EnvisionRx plus℠

A Medicare Approved Prescription Drug Plan

Medicare Rx Prescription Drug Coverage

AGENT GUIDE
Plan Year 2016

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Agent Compensation

Section 1: Welcome

Welcome to Envision

We are committed to providing you with all the information that will enable you to be a successful and compliant agent serving the needs of Medicare beneficiaries in your community. With this Guide you will have all the information you will need to do business with Envision Insurance Company (Envision).

We expect our agents to share our commitment to compliance and to act with integrity by putting the best interest of Medicare beneficiaries first in everything they do on behalf of the company.

An electronic version of this guide is available in the www.medicaresalessentinel.com site where all onboarding activities will take place.

Using this Guide

The Agent Guide has been developed for use by all NMO/FMO and independent agents. Throughout the guide the word "agent" is used to refer to any NMO/FMO agent or directly contracted agent.

Agent refers to a licensed, certified, and appointed representative who is contracted with Envision.

This guide will answer most of your frequently asked questions and provides you guidance on the business processes to compliantly sell our product.

Section 2: Quick Reference Guide

Agent Resources

General Agent Support

General agent support for questions related to product, processes, commission, enrollments, complaints or concerns can be emailed to:

envisionagentsupport@envisionrx.com (always enter your Writing Number in the subject line along with the topic)

Marketing Materials

Upon certification and appointment (if necessary) an initial start-up kit will be mailed to you.

Additional marketing materials can be ordered at the following site:

https://envisionstore.convergenceweb.com

Enrollment Applications & Scope of Appointment

Agents must fax all Scope of Appointment forms to Envision, even when a sale is not made.

Fax: 1-844-293-4756 (toll free)

General Customer Service Support

General Customer Service support for members:

Telephone: 1-866-250-2005; TTY: 711
24 hours a day, 7 days a week

Agent On-Boarding (Contracting, Appointment, Licensing)

www.medicaresalessentinel.com.

Medicare Marketing Guidelines

The Centers for Medicare & Medicaid Services (CMS) may update Marketing Guidelines at any time.

The 2016 Medicare Marketing Guidelines are posted at:
http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html

Potential Compliance Violations & Support

For answers to questions or to report issues to Envision regarding privacy, security, ethics, illegal or unethical conduct, including violations of law, contractual obligations and company policies or suspected fraud, waste and abuse that impacts Envision, contact our Compliance Hotline:

Phone: 1-866-417-3069
Email: complianceofficer@envisionrx.com

Envision Medicare Part D Products

For additional information on EnvisionRx Plus:

www.envisionrxplus.com

Medicare Websites

www.cms.gov
www.medicare.gov

Section 3: Certification, Training & Contracting

Overview: Steps to becoming certified and appointed to sell Envision product

You must be contracted, licensed, trained, appointed (where applicable), and fully certified in order to market and sell the Envision Medicare Part D product. You must also have an active insurance license in Life, Accident and Health lines of authority (as determined by each state's Department of Insurance) and be appointed, where applicable, in your state of residence and in any state where you perform regulated activity (i.e., sales, educational event, informal or formal sales events, etc.).

Sales training is an annual process that each Agent must participate in prior to the start of a new sales season. Each Agent is required to pass their training annually and to prepare for product and regulatory changes that can occur each year. To ensure you have a fundamental understanding of the Envision organization, products, and enrollment process, as well as applicable regulations, annual re-training and certification is required.

Under no circumstance may you market or sell Envision Medicare Part D products until you are fully certified in the product you are authorized to sell. You must be certified for the plan year for which an Enrollment application is written. No commissions will be paid on any Enrollment application written by an agent who was not fully credentialed at the time the Enrollment application was written.

Gorman Health Group (GHG) has been engaged to provide the on-line tools to efficiently get you through all the agent onboarding processes necessary to be appointed by Envision. Access to onboard with Envision will take place through Sales Sentinel at www.medicaresalessentinel.com.

The steps you can expect to see on the Sales Sentinel portal will look as follows:

- Introduction / Selling State Confirmation
- 2016 Agent Ethics Acknowledgement Form
- 2016 Compliance Officer and Ways to Report Suspected Non-Compliance, Fraud, Waste & Abuse
- 2016 Envision Insurance Company Agent/Broker Standards of Conduct
- Proof of E&O Coverage (Upload)
- License Verification
    - Training Requirements and Instructions
    - Equivalent Certificate Upload (2016 AHIP Optional)
        - If AHIP Uploaded, Core Training will be bypassed
        - If No AHIP, click Next Step to proceed
    - FWA Certificate Upload (Optional)
        - If AHIP Uploaded, FWA Certificate Upload will be bypassed
        - If No AHIP, click Next Step to proceed
    - CMS Compliance Certificate Upload (Optional)
        - If AHIP Uploaded, upload CMS Compliance Certificate received via AHIP

        - If No AHIP, click Next Step to proceed
    - Payment $99 for Core (if no AHIP is uploaded)
    - 2016 Core Agent and Broker Medicare Training
    - CMS FWA Training
    - CMS Compliance Training
- 2016 EnvisionRx Plus Clear Choice Training
- 2016 Envision Insurance Company Agent Agreement
- Form W-9
- Direct Deposit Authorization
- Electronic Signature
- EnvisionRx Plus Agent Guide
- Acknowledgement and Authorization for Consumer Reports
- Background Check
- Appointment
- Writing Code Assignment

1. Certification

You must complete certification requirements in order for Gorman to process the appointment request. You must complete the initial registration on the Gorman Sales Sentinel site to access the Envision mandatory training modules and product specific module. You must complete and successfully pass all required training and tests in order to move forward in the contracting process. If you do not complete certification within ninety days of receiving the Gorman Sales Sentinel login information, the contracting process will close.

You must complete certification requirements, including the Agent Ethics & Standards of Conduct Attestations, on an annual basis.

2. Errors and Omissions (E&O) Coverage

You must carry and maintain proof of E&O coverage (may also be known as professional liability insurance). General Agent (GA) level and above producers must have individual coverage. You may be covered under your immediate up line blanket policy; as long as the blanket policy specifically indicates individual names or that all employees and contractors are included. Failure to carry and maintain proof of E&O is grounds for termination and you are required to provide documentation upon request. E&O coverage information must be uploaded as part of your Gorman Sales Sentinel onboarding process.

3. Producer License(s)

You must be licensed in your state of residence and in all states you wish to market and sell. In 2016 agents are limited to two (2) states due to geographic limitation. You are responsible for maintaining an active license(s), including all continuing educational requirements. Gorman will verify license status using National Insurance Producers Registry (NIPR). Failure to maintain valid licensing or loss of licensing is grounds for termination of your agent agreement.

4. Sales Training and Certification Program

An online certification program, developed by Envision in collaboration with Gorman subject matter experts, consists of a series of detailed product training modules and tests. The program includes certification tests for Medicare Marketing Guidelines, compliance regulations, federal and state regulations, and product line training modules. Content is revised as new regulations are released or at least on an annual basis.

5. Passing Scores and Allowed Attempts

For Envision certification module, mandatory and product specific, you are allowed two attempts to successfully complete the module and score a minimum of 85% on the test. Failure to achieve the minimum passing score of 85% within two attempts prohibits you from selling ***any*** Envision product for at least six months before you may attempt the course again.

6. AHIP Certification

Envision accepts America's Health Insurance Plans (AHIP) certification and recertification in place of 2016 Medicare Basics, and 2016 Medicare Part D Plans (PDP). The minimum passing score for an AHIP module is 90%. Envision will validate your certificate is valid after you upload it to the Sales Sentinel portal.

7. Background Check

You must pass a background check in order for Gorman to process the appointment and in order to receive a Writing Number (Agent ID). A background check collects information regarding an agent's history of criminal charges, credit history, insurance licensing history, Office of Inspector General records, and General Service Administration excluded party records. Results are examined against predefined criteria. A Pass-Fail scoring methodology is employed.

Upon receipt of a background check result that passes criteria, the contracting process will move forward. If the background check reveals incidents that fail our criteria, this will result in automatic termination of the process to receive a Writing Number (Agent ID). If the result reveals incidents considered "reviewable", Envision Compliance Officer will review and determine a final result. Notifications of passing or failing the background check will be communicated by email. This process will be repeated annually.

8. Welcome Letter & Writing Number (Agent ID)

Your Writing Number (Agent ID) will be emailed to you upon completion of all the necessary steps in the onboarding process. Your executed copy of your agreement will be available on Gorman's Sales Sentinel portal. You are required to provide and retain a current, valid email address. You can update your contact information by updating your user profile on www.medicaresalessentinel.com.

Section 4: Standards of Conduct

Standards of Conduct

The purpose of the Standards of Conduct is to state the overarching principles and values by which agents should operate, and define the underlying framework for the compliance policies and procedures.

All agents are expected to:
(1) conduct business in accordance with the highest standards of ethical conduct;
(2) conduct business activities with integrity and in full compliance with the federal, state and local laws governing business; and
(3) comply with all federal and state regulatory requirements related to the Medicare programs.

Communication
A culture of compliance is best achieved in an environment that promotes open communication. Envision encourages agents to contact our Medicare Compliance Officer at complianceofficer@envisionrx.com with questions or concerns related to agent Standards of Conduct.

Business Ethics and Conduct
The successful business operation and reputation of our organization should be built upon the principles of fair dealing and ethical conduct of agents. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity. The continued success of Envision is dependent upon our customers' trust and we are dedicated to preserving that trust. Envision expects that our agents will act in a way that will merit the continued trust and confidence of the public.

Reporting and Investigations
Agents must report suspected FWA or compliance issues, including but not limited to HIPAA violations, affecting Envision business, through the reporting mechanism publicized by Envision Insurance Company.

Non-Retaliation
Per Chapter 9 of the Prescription Drug Benefit Manual, CMS prohibits retaliatory action against agents who in good faith report suspected misconduct, unethical behaviors, compliance, or FWA. Agents are required to adopt a non-retaliation policy to this affect. This policy will promote a culture of compliance and encourage the reporting of suspected issues of compliance or FWA.

Monitoring and Auditing
Agents are required to cooperate completely with Envision during an audit. Agents must provide access to records and cooperate in allowing access to facilities, if requested.

Disciplinary Action
The failure to comply with the Medicare Part D requirements applicable to an agent may lead to remedial action, which may include, but is not limited to:

(1) Re-training of agent;
(2) Assigning a Corrective Action Request (CAR) which will require root cause identification and implementation of a Corrective Action Plan (CAP);
(3) Referral of any abusive or potentially fraudulent conduct or inappropriate utilization activities, once identified via proactive data analysis or other processes, for further investigation to CMS and the MEDIC;
(4) Identification and repayment of any overpayments to the appropriate party;
(5) Immediate reporting of potential violations of federal law to the OIG or, alternatively, to appropriate law enforcement authorities; or
(6) Termination of the contract.

Agents are expected to fully cooperate with the disciplinary action process.

Fraud, Waste and Abuse
Envision expects its agents to refrain from conduct that may violate FWA laws.

False Claims Act
In accordance with the False Claims Act, agents shall not:

(1) Knowingly files a false or fraudulent claim for payments to a governmental agency, or health care benefit program;
(2) Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from a governmental agency or health care benefit program; or
(3) Conspire to defraud a governmental agency or health care benefit program by attempting to have a false or fraudulent claim paid.

Anti-Kickback Statute
Agents shall not knowingly and/or willfully solicit, offer to pay, pay, or receive, any remuneration, either directly or indirectly, overtly or covertly, in cash or in kind, in return for:

(1) Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment may be made, in whole or in part, under any federal health care program;

(2) Purchasing, leasing, ordering, or arranging for, or recommending the purchasing, leasing, or ordering of any goods, facility, service or item for which payment may be made in whole or in part, under any federal health care program; or
(3) Remuneration may include kickback payments, bribes, or rebates.

Conflict of Interest
Agents are expected to monitor their business relationship activities to avoid any conflict that provides unfair competitive advantage as a result of performing contractual duties or any access to proprietary data.

Record Retention
Agents must ensure any documents, books and records that substantiate compliance with the requirements listed above or related to their performance as an agent are retained for a period of at least ten (10) years and can be provided, upon request, to Envision or CMS for monitoring and auditing purposes.

Confidentiality
Envision is committed to ensuring the privacy and security of members' personal health information (PHI). Agents are to remain in compliance with all applicable federal and state laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). Agents are obligated to use appropriate safeguards to prevent the use or disclosure of PHI other than as permitted or required by law, or as authorized by the individual in writing.

Agents are expected to immediately report any wrongful use or disclosure of PHI to Envision, via Envisions Compliance Hotline (866) 417-3069, via email to the Medicare Compliance Officer (complianceofficer@envisionrx.com) or the Privacy Officer (privacymatters@envisionrx.com).

Agent Performance

All agents are expected to comply with CMS regulations and guidelines, federal and state laws, and Envision Insurance Company rules, policies and procedures.

You will receive coaching, required corrective action, and/or other progressive disciplinary actions as necessary or if appropriate.

Sales management and your NMO/FMO will utilize management tools to evaluate your compliance on a regular basis.

Reviewing Agent Performance

The Medicare Compliance and Sales management teams at Envision will review and monitor agent performance data, at a minimum, in the following areas:

- Rapid Disenrollment

- Late Enrollment Application Submission
- Scope of Appointment submission
- Secret Shopper Results
- Complaint Ratio
- Disciplinary Action Ratio
- Cancellation Ratio
- Contracting, Licensing, Appointment and Certification status

You will be contacted if your compliance, quality or performance data is determined to be unacceptable. You may receive coaching or be evaluated for the progressive disciplinary process.

Compliance Monitoring
Envision has a variety of compliance and performance monitoring activities to ensure all agents are following federal, state and Envision regulations and processes. These programs are designed to help you provide the best possible service to the beneficiaries you interact with and to ensure our mutual success.

Below are some, not all, evaluations and benchmarks Envisions Medicare Compliance Department will use to evaluate agent compliance.

Plan Scorecard Benchmarks	Descriptions:	Value
Direct Oversight Activities Not Met	The percentage of Direct Oversight Surveys that took place during the selected date range which were not met.	3%
Rapid Disenrollment Per Members Ratio	The number of disenrollments that occurred during the selected date range which occurred within 90 days of the original enrollment, divided by the total number of enrollments in the selected date range.	3%
Disciplinary Actions Per Encounters	The count of disciplinary actions, divided by Direct Oversight Surveys and Complaints during the selected date range.	4%
Complaint Ratio	The percentage of complaints reported during the date period divided by the number of enrollments during that period. (complaints per enrollment)	3%
Cancellation Ratio	The number of cancellations that occurred during the selected date range, divided by the number of enrollments in the selected date range.	3%
Disciplinary Actions per Agent-Assisted Enrollments	The number of disciplinary actions that occurred in a specific date range, divided by the number of agent assisted enrollments within that same date range.	3%
Complaint Ratios by Type per Agent Assisted Enrollment	A pie of the reported complaints by type of complaint. If multiple complaints are reported for a single allegation, this will report each of those as an individual complaint.	2%

Agent Complaints, Allegations, or Compliance Infractions

Agents are expected to conduct themselves in a manner consistent with Envision and CMS regulations, state and federal laws or other guidelines. Complaints, allegations or compliance infractions against agents are monitored closely by Envision and will require immediate evaluation.

Complaints

Complaints can be received from a variety of sources both internal and external to Envision. All complaints are tracked and investigated, by the Medicare Compliance Department. Envision will reach out to the agent requesting his/her statement within 5 business days. Lack of timely response could result in disciplinary actions. Under no circumstances may the agent attempt to contact the beneficiary, member, or other individual involved. Complaints will receive a disposition of Founded, Inconclusive, Unfounded, or Withdrawn. The Agent may be referred for further education or disciplinary action after an investigation.

Late Enrollment

An enrollment application is late when the received date by the Enrollment Department is greater than 48 hours from the beneficiary and agent signature date.

Outbound Enrollment and Verification (OEV)

The OEV process is in place to confirm the beneficiaries intent to enroll in the plan; ensure they understood the plan benefits and requirements; and to verify that the sales agent complied with sales guidelines.

Rapid Disenrollment

The rapid disenrollment review process monitors when members disenroll within 90 days of their effective date. When an agent enrolls a beneficiary into a plan that best meets his/her needs, the risk of rapid disenrollments and complaints is reduced.

Scope of Appointment

If an agent is submitting applications without having an appropriate scope of appointment associated with the application, the agent will be referred by the Enrollment Department to Compliance and Marketing for review of compliant marketing practices. Disciplinary action will be taken based on Compliance recommendation. The agent will not be compensated for the sale. Agents must submit a Scope of Appointment for all appointments, even when no sale is made.

Secret Shopper – CMS

CMS monitors agent behavior in order to protect the interests of the Medicare beneficiaries. You are expected to comply with all CMS Medicare marketing guidelines and CMS will send secret

shoppers to evaluate your sales activity. CMS notifies plans of agents who fail their secret shopper report and gives us 48 hours to respond to the allegations. Agents are expected to keep all notes and documentation from interactions with beneficiaries in the community or during events in order to respond if an allegation is received.

Secret Shopper – Envision Vendor

Envision has also contracted with a secret shopper vendor that will be evaluating all event types as well as individual appointments to ensure agents are compliant with all marketing and sales guidelines.

This program uses both random and target sampling approaches to select the agents and events to secret shop. Marketing and Sales events are selected from those reported each month and will include both formal and informal events. Secret shoppers will complete an evaluation that is then provided to Envision.

Unsuccessful events can occur when a contracted secret shopper is unable to complete the evaluation because the agent does not show up, agent does not conduct the event in the manner in which it was filed, and shopper can't find the event due to unclear signage or location. Unsuccessful events can lead to education and disciplinary action.

Event Infraction

All events must be reported to Envisions Medicare Compliance Department prior to advertising, but no later than the 15th of the month prior to the scheduled event (i.e. an event planned for September 7th must be reported to Envision on or before August 15th). The presenting agent or his/her up line agency is responsible for timely submission of the Event Template for new, changed or cancelled events. Infractions could include

- Late reporting of changed or cancelled events
- Failure to report an event
- Secret shop failure

Progressive Disciplinary Process

The progressive disciplinary process is designed to take appropriate and timely action to communicate, educate and escalate issues surrounding compliance with Envision or CMS regulations or federal and state laws. The program is designed to provide oversight and appropriately educate agents to ensure beneficiary protections.

Substantiated ("Founded) infractions are categorized within three levels of severity:

- **Major Sales Violations** – Include infractions such as theft, threatening/coercing potential enrollees, discriminatory activities and falsifying signatures.
- **Sales Violations** – Include holding signed forms, activities which mislead or confuse and using unapproved marketing materials.

- **Minor Sales Violations** – Include misstatement of plan benefits and paperwork errors.

Each level of violation has a unique progressive disciplinary process that, depending on the severity and frequency, may include verbal coaching/retraining, additional oversight, written warning, agent suspension, or agent termination.

If the investigation results in suspension or termination, the agent will be notified in writing and the Writing Number (Agent ID) will no longer be active. If an agent is suspended or terminated, he/she is not to market or sell an Envision product.

New business written during the suspension or termination period will not be eligible for commissions.

Agents who have not sold any contracts during a writing year may also be terminated.

Agents who have not completed training, have not responded within timeframes to investigation requests, fail to meet coaching or reeducation requirements following an investigation may also be terminated for these administrative reasons.

Agents who fail to meet annual credentialing standards will also be terminated. Agents who fail monthly background checks will be evaluated for potential disciplinary actions leading up to and including termination.

Appeal processes will be sent to terminated or suspended agents at time of notification of termination or suspension.

Section 5: Product Overview

Medicare Prescription Drug Plan Service Area

Envision has a Medicare Part D Prescription Drug Enhanced Alternative Plan product called EnvisionRx Plus Clear Choice. This product is available in the following States:

Connecticut
Maine
Massachusetts
Michigan
New Hampshire
Oregon
Pennsylvania
Rhode Island
South Carolina
Vermont
Washington
West Virginia

The Centers for Medicare and Medicaid (CMS) defines Enhanced Alternative Plans as a plan that can offer a more comprehensive level of coverage, with lower cost and/or additional coverage of certain drugs not included in the standard or basic levels of coverage. Premiums may be higher for these plans.

Product Highlights

- $0 Deductible
- Low Copays
- Extensive Drug List
- Large pharmacy network (Preferred and Standard)
- Affordable monthly premiums
- Customer service available 7 days a week, 24 hours per day

Additional product information can be found online at www.envisionrxplus.com

Envision also offers the EnvisionRx Plus Silver plan, which is a Standard or Basic plan utilized for the purpose of receiving auto-assignment from CMS. This plan is NOT available to sell by agents in the community.

Star Rating Review

Medicare Star Ratings is a government performance program for Medicare Advantage (MA) and Prescription Drug Plans. Medicare uses a five-star rating system to measure how well plan sponsors perform in different categories. These ratings help Medicare beneficiaries compare plans based on quality and performance. Detecting and preventing illness, ratings from patients, patient safety, and customer service are examples of categories measured. CMS utilizes a scale of one to five stars to determine a plan's performance in a particular category; one star denotes poor quality and five stars represent excellent quality.

Plan performance summary ratings are issued in October of the previous plan contract year. Medicare beneficiaries and members may compare plan rating information by making a request, visiting www.medicare.gov, Medicare Plan Finder, or checking plan websites.

A plan can receive ratings between one and five stars.

- 5 Stars - "Excellent"
- 4 Stars - "Very Good"
- 3 Stars - "Good"
- 2 Stars - "Fair"
- 1 Star - "Poor"

When asked, agents must use the accurate CMS provided terms above when describing the star rating for the plan they are marketing.

CMS uses more than a number of measures to determine Plan Ratings, considering such things as: beneficiaries access to care, complaints, voluntary disenrollment, and measureable improvements in the health outcomes of our members. By simply being accurate when you market the plans you sell, and encouraging Medicare beneficiaries to use benefits that are covered (and ultimately measured by CMS), you can help improve our plan's Star Ratings.

What you do **today** to be sure you are selling accurately and professionally, can impact future Star Ratings of our plan.

What am I required to say or do, when it relates to Star Ratings?
When presenting our plans at an event or an individual appointment, you are required to say and do the following:

- **State out loud** what the overall Star Rating is for the plan you are presenting (the ratings are found in the sales materials for the plan you are presenting)
- **Show** the audience where the Star Rating is located, within the materials. Tell them they can find more information on www.Medicare.gov
- **Mention** 1-2 measures CMS considers when establishing a Plan's Star Ratings.

Examples you can mention:

- Access to Care
- Beneficiary use of prescribed medications – use as prescribed to improve your health (i.e., adherence)

- Customer Satisfaction

How can I impact Star Ratings?

- Know the benefits you are selling, to accurately explain the plan and determine the best fit for the individual. This supports the beneficiary with their plan selection, strengthens your relationship, and may also help avoid complaints.
- Encourage Medicare beneficiaries and members to use their Envision prescription card whenever getting prescriptions filled because Star Ratings are partially based on whether or not our members properly using their medications (referred to as medication adherence). This will also ensure that all prescription costs are being applied correctly to the member's deductible and out-of-pocket costs.
- Report all education and/or marketing/sales events to Envision prior to the event and in accordance with the Event Reporting section of this document.
- Reduce the chance that any type of complaint would be filed, by doing what is required in all sales presentations and appointments and lending proper support to your enrollees.
- Earn high scores on your sales events if you are secret-shopped, by mentioning all required statements and showing Medicare beneficiaries all required materials. One of the things you are required to cover is information on Star Ratings.
- Use the sales presentations to be sure you are covering all the required statements so Medicare beneficiaries understand what they are buying. This will help avoid beneficiary complaints resulting from any misunderstandings.

Envision is committed to the health and well-being of the members we serve and is committed to achieving the highest star rating possible.

Section 6: Marketing Materials Ordering and Usage

Marketing Materials General

Branded Medicare Prescription Drug Plan (PDP) marketing materials require Envision and/or CMS approval prior to use.

Based on CMS definition, Envision defines "marketing materials" to mean any informational materials (e.g., flyers, brochures, direct mail, pre-enrollment kits or presentation slides/charts) or communications targeted to Medicare beneficiaries that do the following:

- Promote the plan sponsor or any of our Medicare Prescription Drug Plans (PDP).
- Inform Medicare beneficiaries that they may enroll, or remain enrolled in their PDP, offered by the plan sponsor.
- Explain the benefits of enrollment in PDP, or rules that apply to members.
- Explain how Medicare services are covered under a PDP, including conditions that apply to such coverage.

The Envision Promo Store allows you to access marketing and advertising materials that are available to you to order for your sales needs. When used appropriately, all pre-approved marketing materials are compliant with regulatory, CMS, state Department of Insurance offices, and Envision standards. Note that any changes to these materials make them non-compliant.

The Envision Promo Store is available to agents that are contracted, licensed, appointed (if applicable), and certified. Your access is limited to those products in which you are certified and states in which you are licensed.

Accessing the Envision Promo Store

Follow these steps:

- Log on to https://envisionstore.convergenceweb.com
- Log in using the Username and Password provided
- Once logged in, either select "Online Store" or use the drop down menu
- Select your catalog and browse for the materials you would like to order.
- All orders must be approved and maximum quantities may apply.

Agents will be provided a New Agent Kit with your first order for materials which will include: a pad of Scope of Appointment forms, Required Sales Presentation Flip Chart, Evidence of Coverage and Formulary as well as a supply of Pre-enrollment Kits and extra applications.

Agents must use the Presentation provided for all individual presentations and formal events to ensure compliance with Envision and CMS guidelines.

Materials in Spanish

Materials in Spanish will be available upon request.

Brand and Logo Usage

Agent Titles
You are prohibited from using titles that imply that you are in any way affiliated with CMS, the Social Security Administration, or any other regulatory entity.

In addition, using the word Medicare and/or any language in a title that implies that you have additional knowledge, skill, or certification above licensing requirements that cannot be verified are prohibited.

Agent titles rules apply to business cards, communications (including e-mail signatures), and any form of advertisement or marketing material.

Your agent title must accurately state your relationship to Envision and provide an accurate title that reflects the intent of the contact with the beneficiary.

Examples of prohibited agent titles:
- Medicare Sales Agent
- Senior Advisor

Examples of approved agent titles:
- Sales Agent
- Sales Representative
- Independent Sales Agent
- Independent Sales Representative
- Licensed Agent
- Licensed Sales Agent
- Licensed Sales Representative

You may add your National Marketing Organization (NMO)/Field Marketing Organization (FMO) after an approved title.

Agent Business Cards
You may not use the Envision brand or logo on your business cards, letterheads, labels, envelopes, or in an e-mail signature. You may not use symbols, emblems, names (including acronyms), and color schemes on business cards in reference to Medicare, the Social Security Administration, or any other regulatory entity. You may add professional and educational credentials (e.g. CLU, ChFC, CFP, PhD). However, you must be able to provide documentation to substantiate credentials upon request. Certifications must be current and removed from business cards upon expiration (if applicable). Envision reserves the right to request a copy of your business card for audit purposes.

Web Links and Logo Usage on Agent Websites
The promotion of your affiliation with Envision, through the use of Web links and logos, must comply with Envision and CMS marketing guidelines. Please contact Envision Agent Support for approval before use of a link to our website.

You may not use Envision Insurance Company or EnvisionRx Plus Medicare logos on your website(s) without written permission from Envision.

Brand and Logo Usage Monitoring and Corrective Action
Envision will randomly review brand and logo use, including the review of websites and the use of materials provided at marketing/sales events.

If you are found to have used a brand or logo inappropriately or without prior written permission, you will be directed to immediately stop usage. You will be referred to the Medicare Compliance Department for disciplinary action and subject to progressive disciplinary action up to and including termination of your contract.

Use of Social Media
The use of social media, including, but not limited to Facebook, LinkedIn, Twitter, etc., is subject to the same policies and regulations as websites. You are prohibited from posting any plan or benefit information and may not use social medium's interactive functionality as a means to communicate with Medicare beneficiaries and/or members.

Live Radio/Television Programming
You must receive permission from Envision prior to conducting or participating in live radio or television programming.

Section 7: Compliant Marketing Activities and Events

General Overview

Agents must be licensed, contracted, appointed (if applicable), and certified in order to staff an informal marketing/sales event.

A marketing/sales event is defined by the following characteristics:

- The range of plan information which may be provided to the beneficiary, including any discussions of plan benefits.
- The ***proactive*** way in which plan information may be presented to the beneficiary.
- The Plan's ability to ***collect enrollment applications*** and ***enroll*** Medicare beneficiaries during the event.
- The event is open to the general public and to all Medicare eligible Medicare beneficiaries.
- The presenting agent is required to announce at the beginning of both formal and informal marketing/sales events, their name, the company name, and ***all*** products that will be covered during the marketing/sales event.

Marketing and Sales Activities and Event

A marketing/sales event is one which is used to market to Medicare beneficiaries and steer them toward specific plans. Events may be conducted in a variety of venues, including any kind of sales booth (e.g. table, kiosk, tabletop display, etc.) located in a specific location such as a retail store, provider office site, or healthcare facility. Events can be sponsored by the plan or another entity. A marketing/sales event is defined by the range of plan information provided to the beneficiary and the way in which the information is presented to the beneficiary. A Scope of Appointment form is not to be used at a sales event as a sign in sheet. If a beneficiary requests a follow-up appointment, a Scope of Appointment must be obtained (see Scope of Appointment section for additional information).

Marketing/Sales Events are defined as Formal, Informal or Personal/Individual.

The agent is required to announce at the beginning of both a formal and informal event, their name, company name, and all products that will be covered during the event.

Formal marketing/sales events are typically structured in an audience-presenter style where you formally provide specific plan information provided via a presentation on the products being offered. In this setting, you usually present to an audience that was previously invited to attend.

Informal marketing/sales events are a less structured presentation and/or in a less formal environment. They typically utilize a booth, table, kiosk, and/or a recreational vehicle (RV) that is manned by an agent who can discuss the merits of the plan's products. Informal marketing/sales events are usually intended for a passer-by audience and agents cannot approach others in the informal marketing/sales events setting.

Personal/Individual marketing appointments typically take place in the Medicare beneficiary's residence; however, they may take place in other venues such as a library or coffee shop. Personal/individual marketing appointments are considered marketing/sales events, but are not reported to CMS as formal or informal marketing/sales events. Personal/individual marketing appointments require a Scope of Appointment (SOA) form. All SOA forms for all appointments must be faxed to Envision and retained by agent, including those for cancelled or rescheduled appointments, beneficiary no-shows, or appointments that do not result in a beneficiary enrollment.

The following guidelines apply to all marketing/sales activities and events.

Agents must:

- Be contracted, licensed, appointed (if applicable), and certified in order to represent Envision during any marketing/sales activity and/or event.
- Keep all beneficiary information secure (e.g., secure completed Scope of Appointment forms and enrollment applications to prevent disclosure of Protected Health and/or Personal Identifying Information).
- Comply with permission to contact guidelines.
- Use only approved sales presentations and marketing materials and ensure that all materials have the appropriate CMS marketing material ID and disclaimers.
- Use and follow the materials provided by the plan to ensure that all required elements are covered.
- Specify where the Plan Star Ratings and Multi-Language Insert are located in the Pre-Enrollment materials.
- Disclose that they are compensated for enrollments.
- Provide or make available to all in attendance at all marketing/sales events and appointments, their agent contact information
- Report all marketing/sales events (formal and informal) (see Event Reporting Section).
    - Submit events per Envision guidelines
    - All events must be open to the general public
    - Conduct marketing/sales events in appropriate venues. Prohibited venues include gambling areas of casinos, for-profit bingo facilities, and areas where health care is provided (pharmacy counter, exam room, etc.). Discretion should be used when selecting a venue to ensure the reputation of Envision is not compromised.
    - Notify front desk staff/employees at the venue of the event, room number, and time of event so the staff can direct Medicare beneficiaries appropriately. If allowed, post signage directing the beneficiary to the event location.
    - Include on all advertisements and invitations that are used to invite Medicare beneficiaries to attend a group event with the possibility of enrolling those Medicare beneficiaries
    - Include on all advertisements and explanatory materials promoting drawings, prizes, or any promise of a free gift that there is no obligation to enroll in the plan. For example, "Eligible for free drawing and prizes with no obligation." or "Free drawing without obligation." (See Gifts and Meals section for additional information.)

    - Announce all products/plan types that will be covered during the presentation at the beginning of that presentation (e.g., HMO, PFFS, PDP, SNP, MA, MA-PDP, POS, and PPO).
    - Clearly read or state the following disclaimer during a formal marketing/sales presentation: "Enrollment materials are available to you. Please take one as they contain valuable information such as summary benefit information, appeal and grievance information, plan renewal information, and written notice on low income subsidies."

Agents Must Not:

- Use prohibited statements or use superlatives (e.g., the best provider network, the largest health plan.). Make unsubstantiated statements (e.g., "Envision is the best" or "CMS recommends Envision").
- Solicit or accept enrollment applications from individuals who are not eligible for a qualifying election period (e.g., Annual Election Period (AEP), Initial Election Period (IEP), or Special Election Period (SEP)) as set by CMS.
- Engage in discriminatory practices such as targeting/marketing to Medicare beneficiaries from higher income areas or state and/or otherwise imply that plans are unavailable only to seniors and not all Medicare eligible Medicare beneficiaries.
- Conduct health screening or other like activities that could give the impression of "cherry picking" which is engaging in any practice that may reasonably be expected to have the effect of denying or discouraging enrollment of individuals whose medical condition or history indicates a need for substantial future medical services (e.g., blood pressure checks, cholesterol checks, blood work).
- Steer Medicare beneficiaries to specific providers or provider groups, practitioners, pharmacies or suppliers. You may provide the names and contact information of providers contracted with a particular plan when asked by a beneficiary.
- Discuss plan options that were not agreed to by the beneficiary in advance on the Scope of Appointment (SOA), sales event signage, or promotional notification.
- Market non-health related products (such as annuities or life insurance) while marketing a Medicare related product.
- Ask a beneficiary for referrals, accept referrals from a beneficiary, or offer any incentives as an inducement for referrals.
- Compare one plan sponsor to another by name unless both plan sponsors have concurred.
- Provide any gifts to Medicare beneficiaries that are associated with gambling and/or have the potential to result in a conversion to cash (e.g., lottery tickets, pull-tabs, meal raffles). This would include coupons that can be redeemed for meals and items for consumption. Gift cards are also prohibited.
- For informal or formal marketing/sales events:
    - Require Medicare beneficiaries to provide any contact information as a prerequisite for attending the event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through postal mail. Any sign-in sheet or agent contact sheet must clearly indicate that providing contact information is optional.

- Use an RSVP list at an event as a sign-in or attendance sheet. Information on an RSVP list must be protected and not visible to Medicare beneficiaries attending an event.
- Conduct an event at a venue when a free or subsidized meal is being served. If a meal is served as part of the venue's daily activity, (e.g. senior center), the event may not be conducted during the period starting one hour prior to serving time to one hour after serving time of the meal.
- Provide meals to attendees. (See Gifts and Meals section for additional information.).
- Conduct an event in any area of a healthcare facility where a patient receives or waits to receive care, including, but not limited to, waiting and examination rooms, pharmacy counters, hospital patient rooms, etc.
- Conduct an event at a casino in a location where gambling is being conducted. It is acceptable to hold an event in an area completely separate from gambling activities, such as a conference room.

Agents May:

- Conduct marketing/sales activities and events in common areas of healthcare facilities, (e.g., conference rooms and recreation rooms).
- Provide a nominal gift and refreshments to attendees with no obligation. (See Gifts and Meals section for additional information)
- Distribute approved brochures and enrollment materials.
- Discuss plan specific information (e.g. premiums, cost sharing, or benefits).
- Distribute approved business reply cards, lead cards, and sign-in sheets as long as all required disclaimers are included and the beneficiary understands that completing any of them is completely optional.
- Hand out business cards.
- Provide educational content.
- Formally present benefit information to the Medicare beneficiaries using the pre-approved presentation provided by Envision.
- Accept and perform enrollments during a valid marketing and election period.
- Provide a Scope of Appointment (SOA) form for a subsequent personal/individual marketing appointment; if a beneficiary requests a one-on-one meeting.
- Market health care related products during marketing activity for Medicare Advantage or Part D plans provided the beneficiary agrees in advance. Examples of health care related products include medical, dental, prescription, and long-term care.
- For a formal event when only one beneficiary is present, offer to the beneficiary the option of conducting the event in a sit-down style, similar to a personal/individual marketing appointment, rather than in an audience-presenter format. However, you must still complete a full presentation of the reported plan and obtain the Scope of Appointment.

Additional Information on Informal Marketing/Sales Event:

Agents Must:

- Post a visible notice, indicating the time of return, when leaving the event unattended for any reason (e.g., lunch break, assisting another beneficiary).
- Post the dates an agent will be onsite if recurring events are scheduled.

Agents Must Not:

- Conduct an event in such a way as to obstruct the beneficiary's entrance or exit from the venue or to give any impression that attending the event is a requirement to visiting the venue.
- Proactively approach Medicare beneficiaries in common areas (e.g., parking lots, hallways, lobbies, sidewalks). Medicare beneficiaries must initiate contact with you.
- Move or relocate a kiosk/booth/table from the plan-designated location within the reported venue and/or position a kiosk/booth/table within 20 feet of a pharmacy counter.
- Leave the event unattended when time is advertised or posted that you will be available.

Agents May:

- Wait behind the booth/table for a customer to request information.
- Answer questions about Envision plans and products.
- Distribute and collect enrollment applications.
- Provide appropriate refreshments if permitted by venue. (See rules on meals)

Educational Activities and Events

An educational activity or event is used to provide general information about the Medicare program and/or health improvement and wellness. An educational activity or event is designed to solely inform Medicare beneficiaries about Original Medicare, Medicare Advantage (MA), Prescription Drug Plan (PDP), or other Medicare programs that are not plan specific. During an educational activity or event you are prohibited from steering or attempting to steer a beneficiary toward a specific plan. An educational event is defined by the way in which it is described to the beneficiary. An educational event must be advertised with the appropriate disclaimer, must always be held at a public venue, and must be open to the public.

Agents Must:

- Be contracted, licensed, appointed (if applicable), and certified in order to conduct any educational activity and/or event on behalf of Envision.
- Advertise or promote the event as "educational" or in a manner that informs that the event is solely for educational purposes.
- Report all educational events (see Event Reporting Section).
- All events are subject to Secret Shopping by Envision, and/or the CMS.
- Conduct all educational events in public venues.

Agents Must Not:

- Proactively approach or engage the beneficiary at an informal (table/booth/kiosk) setting.
- Engage in any activity at an educational event that would meet the CMS definition of marketing.
- Distribute or display plan-specific materials such as Pre-Enrollment Sale Kits or brochures.
- Attach personal business cards or plan/agent contact information to educational materials.
- Distribute or display business reply cards, lead cards, Scope of Appointment (SOA) forms, sign-in sheets, and/or Permission to Call (PTC) forms.
- Have any form of "Ask Me" button (or similar) that may lead to the beneficiary to believe you are a representative of CMS, and/or Medicare, or to ask health related questions.
- Distribute or collect enrollment applications.
- Discuss plan-specific premiums and/or benefits.
- Schedule a separate personal/individual marketing/sales appointment, SOA form, and/or obtain PTC.
- Solicit Medicare beneficiaries for personal/individual marketing/sales appointments under the premise that the appointment is for education purposes.
- Invite Medicare beneficiaries to or accept RSVPs for future marketing/sales events.
- Provide cash gifts, gifts easily converted to cash, or charitable contributions made on behalf of a beneficiary regardless of dollar amount.
- Immediately (i.e., within one hour) follow an educational event with a marketing/sales event in the same general area (e.g., same venue).

Agents May:

- Provide educational information.
- Have a banner or table skirt with the plan logo displayed.
- Distribute healthcare educational materials (not specific to any plan) on general topics, such as, diabetes awareness and prevention and high blood pressure information.
- If requested by a beneficiary, hand out a business card free of any plan marketing or benefit information.
- If asked about plan benefits, premiums, or copayments agents may suggest that Medicare beneficiaries call EnvisionRx Plus or visit the plan website for further information.
- Provide meals or food items (provided they are permitted by the venue) as long as the nominal retail value, when combined with any other giveaways, does not exceed $15 on a per person basis.
- Provide promotional items with plan names, logos, a toll-free customer service number, and/or website provided the aggregate retail value of the giveaways (including food items) does not exceed $15 on a per person basis.
- Respond to questions asked at an educational event provided that the scope of the response does not go beyond the question asked and does not include the distribution or acceptance of enrollment applications and/or marketing materials.

Internet Marketing

Conducting marketing/sales events using internet-based technology is limited to formal marketing/sales events. All virtual events and the corresponding presenting agents must be approved by Envision prior to event planning, reporting and advertising. All CMS guidelines and regulations and Envision rules, policies, and procedures related to conducting marketing/sales events apply, including event reporting and cancellation procedures and using plan-approved materials and presentations.

Gifts and Meals

Nominal, promotional, and reward gifts are the three types of gifts that the CMS recognizes for marketing/sales activities. You may offer promotional gifts to Medicare beneficiaries at all marketing/sales activities as long as the gifts are of nominal value and are provided to the beneficiary regardless if they choose to enroll or not. Nominal retail value is defined as an individual item/service worth $15 or less (based on the retail value of the item). The nominal value rule applies to gifts, rewards, incentives, and snacks.

A nominal value requires that the following rules must be followed when providing gifts:

- Gifts must not be items that are considered a health benefit (e.g., a free checkup, health screening, hearing test, blood pressure checks, and cholesterol checks).
- Gifts must not be food items that in type or quantity, regardless of value, could reasonably be considered a meal.
- The nominal value of the promotional gift is determined by its retail value and the aggregate value of all gifts and food items may not exceed $15 per beneficiary or less with a maximum aggregate of $50 per beneficiary, per year.
- If a nominal gift is one large gift that is enjoyed by all in attendance (i.e., a concert), the total retail cost must be $15 or less when it is divided by the estimated attendance. For planning purposes, anticipated attendance may be used, but must be based on venue size, response rate, or advertisement circulation.
- Nominal gifts may not be in the form of cash or other monetary rebates. Cash gifts are prohibited even if their worth is less than $15. Cash gifts include charitable contributions made on behalf of a beneficiary and gift certificates or gift cards that can be converted to cash, regardless of dollar amount.
- You must provide any and all disclaimers if the gift is in the form of a prize, drawing, or raffle. For example:
    - "Eligible for a free drawing and prizes with no obligation."
    - "Free drawing without obligation."
- Additionally, the drawing or raffle mechanism must not require the beneficiary to provide personal contact information.
- Promotional items may include the plan names, logos, toll-free customer service numbers and/or websites.

Meals may not be provided during a marketing/sales event or when any marketing/sales activity is performed, even if the meal is not sponsored by the plan and is a normal activity in that

location (e.g., soup kitchen, senior center). Meals may be provided at educational events, but the cost of the meal must comply with the nominal gift requirement.

Other Considerations:

- Providing alcoholic beverages at any event is prohibited.
- Agents may provide light refreshments or snacks at marketing/sales events, as long as they are permitted by the venue, but cannot bundle them in a manner that would constitute a meal. The following are examples of snacks:
  - Fruit or raw vegetables
  - Pastries, cookies, or small dessert items
  - Cheese, chips, yogurt, or nuts
  - Crackers or muffins
- Meals may be provided at educational events, provided the event meets CMS strict definition of educational.
- Agents are recommended to maintain invoices of any give-aways so they can validate the cost versus retail value if they are ever asked to confirm the cost.
- The aggregate nominal retail value of food items in combination with any other gift may not exceed $15 per beneficiary.
- Give away items must be worth $15 or less with a maximum aggregate of $50 per person, per year.
- Give away items must be offered to all Medicare beneficiaries regardless of enrollment and without discrimination.
- Gifts must not consist of lowering or waving co-payments.
- Gifts may not be items that are considered a health benefit (e.g., a free check-up).
- Cash gifts are prohibited. Cash gifts include any form of monetary rebate, charitable contributions made on behalf of the beneficiary, gift certificates, and gift cards that can be readily converted to cash.

Provider/Pharmacy Activity at a Marketing/Sale Event

A provider includes, but is not limited to physicians, staff, hospitals, nursing homes, pharmacies, and vendors contracted with the plan to provide services to plan members, and subcontractors. Providers must remain neutral and cannot steer Medicare beneficiaries to enroll in a specific plan.

Providers at a marketing/sales event may:

- Provide general health information
- Discuss their practice in generic, factual terms such as name, clinic affiliation, and areas of medical expertise as it relates to the topic being discussed.
- Leave information about their practice on tables for Medicare beneficiaries to take. There must be a physical separation between provider material and plan material.

Providers at a marketing/sales event must not:

- Promote health plans or events.
- Distribute sales materials or assist with enrollment activities (including collecting enrollment applications).

- Speak to or answer questions related to Envision plans, plan benefits, or pricing.
- Provide any health screenings or tests.
- Sell products or offer demonstration devices that Medicare beneficiaries can take with them.
- Discuss specific products/services or how the products/services relate to plan or plan benefits.
- Actively promote their practice (e.g., distribute business cards), but may passively promote their practice by leaving material for a beneficiary to take.
- Use superlatives when discussing their practice or the plan.
- Directly accept compensation for attending events.
- Give any gifts or services to Medicare beneficiaries.
- Accept appointments for future clinical services while a guest at an event.
- Mail marketing materials on behalf of Plans/Part D sponsors.

Tribal Lands Marketing

Tribal land is sovereign. As the Bureau of Indian Affairs explains, "Tribal sovereignty ensures that any decisions about the tribes with regard to their property and citizens are made with their participation and consent. Tribes, therefore, possess the right to form their own governments; to make and enforce laws, both civil and criminal; to tax; to establish and determine membership (i.e., tribal citizenship); to license and regulate activities within their jurisdiction; to zone; and to exclude persons from tribal lands." (Reference: http://www.bia.gov/FAQs/index.htm.)

Prior to conducting marketing/sales or educational activities on tribal land, you must:

- Familiarize yourself with the customs and instructions of the tribe as they pertain to such activities
- Contact tribal elders to confirm custom and instructions, as well as to receive permission to market, sell, or conduct educational activities. In addition, agents must also adhere to all other applicable federal, state, and Envision rules, regulations, guidelines, and policies and procedures when marketing, selling, or conducting educational activities on tribal land.

Section 8: Event Reporting

<u>Event Reporting Process</u>

All educational or marketing/sales events, formal and informal, must be reported.

- All events, educational or marketing/sales, formal or informal must be reported to Envision as soon as they are scheduled and prior to advertising, but no later than the 15th of the month prior to the scheduled event.
- FMO/NMO agencies and individual agents must submit all agent events monthly at the same time by utilizing the excel file provided with all required fields complete. (This format is available for download at the Promo Store site.)
- All files will be sent to envisionagentsupport@envisionrx.com
  Each informal marketing/sales event (e.g., kiosk, booth) shift must be reported separately with a start and end time.
- The individual who will conduct the event must be identified and listed as the Event Contact.
- Agents who fail to report events or do not report events prior to the 15th of the prior month are subject to corrective and/or disciplinary action up to and including termination.
- All events are subject to surveillance and evaluation by Envision and/or CMS.
- Enrollments that are identified as generating from an unreported event will not be paid commissions and agent will be subject to disciplinary action up to and including termination.

Making Changes to a Reported Event

- All changes to an event must be reported to envisionagentsupport@envisionrx.com as soon as they are realized, but no later than three business days prior to the scheduled start of the event. All Changes must be submitted on the same Template.
  - A change to venue location, date, and/or start time of an event is considered a cancellation and requires cancellation of the event in and entry of a new event (reporting timeframe rules would apply).
- Changes may include updates or corrections.
- If a change must be made within three business days of the start time, you must immediately contact Envision at envisionagentsupport@envisionrx.com to report and get direction on any required actions.
- **Every effort should be made to avoid cancelling a reported event. If possible, another appointed agent should be utilized to conduct the event.**
- You are responsible for ensuring the cancellation request was submitted (no less than five business days prior to the date of the event is recommended) with sufficient time to meet the three business days CMS requirement.
- Events may not be cancelled within three business days of the scheduled start of the event. In such cases, agent should immediately contact his/her FMO/NMO to arrange for another agent to attend the event.

Marketing/Sales Event Cancellation Notification Requirements

Notification of a cancelled marketing/sales event should be made, whenever possible, more than five business days prior to the originally scheduled date and time.

Cancelling an event within three business days of the scheduled start time is prohibited except in the case of inclement weather. In such cases, you are expected to exercise appropriate discretion when deciding a course of action.

Marketing/Sales Events cancelled with Less than 3 business days before the originally scheduled date and time:

- Immediately notify Envision and your FMO/NMO to ensure cancellation of the event with CMS.
- Notify Venue
- Notify event attendees when possible if RSVP's were received utilizing compliant contact methods. Document all attempts to reach beneficiaries, keep on file and available upon Plan or CMS request.
- A representative **must** be present on site at the scheduled start time of the cancelled event to inform attendees of the cancellation and how to reach the plan. Representative must remain on site for 30 minutes after the scheduled start time.
    - Events cancelled due to inclement weather do not require a representative on site.
- Agents who fail to cancel an event and/or fail to be at the site (or secure another representative to be at the site) of cancelled event, may be subject to corrective and/or disciplinary action up to and including termination.

Marketing/Sales Events cancelled with more than 3 business days before the originally scheduled date and time:

- Immediately notify Envision and your FMO/NMO to ensure cancellation of the event with CMS.
- Notify Venue
- Notify event attendees if possible using the same means used to advertise the event or utilizing compliant contact methods. Document all attempts to reach beneficiaries, keep on file and available upon Plan or CMS request.
- A representative is **not** required on site on the day and time of the cancelled event.
- Agents who fail to cancel an event and/or fail to be at the site (or secure another representative to be at the site) of cancelled event, may be subject to corrective and/or disciplinary action up to and including termination.

Section 9: Marketing to Medicare beneficiaries with Impairments or Disabilities

General Overview

Envision is devoted to serving our Medicare beneficiaries with integrity and sensitivity. You are responsible for ensuring that all regulations, policies, and/or procedures are complied with when conducting marketing activities with any beneficiary with a linguistic barrier and/or disability. You are expected to correctly handle situations where you are unable to accommodate the beneficiary's need(s) due to a linguistic barrier and/or a disability. If you are unable to accommodate the beneficiary's needs, you must request to reschedule the appointment in order to be able to better prepared to meet the beneficiary's needs. You must not discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

The following are accessibility features to consider when selecting a site for a marketing event:

- Ramps and/or elevators as an alternative to stairs.
- Handrails along stairways and/or ramps.
- Appropriate lighting and noise levels.
- Appropriate seating options (e.g., not just booths or stools, include stand-alone chairs and tables).
- Handicap or senior parking near entrances.
- Doors that open automatically or a resource available to welcome and assist the beneficiary.
- Restrooms which include handicap stall options.
- Walkways, entrances, and hallways that are clear and dry.
- Appropriate clearance in aisles and between rows for wheelchair clearance.

Disability or Impairment Overview

Medicare beneficiaries with linguistic barriers

In accordance with the CMS and Envision policies, the Envision Marketing Department and Medicare Compliance Department will determine the primary language(s) of the demographic area. If the primary language of five percent or more of the Medicare beneficiary population in the geographic area is a language other than English, the required materials for enrolling Medicare beneficiaries will be translated into the identified language. In addition, Envision provides information regarding the availability of interpreter services in the Multi-Language Insert with the Summary of Benefits and the ANOC/EOC. The Multi-Language Insert instructs members how to obtain free interpreter services and it is translated into multiple languages (e.g., Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, and Japanese). If you as the agent do not speak the language of the beneficiary you are trying to enroll then you should instruct the beneficiary or their designee how to contact customer service, ask for interpreter services and enroll directly

over the phone with our customer service representatives. You will not be compensated for a sale in which you are not able to service the individual due to a language barrier.

Written Materials

If Envision is required to provide enrolling Medicare beneficiaries materials in an alternate language for an identified geographic area, approved materials in the non-English language will be available to the agent for order in the same location as the English version.

Translation / Interpreter Services

If the beneficiary requests a language other than English and/or is having difficulties understanding the conversation in English, you may utilize one of the following resources:

- The beneficiary may be accompanied by an individual who can translate/interpret for the information and/or materials.
- The beneficiary may contact the 1-866-250-2005 and request translation services. If the beneficiary prefers to communicate in a language other than English, you should ensure the beneficiary's preference is indicated in the appropriate field on the enrollment application.
- If you, as the agent, do not speak the language you should refer the beneficiary to our Customer Service Department for support.

NOTE: The use of a third party individual who is not an employee of Envision or an approved language translation vendor is prohibited.

Medicare beneficiaries with Disabilities

Upon request, you are required to make available and provide basic beneficiary information to Medicare beneficiaries with disabilities. To ensure compliance and sensitivity you must abide by the following policies.

Hearing Impaired:

- Members Services makes available a TDD/TTY line to respond to marketing and membership questions from hearing impaired individuals. The TDD/TTY telephone number will be listed on advertising materials and the enrollment application per CMS requirements.
- You may provide a complete sales packet in writing enabling the beneficiary to read the materials.
- You may allow the beneficiary to be accompanied by an individual of their choosing, who can translate/interpret the information and/or materials.
- If the beneficiary has an Authorized Representative/Power of Attorney (POA), you may provide complete enrollment materials directly to the beneficiary's Authorized Representative/POA for review and enrollment purposes.
- You are required to work with the beneficiary's Power of Attorney (POA), authorized representative, or responsible party if there is any question about the cognitive ability of the beneficiary. You must be aware that hearing impaired Medicare beneficiaries may live independently. If the beneficiary has an authorized representative/POA, you must

reschedule the appointment for a time when the beneficiary's authorized representative/POA can be present.
- If you enroll an individual via POA the POA must be faxed to Envision with the completed application.

<u>Vision Impaired</u>:
- You may read the complete Enrollment materials verbatim to the beneficiary.
- You may allow the beneficiary to be accompanied by an individual, of the beneficiary's choosing, who can read/interpret the information and/or materials.
- You are required to work with the beneficiary's Power of Attorney (POA), authorized representative, or responsible party if there is any question about the cognitive ability of the beneficiary. You must be aware that vision impaired Medicare beneficiaries may live independently. If the beneficiary has an authorized representative/POA, you must reschedule the appointment for a time when the beneficiary's authorized representative/POA can be present.
- You may provide complete enrollment materials to the beneficiary's Power of Attorney (POA)/authorized representative for review and enrollment purposes.
- If you enroll an individual via POA the POA must be faxed to Envision with the completed application.
- You are required to provide the beneficiary with the customer service telephone number provided with the complete sales packet to request any enrollment and benefit information in an alternate format. The requested material is provided at no charge to the beneficiary.

<u>Physically Impaired</u>:
- You are required to ensure that event sites are accessible to a physically impaired beneficiary. If the event site is not handicap accessible, the event must be rescheduled or cancelled until a handicap accessible location is found. It is recommended to choose a location that is Americans with Disabilities Act (ADA) compliant.

<u>Cognitively Impaired</u>:
- You are required to work with the beneficiary's Power of Attorney (POA), authorized representative, or responsible party if there is any question about the cognitive ability of the beneficiary.
- You must be aware that cognitively impaired Medicare beneficiaries may live independently or within a residential facility.
- If the beneficiary has an authorized representative/POA, you must reschedule the appointment for a time when the beneficiary's authorized representative/POA can be present.
- If you enroll an individual via POA the POA must be faxed to Envision with the completed application.

Section 10: Lead Generation & Scope of Appointment

Lead Generation

Overview

You are expected to adhere to the CMS regulations, state and federal laws, guidelines, and Envision rules, policies, and procedures when receiving leads, setting appointments, and meeting with Medicare beneficiaries to discuss the Envision products. The agent must advise the beneficiary of the products that will be discussed at the future appointment, secure beneficiary agreement on a Scope of Appointment (SOA) form at least 48 hours prior to the appointment, and follow procedures for submitting and retaining the form. You may not discuss or leave enrollment materials related to products not previously agreed upon with the beneficiary in the Scope of Appointment (SOA). Cross-selling of non-healthcare related products is strictly prohibited.

Guidelines for Direct Contact with Medicare beneficiaries
Unsolicited contact with a beneficiary is prohibited. Permission to Call (PTC) must be secured prior to making contact with the beneficiary and renewed in order to make on-going contact.

Unsolicited contact includes in-person (e.g. door-to-door marketing), telephonic (e.g. outbound telemarketing), email, leaving electronic voicemail messages on answering machines, social media and text messaging. Postal mail is not considered unsolicited contact.

- Permission to Call (PTC):
  - Is given by the beneficiary to be called or otherwise contacted – including in-person, telephonic, text message, leaving electronic voice messages and email contact.
  - Is to be considered limited in scope, event-specific, and may not be treated as open-ended permission for future contacts.
  - In the absence of renewed and documented PTC, previously provided permission expires 90 days after the date received if the beneficiary is on the federal Do-Not-Call-Registry or nine months after the date received.
  - Must be documented and kept on file and available upon request for the remainder of the selling year plus ten additional years and should be updated with each contact with the beneficiary. **Downloadable form is located on Envision Promo Store.**

- Prohibited unsolicited contact:
  - Approaching a beneficiary in a common area such as a parking lot, hallway, lobby, or sidewalk.
  - Depositing marketing materials (e.g., flyer, door hanger, leaflet) outside a residence, under a door to a residence, on a vehicle, or similar.
  - Telephoning or emailing a beneficiary whose contact information was gained from a beneficiary referral, or purchased lead list.

    - Follow up contact via telephone or email with a beneficiary who attended a marketing/sales or educational activity/event or to whom a marketing item was mailed, even if the beneficiary requested the item.
    - Contacting, for the purpose of marketing a product or plan, a beneficiary identified as a contact with whom you do not have a relationship, unless delegated PTC has been provided by Envision.
    - Contacting, for the purpose of marketing a product or plan, any former member who disenrolled or any current member in the process of voluntarily disenrolling. PTC must be obtained and appropriately documented in order to contact the beneficiary in-person or by telephone, email, or text. Contact is always limited to the scope of products and timeframe contained within the documented permission. SOA is required for a marketing presentation to occur.

- Prohibited telephonic activities include, but are not limited to the following:
    - Using bait-and-switch strategies – making unsolicited calls about other business as a means of generating leads for Medicare plans.
    - Calls based on referrals. If an individual would like to refer a friend or relative to an agent, you may provide contact information such as a business card to the individual to give to the friend or family member. In all cases, a referred individual needs to contact the agent/broker directly.
    - Calls to former members who have disenrolled, or to current members who are in the process of voluntarily disenrolling, to market plans or products. Members who are voluntarily disenrolling from a plan should not be contacted for sales purposes or be asked to consent in any format to further sales contacts.
    - Calls to members who attended a sales event, unless the member gave express permission at the event for a follow-up call (including documentation of permission to be contacted or Scope of Appointment).

- When PTC is documented, acceptable forms of contact include:
    - Medicare beneficiaries who have initiated (solicited) contact by the following means may be contacted:
        - The beneficiary made an inbound telephone call, gave permission for an agent to call, and the PTC was documented. Any subsequent discussion with the beneficiary must be limited to the product(s) identified in the PTC.
        - The beneficiary returned a business reply card or submitted an online contact form granting PTC. Any discussion with the beneficiary must be limited to the products advertised on the business reply card or in the contact form. Telephonic contact is prohibited if the beneficiary did not provide a telephone number and/or the telephone number provided is invalid.
        - The beneficiary submitted an online contact form. Any subsequent discussion with the beneficiary must be limited to the product(s) identified in the PTC.
        - The beneficiary requested enrollment materials either in-person at a sales event, online, telephonically, or by business reply card; gave permission

for an agent to call; or the permission has been documented. Any subsequent discussion with the beneficiary must be limited to the product(s) identified in the PTC.
    - If you are not the Agent of Record (AOR), you are only permitted to call an existing member under certain circumstance, if PTC has been delegated to the agent:
        - Delegation of PTC occurs when the plan sponsor (Envision) provides the member's contact information (e.g., a lead) to you.
        - You are only permitted to ask for the member's Protected Health Information and Personal Identifying Information (PHI/PII) to the extent necessary to conduct business on behalf of the plan sponsor (Envision).
        - Any other use of PHI/PII obtained through delegated PTC is prohibited.

- You may contact current clients with whom you have a current, active contract or business relationship in other products (Example: In-Force Life Policy, Homeowners, or Dental Insurance).
    - If you are in the process of establishing a new relationship, PTC must be obtained and documented by the agent.

Scope of Appointment

Scope of Appointment –Personal/Individual Marketing Appointment Initiated by Agent

You must advise and get an agreement from the beneficiary, including current members, of the Prescription Drug Plan (PDP) products that will be discussed during a scheduled personal/individual marketing appointment.

A Scope of Appointment (SOA) form is not required at marketing/sales events since the scope of products has been defined through advertisement and announced at the beginning of the event. Any follow-up or secondary personal/individual appointments with the beneficiary after an event requires a Scope of Appointment form.

A SOA is required for personal/individual sales appointments where you intend to present our PDP product. The completed SOA is required to be obtained at least 48 hours prior to the appointment. A SOA may be sent to a beneficiary via postal mail, fax, or email with instructions on how to send it back to you as the agent. (Permission to email must be obtained and documented).

Situations that require a completed SOA include but are not limited to:

- A completed SOA form is required for any personal/individual marketing appointment for any MA and/or PDP plan.
- A completed SOA form is required from each attending Medicare-eligible beneficiary. If your appointment is with a husband and wife, you must obtain a SOA form from both Medicare beneficiaries.
- A new SOA form is required for any and all subsequent face-to-face personal/individual marketing appointments; even to discuss previously discussed products.

- If setting a future or second appointment, you must fill in all required fields on an approved SOA form, identify all products that might be discussed with the beneficiary at the future appointment, and secure the beneficiary's agreement to discuss the identified products.
    - Send the SOA form to the beneficiary for signature and receive it back from the beneficiary prior to the appointment.
    - The future or second appointment should not occur within 48 hours of the initial appointment.
- In certain circumstances, an exception can be made when obtaining the beneficiary's signature in advance of the meeting is not feasible. You may secure the beneficiary's signature in-person immediately prior to the start of the appointment and indicate on the form the reason why the signature could not be obtained in advance.

Scope of Appointment (SOA) - Beneficiary-Initiated Situations

There are specific situations that allow or require you to complete a SOA form and secure the beneficiary's signature at the time of the appointment. You must note on the form the particular situation (e.g. walk-in). Situations in which the 48 hour waiting period is waived and the SOA form must be signed before the meeting may begin include:

- A beneficiary walk-in to an agent office.
- An unexpected Medicare eligible beneficiary is in attendance at an otherwise properly solicited, scheduled, and documented appointment.
- The beneficiary requests the presentation of previously unidentified and agreed upon Part D product, at an otherwise properly solicited, scheduled, and documented appointment.
- The beneficiary requests an individual meeting following a marketing/sales event presentation that is held at another location and/or at a different time.

Scope of Appointment (SOA) - Expiration

- A SOA is valid until used or until the end of the applicable election period. For example, on October 1 an agent schedules an appointment for October 16 and mails a SOA to the beneficiary. The beneficiary signs the SOA and the agent receives it back on October 8. On October 15, the beneficiary calls and reschedules the appointment for October 17. On October 17, the agent and beneficiary meet. The SOA sent out October 1 and received October 8 is valid for the October 17 appointment.

All SOA forms must be retained, including those for cancelled or rescheduled appointments, beneficiary no-shows, or appointments that do not result in a beneficiary enrollment, and made available upon request. All Scope of Appointment forms for all appointments that result in an enrollment or do not result in an enrollment into an Envision product must be sent in advance or with the submission of any application. If Envision does not have the SOA at the time we process the application you will not receive credit for the application and will not be paid a commission for that enrollment.

Scope of Appointment - Submission Requirements

The following guidelines apply to the submission of SOA forms:

- SOA forms must be faxed to (**844-293-4756)** prior to the appointment or with the completed application. You may submit the SOA with the completed application, but only one beneficiaries application and SOA can be sent at the same time.
- The SOA form may be a multi-page document. ***All*** pages must be submitted.
- **Multiple beneficiary forms must be faxed separately.**
- Faxed forms must include a coversheet that contains your Writing Number (Agent ID), number of pages included, and a contact name and telephone number.

Note: Writing on the SOA form except in the provided blanks is prohibited per CMS regulations.

Scope of Appointment - Retention Requirements

You are required to retain and store a copy of the SOA forms for a minimum of ten years from the date of the appointment. You must be able to provide a copy of the SOA to Envision within 48 hours of request. You must fax all SOA to Envision, regardless of sale.

Scope of Appointment (SOA) - Cooling Off Period

At an appointment, agents are not to discuss or conduct marketing activity related to a healthcare product not previously identified and agreed upon by the beneficiary at the time the appointment was originally scheduled. If, however, the **beneficiary requests** the presentation of a plan type not previously agreed upon, you must secure a new SOA and then can proceed with the discussion. If during an appointment **you determine** that a product outside of the original SOA may be a better fit, the following would apply:

- A future appointment may be scheduled to discuss the newly identified healthcare related product as long as the new appointment is at minimum 48 hours in the future from the present appointment.
- A 2nd SOA form must be completed, signed by the beneficiary, and filed for the future appointment scheduled to discuss the newly identified healthcare related product.
- Enrollment materials may be left with the beneficiary. No discussion or related marketing activity may be conducted.
- Although cross-selling of non-healthcare related products during a marketing activity related to Medicare Advantage (MA) or Part D is strictly prohibited, the 48 hour cooling off period does not apply to follow-up appointments for non-healthcare related products. Marketing materials for the non-healthcare related products may not be left with the beneficiary during a marketing activity related to MA or Part D.

Product Cross-Selling

Marketing of non-healthcare related products, such as annuities and life insurance, during a personal/individual appointment is considered cross-selling and is a prohibited activity. Under no circumstance can an agent market or sell a non-healthcare related product during the marketing of a Medicare Advantage or Part D plan. Examples of non-healthcare related products include

life, annuities, and final expenses insurance. It is permissible to market healthcare related products during marketing activity for Medicare Advantage or Part D plans. Examples of healthcare related products include Medicare Supplement insurance, medical, dental, prescription, and hospital indemnity. These guidelines apply to both personal/individual marketing appointment and marketing/sales events.

Provider-Based Lead Generation

A provider includes, but is not limited to physicians, staff, hospitals, nursing homes, pharmacies, and vendors that may or may not be contracted with the Plan to provide services to plan members.

- Providers are subject to CMS regulations and guidelines.
- Providers are subject to fines and penalties for violating CMS regulations and guidelines.
- Providers can be audited because of contracted relationship with the Plan.

Providers should remain neutral parties in assisting plan sponsors with marketing to Medicare beneficiaries or assisting with enrollment decisions. Providers may not be fully aware of all plan benefits and costs, which could result in Medicare beneficiaries not receiving all required information to make an informed decision about their health care options.

Providers may:

- State the names of all of the plans with which they contract and/or participate.
- Assist their patients who are applying for Low Income Subsidy (LIS) assistance.
- Make available and/or distribute plan marketing materials (not including Enrollment materials) in non-patient care areas, including plan affiliation materials for a subset of contacted plans as long as providers offer the option of making available and/or distributing marketing materials from all plans in which they participate.
- Share objective information regarding Envision plans and specific pharmacy formularies based on the patient’s health care needs and medications.
- Make available and/or distribute plan marketing materials including Prescription Drug Plan (PDP) enrollment applications.
- Refer their patients to other sources of information, such as State Health Insurance and Assistance Programs (SHIPs), plan marketing representatives, State Medicaid Office, local Social Security Office, and CMS.

Agents may not engage providers to do the following on behalf of the agent:

- Offer Scope of Appointment forms, call an agent on behalf of a beneficiary to schedule a sales appointment, or invite a beneficiary to a marketing/sales event.
- Distribute or accept enrollment applications for Medicare Advantage/Medicare Advantage-Prescription Drug plans or Prescription Drug Plans.
- Make phone calls, direct, urge, or attempt to persuade Medicare beneficiaries to enroll in a specific plan based on financial or any other interest of the provider.
- Mail marketing materials on behalf of a plan or agent.

- Offer anything of value to induce Medicare beneficiaries/members to select them as their provider.
- Offer inducements to persuade Medicare beneficiaries to enroll in a particular plan or organization.
- Participate in any enrollment activities on behalf of or with the agent.
- Accept compensation directly or indirectly from the plan or agent for conducting beneficiary marketing/sales activities.
- Identify, provide names, or share information about existing patients with the plan or agent for marketing/sales purposes.
- Distribute marketing materials, including agent business cards, within an exam room setting.
- Accept business reply cards (BRC) on behalf of the agent.
- Collect Scope of Appointment (SOA) forms from Medicare beneficiaries
- Steer or attempt to steer a beneficiary/member toward a particular agent or agency

Providers must remain neutral parties in assisting plan sponsors with marketing to Medicare beneficiaries or assisting with enrollment decisions.

Agents may not steer or attempt to steer a beneficiary/member toward a particular provider, or limited number of providers based on the financial interest of the provider and/or agent.

Section 11: Enrollment Methods & Process

General Enrollment Process

Enrollment applications cannot be solicited or accepted outside of a valid election period. Marketing and/or selling outside of eligible periods is prohibited and subject to corrective and/or disciplinary action up to and including termination. You must be contracted, licensed, appointed (if applicable) and certified in order to complete an enrollment application.

The enrollment application should be completed only after you have thoroughly explained to the beneficiary the plan benefits and rules, confirmed eligibility, disclosed agent and product specific disclaimers, and the beneficiary agrees to proceed with enrollment.

Incomplete, incorrect, or illegible enrollment applications delay or prevent processing and may result in our inability to pay the agent commission for the sale.

Confirm Eligibility

- You must verify and document that the beneficiary is entitled to Medicare Part A and eligible for Medicare Part B.
- To be eligible to elect a Medicare Prescription Drug Plan, a beneficiary must be entitled to Medicare Part A and enrolled in Medicare Part B, and must be entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the Plan. Exceptions for Part B-only grandfathered members are outlined in the CMS Medicare Managed Care Manual. Part B-only Medicare beneficiaries currently enrolled in a plan created under &1833 or &1876 of the Social Security Act are not considered to be grandfathered Medicare beneficiaries, and must purchase Medicare Part A through the Social Security Administration to become eligible to enroll in a PDP plan.

- The following are examples of acceptable proof of eligibility:
  - Copy of Medicare Card
  - Social Security Administration award notice
  - Railroad Retirement Board letter of verification
  - Statement from Social Security Administration or Railroad Retirement Board verifying the beneficiary's Medicare eligibility

- You must validate the beneficiary resides in the plan's service area. In the case of a homeless beneficiary, a post office box, the address of a shelter or clinic, or the address where the beneficiary receives mail (e.g., Social Security check) may be considered the place of permanent residence.

Explain Benefits, Rules, and Member Rights

You must provide and explain all Plan benefits, limitations, and rules thoroughly as outlined in the Summary of Benefits, Statement of Understanding, and all required plan specific disclaimers.

Elements you must explain include, but are not limited to:

- Election period and effective date for enrollment.
- Plan eligibility requirements.
- Cost sharing including deductible, coinsurance, copayments, and premiums.
- Pharmacy network and cost-sharing when utilizing preferred or standard pharmacies.
- Formulary, drug tiers, step therapy, prior authorization, coverage stages (including the coverage gap), and late enrollment penalty.
- The plan's Star Rating, including where to find the rating in the Enrollment Kit and where to obtain additional information about Star Ratings.
- Advise the beneficiary that no-cost translation services are available.
- Cancellation, withdrawal, and disenrollment processes and time frames.
- Appeals and grievance process.
- They are not required to give any health related information unless it will be used to determine enrollment eligibility. Any information they provide will not affect their ability to enroll or affect their membership in this plan
- Agents are not allowed to ask for your SSN
- To be eligible to elect a PDP plan, a beneficiary must be fully informed of and agree to abide by the rules of the Plan that are provided during the enrollment process.
- The Statement of Understanding provides the beneficiary with the Plan rules. The Statement of Understanding for the applicable plan year must be acknowledged, without modification, by the beneficiary/authorized representative.

Enrollment Application

Proceed with enrollment only after thoroughly explaining all Plan benefits, limitations, and rules to the beneficiary and receiving consent from them.

- You will ensure that all required information is provided on the enrollment application. In the cases of homeless individuals, a Post Office Box, an address of a shelter or clinic, or the address where the individual receives mail, (e.g., social security checks) may be considered the place of permanent residence.
- You will determine the proposed effective date based on the election period and the effective date rules. The proposed effective date will be explained and entered on the enrollment application. A confirmation of enrollment letter will be sent by the plan within 10 days of accepting enrollment and will contain the effective date.
- You will explain that the beneficiary will receive several mailings, including a letter confirming CMS approval into the plan, a membership identification card, and a post-enrollment kit containing their Evidence of Coverage and Formulary.
- You must explain the Outbound Enrollment and Verification (OEV) process for all plans. For applications taken on October 1, 2014 or after, a member-friendly letter will be sent to the member in place of conducting Outbound and Enrollment Verification (OEV) calls. Random OEV calls may also be conducted by the plan.
- Once all required information has been entered onto the enrollment application and upon confirmation that the beneficiary fully understands all the details of the Plan and has read the Statement of Understanding (i.e. attestation), ensure that the enrollment application is

signed and dated by the beneficiary. If the beneficiary is unable to sign their name due to blindness or illiteracy, the enrollee may sign with a mark (e.g. "X") if:

  - It is the beneficiary's intent that the mark be their signature
  - If an authorized representative (e.g., Power of Attorney) signs the enrollment application, they must be able to provide proof that they have authority under state law to act on behalf of the beneficiary.
  - **If you enroll a beneficiary that has a POA the POA must be faxed to Envision along with the completed Enrollment application.**

- You must provide contact information.
- You will sign and date the enrollment application after verifying all information provided by the beneficiary is correct and the enrollment application is signed by the beneficiary or authorized representative.
  - You must provide your Writing Number (Agent ID) on each enrollment application you write.
  - Only the agent that completes the enrollment application with the beneficiary or his/her responsible party may affix his/her writing number to, sign, and date the enrollment application. "Gifting" an enrollment application (i.e. allowing another agent to affix their writing number to, sign, and/or date an enrollment application) is strictly prohibited.
  - All paper enrollment applications must be submitted via fax or overnight delivery to Envision within 48 hours of receipt. In receipt is considered the date you take receipt and sign the enrollment application. Enrollment application received by the enrollment center more than 48 hours after the agent's signature are considered a late application and the agent may be subject to disciplinary action.

General Enrollment Application Elements

What to review prior to submitting an Enrollment Application

What should match the Medicare card?

- Name
- Medicare Number
- Part A/B/D Eligibility Date

Ensure the following is marked correctly:

- Election Period
- Effective Date
- Signature dates for agent and beneficiary

Other information

- Date of Birth
- Physical Address and mailing address (if applicable)
- Agent name and Writing Number (Agent ID)

What can the <u>BENEFICIARY</u> correct on an Enrollment Application?

Typographical/Data entry errors:

- Items that can be verified on the original paper enrollment application, but were keyed incorrectly via data entry
- Items that can be easily determined were typographical errors

Items that can be verified by Medicare System:

- HICN/Medicare Claim Number
- Name
- DOB (Date of Birth)
- DOD (Date of Death)
- Gender
- Part A Eligibility Date or Part B Eligibility Date or Part D Eligibility Date
- LIS (Low Income Subsidy) Status

Items not answered on the enrollment application:

- Address – physical or mailing
- Signature of beneficiary
- Phone number
- Email address
- Emergency contact
- Election Period not provided/invalid election period
- Secondary Medical Coverage Values
- Language Preference
- Materials Format
- SPAP Eligibility (State Pharmaceutical Assistance Plan)
- Proposed effective date (must meet requirements of election period)
- ESRD- status not answered or answer differs from CMS/SMS

How does the <u>BENEFICIARY</u> make a correction on an Enrollment Application?

- 24 hours per day, seven days per week at 866-250-2005

What can the <u>AGENT</u> correct on an Enrollment Application?

Typographical/Data entry errors:

- Items that can be verified on the original paper enrollment application, but were keyed incorrectly via data entry
- Items that can be easily determined were typographical errors

Items that can be verified by Medicare System:

- HICN/Medicare Claim Number
- Name
- DOB (Date of Birth)
- DOD (Date of Death)

- Gender
- Part A Eligibility Date or Part B Eligibility Date or Part D Eligibility Date
- LIS (Low Income Subsidy) Status

Items not answered on the enrollment application:
- Election Period not provided/invalid election period
- Medicaid Number
- SPAP Eligibility (State Pharmaceutical Assistance Plan)
- Proposed effective date (must meet requirements of election period)

How does the AGENT make a correction on an Enrollment Application?
24 hours per day, seven days per week at 866-250-2005

When is a new Enrollment Application required?
A new enrollment application is required in the following scenarios:
- Incorrect Plan Selection
- Plan selection not available in region
- Incorrect selection of county/region
- Missing information not provided within required time frame

The Additional Information Letter (AIL) is sent to the beneficiary for missing information or verification that is needed to complete processing of their application. The Additional Information Letter (AIL) will be sent to the beneficiary with date by which the missing information is needed.

Pending Reason:	**Time frame to Supply Information**
Missing Election Period	7 days from received date [agent's received date or submittal received date]
Pending Parts A/B Effective date	End of election period
Medicaid/Chronic Verification	21 days from the date of the letter or the end of the month [whichever is longer]
ESRD	30 days from the date of the letter
Intent to Enroll	30 days from the date of the letter
Other pending reasons	21 days from the date of the letter or the end of the month [whichever is longer]

Enrollment Submission Process

Agents may not complete a paper or on-line enrollment by calling the beneficiary and completing the application over the phone with the beneficiary. This is strictly prohibited. The Agent must be present with the beneficiary to complete a paper or on-line enrollment.

All Scope of Appointment forms must be received by Envision at the time the application is processed. If the Scope of Appointment form is not received by fax prior to or with the fax submission of a paper application, the Agent will not be compensated for the sale. If the Scope of Appointment form is not received by fax prior to or at the time of the on-line application the Agent will not be compensated for the sale.

You are accountable for all paper or on-line enrollments where your Writing Number (Agent ID) was entered.

- You are accountable for OEV infractions, complaints, and/or rapid disenrollments.
- Consequences resulting from inappropriate agent use of the paper or on-line enrollment method include, but are not limited to, corrective and/or disciplinary action up to and including termination.

Paper Application Submission Process:

All paper enrollment applications must be submitted via fax or overnight delivery to Envision within 48 hours of receipt. The enrollment application is considered in receipt the date you take receipt and you and the beneficiary sign the enrollment application. Enrollment applications received by the enrollment center more than 48 hours after the beneficiary and agent signature are considered a late application and you may be subject to disciplinary action.

1. Complete the paper Application in full. When an agent is assisting a beneficiary to complete the application, the agent is responsible for its accuracy.
2. The application must have signatures and dates from the beneficiary or their authorized representative.
3. The application must show the name and signature of the Agent on the line designated for the **Name of Plan Representative/agent/broker** on the bottom of page 4 of the application.
4. The agent must ensure their Writing Code is properly shown and the date the application was taken or received is properly completed.
5. Completed Paper Applications must be received by Envision within 48 hours and submitted in the following manner:
   - Fax to 844-293-4756 (Fax the Enrollment Application & Scope of Appointment separately or together)
   - Overnight mail – at your expense to
Envision Insurance Company
Medicare Enrollment Department
2181 East Aurora Rd., Suite 201

Twinsburg, OH 44087-9926

- Regular mail – Should only be used by the beneficiary if after consideration, choose to mail in their application.
  Medicare Enrollment Department
  2181 East Aurora Rd., Suite 201
  Twinsburg, OH 44087-9926

On-Line Enrollment Submission Process:

Envision offers an option for you and the beneficiary to choose to submit enrollment applications on-line using our website

- Online Enrollment at www.envisionrxplus.com

Agents may assist a beneficiary to enroll via the web providing the following conditions are met:

1. Agent is helping the individual in person;
2. The beneficiary is the one who acknowledges on the web form that they are enrolling;

You may compliantly assist a beneficiary to enroll utilizing our web-based enrollment by:

- Completing all pre-enrollment activities including, but not limited to:
  - Needs assessment, Medicare eligibility verification, and election period validation.
  - Plan determination and providing enrollment materials.
  - Completed presentation covering all benefits, cost-sharing, etc.
  - Pharmacy network verification, prescription verification.
  - Appeals and Grievance policy, Outbound Enrollment and Verification (OEV) process, Statement of Understanding, Multi-language insert, and star rating information.
  - Providing agent contact information.

You may compliantly allow a beneficiary to enroll via the website and enter your Writing Number (Agent ID) under the following circumstances:

- Beneficiary Readiness – **when you have conducted an in-person presentation including all the steps outlined above, but the beneficiary was not ready to enroll at that time.**
- Time Constraints – when it is not feasible for the beneficiary to meet for a second time face-to-face with you or for the beneficiary to mail in a paper enrollment application.
- Other Factors – other instances where time, distance, or beneficiary preference prevents the beneficiary meeting with you a second time to complete an enrollment.
- Provide the beneficiary with the enrollment website landing page www.envisionsrxplus.com

- Provide the beneficiary with your Writing Number (Agent ID).

Phone Enrollment:

Beneficiary can contact Customer Service to enroll. The Agent will not be compensated for this enrollment.

Cancellations and Disenrollments

A **cancellation** occurs prior to the beneficiary's effective date. Beneficiaries can cancel via a verbal request over the phone, but the request MUST come from the beneficiary. Cancellation requests can also be submitted in writing.

A **disenrollment** occurs after a beneficiary is a Plan member. The disenrollment request must be made by written notice from the beneficiary or authorized representative or by calling 1-800-Medicare. Disenrollments are subject to CMS guidelines.

Election Periods

You must determine if the beneficiary is enrolling during a valid election period and indicate the election period on the enrollment application and reason code, if applicable.

Election Periods Available to Medicare beneficiaries

There are specified election periods available for Medicare eligible Medicare beneficiaries. The election periods include an Annual Election Period (AEP), Medicare Advantage Disenrollment Period (MADP), an Initial Coverage Election Period (ICEP), Initial Election Period (IEP), or a Special Election Period (SEP) based on specific eligibility criteria.

Annual Election Period (AEP)

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

Medicare Advantage Disenrollment Period (MADP)

MADP, which occurs January 1 through February 14, gives Medicare beneficiaries an annual opportunity to disenroll from their Medicare Advantage plan and return to Original Medicare. Regardless of whether the Medicare Advantage plan included Part D drug coverage, Medicare beneficiaries using the MADP to disenroll from their plan are eligible for a coordinating Part D SEP which allows them to enroll in a PDP during the same timeframe.

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

ICEP and IEP occur when Medicare beneficiaries first become eligible for Medicare. These periods are for all Medicare beneficiaries becoming eligible for Medicare whether it is due to turning 65 or by becoming eligible due to a qualifying disability. Eligible Medicare beneficiaries can enroll into a Medicare Advantage Plan (MA) of their choosing, including a Medicare Advantage Prescription Drug Plan (MAPD). Those already enrolled into Medicare due to disability have a second IEP upon turning 65. Note: based upon specific eligibility criteria and election choices, ICEP and IEP may occur together or may occur separately.

Special Election Period (SEP)

A SEP allows Medicare beneficiaries to make an election change in accordance with applicable requirements anytime during the year, including during the period outside of the OEP. The SEPs vary in the qualifications to use them as well as the types of elections allowed. Situations such as dual-eligible status and institutionalization provide the ability to switch plans at any time during the year. All SEPs are determined and announced by CMS.

Medicare beneficiaries/members may lose their prescription drug coverage if they move from a MA plan that has drug coverage to a MA plan that does not. Medicare beneficiaries/members will have to wait until the next open enrollment period to obtain drug coverage and Medicare beneficiaries may have to pay a Late Enrollment Penalty (LEP).

<u>Post-Enrollment Customer Service</u>

After Completing the Enrollment Application

Review the following next steps with the beneficiary.

- Confirm the beneficiary’s effective date (typically the first day of the following month).
    - For applications taken on October 1, 2014 or after, a member-friendly letter will be sent to the member in place of conducting Outbound and Enrollment Verification (OEV) calls.

- **Issuing Coverage**
  Coverage is approved as applied if:
    - A fully completed enrollment application is submitted.
    - The beneficiary meets the PDP requirements.

- **Enrollment Denials**
    - If CMS is unable to approve the PDP enrollment application, a letter of denial is sent to the beneficiary.

- **Premium Refunds**

    - Allow ample time for premium refunds to be processed. A refund check cannot be issued until Envision first receives confirmation that the beneficiary's initial premium payment has cleared successfully.

- **New Member Welcome Call**
    - You are encouraged to follow-up with new members after enrollment by placing a welcome call. This provides you with an opportunity to help prevent rapid disenrollment and continue to provide exceptional service to members. It also provides you with an opportunity to ask your new members to provide your contact information to their friends and relatives, an excellent way to help build your book of business.
    - Make an outbound call to all new Envision members within two to three weeks after the member's effective date.
    - Confirm that the member received a member ID card and Welcome Kit.
    - Allow the new member to ask any additional questions and address any key satisfaction drivers.
    - Provide the member with customer service numbers and contact information as needed.
    - Ask the new member to give your contact information to their friends and relatives so you can help them the same way you helped the new member. This call cannot be used to sell products. If the member wishes to discuss alternative plan options, another call would have to be made. If the member states they wish to disenroll during the call, instruct them to call the customer service number on the back of their member ID card. In a professional manner, close the call.

Section 12: Compensation

Agent Compensation

Compensation is defined by CMS as monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commission, bonuses, gifts, prizes, awards, and finder's fees. Refer to Medicare Managed Care Manual, Chapter 3, for the Medicare Marketing Guidelines.

Commission

Commissions are given to agents for initial enrollments, new enrollment and membership renewals for beneficiaries who enroll or remain enrolled in the EnvisionRx Plus Clear Choice plan. All compensation will comply with CMS regulatory guidance.

Commissions will be paid to the broker of record as received on the member's enrollment application.

Commissions will be paid for the effective month of the member after Envision receives confirmation of the enrollment and type of enrollment from CMS.

Initial enrollment commission amounts are paid based on the Initial rates in your contract for enrollments that CMS determines and notifies Envision that the enrollment is an initial enrollment. All commissions are pro-rated based on the number of months the member is expected to be enrolled based on the plan benefit year that ends on 12/31.

New enrollments and Renewal enrollment commissions are paid based on the Renewal rate in your contract. All commissions are pro-rated based on the number of months the member is expected to be enrolled based on the plan benefit year that ends on 12/31.

Envision will pay commission based on CMS guidance by paying commissions for initial year (new to Medicare) enrollments and five subsequent renewal years for the potential of a six-year compensation cycle. CMS determines if the enrollment qualifies as an initial year or renewal year enrollment and Envision will pay the compensation level based on CMS directive.

Commission will only be paid to agents who are fully credentialed and have received a writing number by Envision at the time the enrollment application was written. Enrollments that are identified as generating from an unreported event will either not be paid or be charged back.

Commission will be paid as follows:

- Upon receipt of a CMS approved application and validation of the writing agent's credentials, commission will be paid at the initial or new enrollment (renewal) rate as appropriate.
- New enrollments that do not qualify as initial enrollments will be paid at the Renewal rate.

- All Renewals are paid at the Renewal rate.
- Commission for an initial enrollment or new enrollment is paid as an advance for the full year amount based on the number of months the member is enrolled for the plan benefit year. A plan year ends on 12/31, regardless of the month of enrollment.
  - For example, the commission amount paid for a 7/1 initial enrollment will be paid at half (six months) of the annual initial commission or if a new enrollment will be paid at half (six months) of the annual new (renewal) commission.
- Renewal compensation will be paid at the beginning of the plan benefit year as long as the agent is in good standing and the member is still enrolled regardless of the original effective date.

If the member leaves the plan the following rules will apply to commission charge backs:

- If the member leaves the plan voluntarily within the first three (3) months, the full amount of commission paid is charged back.
- If the member leaves the plan voluntarily within months 4 to 11 commission is charged back on a pro-rated basis based on the number of months the member was a member of the plan.
- Charge backs will be recovered from both new and renewal commission in the next available commission cycle and continue to future commission cycles until the charge back is paid in full.
- All terminations that result in a full or pro-rated charge back will be processed regardless of the date the termination is received.

Commission Schedule

All commissions are paid on a monthly cycle after Envision is in receipt of verification of enrollment by CMS. Commissions will be paid by the end of each month for the current months effective enrollments.

Payment Method

All commissions will be paid by Electronic Funds Transfer (EFT). Monthly payment reports will be emailed to brokers and any affiliated management organization.