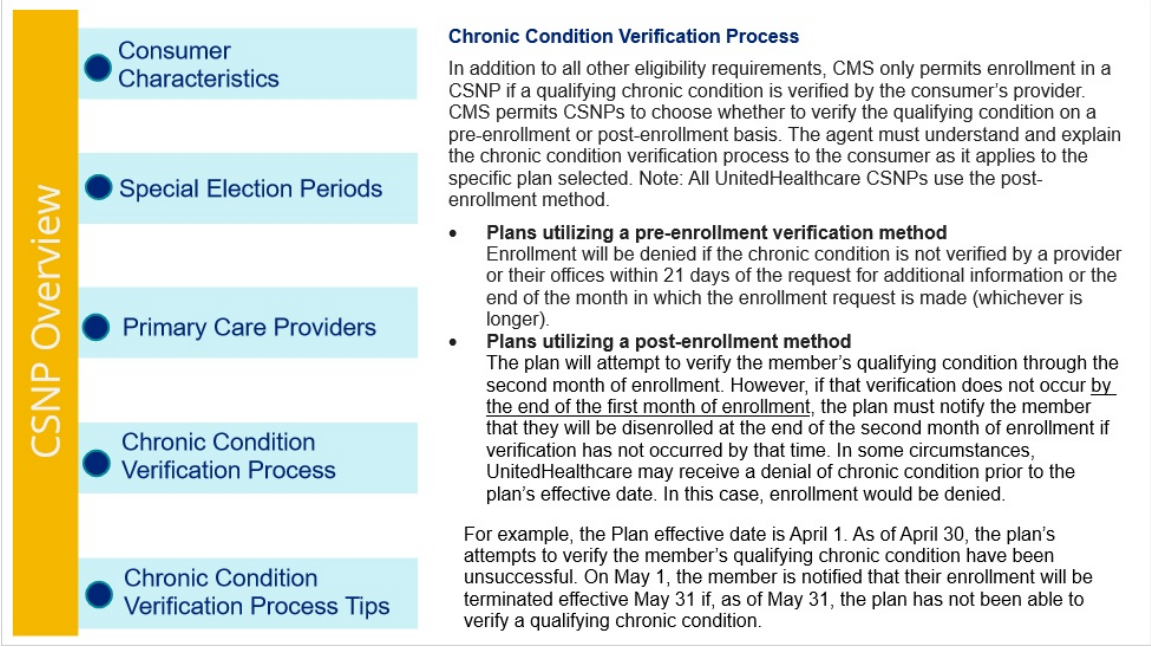
Special Election Periods (Slide Layer)



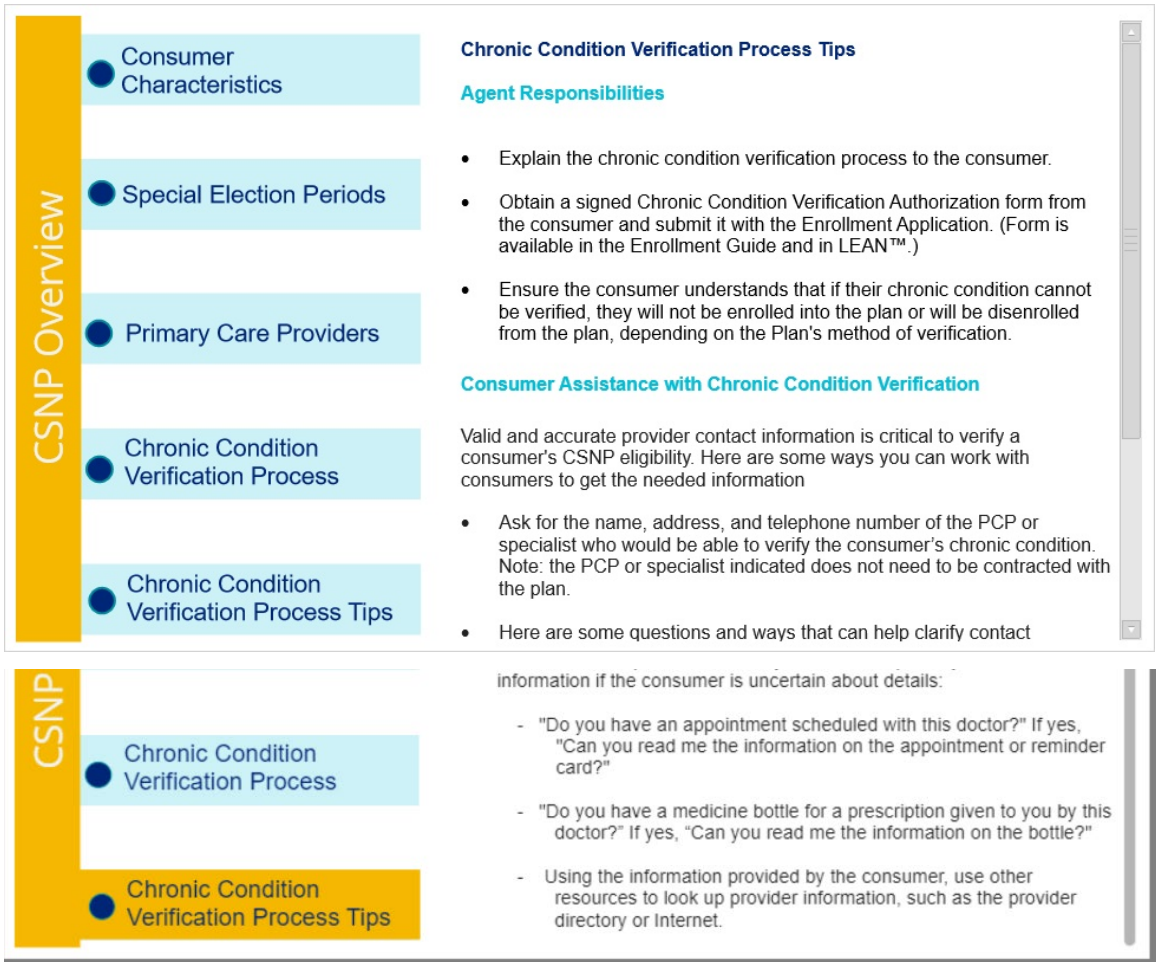
Primary Care Providers (Slide Layer)



Chronic Condition Verification Process (Slide Layer)

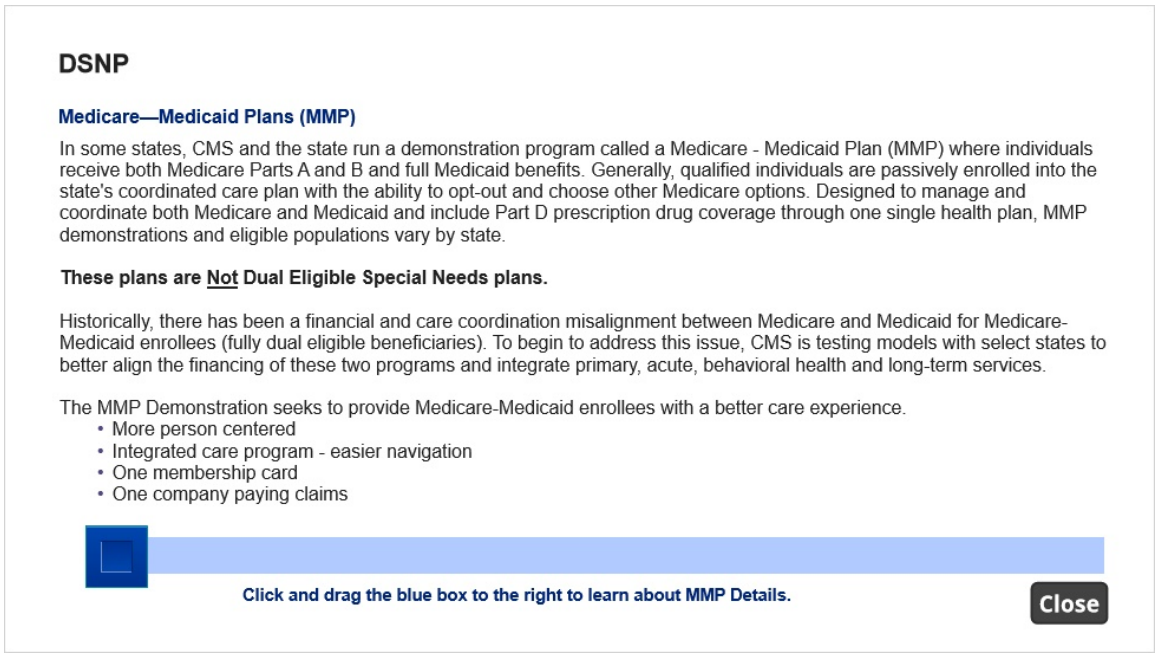


Chronic Condition Verification Process Tips (Slide Layer)

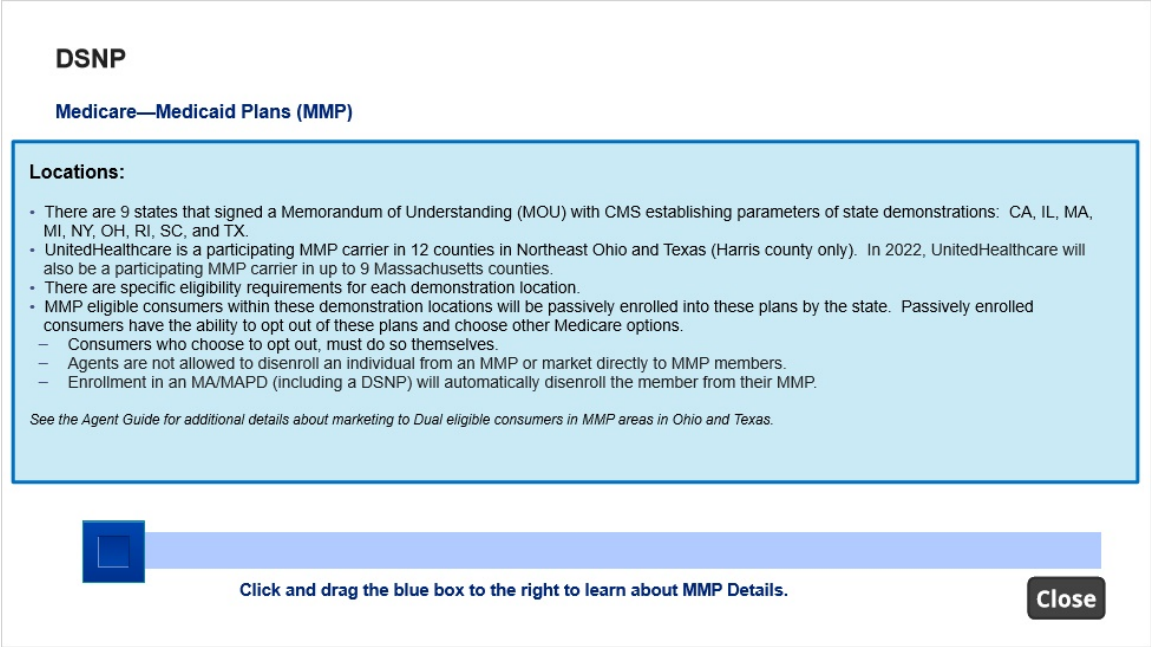


5.6

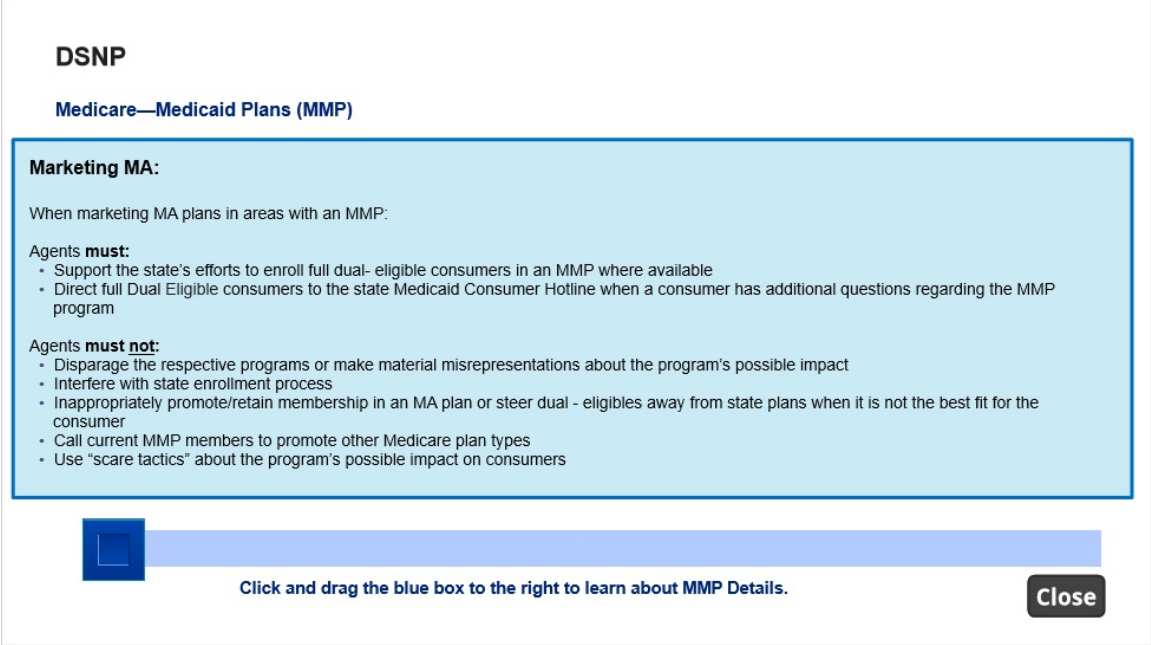
Medicare—Medicaid Plans (MMP)



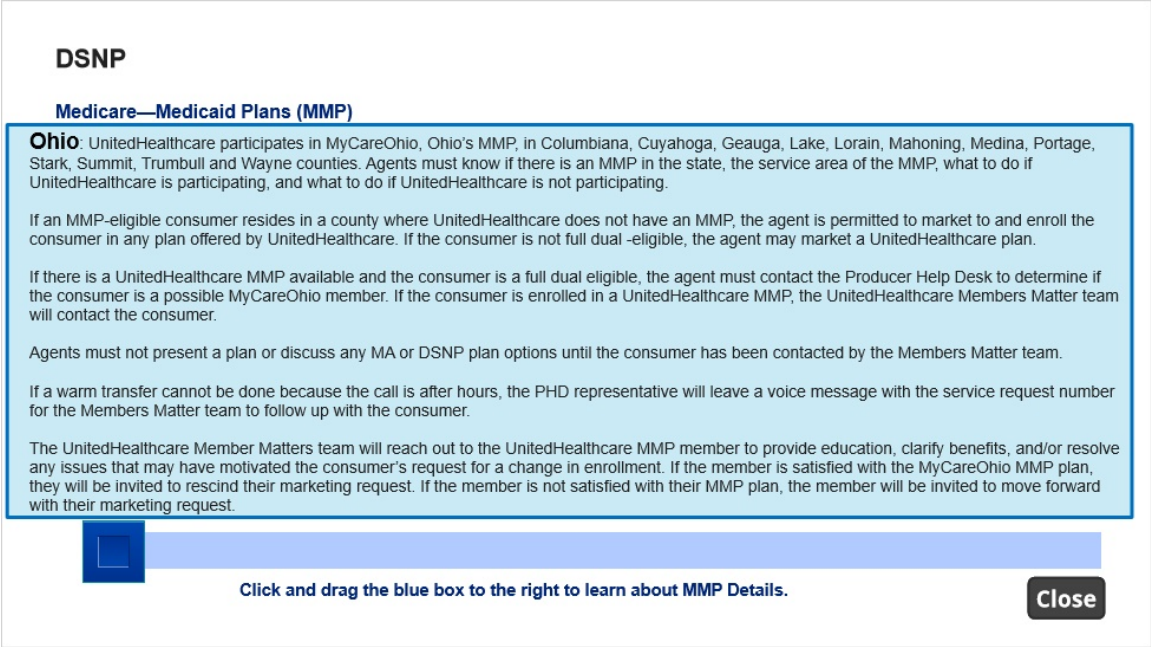
Location (Slide Layer)



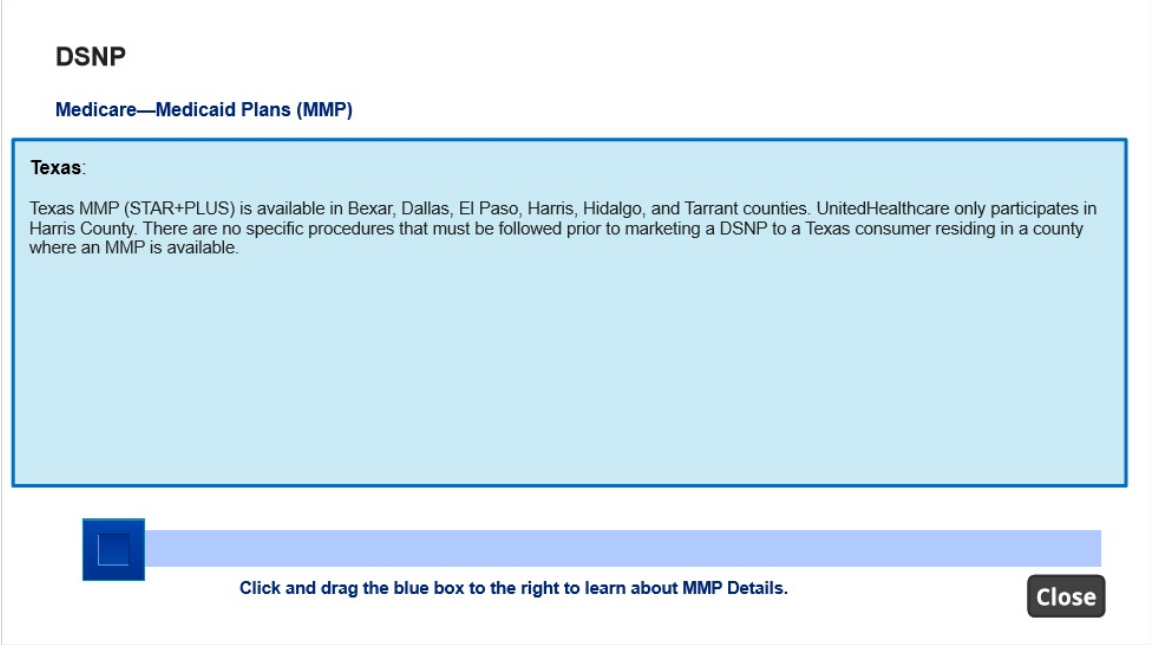
Marketing MA (Slide Layer)



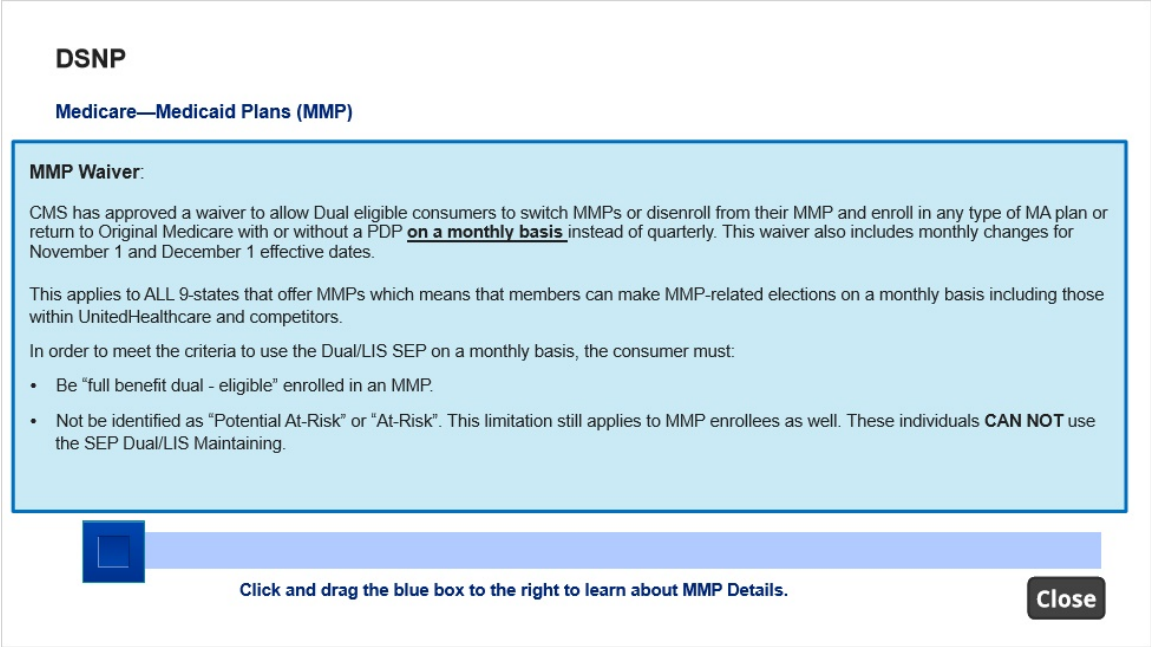
Ohio (Slide Layer)



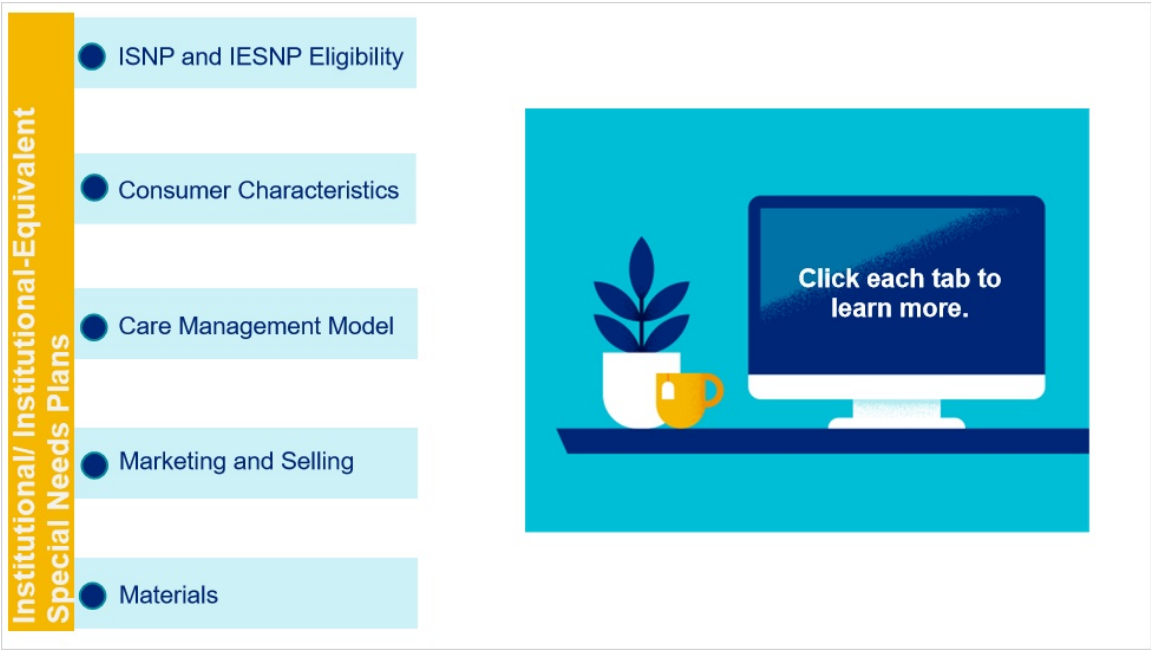
Texas (Slide Layer)



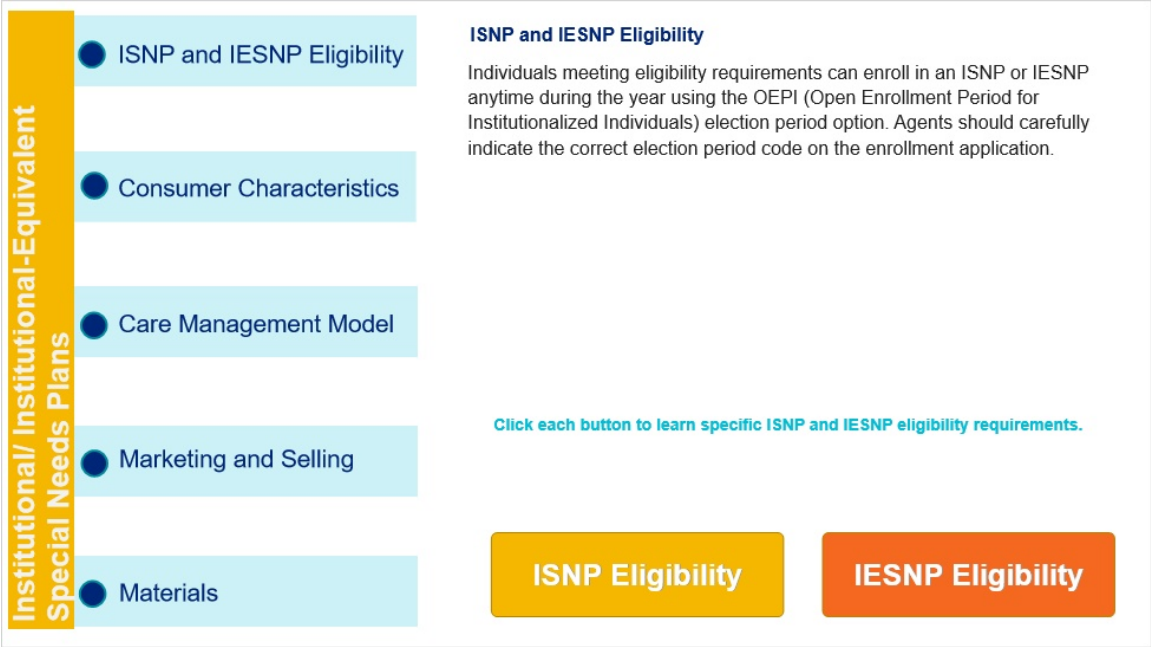
MMP Waiver (Slide Layer)



5.7 ISNP IESNP



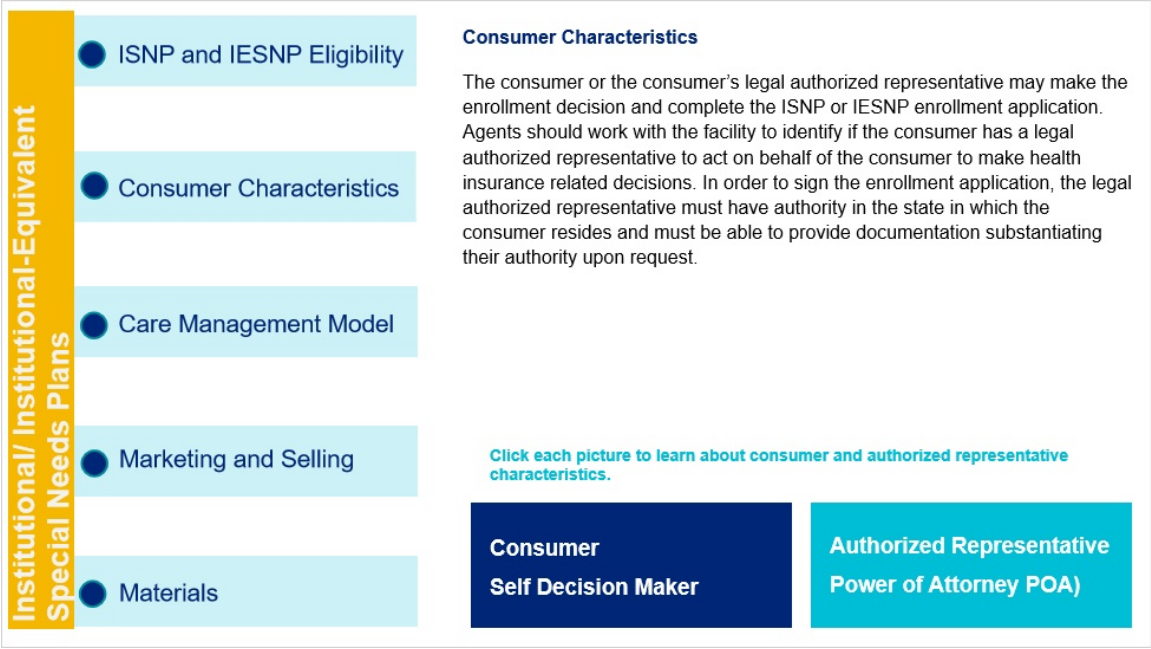
ISNP and IESNP Eligibility (Slide Layer)



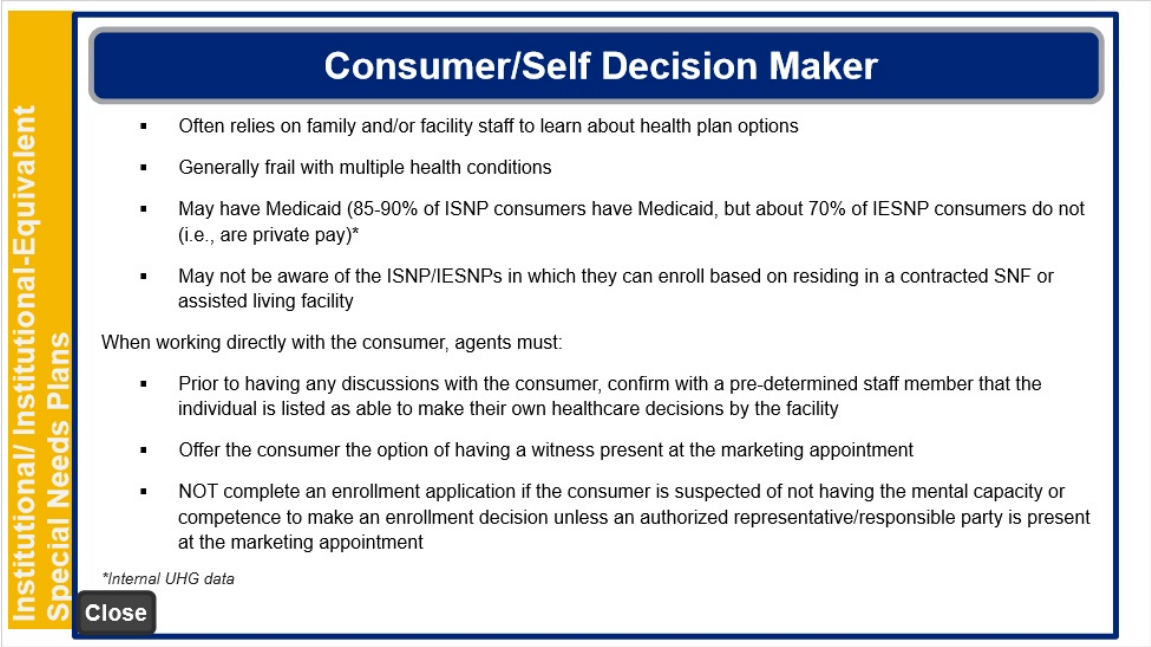
ISNP Eligibility (Slide Layer)

IESNP Eligibility (Slide Layer)

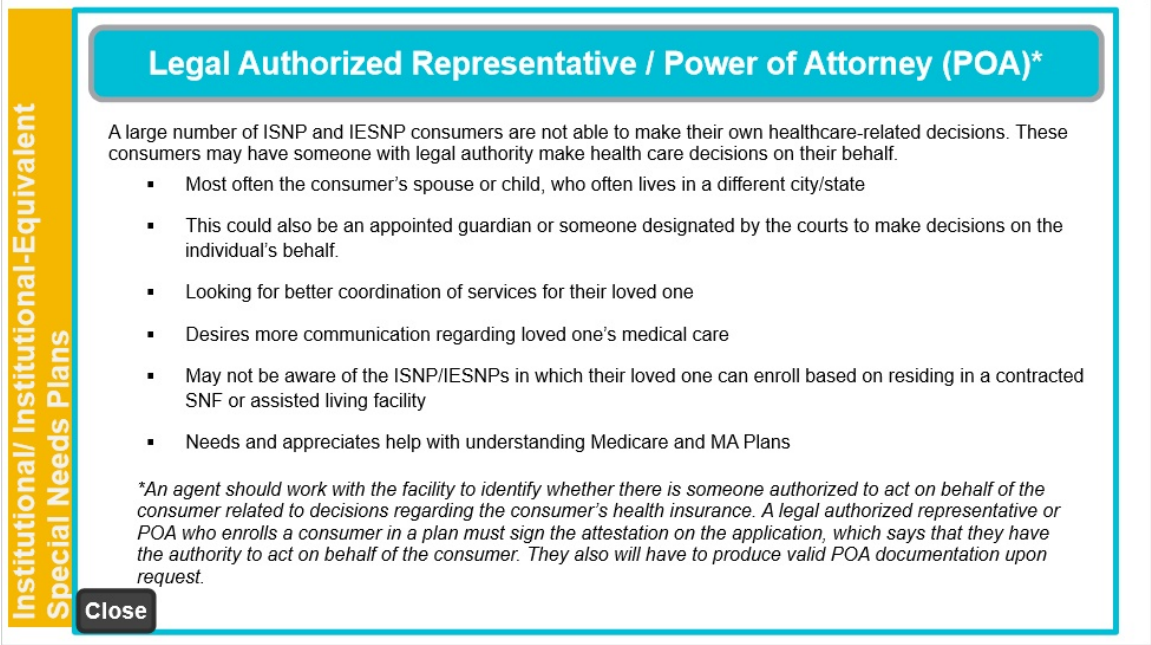
Consumer Characteristics (Slide Layer)



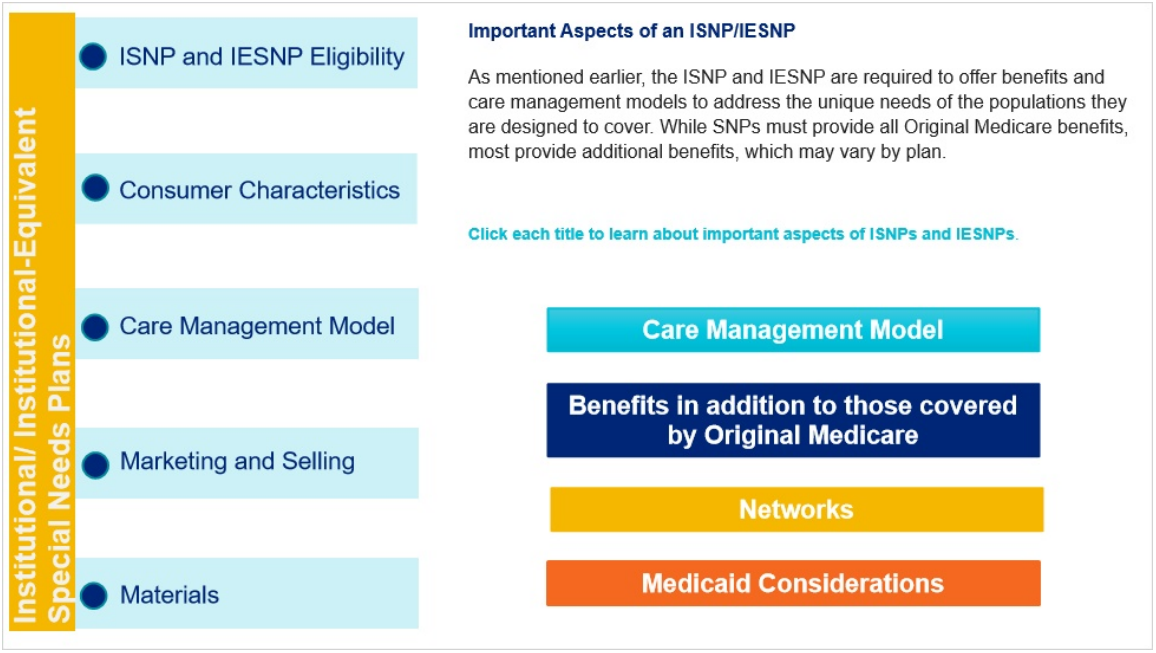
Consumer (Slide Layer)



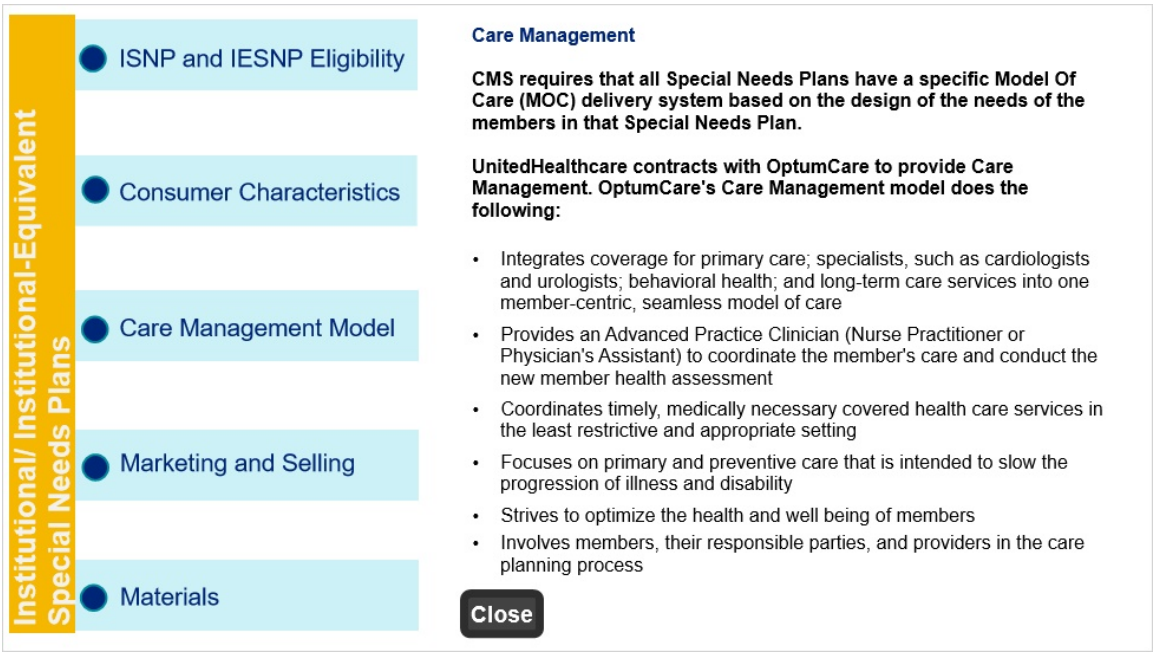
POA (Slide Layer)



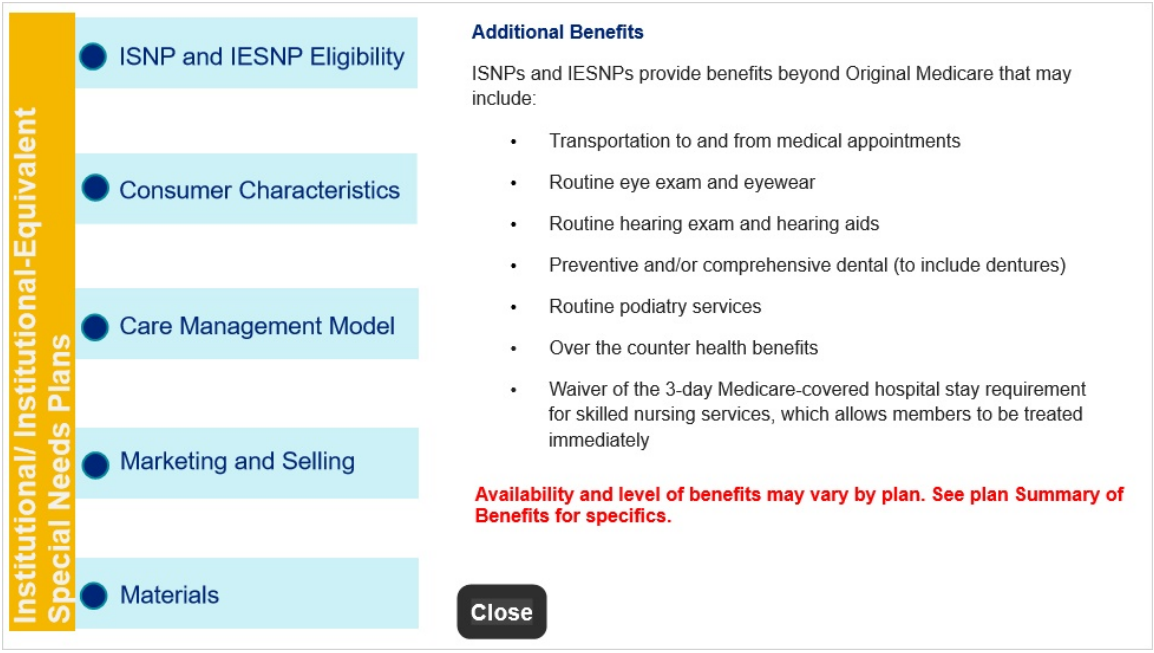
Care Management Model (Slide Layer)



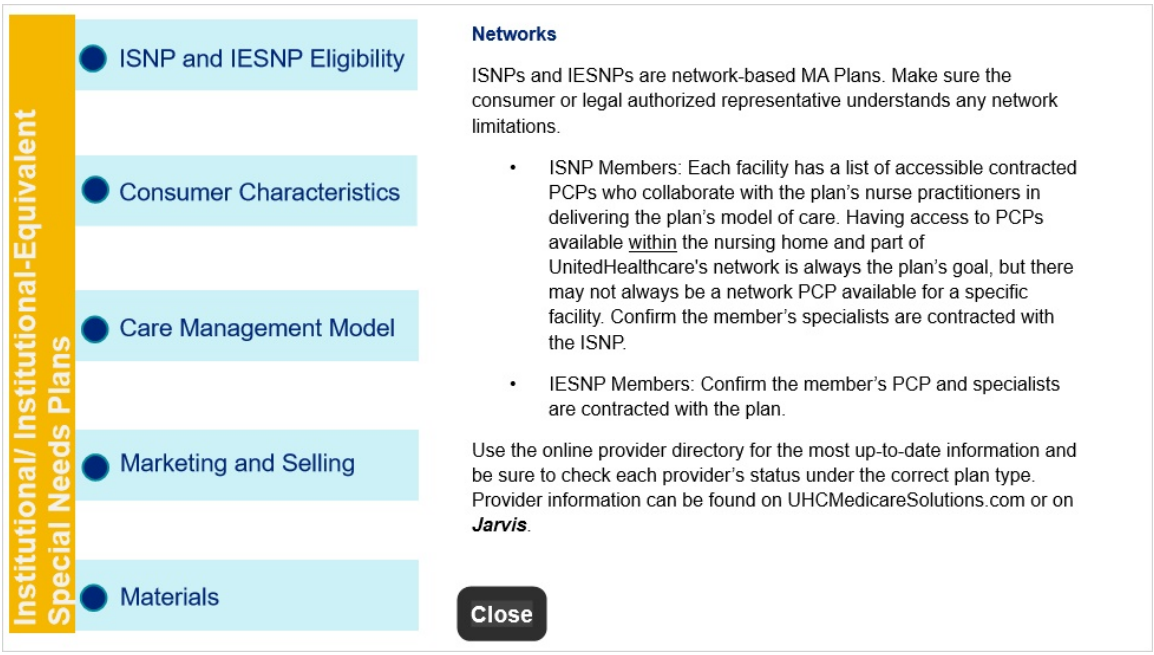
Care Management (Slide Layer)



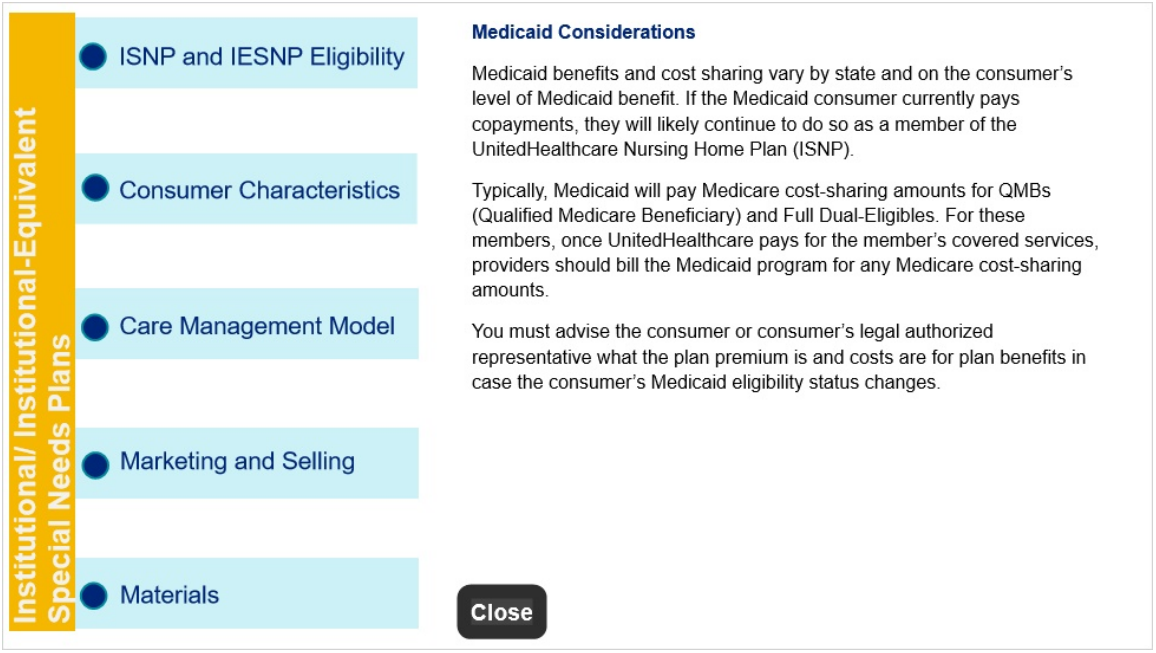
Additional Benefits (Slide Layer)



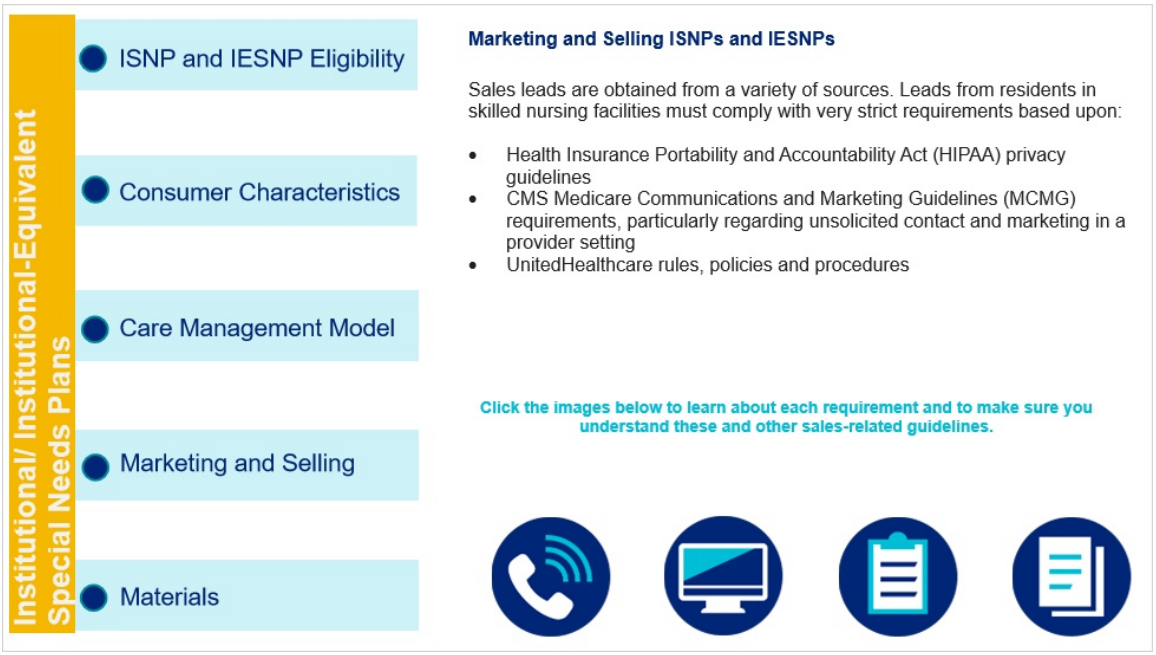
Networks (Slide Layer)



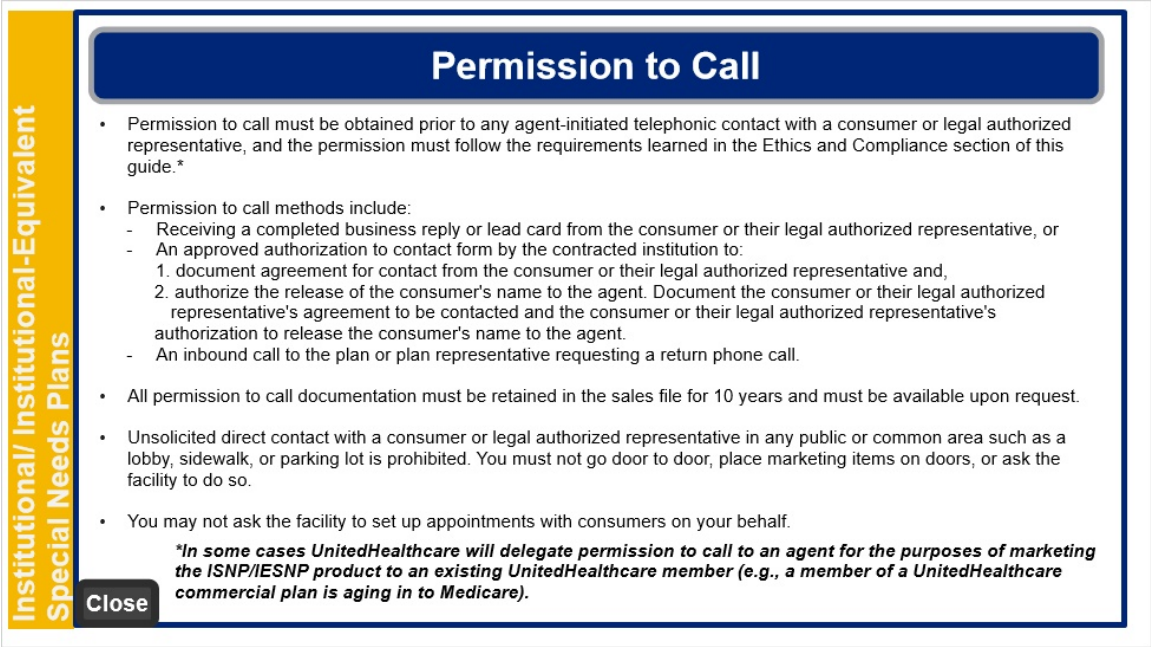
Medicaid Considerations (Slide Layer)



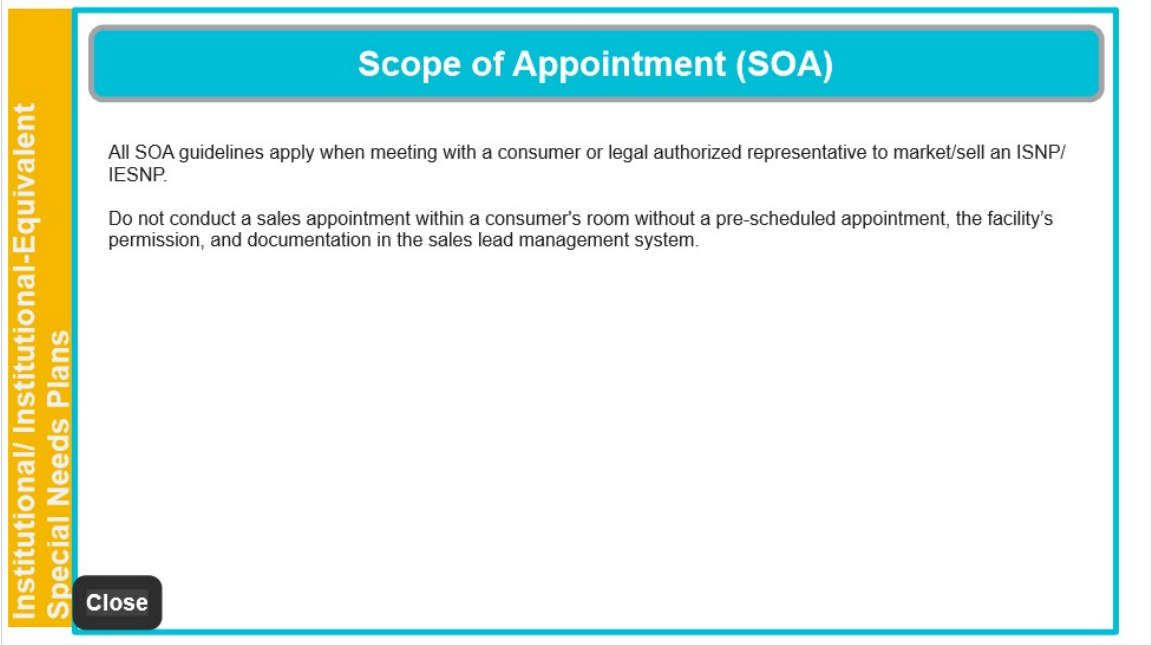
Marketing and Selling ISNPs and IESNPs (Slide Layer)



PTC (Slide Layer)

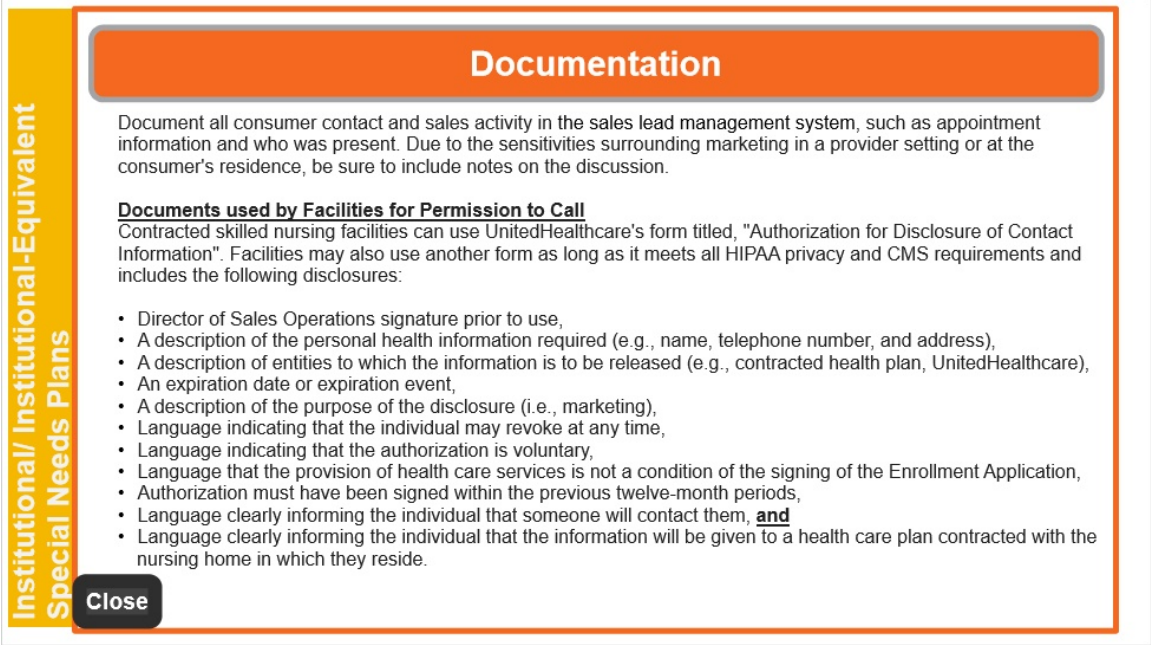


SOA (Slide Layer)

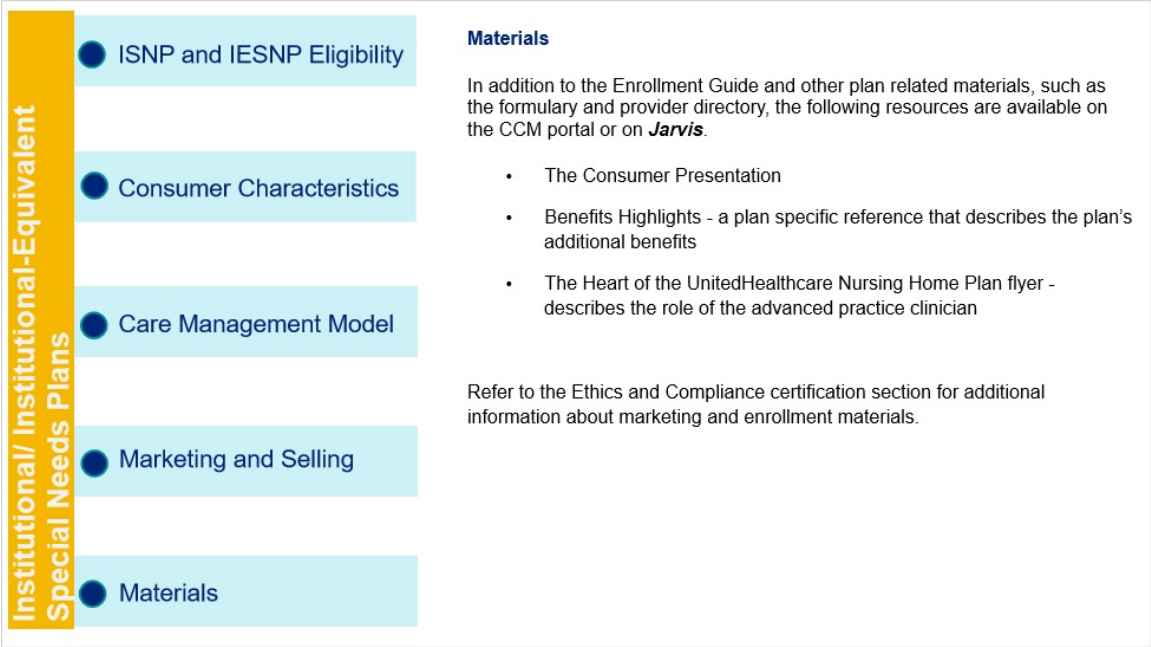


Provider Activities Guidelines (Slide Layer)

Documentation (Slide Layer)

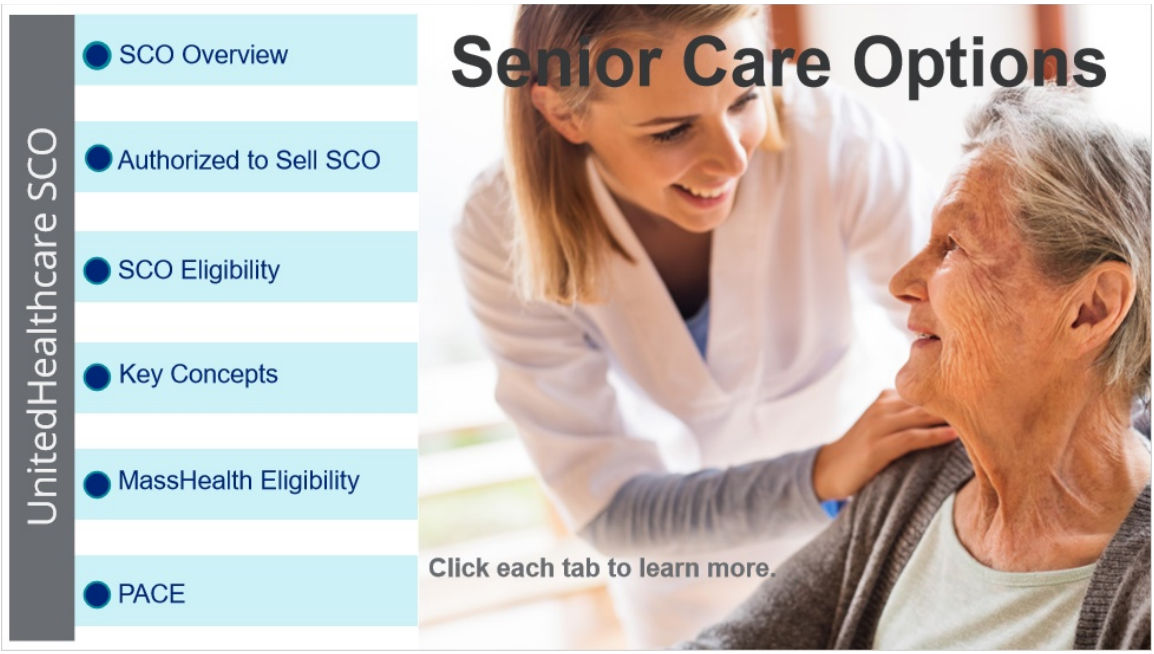


Materials (Slide Layer)

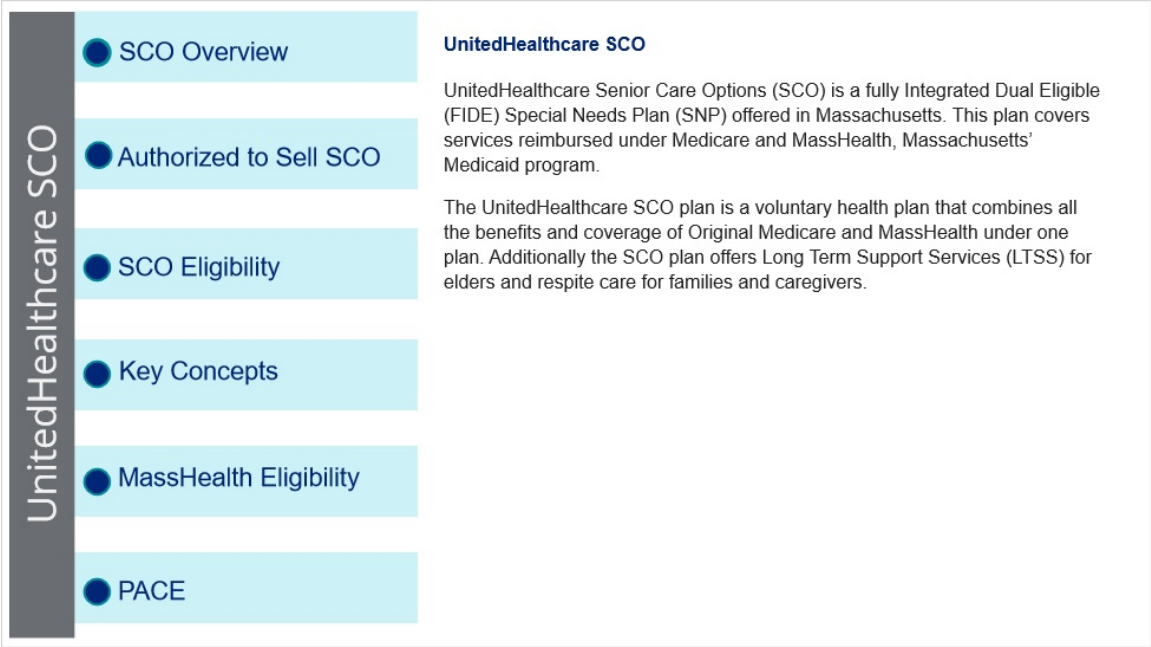


6. UnitedHealthcare SCO

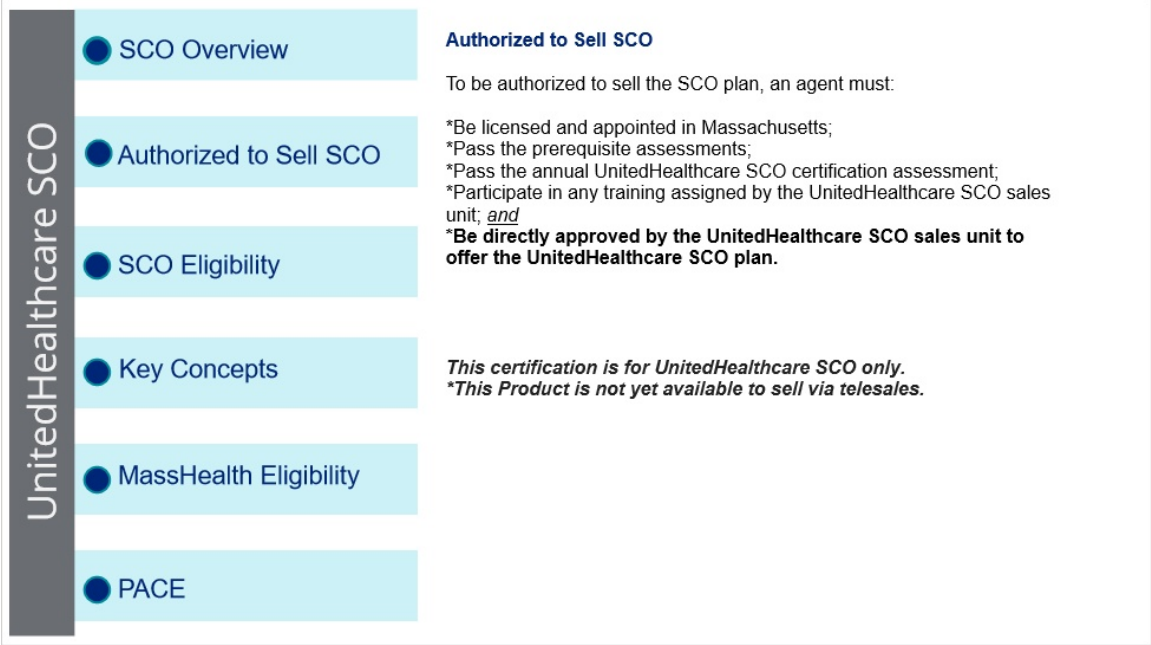
6.1 Senior Care Options



SCO Overview (Slide Layer)

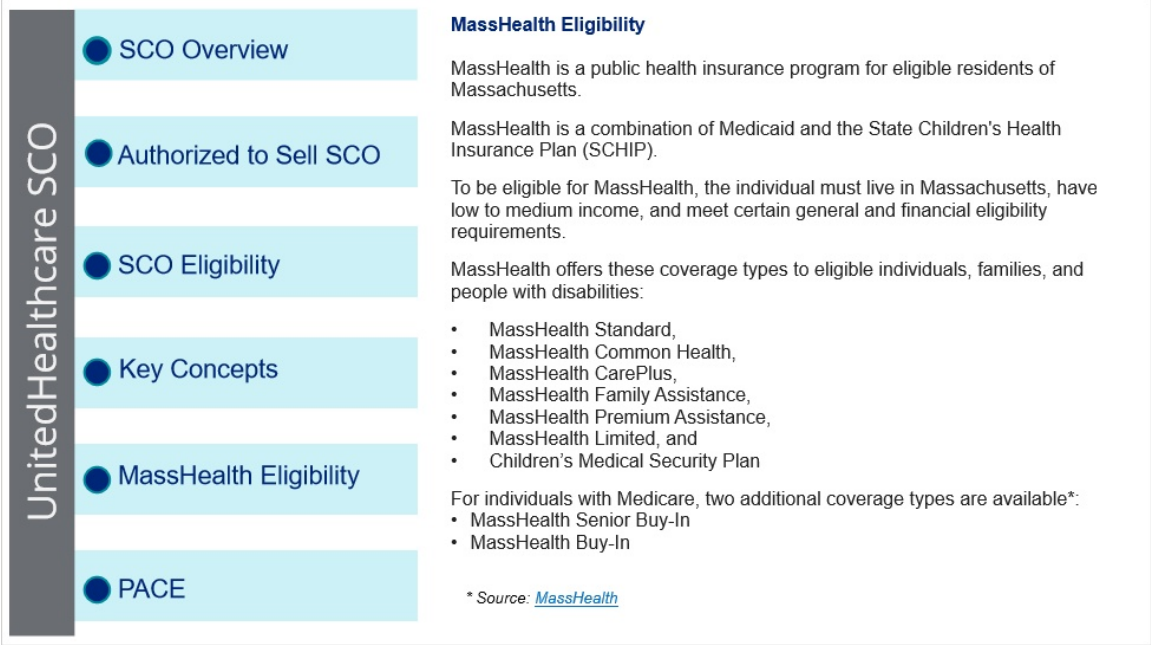


Authorized to Sell SCO (Slide Layer)

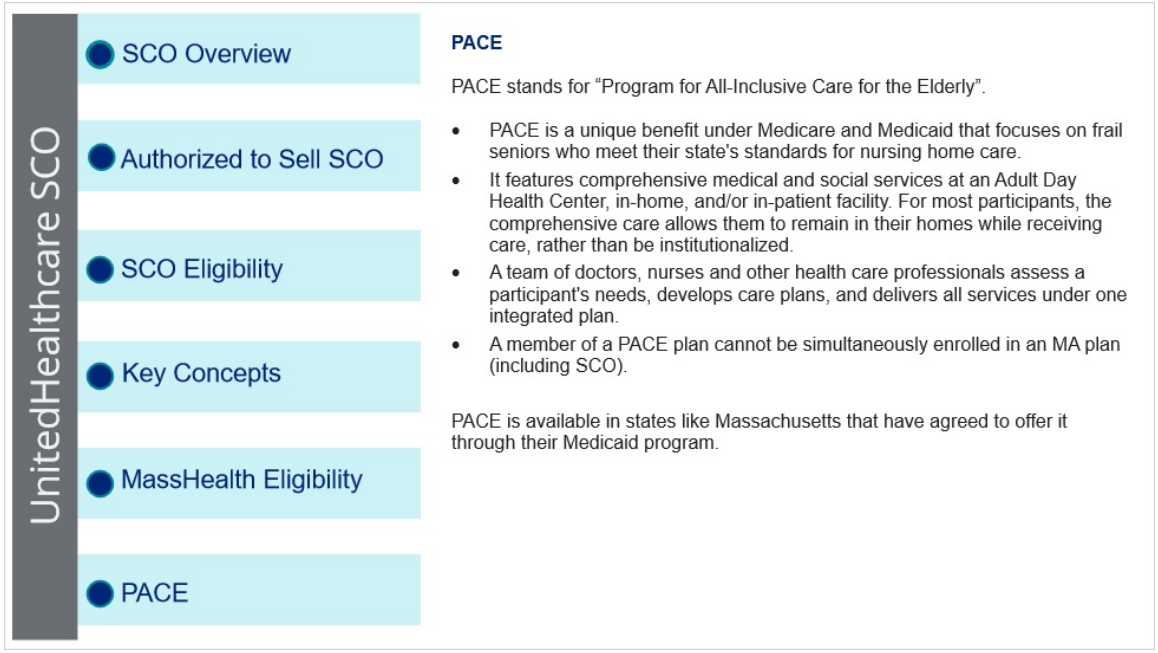


Key Concepts (Slide Layer)

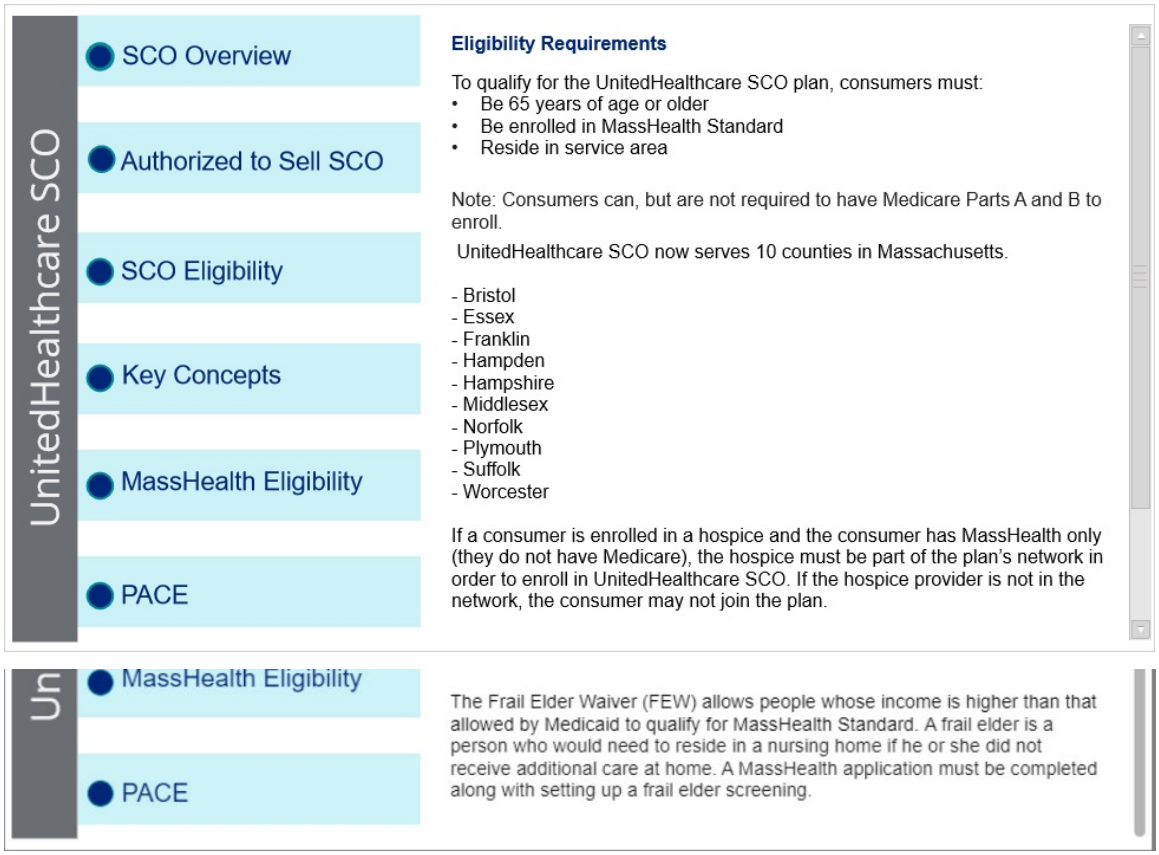
MassHealth Eligibility (Slide Layer)



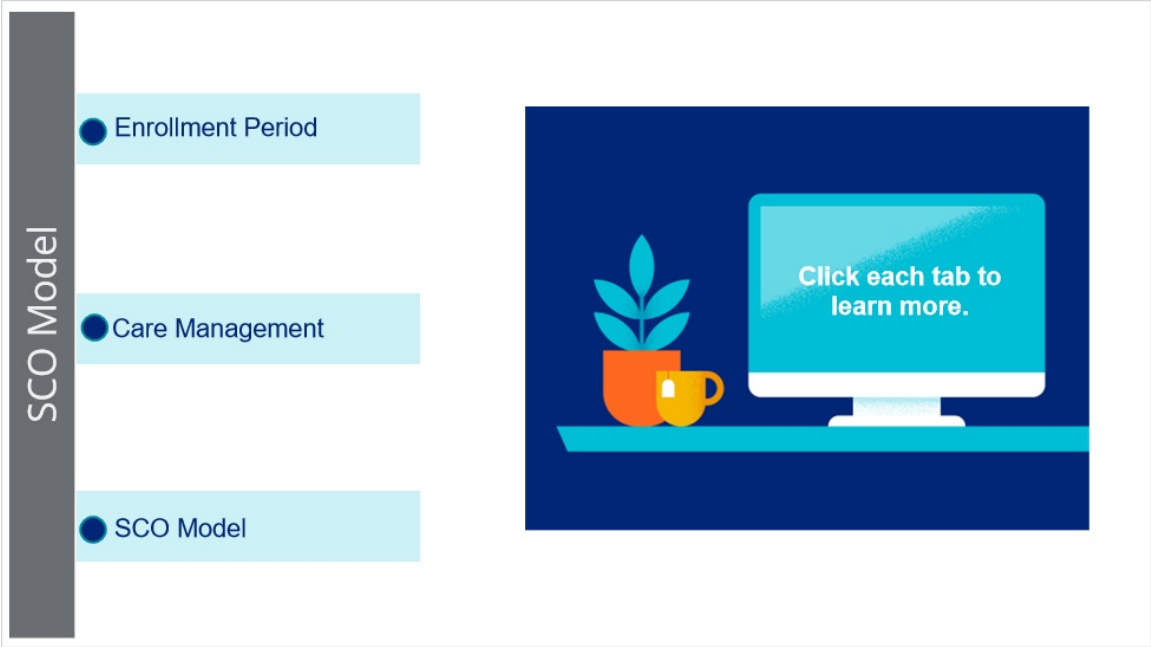
PACE (Slide Layer)



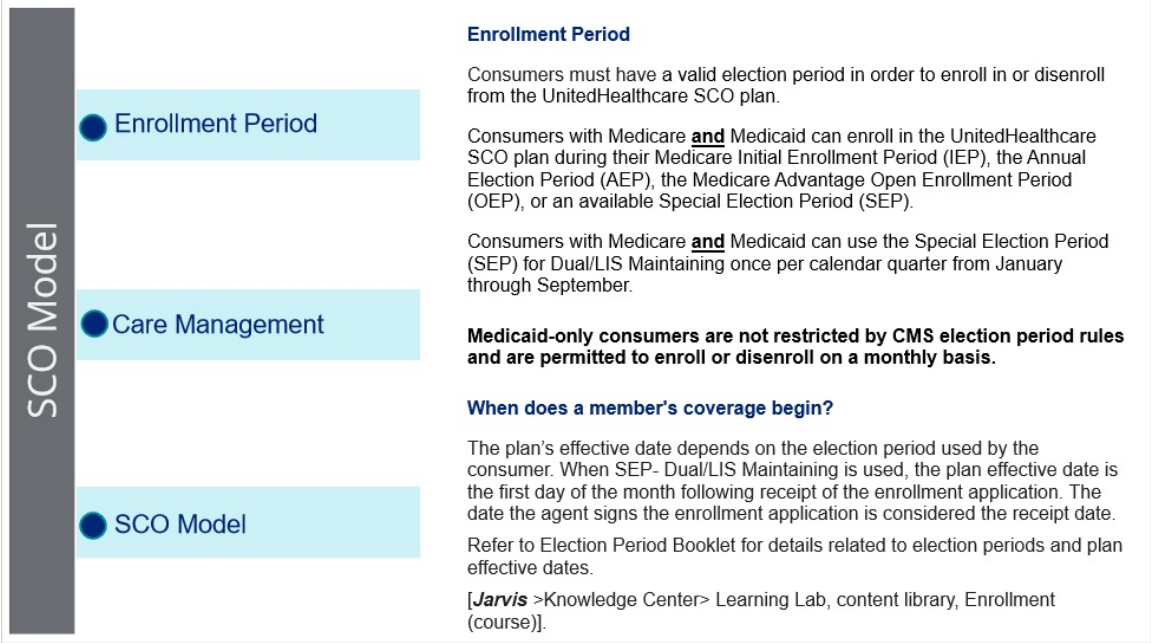
SCO Eligibility (Slide Layer)



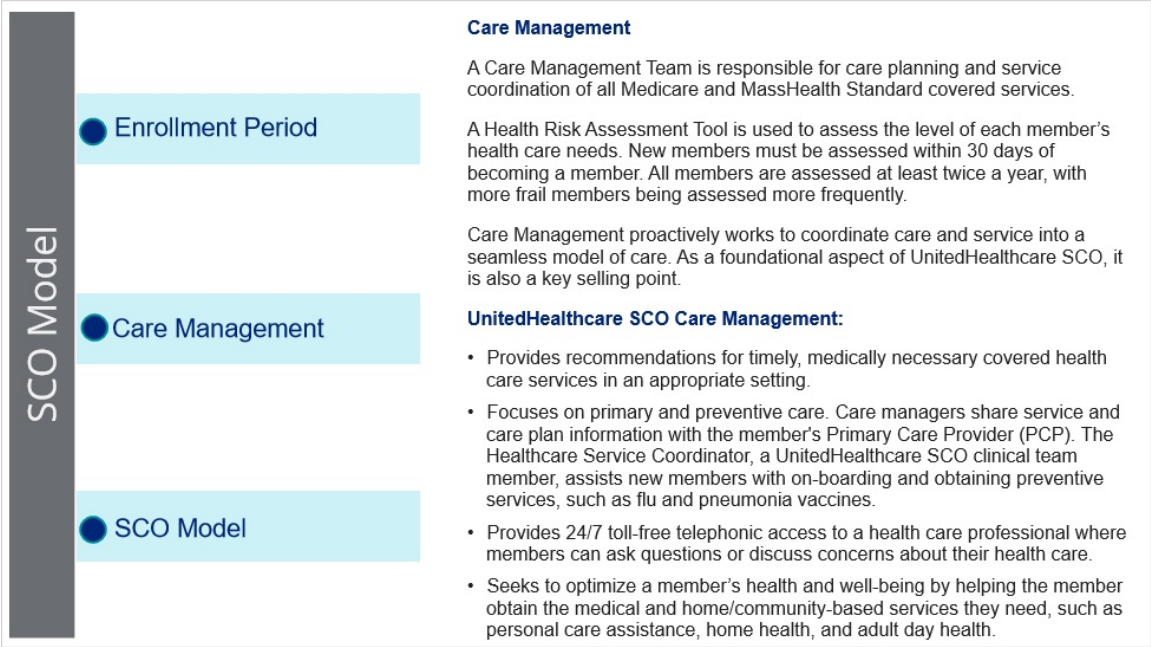
6.2 SCO Model



Enrollment Period (Slide Layer)

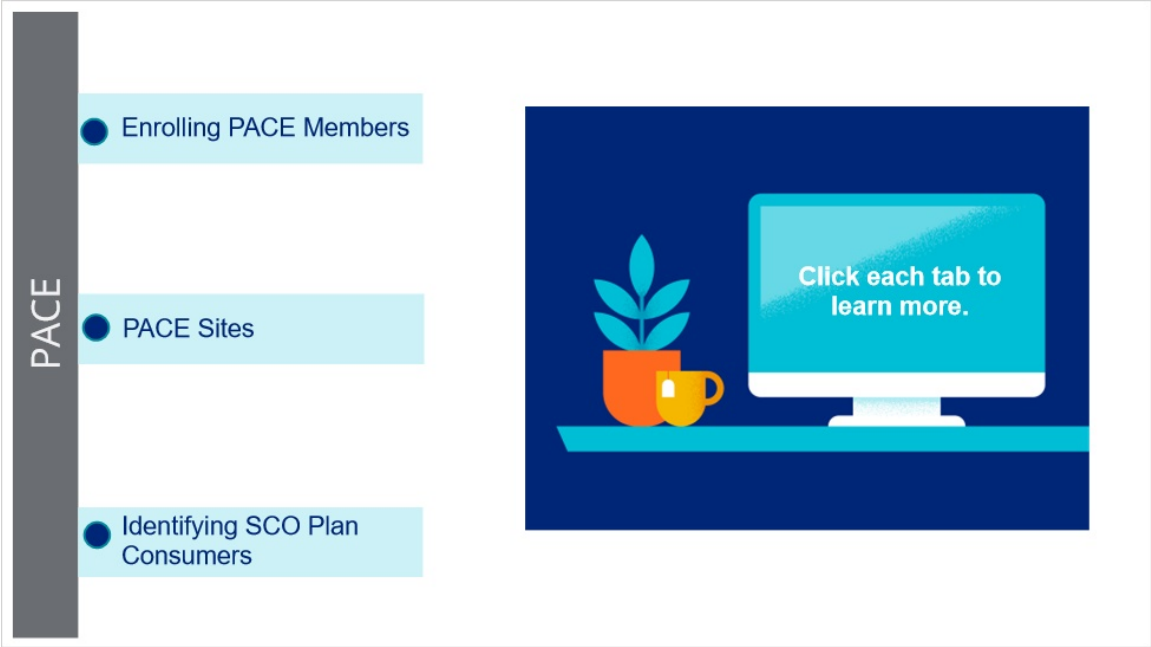


Care Management (Slide Layer)

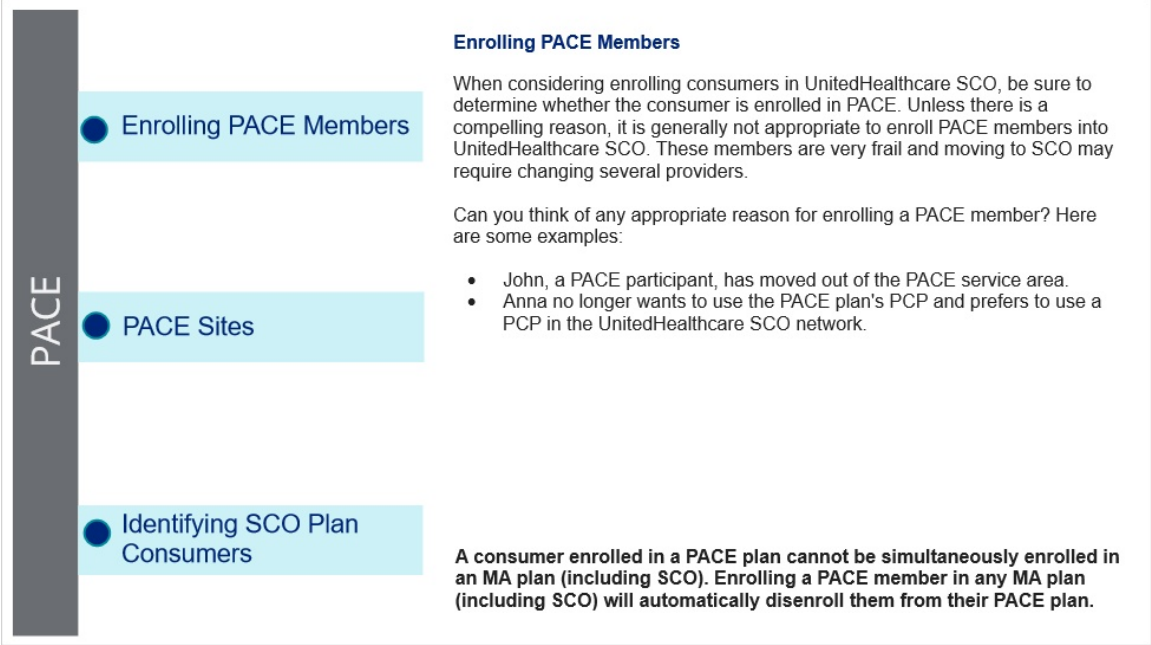


SCO Model (Slide Layer)

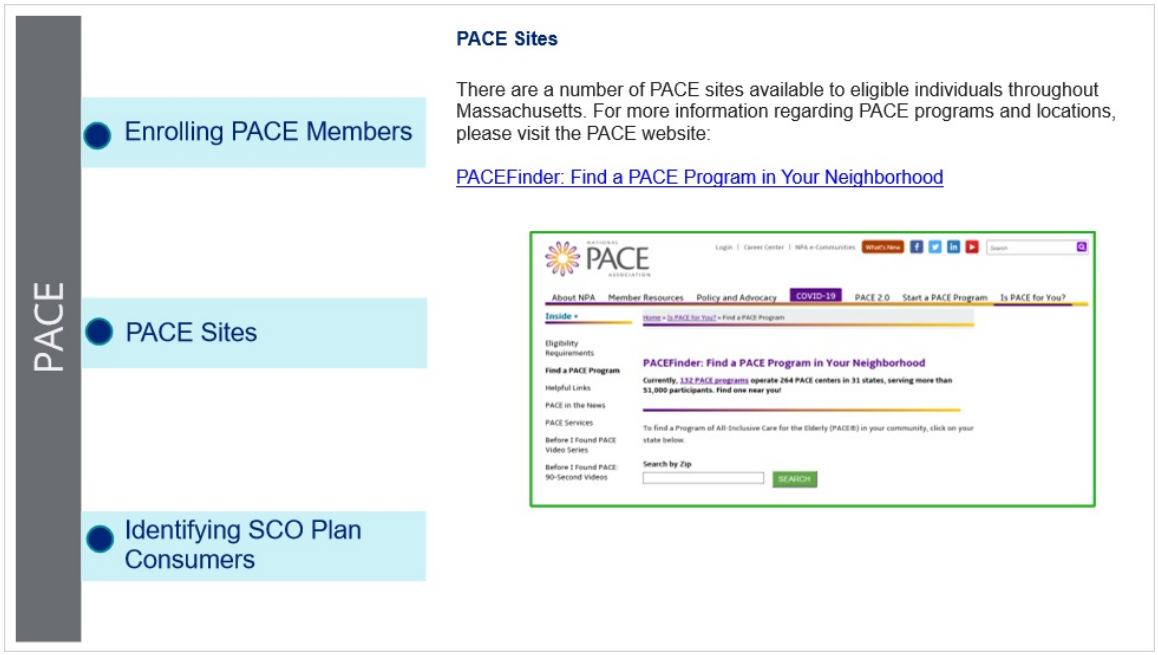
6.3 PACE



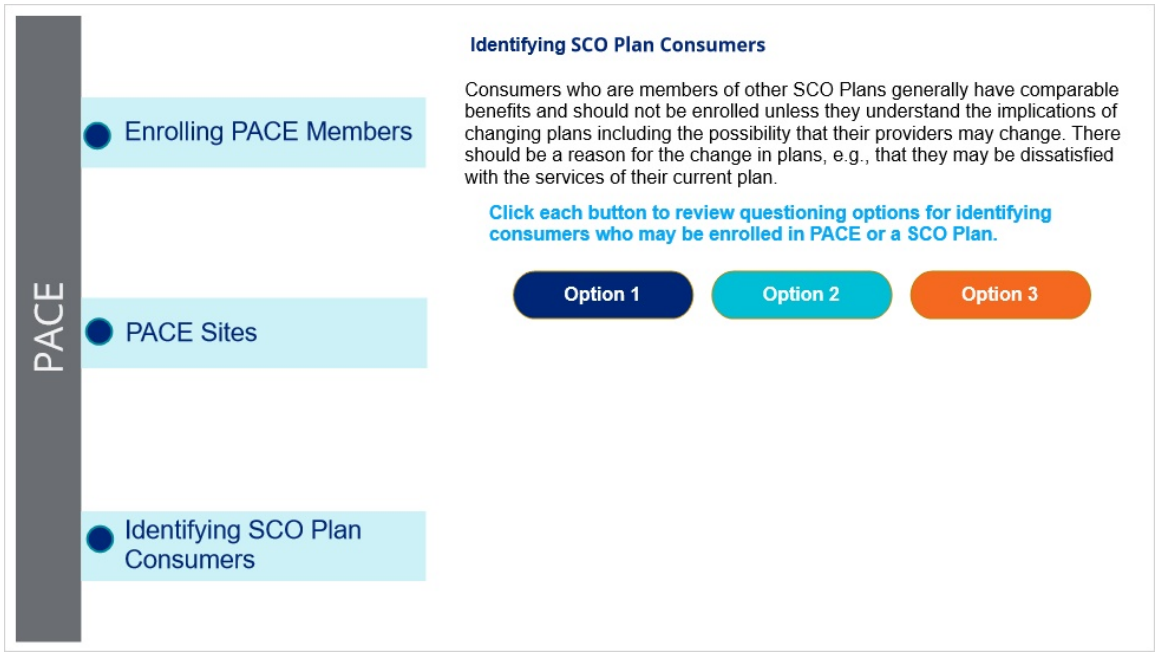
PACE and other SCO Plans (Slide Layer)



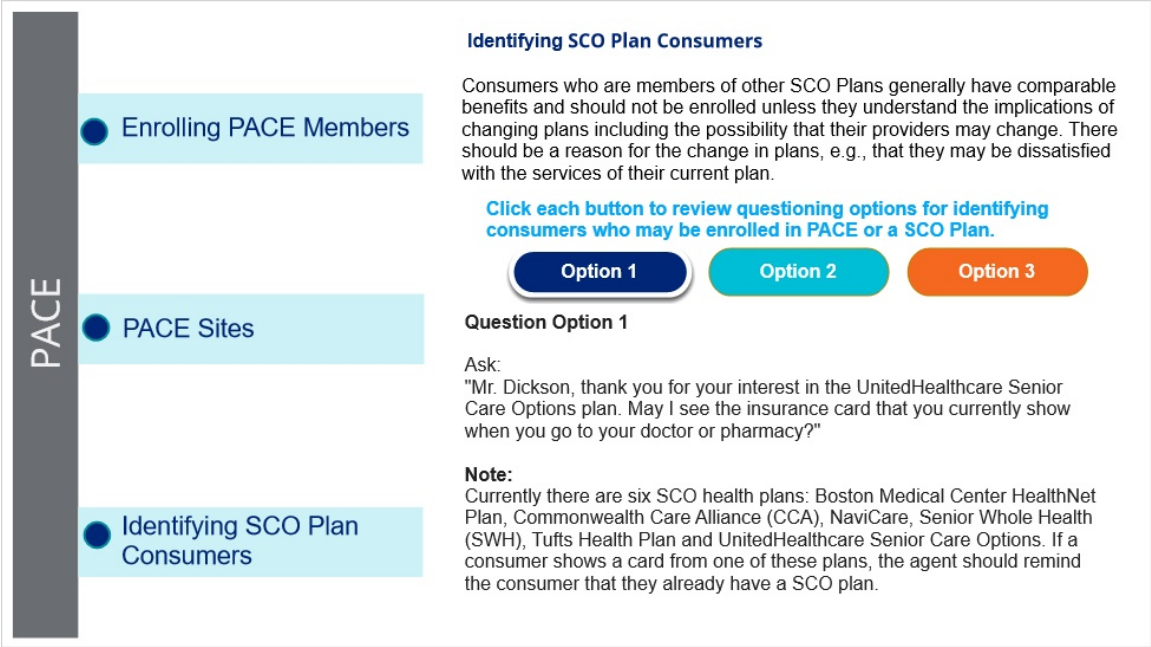
PACE Sites (Slide Layer)



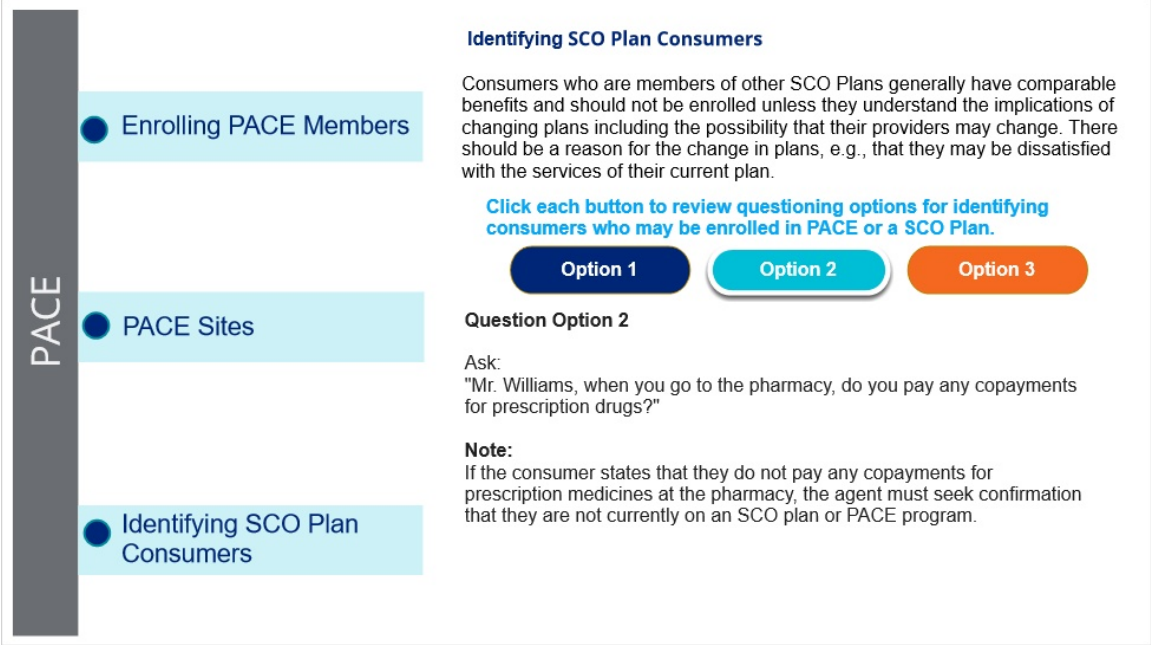
Identifying SCO Plan Consumers (Slide Layer)



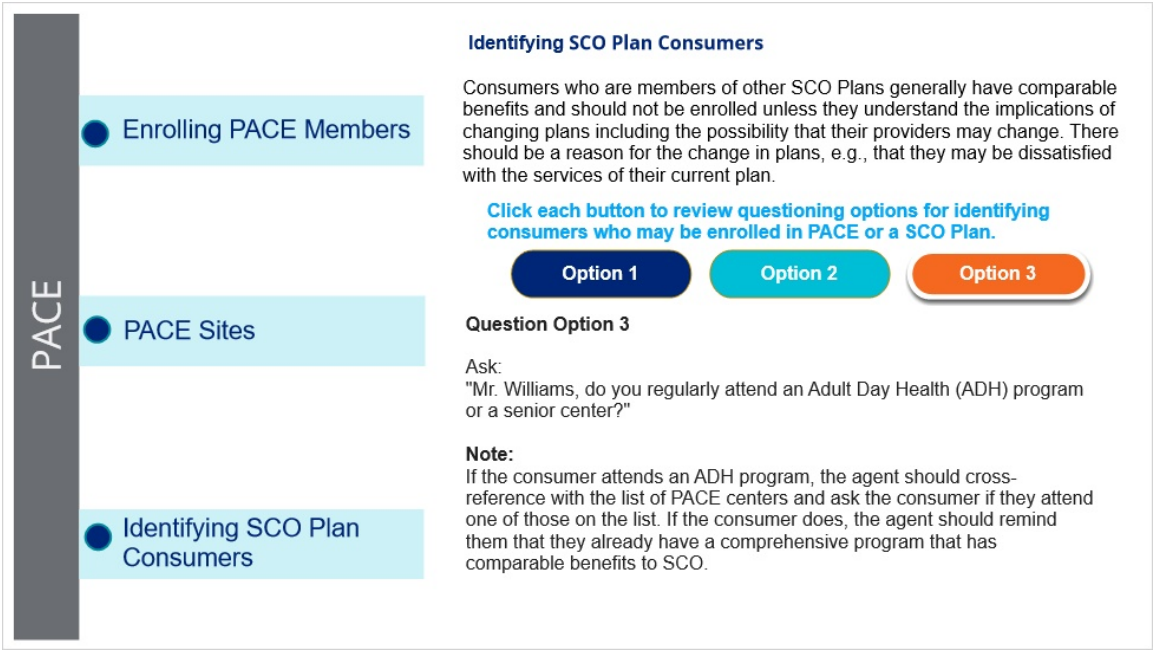
Identifying SCO Plan Consumers - Option1 (Slide Layer)



Identifying SCO Plan Consumers - Options 2 (Slide Layer)



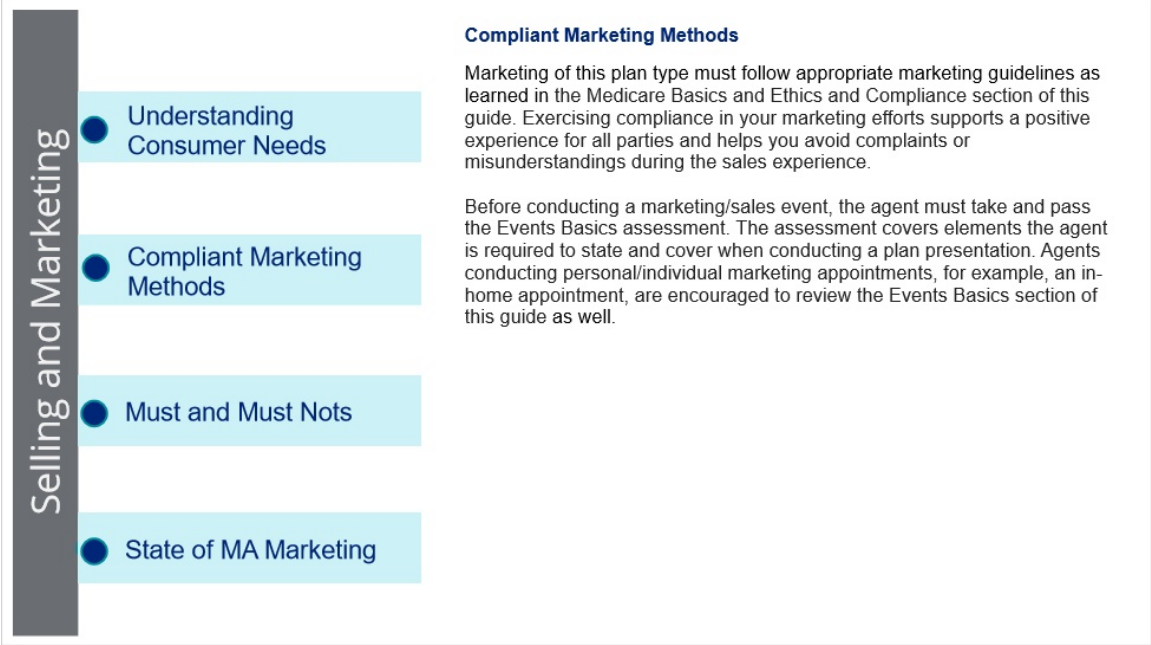
Identifying SCO Plan Consumers - Options 3 (Slide Layer)



6.4 Selling and Marketing

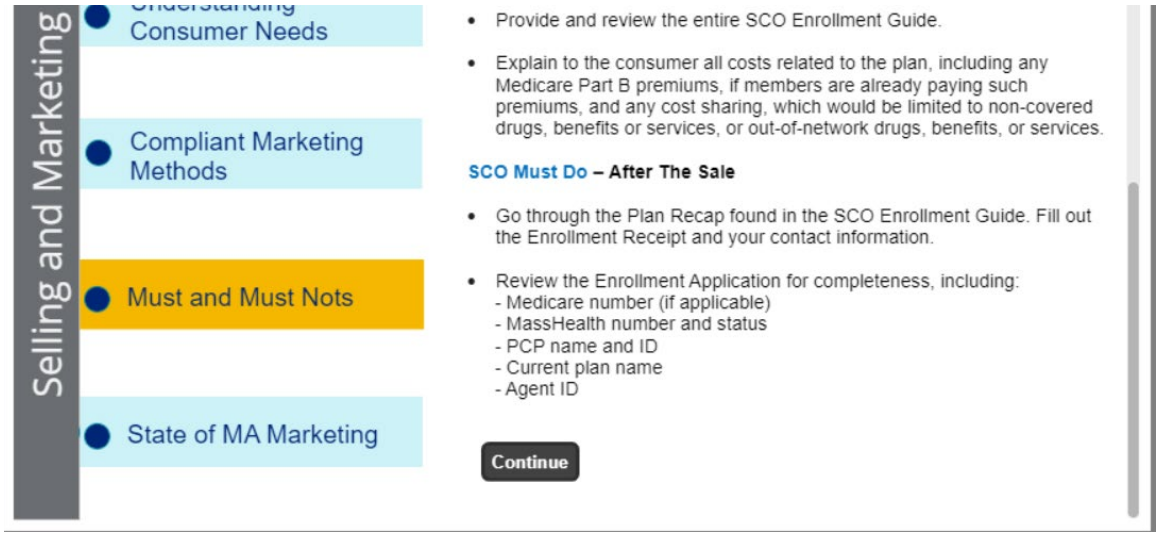
Understanding Consumer Needs (Slide Layer)

Compliant Marketing Methods (Slide Layer)

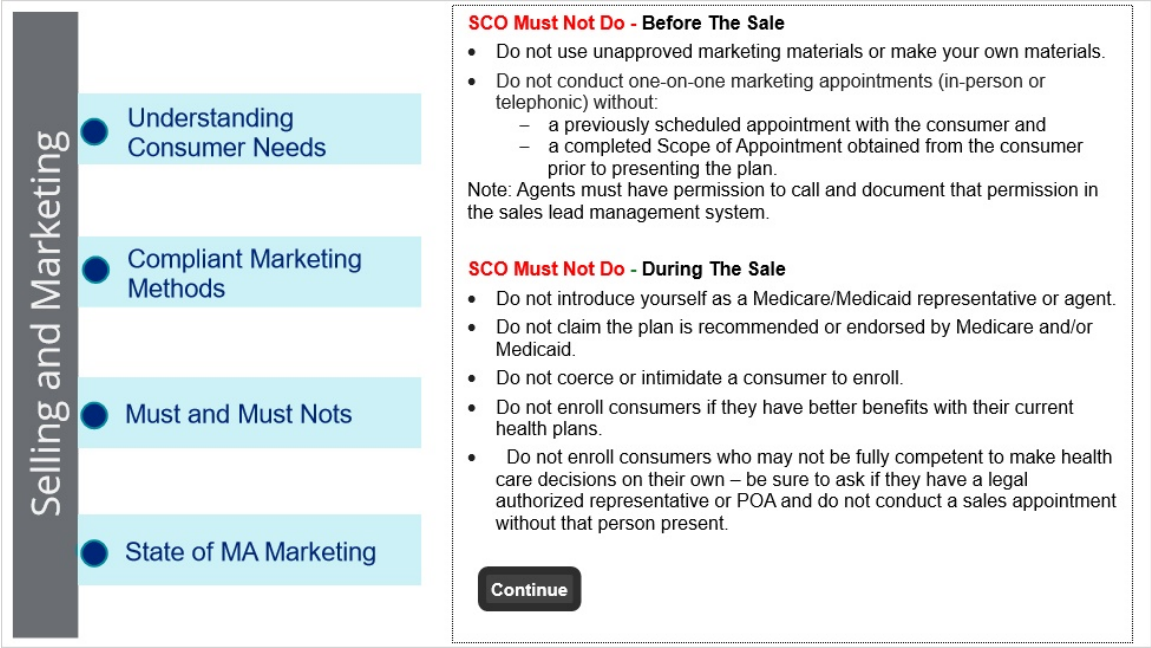


Must and Must Nots (Slide Layer)

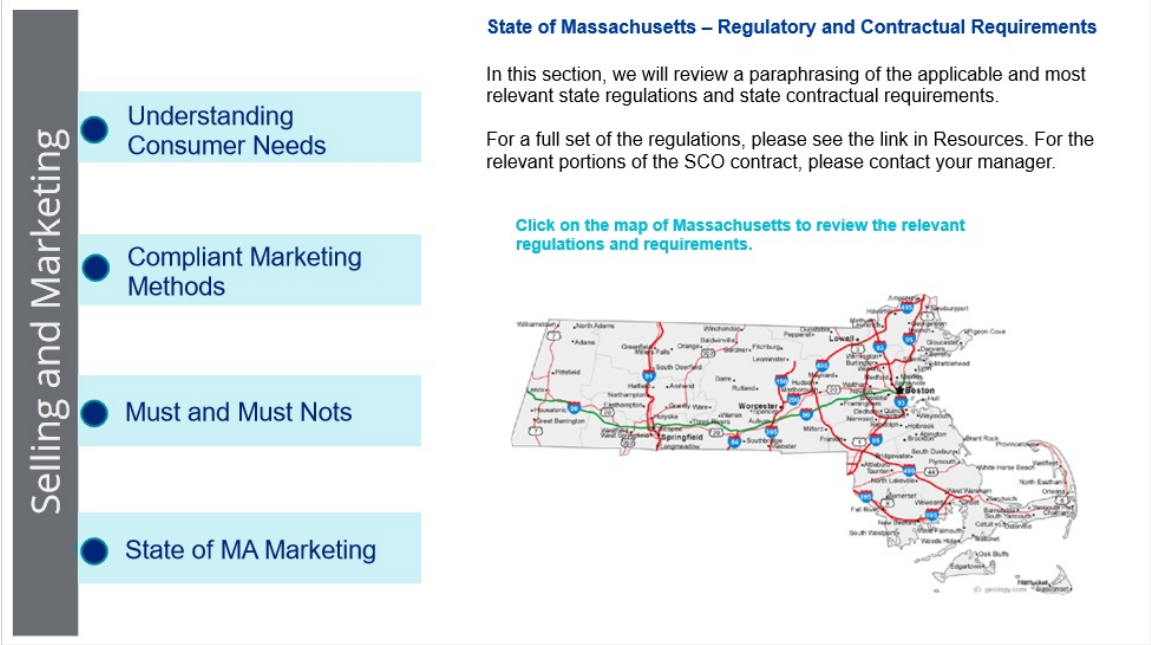
Must Do (Slide Layer)



Must Not (Slide Layer)



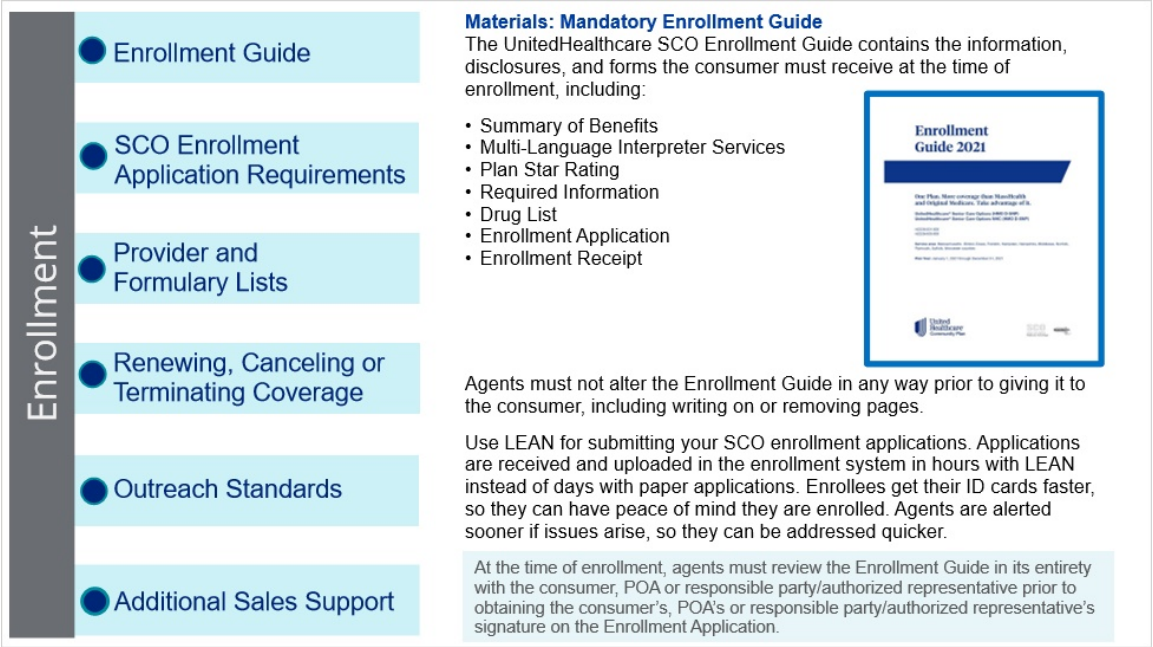
State of MA Marketing (Slide Layer)



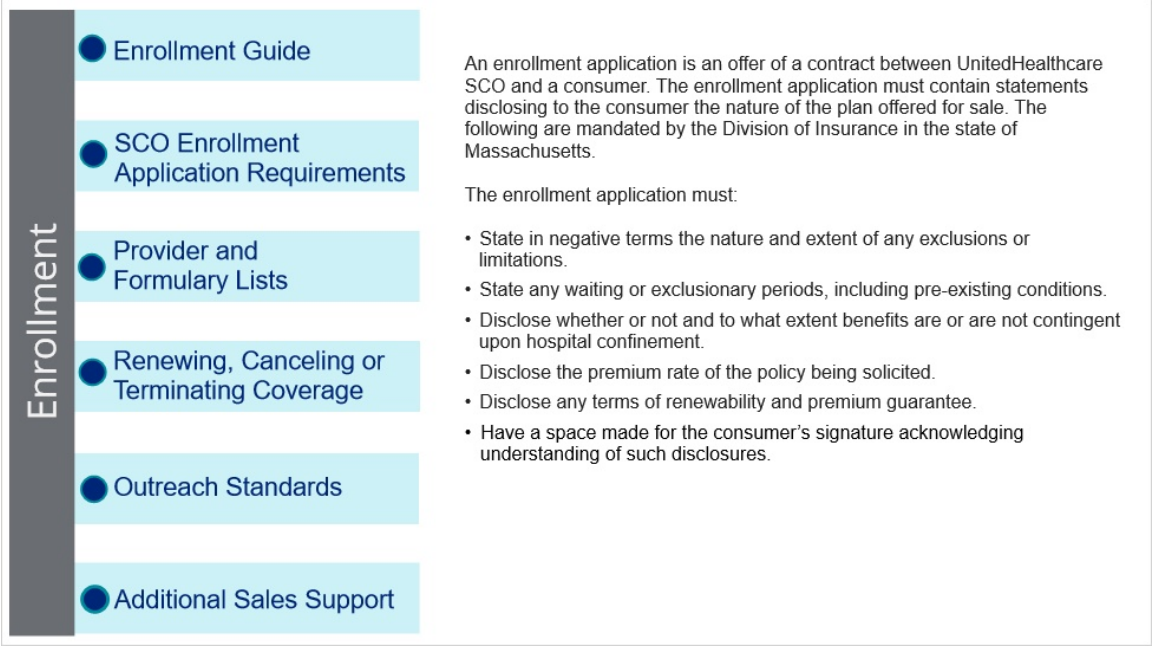
Regulations (Slide Layer)

6.5 Enrollment

Enrollment Guide (Slide Layer)

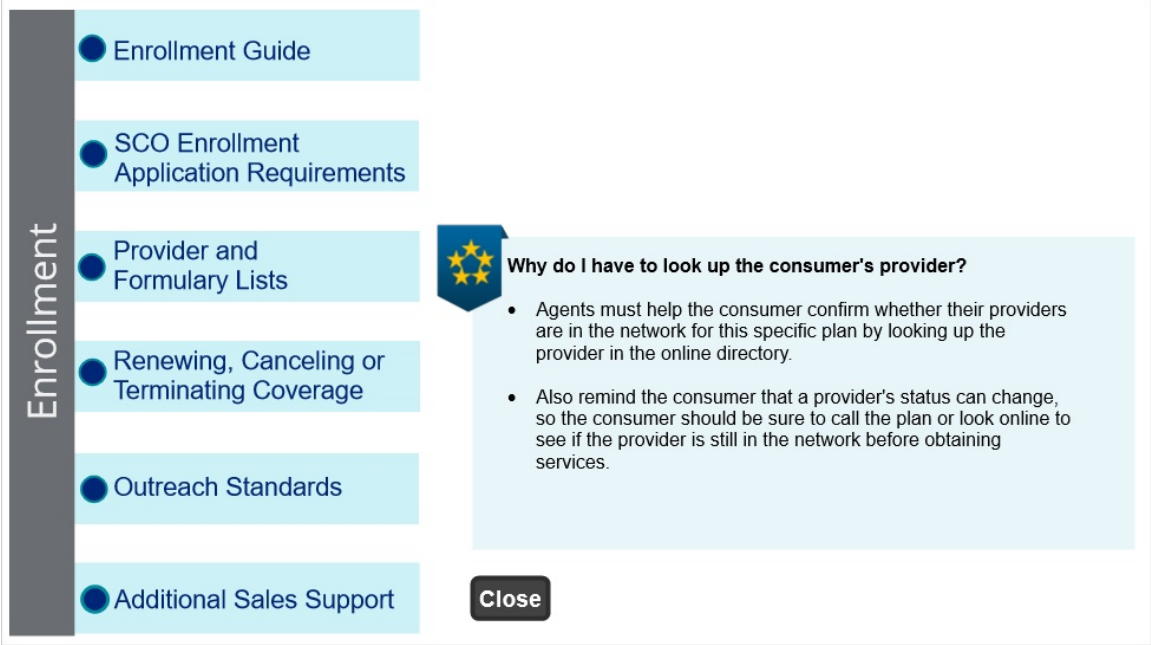


SCO Enrollment Application Requirements (Slide Layer)

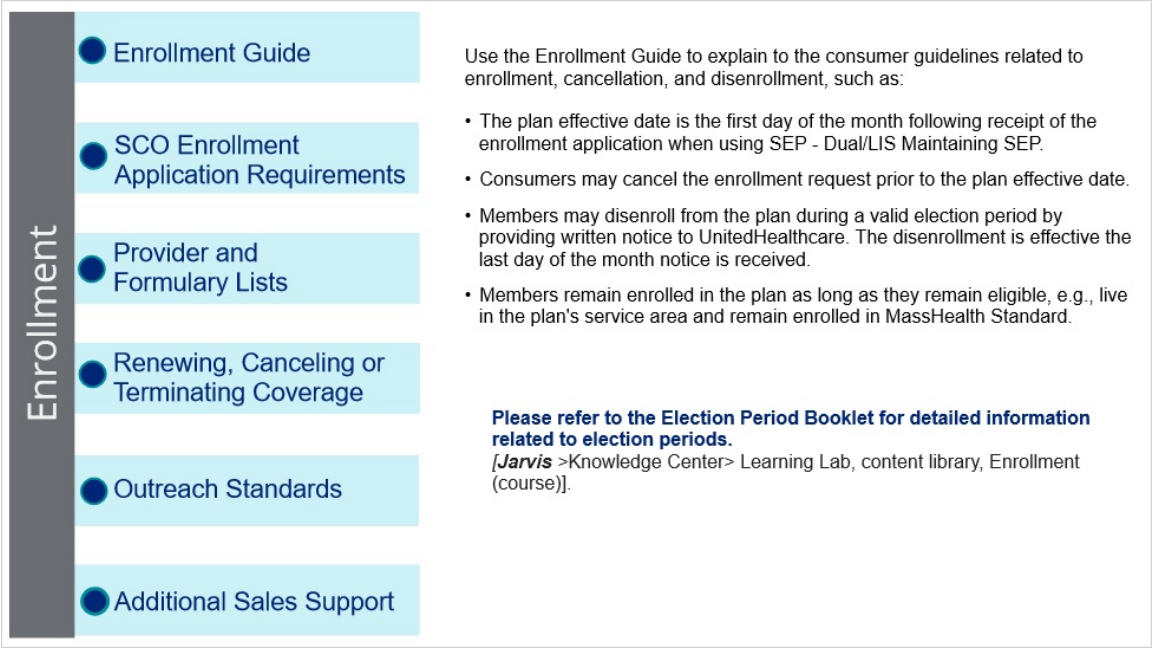


Provider and Formulary Lists (Slide Layer)

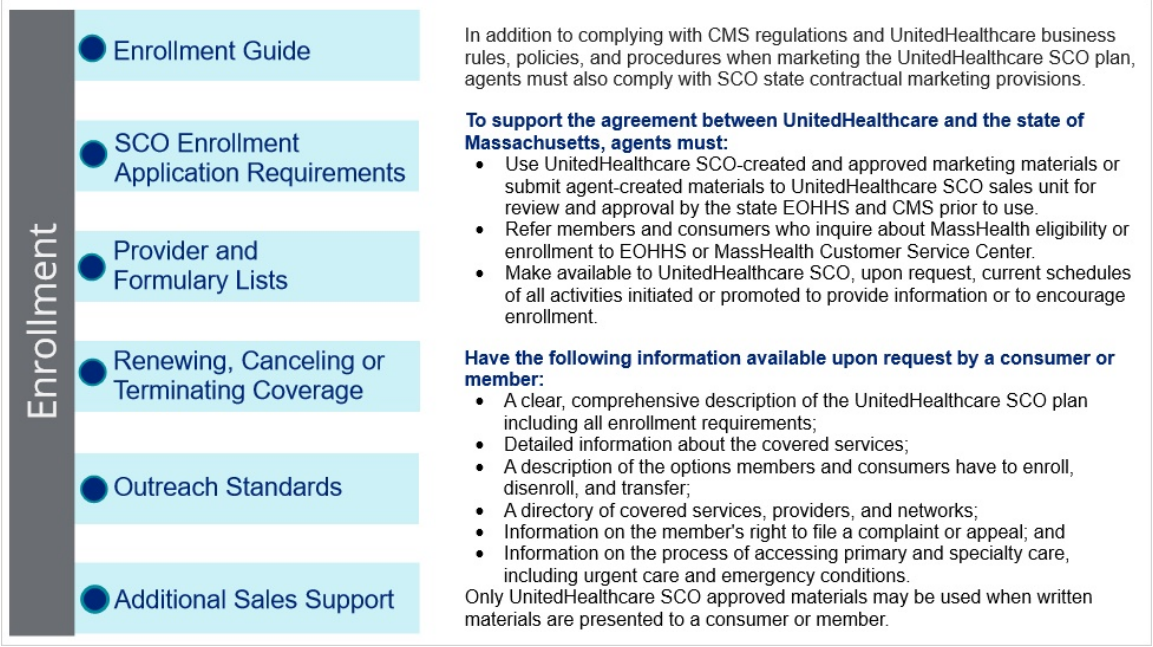
Provider Lookup (Slide Layer)



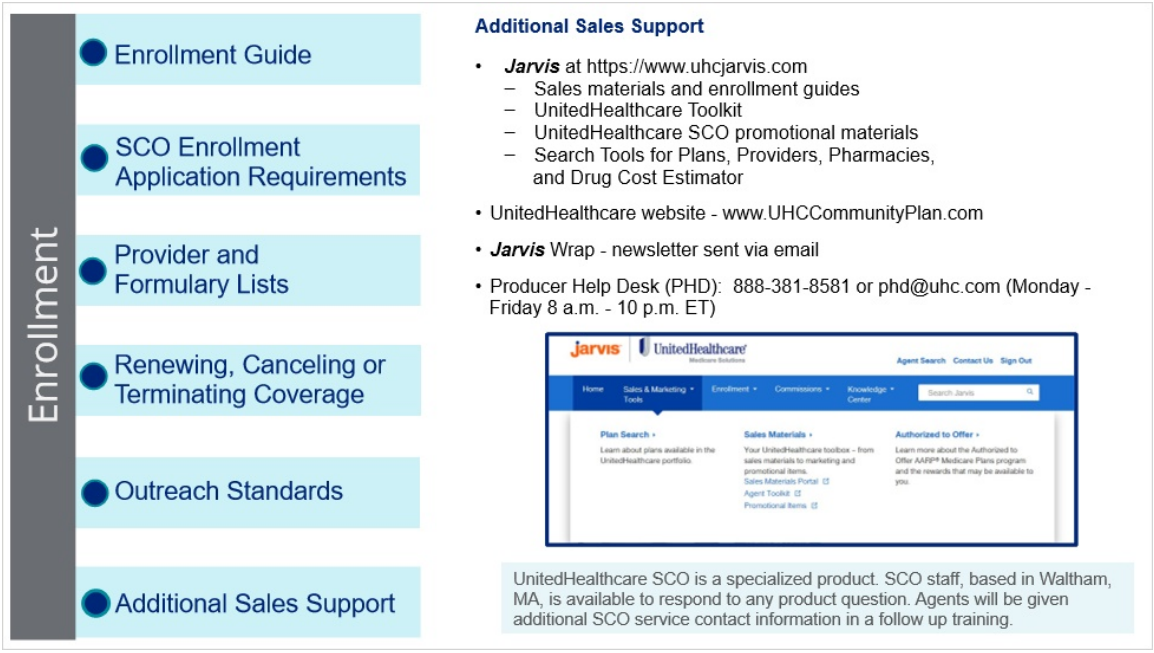
Renewing, Cancelling or Terminating Coverage (Slide Layer)



Outreach Standards (Slide Layer)

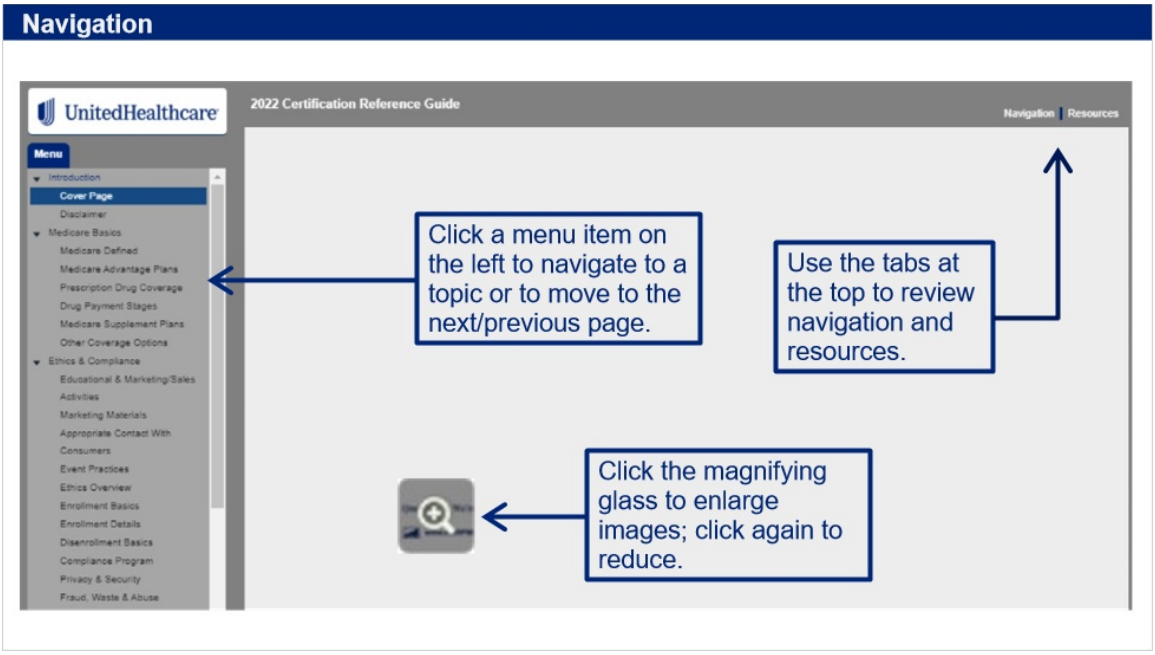


Additional Sales Support (Slide Layer)



7. Navigation

7.1 Navigation



8. Resources

8.1 Resources