

Aetna Individual Medicare Producer Guide

**2018/2019 Individual Medicare Products
MA/MAPD, PDP (Aetna and Aetna Coventry)**

Release date: July 2018

Making it easy to do business and grow with Aetna

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Welcome!

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

Service excellence and strong partnerships ensure success and growth. Because of you, our valued partners, for 2018 we achieved the highest year over year Sales growth among major carriers. There are big opportunities ahead -2019 represents our largest service area expansion.

You make a valuable difference in your local market and help simplify the Medicare experience when you become ready to sell Aetna's high-quality Medicare Advantage and Part D plans. Combined with the additional opportunities you have with Aetna Senior Supplemental products (separate contracting is required), you're well-positioned to offer complete solutions and win more sales and referrals.

In addition to annual certification and product training, the Medicare Producer Guide is a key resource for success to grow and retain business year-round. Use this Guide to review Medicare Advantage and Part D product and service area updates, along with key resources for Aetna processes and CMS compliance requirements.

- Use the table of contents and active links to easily navigate to new and updated information.
- Convenient URLs make it easy to locate resources and information on Producer World.
- For added convenience, the Producers page on www.AetnaMedicare.com lists key links to use when assisting clients.

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

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



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

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

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

Log on to Aetna Producer World

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

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

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

Producer World® Registration: Select Registration Path

Please select the role which best describes you:

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

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

Help

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

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

[\(Download transcript\)](#)

Security / Encryption Info

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

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

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

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

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

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

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

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Key terms

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

AEP	Annual Election Period
Aetna	Unless we specify “Aetna” and “Coventry” separately, “Aetna” refers to all products and requirements under Aetna and Coventry.
Aetna Producer World	Your website for Aetna Individual Medicare information: https://www.aetna.com/producer/Login.do
Affiliate	Means a person or entity that controls, is controlled by or under common control with another person or entity. For purposes of this definition, “control” shall mean holding 50% or more of ownership or controlling interests.
Applicable Law	Means any local, state and federal laws, statutes, regulations, rules, codes, ordinances, orders, decisions, licensing requirements, regulatory guidance, pronouncements, and instructions, declarations, decrees, directives, legislative enactments, other binding restrictions or requirements of or by any governmental authority, any interpretation of any of the foregoing by a governmental authority having jurisdiction or authority or any modified or supplemented version of the foregoing items, which applies to or affects the services provided or the other obligations of the parties hereunder. “Applicable Law” includes but is not limited to HIPAA, the regulations, guidance and instructions issued by CMS (including but not limited to the MCMG), the Medicare Improvement for Patients and Providers Act, the False Claims Act (31 U.S.C. §§ 3729 et seq.), the anti-kickback statute (42 U.S.C. § 1320a-7b(b)), Section 1557 of the Patient Protection and Affordable Care Act, TCPA and state and federal laws applicable to telemarketing, and laws or regulations applicable to insurers, agents and brokers.
Certified	A status achieved based on completing the annual certification process training and successfully passing the related tests.
CMS	The Centers for Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services (DHHS) that administers the Medicare program.
Downline agent	A person or entity whose contract connects to one or more uplines or a licensed-only agent.

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FDR	Refers to First Tier, Downstream and Related Entities as defined by CMS Managed Care Manual, Chapter 21. A First Tier Entity is any party that enters into a written arrangement acceptable to CMS, with an MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA program or Part D program. Downstream Entity written arrangements continue down to the level of the ultimate provider of both health and administrative services. A Related Entity means any entity that is related to an MA organization or Part D sponsor by common ownership or control and performs some of the MA organization or Part D plan sponsor management functions under contract or delegation, furnishes services to Medicare enrollees under oral or written agreement, leases real property or sells materials to the MA organization or Part D plan sponsor at a cost of more than \$2,500 during a contract period.
Full Service/Call Center Delegate	Enrollment delegation authority for the entity must be assessed and validated as part of contracting, and in consultation with top of hierarchy and Aetna's Chief Medicare Sales Officer. Pre-delegation Review by Aetna's National Delegation, including successful completion of a Privacy and Security questionnaire and an operational review of calls and scripts committee approval to continue with contracting processes is required for Full Service/Call Center Delegates.
Licensed-only agent or LOA	Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline.
MA/MAPD	Medicare Advantage/Medicare Advantage and Prescription Drug
Medicare Communications and Marketing Guidelines (MCMG)	Medicare Communications and Marketing Guidelines contains CMS' marketing requirements and related provisions for Medicare Advantage Plans (MA), Medicare Advantage Prescription Drug Plans (MAPD), Medicare Prescription Drug Plans (PDP), Employer/Union-Sponsored Group Health Plans, Medicare-Medicaid Plans (MMP) and Section 1876 Cost Plans. http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html
Medicare Distribution Telebroker	No Pre-delegation Review by Aetna's National Delegation is required for these licensed, appointed and ready to sell Telebrokers, and they are exempt from the Privacy and Security questionnaire.
Payee	Someone who receives a commission on behalf of the writing agent. (Both the writing agent and the payee need to be certified, licensed and appointed in the state of sale.)
PDP	Medicare Part D, a stand-alone prescription drug plan.

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

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Who We Are

Aetna's mission is to build a healthier world—one person, one community at a time. We are a leading diversified health care benefits company, serving an estimated 37.9 million people. We offer industry-leading information, tools and resources to help people achieve their health ambitions. Our team of nearly 50,000 employees is committed to providing access to affordable, high-quality health care, and making the health care experience simpler and more responsive.

We know that health care is personal, and that's why the people we serve drive every decision we make. We are focused on them, their communities and all the factors that affect their overall well-being.

We offer our customers a diverse range of health coverage choices. Our digital tools and online resources help guide members and make it easy for them to reach us for assistance. We give support at every stage of our members' health care journeys, whether they want to quit smoking, eat healthier, are expecting a baby or are facing a serious illness and the daunting challenges surrounding the end of life.

Our Mission and Values

At Aetna, we achieve our mission with Integrity, Excellence, Caring and Inspiration—our four core values. We hold ourselves accountable for delivering the results our customers and members expect.

“Everything we do at Aetna starts with our values—a clear, strongly held set of core beliefs that reflect who we are and what you can expect from us.”

— *Chairman and CEO Mark Bertolini*



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The Aetna Individual Medicare product portfolio is stronger than ever

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

- MA/MAPD plans available in 45 states + D.C. and 1348 counties
- Stand-alone PDP products are available in all 50 states and below benchmark in 49 states + D.C. Prescription Drug Plans (PDP) go hand in hand with a Medicare Supplement
- Medicare Dual Eligible Special Needs Plans. (D-SNP):
 - A Medicare Dual Eligible Special Needs Plan (D-SNP) is for beneficiaries who are eligible for both Medicare and Medicaid. If you have Medicare and get help from Medicaid, you can join any Medicare D-SNP you qualify for or switch plans at any time. Aetna Medicare D-SNPs are only available in certain markets

Individual Medicare Dual Eligible Special Needs Plans (D-SNP)

- Combine the benefits of Medicare parts A, B and D
- Provide value-added benefits that include, but are not limited to hearing, dental, vision, transportation, Silver Sneakers®, and over-the-counter (OTC) benefits
- Aetna offers D-SNP Plans in GA, KS, MO, LA, OH, TX, FL, PA, VA
- NOTE: Some DSNP plans are non-commissionable.

D-SNP Eligibility:

- The Dual Eligible Special Needs Plans (D-SNP) program is available to eligible members:
 - Meeting dual eligibility status requirements
 - Residing within the program's service area
- Dual eligibility qualification is determined by the member's enrollment in:
 - A federally administered Medicare program
 - The state-administered Medicaid program based on low income, assets and age or disability status

CMS Managed Care Manual Chapter 2 guidance specifies the following:

40.2.2 -Verification of Eligibility for D-SNPs

(Rev. 123, Issued: 08-19-16, Effective: 08-19-16, Implementation: 08-19-16)

A D-SNP must confirm an individual's Medicare and Medicaid eligibility prior to enrollment into the D-SNP. Acceptable proof of Medicaid eligibility may include, for example: a current Medicaid card; a letter from the state agency that confirms entitlement to Medical Assistance; or verification through a systems query to a state eligibility data system. Additional enrollment guidance is located in the Medicare Advantage Enrollment and Disenrollment Guidance.=

*Not all products are available in every state.

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Medicare Advantage/Medicare Advantage Prescription Drug Plans

- HMO and PPO plans
- Medicare Joint Venture Products
 - New for 2019 - Medicare Advantage market expansion into Minnesota to offer Allina Health | Aetna Medicare Advantage PPO products (select Minnesota counties)
 - Allina Health | Aetna Medicare Advantage is the result of a partnership between Aetna and Allina Health, two nationally recognized leaders in health.
 - Innovation Health Medicare Advantage HMO and PPO available in select Northern Virginia counties

Marketing of any Joint Venture product and its Medicare Advantage plans, and any marketing of Aetna and its Medicare Advantage plans, must be done separately.

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

Aetna will be introducing a new "Explorer" PPO plan feature in select counties in 18 states.*

This feature will be geared toward mobile members who may need to obtain preventive or urgent care outside their plan service area, and within Aetna's multistate provider and pharmacy network. In addition, these members will also have customized member service support, access to travel discounts and a travel pass — a helpful summary of their medical and pharmacy information.

We offer the Travel Advantage program to some Individual Medicare Advantage HMO plan members. It's not available to California (CA) members, members enrolled in our Medicare Program Prime Plan or Medicare Joint Venture Products.

- Medicare Advantage non-Open Access HMO members (whose plans need referrals and PCP choices) have to change their PCP to another PCP in the service area they're visiting. The new PCP renders primary care services and refers members to other providers in the service area they're visiting.

*Not all products are available in every state.

Please contact your Aetna representative for assistance or questions regarding the use of Aetna brands.

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- Medicare Advantage Open Access HMO members don't choose PCPs. When enrolled in Travel Advantage, members can continue using any Aetna Medicare Advantage HMO provider without a referral.

*The Explorer PPO plan will be offered in 29 states total. Specific plans offering Explorer option will be identified in the Summary of Benefits and Plan Guides only on contract H5521



Part D Prescription Drug Plan

3 stand-alone Prescription Drug Plans available in all 34 CMS regions in 2019

- Aetna Medicare Rx Saver (PDP)
- Aetna Medicare Rx Select (PDP)
- Aetna Medicare Rx Value Plus (PDP)

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

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

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

New! Click [here](#) to access the new Medicare Supplement and Ancillary products Producer Guide.

Individual Medicare Supplement and Ancillary products are available in most states. For product availability, please click [here](#).



Senior Supplemental Insurance

Aetna Health and Life Insurance Company (AHLIC)

Aetna Life Insurance Company (ALIC)*

American Continental Insurance Company (ACI)

Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Aetna Health Insurance Company (AHIC)

Senior Supplemental Insurance

- Offered through AHLIC, ALIC,* ACI, AHIC and CLI

We also have two exchange products on FHL and CHL paper.

Ancillary products

- Dental, Vision, and Hearing from CLI
- Hospital Indemnity Flex from CLI
- Cancer and Heart Attack or Stroke from CLI and ALIC*
- Home Care from CLI
- Nursing Facility Care from CLI
- Recovery Care from CLI
- Final Expense insurance from ACI and CLI

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Once again, Aetna has sustained industry leading Stars performance amongst public Managed Care Organizations!

- Aetna MAPD has been one of the top performers for Star Ratings for the last three years and four of the last five years compared to national public competitors with over 250,000 enrollees
- 87% of Aetna's Medicare members are enrolled in plans rated 4.0 stars or higher — the highest percentage among publicly traded companies**
- Our 2017 Star Ratings for MAPD plans reflect Aetna's commitment to improving member health and experience
- Aetna's MAPD plans earned an overall weighted average rating of 4.0 out of 5.0 stars
- We're offering individual Medicare plans in 1,008 counties across the country in 2018. 91% of these counties will have a plan offering rated 4.0 stars or greater



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

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

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For more information about our 2018 product offerings,* see our [2018 First Look on Aetna Producer World](#)

MA/MAPD markets

Arizona/Nevada (AZ, NV)

California (CA)

Capitol (DC, MD, VA)

Innovation Health Medicare Advantage HMO and PPO (in select northern Virginia counties)

Deep South (AL, GA, LA, MS)

Florida (FL)

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

NEW for 2019:

Allina Health | Aetna Medicare Advantage PPO (in select Minnesota counties)

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

Keystone (DE, PA, WV)

Mid South (NC, SC, TN)

Midlands (IA, NE, ND, SD)

New England (CT, MA, ME, NH, RI, VT)

New Jersey (NJ)

New Mexico/Texas (NM, TX)

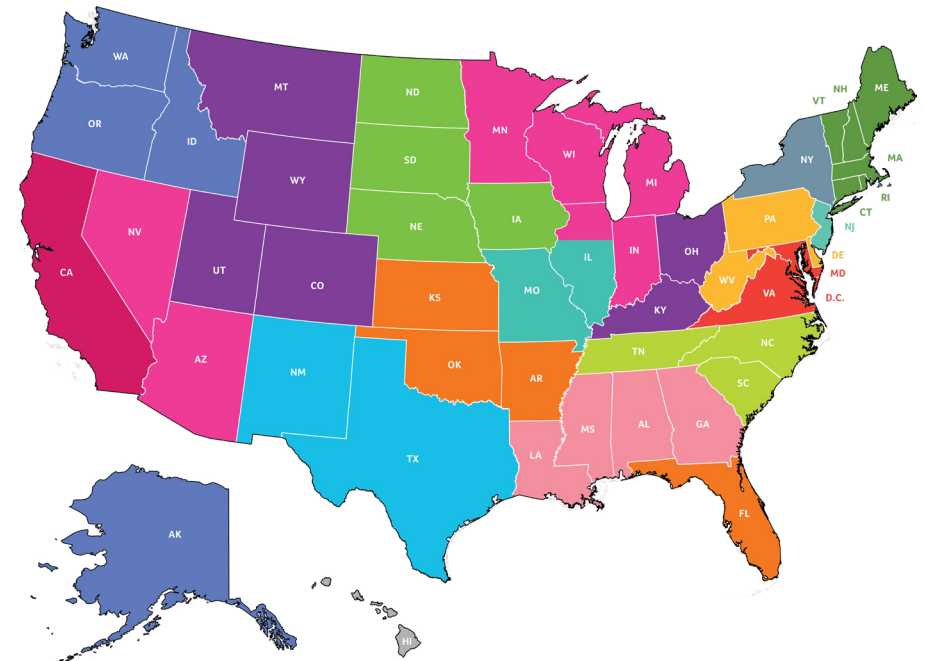
New York (NY)

North Mountain (CO, MT, UT, WY)

Northwest (AK, ID, OR, WA)

Ohio/Kentucky (KY, OH)

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



MA/MAPD plans available in 45 states + D.C.

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

*Not all products are available in every state.

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2019 market name/market territory

Market name	Market territory
Arizona/Nevada	AZ, NV
California	CA
Capitol	DC, MD, VA
Deep South	AL, GA, LA, MS
Florida	FL
Great Lakes	IL-North, IN, MI, MN, WI
Heartland	AR, KS, MO-West, OK
Keystone	DE, PA, WV
Mid South	NC, SC, TN
Midlands	IA, NE, ND, SD
New England	CT, MA, ME, NH, RI, VT
New Jersey	NJ
New Mexico/Texas	NM, TX
New York	NY
North Mountain	CO, MT, UT, WY
Northwest	AK, ID, OR, WA
Ohio/Kentucky	OH, KY
St. Louis (Show Me)	IL-Central/South, MO-East

2018 market name/market territory

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

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Arizona/Nevada

Arizona

Gila
Maricopa
Mohave
Pima
Pinal
Yavapai
Yuma

Nevada

Carson City
Clark
Douglas
Washoe

California

California

Fresno
Kern
Los Angeles
Orange
Riverside
San Bernardino
San Diego

Capitol

D.C.

District of Columbia

Maryland

Frederick
Howard
Montgomery
Prince George's

Virginia

Albemarle
Alexandria City
Alleghany

Amelia
Arlington
Augusta
Botetourt
Buchanan
Caroline
Charles City
Charlottesville City
Chesapeake City
Chesterfield
Colonial Heights City
Craig
Danville City
Dinwiddie
Essex
Fairfax
Fairfax City
Falls Church City
Fluvanna
Franklin
Fredericksburg City
Gloucester
Goochland
Greene
Hampton City
Hanover
Henrico
Henry
Hopewell City
Isle of Wight
James City
King and Queen
King William
Loudoun
Louisa
Madison
Manassas City
Manassas Park City
Martinsville City
Mathews
Middlesex

Montgomery

Nelson
New Kent
Newport News City
Petersburg City
Pittsylvania
Poquoson City
Powhatan
Prince William
Pulaski
Radford City
Richmond City
Roanoke
Roanoke City
Salem City
Spotsylvania
Stafford
Staunton City
Waynesboro City
Williamsburg City
York

Deep South

Alabama

Autauga
Barbour
Bibb
Blount
Chambers
Cherokee
Chilton
Coffee
Colbert
Coosa
Cullman
Dale
Dallas
DeKalb
Escambia
Fayette
Henry

Houston
Jackson
Jefferson
Lamar
Lauderdale
Lawrence
Limestone
Macon
Madison
Mobile
Montgomery
Morgan
Pickens
Russell
Shelby
St. Clair
Talladega
Tuscaloosa
Walker

Georgia

Appling
Baker
Baldwin
Banks
Barrow
Bartow
Bibb
Bryan
Burke
Butts
Camden
Chatham
Chattahoochee
Cherokee
Clarke
Clay
Clayton
Cobb
Coffee
Colquitt

Columbia
Coweta
Crawford
Crisp
Dawson
DeKalb
Dooly
Dougherty
Douglas
Effingham
Elbert
Emanuel
Evans
Fannin
Fayette
Forsyth
Franklin
Fulton
Gilmer
Glynn
Gwinnett
Habersham
Hall
Hancock
Harris
Hart
Heard
Henry
Houston
Irwin
Jackson
Jasper
Johnson
Jones
Lamar
Laurens
Lee
Liberty
Lincoln
Macon
Madison

Marion
McDuffie
McIntosh
Meriwether
Monroe
Morgan
Muscogee
Newton
Oconee
Oglethorpe
Paulding
Peach
Pickens
Pike
Quitman
Randolph
Richmond
Rockdale
Schley
Spalding
Stephens
Stewart
Sumter
Taylor
Terrell
Tift
Toombs
Towns
Treutlen
Turner
Twiggs
Union
Upson
Walton
Ware
Warren
Washington
Wayne
White
Worth

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Louisiana

Acadia
Ascension
Assumption
Avoyelles
Beauregard
Bienville
Bossier
Caddo
Calcasieu
Claiborne
DeSoto
East Baton Rouge
Evangeline
Franklin
Iberville
Jefferson
Lafayette
Lafourche
Lincoln
Livingston
Morehouse
Natchitoches
Orleans
Ouachita
Rapides
Sabine
St. Bernard
St. Charles
St. James
St. Landry
St. Martin
St. Mary
St. Tammany
Tangipahoa
Terrebonne
Union
Vermilion
Vernon
Washington
Webster

Winn

Mississippi

DeSoto
George
Hancock
Marshall
Panola
Pearl River
Tate

Florida

Florida
Broward
Charlotte
Citrus
Clay
Collier
Duval
Hernando
Highlands
Hillsborough
Lake
Lee
Manatee
Marion
Martin
Miami-Dade
Orange
Osceola
Palm Beach
Pasco
Pinellas
Polk
Sarasota
Seminole
St. Johns
St. Lucie
Sumter

Great Lakes Illinois

Boone
Bureau
Carroll
Cook
DeKalb
DuPage
Hancock
Henderson
Henry
Jo Daviess
Kane
Kankakee
Kendall
Lake
Lee
McHenry
Mercer
Ogle
Rock Island
Stephenson
Warren
Will
Winnebago

Indiana

Allen
Brown
Clay
Daviess
DeKalb
Delaware
Grant
Hamilton
Hancock
Hendricks
Huntington
Jackson
Jasper
Jennings

Johnson

Knox
Lake
LaPorte
Madison
Marion
Marshall
Montgomery
Morgan
Porter
Posey
Shelby
St. Joseph
Vanderburgh
Warrick
Wayne
Wells
Whitley

Michigan

Allegan
Calhoun
Clare
Genesee
Gladwin
Grand Traverse
Jackson
Kalamazoo
Kent
Livingston
Macomb
Midland
Monroe
Muskegon
Oakland
Ottawa
Saginaw
St. Clair
Washtenaw
Wayne

Minnesota

Anoka
Brown
Carver
Chisago
Dakota
Hennepin
Isanti
Nicollet
Ramsey
Scott
Washington
Wright

Wisconsin

Kenosha
Milwaukee
Ozaukee
Racine
Sheboygan
Walworth
Washington
Waukesha

Heartland

Arkansas

Benton
Boone
Carroll
Conway
Crawford
Faulkner
Franklin
Garland
Johnson
Logan
Madison
Marion
Montgomery
Newton
Perry

Polk

Pope
Pulaski
Saline
Scott
Sebastian
Van Buren
Washington
Yell

Kansas

Allen
Anderson
Atchison
Bourbon
Butler
Cherokee
Coffey
Cowley
Crawford
Doniphan
Douglas
Franklin
Harvey
Jackson
Jefferson
Johnson
Labette
Leavenworth
Linn
Lyon
Miami
Montgomery
Osage
Pottawatomie
Sedgwick
Shawnee
Sumner
Wabaunsee
Wyandotte

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Missouri

Andrew
Barry
Barton
Bates
Benton
Buchanan
Caldwell
Carroll
Cass
Cedar
Christian
Clay
Clinton
Dade
Dallas
Douglas
Greene
Henry
Hickory
Jackson
Jasper
Johnson
Laclede
Lafayette
Lawrence
Livingston
McDonald
Newton
Ozark
Pettis
Platte
Polk
Ray
Saline
St. Clair
Stone
Taney
Vernon
Webster
Wright

Oklahoma

Adair
Caddo
Canadian
Carter
Cherokee
Cleveland
Craig
Creek
Delaware
Garfield
Garvin
Grady
Haskell
Hughes
Jefferson
Johnston
Kay
Kingfisher
Latimer
Le Flore
Lincoln
Logan
Love
Marshall
Mayes
McClain
McIntosh
Murray
Muskogee
Noble
Okfuskee
Oklahoma
Okmulgee
Osage
Ottawa
Pawnee
Pittsburg
Pottawatomie
Seminole
Sequoyah

Tulsa
Wagoner

Keystone Delaware

Kent
Newcastle
Sussex

Pennsylvania

Adams
Allegheny
Armstrong
Beaver
Bedford
Berks
Blair
Bradford
Bucks
Butler
Cambria
Cameron
Carbon
Centre
Chester
Clarion
Clearfield
Clinton
Columbia
Crawford
Cumberland
Dauphin
Delaware
Elk
Erie
Fayette
Forest
Franklin
Fulton
Greene
Huntingdon

Indiana
Jefferson
Juniata
Lackawanna
Lancaster
Lawrence
Lebanon
Lehigh
Luzerne
Lycoming
McKean
Mercer
Mifflin
Monroe
Montgomery
Montour
Northampton
Northumberland
Perry
Philadelphia
Pike
Potter
Schuylkill
Snyder
Somerset
Sullivan
Susquehanna
Tioga
Union
Venango
Warren
Washington
Wayne
Westmoreland
Wyoming
York

West Virginia

Barbour
Berkeley
Boone

Braxton
Brooke
Cabell
Calhoun
Clay
Doddridge
Fayette
Gilmer
Grant
Greenbrier
Hampshire
Hancock
Hardy
Harrison
Jackson
Jefferson
Kanawha
Lewis
Lincoln
Logan
Marion
Marshall
Mason
McDowell
Mercer
Mineral
Mingo
Monongalia
Monroe
Morgan
Nicholas
Ohio
Pendleton
Pleasants
Pocahontas
Preston
Putnam
Raleigh
Randolph
Ritchie
Roane

Summers
Taylor
Tucker
Tyler
Upshur
Wayne
Webster
Wetzel
Wirt
Wood
Wyoming

Mid South North Carolina

Alamance
Alexander
Alleghany
Anson
Ashe
Avery
Bladen
Buncombe
Burke
Cabarrus
Caldwell
Caswell
Catawba
Chatham
Clay
Cleveland
Columbus
Cumberland
Davidson
Davie
Duplin
Durham
Forsyth
Franklin
Gaston
Graham
Granville

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Guilford	South Carolina	Overton	Guthrie	Union	McCook
Halifax	Abbeville	Putnam	Hamilton	Warren	Minnehaha
Harnett	Anderson	Robertson	Hardin	Washington	Moody
Haywood	Beaufort	Rutherford	Harrison	Wayne	Sanborn
Henderson	Berkeley	Shelby	Henry	Webster	Turner
Hoke	Calhoun	Smith	Howard	Winneshiek	Union
Iredell	Charleston	Sumner	Ida	Woodbury	Yankton
Jackson	Cherokee	Trousdale	Iowa	Wright	
Johnston	Chesterfield	Wayne	Jackson		New England
Lee	Colleton	Williamson	Jasper		Connecticut
Lincoln	Dillon	Wilson	Jefferson		Fairfield
Macon	Dorchester		Johnson		Hartford
Madison	Edgefield	Midlands	Jones		Litchfield
McDowell	Fairfield	Iowa	Keokuk		Middlesex
Mecklenburg	Greenville	Adair	Linn		New Haven
Mitchell	Hampton	Allamakee	Louisa		New London
Nash	Jasper	Appanoose	Lucas		Tolland
Orange	Kershaw	Benton	Lyon		Windham
Person	Laurens	Black Hawk	Madison		
Polk	Lexington	Boone	Mahaska		Massachusetts
Randolph	Marlboro	Bremer	Marion		Bristol
Robeson	McCormick	Buchanan	Marshall		Essex
Rockingham	Oconee	Buena Vista	Mills		Hampden
Rowan	Orangeburg	Butler	Monona		Hampshire
Rutherford	Pickens	Calhoun	Monroe		Middlesex
Sampson	Richland	Carroll	Montgomery		Norfolk
Scotland	Saluda	Cass	Muscatine		Plymouth
Stanly	Spartanburg	Cedar	O'Brien		Suffolk
Stokes	York	Cherokee	Osceola		Worcester
Surry		Clay	Page		
Swain	Tennessee	Clayton	Plymouth		Maine
Transylvania	Cannon	Clinton	Pocahontas		Androscoggin
Union	Cheatham	Crawford	Polk		Aroostook
Vance	Davidson	Dallas	Pottawattamie		Cumberland
Wake	Dickson	Decatur	Poweshiek		Franklin
Warren	Fayette	Delaware	Ringgold		Hancock
Wilkes	Giles	Dickinson	Scott		Kennebec
Wilson	Hickman	Fayette	Shelby		Knox
Yadkin	Lawrence	Fremont	Sioux		Lincoln
Yancey	Marshall	Greene	Story		Oxford
	Maury	Grundy	Tama		Penobscot

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Piscataquis
Sagadahoc
Somerset
Waldo
York

New Hampshire
Carroll
Hillsborough
Rockingham
Strafford

Rhode Island
Bristol
Kent
Newport
Providence
Washington

New Jersey
New Jersey

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

Union
Warren

New Mexico/ Texas

New Mexico
Bernalillo
Sandoval

Texas
Anderson

Aranas
Atascosa
Austin
Bandera
Bastrop
Bell

Bexar
Blanco

Bosque
Brazoria
Brazos
Brooks
Burnet
Caldwell
Cameron
Chambers
Cherokee

Collin
Comal
Cooke
Dallas
Denton
Dimmit
Duval

Ector
Ellis
El Paso
Fannin
Fort Bend
Galveston

Gillespie
Gonzales
Grayson
Gregg
Grimes
Guadalupe
Hardin
Harris
Harrison
Hays
Henderson
Hidalgo
Hill
Hood
Jefferson
Jim Hogg
Jim Wells
Johnson

Kaufman

Kendall
Kenedy
Kerr
Kleberg
La Salle
Lee
Liberty
Limestone
Llano

Lubbock
Matagorda
Medina

Midland
Montague
Montgomery

Nacogdoches
Navarro

Nueces
Orange
Parker

Polk
Potter

Rains
Randall
Rockwall
Rusk
San Jacinto
San Patricio
Smith
Somervell
Starr
Tarrant

Taylor
Tom Green

Travis
Upshur

Vanzandt
Victoria

Walker
Waller
Washington
Webb

Wharton
Willacy
Williamson
Wilson

Wise
Wood

New York

New York

Albany
Allegany

Bronx
Broome
Cayuga

Chemung
Chenango
Clinton

Columbia
Cortland
Delaware
Dutchess

Erie
Franklin
Greene
Herkimer

Jefferson
Kings
Lewis
Livingston
Madison
Monroe

Montgomery

Nassau
New York
Niagara

Oneida
Onondaga
Ontario
Orange
Orleans
Oswego

Putnam
Queens
Rensselaer
Richmond
Rockland
Saratoga

Schenectady
Schuyler
Seneca
St. Lawrence
Steuben
Suffolk
Sullivan

Tioga
Tompkins
Ulster
Wayne
Westchester
Yates

North Mountain

Colorado

Adams
Arapahoe
Boulder
Broomfield
Denver
Douglas
El Paso
Jefferson
Larimer
Weld

Utah

Box Elder
Cache
Daggett
Davis
Duchesne

Iron

Morgan
Rich
Salt Lake
Summit
Tooele
Uintah
Utah
Wasatch
Washington
Weber

Wyoming

Uinta

Northwest

Idaho

Ada
Canyon
Elmore
Gem
Kootenai

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Owyhee	Henderson	Erie	Paulding	Edgar	Callaway
Payette	Henry	Fairfield	Perry	Effingham	Cape Girardeau
Washington	Jefferson	Fayette	Pickaway	Fayette	Cole
Oregon	Jessamine	Franklin	Pike	Ford	Cooper
Clackamas	Kenton	Fulton	Portage	Fulton	Crawford
Jackson	Logan	Gallia	Preble	Greene	Franklin
Josephine	Madison	Geauga	Putnam	Jasper	Gasconade
Multnomah	Meade	Greene	Richland	Jersey	Howard
Washington	Montgomery	Guernsey	Ross	LaSalle	Jefferson
Yamhill	Nelson	Hamilton	Sandusky	Livingston	Knox
Washington	Oldham	Hancock	Scioto	Logan	Lewis
Clark	Rowan	Hardin	Seneca	Macon	Lincoln
King	Scott	Harrison	Shelby	Macoupin	Maries
Kitsap	Shelby	Henry	Stark	Madison	Marion
Mason	Spencer	Highland	Summit	Marshall	Miller
Pierce	Trimble	Hocking	Trumbull	Mason	Moniteau
Skagit	Warren	Holmes	Tuscarawas	Mclean	Montgomery
Snohomish	Woodford	Huron	Union	Menard	Osage
Spokane	Ohio	Jackson	Van Wert	Monroe	Perry
Thurston	Adams	Jefferson	Vinton	Montgomery	Pike
Ohio/Kentucky	Allen	Knox	Warren	Morgan	Ralls
Kentucky	Ashland	Lake	Washington	Moultrie	Scott
Anderson	Ashtabula	Lawrence	Wayne	Peoria	Shelby
Boone	Athens	Licking	Williams	Platt	St. Charles
Bourbon	Auglaize	Logan	Wood	Pike	St. Francois
Boyd	Belmont	Lorain	Wyandot	Putnam	St. Louis
Breckinridge	Belmont	Lucas		Randolph	St. Louis City
Bullitt	Brown	Madison		Sangamon	Ste. Genevieve
Butler	Brown	Mahoning		Scott	Stoddard
Campbell	Butler	Marion		Shelby	Warren
Carter	Carroll	Medina		St. Clair	Washington
Clark	Champaign	Meigs		Stark	
Edmonson	Clark	Mercer		Tazewell	
Fayette	Clermont	Miami		Vermilion	
Franklin	Clinton	Monroe		Washington	
Greenup	Columbiana	Montgomery		Woodford	
Hancock	Coshocton	Morgan			
Hardin	Crawford	Morrow			
	Cuyahoga	Muskingum			
	Darke	Noble			
	Defiance	Ottawa			
	Delaware				
			St. Louis (Show Me)		
			Illinois		
			Adams		
			Bond		
			Brown		
			Calhoun		
			Cass		
			Christian		
			Clark		
			Clinton		
			Cumberland		
			De Witt		
			Douglas		
				Missouri	
				Audrain	
				Bollinger	
				Boone	

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MA product types

The most common types of Medicare Plans are:

- **Health Maintenance Organization (HMO) Plans** – Provide coverage through a network of doctors and hospitals. Typically, you must use network providers unless it's an emergency. If you don't, your care may not be covered.
- **Preferred Provider Organization (PPO) Plans** – Provide coverage through a network of doctors and hospitals. In a PPO plan, you can see a doctor in or out of network. Typically, it costs more to get care out-of-network.
- **HMO Point-of-Service (HMO POS) Plans** – Provides coverage through a network of doctors and hospitals. You may be able to see a doctor out of the network for some services. The POS option provides more choice and flexibility. But some services aren't available outside the network of contracted providers.
- **Special Needs Plans (SNP)** – A special type of Medicare Advantage Plan that provides more focused health care for specific groups of people, such as those who have both Medicare and Medicaid.

There may be other types of Medicare Plans available.

Aetna Prime and Coventry Total Care HMO

Offers members an affordable monthly premium with access to a network of local providers.

Members must use network providers, except in emergency or urgent care situations, or for out-of-area renal dialysis.

Aetna Prime and Coventry Total Care PPO

Offers members an affordable monthly premium with access to a network of local providers.

Members have the flexibility to choose doctors and hospitals both in and out of our Prime network, but they'll save money by using a network provider.

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

**Modified Open Access HMO Allows members the freedom to visit network providers without a referral.

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Prime network products

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

These unique products offer some key advantages, including:

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

What are Prime and Total Care network plans?

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

Should I describe/sell these plans any differently?

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

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Medicare Part D

Prime network products (continued)

What are these plans called?

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

Key word	Description	Plan names
Prime	"Prime" appears on the member ID card.	Advantra Beaver Valley Prime (HMO) Advantra Butler Prime (HMO) Advantra Excela Prime (HMO) Advantra Penn Highlands Prime (HMO) Advantra Washington Prime (HMO) Aetna Medicare Alliance Prime Plan (PPO) Aetna Medicare Choice Plan (HMO-POS) Aetna Medicare Main Line Health Prime Plan (HMO) Aetna Medicare NNJ Prime Plan 1 (HMO) Aetna Medicare PinnacleHealth Prime Plan (HMO) Aetna Medicare Prime Essential Plan (PPO) Aetna Medicare Prime PCP Elite (HMO) Aetna Medicare Prime Plan (HMO) Aetna Medicare Prime Plan (PPO) Aetna Medicare Select Plan (HMO SNP) Aetna Medicare Select Plan (HMO) Aetna Medicare SNJ Prime Elite Plan (PPO) Aetna Medicare SNJ Prime Value Plan (HMO) Aetna Medicare UVA Health System Prime Plan (HMO) Coventry Medicare Vista Plan (HMO) Coventry Medicare Vista Plan (HMO SNP) Coventry Medicare Summit Plan (HMO) Coventry Medicare Summit Plan (HMO SNP) Gold Advantage (HMO)
Total Care	"Total Care" is part of the plan name and it appears on the member ID card.	Coventry Total Care (HMO) Total Care (HMO) Total Care (HMO-POS) Coventry Total Care (PPO)

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How are these plans different from other Medicare Advantage plans?

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

How can members find in-network providers?*

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

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

Where can you find more information?

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

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

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Medicare Part D

Overview

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

We offer 3 stand-alone Individual Prescription Drug Plans (PDP) in all 50 states and D.C.

2019 PDP Product Portfolio

Portfolio:

- Aetna Medicare Rx Saver
- Aetna Medicare Rx Select
- Aetna Medicare Rx Value Plus

* Simplified Portfolio: Consolidating Premier Plus to Value Plus in the 14 “retention” regions, and expanding our Select PDP to those 14 regions - offering the same 3 products in all 50 states and D.C.

- Previously branded First Health Part D Value Plus (PDP)

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Medicare Part D (continued)

For 2019 we offer two retail pharmacy networks:

1. A network with over 65k pharmacies, more than 23k of which are preferred. This network is used with the Aetna Medicare Rx Saver (PDP) and Aetna Medicare Rx Value Plus (PDP).
2. A network with over 42k pharmacies, more than 18k of which are preferred. This network is used with the Aetna Medicare Rx Select (PDP) plan.
 - A “preferred pharmacy” is a network pharmacy in which we’ve negotiated lower cost-sharing for our members. Prescriptions can still be filled at any network pharmacy, but your clients may save even more money by using a preferred pharmacy.

Helpful tools

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

www.aetnamedicare.com/findpharmacy

www.aetnamedicare.com/formulary

www.AllinaHealthAetnaMedicare.com/findpharmacy

www.coventry-medicare.com/find_pharmacy

www.coventry-medicare.com/formulary

www.innovationhealthmedicare.com/findpharmacy

PDP referral program

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

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Broker Services: Resources, Online Tools & Reporting

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3. Broker Services: Resources, Online Tools & Reporting

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Making it easy to do business with Aetna

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

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Aetna Producer World

Get access to view Medicare reports

Here's how to access reports in Producer World:

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

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

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

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

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Aetna Producer World (continued)

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

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

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

Producer World® Registration: Select Registration Path

Please select the role which best describes you:

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

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

Help

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

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

[\(Download transcript\)](#)

Security / Encryption Info

[About Producer World Security/Encryption](#)

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Reports

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

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

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

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More tools for your Aetna and Aetna Coventry Medicare business

Aetna Medicare Marketing Studio (MMS)

www.aetnahub.com/MMS

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

www.benefitscheckup.org/aetna

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

Ascend Virtual Sales Office app

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

Once you're ready to sell, you can request access through Aetna Producer World. After logging in, simply click "Tools" and then click the "Ascend Virtual Sales Office App" link. Click the "Request Access" radio button and then submit your request. Please allow 2–7 days for processing.

www.aetnamedicare.com

www.coventry-medicare.com

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

- Summary of Benefits
- Star Ratings
- Formularies

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

Provider Lookup Tool

www.aetnamedicare.com/findprovider

www.coventry-medicare.com/findprovider

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

Pharmacy Finder

www.aetnamedicare.com/findpharmacy

www.aetnamedicare.com/formulary

www.coventry-medicare.com/find_pharmacy

www.coventry-medicare.com/formulary

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

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Aetna Medicare Broker Services

Department key functions

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

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

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

Contracting and hierarchy assistance:

- New and returning agent contracting setup
- National distribution and strategic hierarchy onboarding, maintenance or changes
- Tax ID number changes
- Principal changes
- Payee changes
- W9/EFT setup and requirements
- State appointment requests
- Agent of Record reassignment

Additional assistance available:

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

The Aetna Medicare Broker Services Department

Phone: 1-866-714-9301

Email: brokersupport@aetna.com

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

Fax number: 1-724-741-7285

Everything You Need to Be Ready to Sell

Section 4

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4. Everything You Need to Be Ready to Sell

What “Ready to Sell” means

- [Aetna Medicare identifier, your NPN](#)

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- New writing agents (AG 4)
- New licensed-only agents (LOA)
- New uplines, principals and payees
- Existing agents (AG 4, LOA)
- Existing uplines, principals and payees

What “Ready to Sell” means

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

Aetna Medicare identifier, your NPN

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

Your National Producer Number (NPN) on Aetna and Aetna Coventry Individual Medicare (MA/MAPD, PDP) applications. You can look up your NPN on the [National Insurance Producer Registry](#) website.

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

To become “ready to sell” our 2019 Aetna and Aetna and Aetna Coventry Individual MA/MAPD and PDP products and receive commissions, you’ll need to complete all of these requirements prior to marketing or selling:

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

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Ready to Sell checklist

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

New writing agents (AG 4)

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

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

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

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

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

New licensed-only agents (LOA)

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

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

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

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Ready to Sell checklist (continued)

New uplines, principals and payees

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

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

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

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

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

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Ready to Sell checklist (continued)

Existing agents (AG 4, LOA)

Those who are currently contracted

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

Complete annual certification requirements.

1. Log in to our **Medicare certification site** and complete the required training modules and exams. See the Certification requirements section for details.

Receive your Ready to Sell confirmation.

See the Ready to Sell Notice section for details.

Existing uplines, principals and payees

Those who are currently contracted

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

Complete annual certification requirements.

1. Log in to our **Medicare certification site** and complete the required training modules and exams. See the Certification requirements section for details.

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

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

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

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Contracting, Licensing & Appointment

Section 4.1

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4.1 Contracting, Licensing & Appointment

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Agent termination information

Contracting in nomoreforms™

Be sure to contract for all opportunities with Aetna Medicare.

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

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

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

Nomoreforms™ user guide

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

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

How to update your information

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

How to update your information with the Medicare Broker Services Department

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

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

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Contract types and onboarding

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

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

- **Upline agreement** — Applies to a contracted firm, agency, organization or person with downline agents
- **Producer agreement** — Applies to a writing agent who has no downline agents. Your upline will give you the appropriate contracting package code
 - All writing agents have at least one upline. The upline for directly contracted agents is their local market

Distribution partners

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

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

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

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Licensed-only agents (LOAs)

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

Referral-only option

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

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

To qualify for referral-only status, you must:

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

Distribution Partners who contract with Aetna are supported every step of the way for easy onboarding that includes compliance and quality for Telebroker operations (review section 10 for details).

Speak with your National Sales Director for more on our complete onboarding processes.

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The contracting process

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

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

Step 2: Get a contracting package code

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

Step 3: Access nomoreforms to complete your contracting package

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

Access the [nomoreforms user guide](#).

Step 4: Submit your contracting package

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

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

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

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

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

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Step 7: We conduct a background investigation/regulatory review

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

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

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

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

Step 8: We complete the final steps

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

Distribution Partners who contract with Aetna are supported every step of the way for easy onboarding, that includes compliance and quality for Telebroker operations (Review section 10 for details).

Speak with your National Sales Director for more on our complete onboarding processes.

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Contract level or hierarchy changes

1. Making a contract level change

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

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

2. Hierarchy change guidelines

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

3. Hierarchy change process within the same Top of Hierarchy

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

4. Transfer Release Policy

There is a new streamlined policy for transfer release, that makes it easier and faster for agents and agencies to change their upline. We've revised the Transfer Release form too. The new version, called the *Notice of Intent/Transfer Release* form, can be used as a "notice of intent" to transfer to a new upline; and to initiate a transfer release. As in past years, transfers will not be permitted from October 1 - December 31.

Here's an overview of the new transfer release policy:

1. New agents/agencies must remain in their current hierarchy for at least 3 months prior to being allowed to change.
2. Agents/agencies must have no production in the last three months prior to being allowed to change.
3. Agent/agencies may submit a signed *Notice of Intent/Transfer Release* document to be released from their current hierarchy if they have not met the previous two requirements. Next, they can submit new contracting in [Nomoreforms](#) using the package code of the new upline.

Notice of Intent/Transfer Release form is available on Producer World.

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4. **NEW notice of intent option:** If agents/agencies cannot obtain a transfer release from their upline, they can submit contracting in **Nomoreforms** with the new upline's package code and attach the Notice of Intent/Transfer Release form with their submission. The agent/agency will be transferred to the new upline after a 3-month interim period. **If this option is chosen:**
 - Agents/agencies must remain under their new recruiter for a minimum of one year.
 - Agents/agencies may only transfer at their current level. After three months with the new recruiter, they will be eligible to change levels provided there is room to move upward and they meet the appropriate criteria.
 - All downline agents will move with agencies that request a transfer. However, after the move has been completed, those downline agents are not required to stay under the new hierarchy for one year. Instead, they may request release or submit their own notice of intent to transfer .

5. The notice of intent option cannot be used to move from NDP to Direct to Market.

This new transfer release policy, while empowering agents and agencies, also offers you a unique opportunity to demonstrate the support and value you provide to your downlines.

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Upline obligations and administrative services

There are six upline contract levels

PMO	Preferred Marketing Organization
NMO	National Marketing Organization
RMO	Regional Marketing Organization
MMO	Middle Marketing Organization
GMO	General Marketing Organization
LMO	Local Marketing Organization

Obligations of uplines, all agents of upline and principal

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

We suppress all non-principal LOAs from receiving our emails. Uplines share information with these individuals instead.

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Upline obligations and administrative services (continued)

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

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

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

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

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Upline obligations and administrative services (continued)

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

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Upline obligations and administrative services (continued)

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

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Requesting appointments and adding states

For newly contracting agents

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

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

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

Ready to Sell agents needing to add new state appointment:

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

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

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

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

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

You can check your appointment status by contacting the Broker Services Department at 1-866-714-9301. Agents will appear on the Broker Readiness Report once they become ready to sell. If you are ready to sell, you can access the Broker Readiness Report on the Medicare page on Producer World <https://www.aetna.com/insurance-producer/become-appointed-with-aetna.html>.

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

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

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E&O insurance program

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

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

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

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

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

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Agent termination information

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

Agent reconsideration process

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

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

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

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Certification

Section 4.2

aetna[®]

4.2 Certification

Certify to be ready to sell

UPDATED: Key reminders

Transferring AHIP certification

- Certification support

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

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Certify to be ready to sell

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

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

In addition to being ready to sell, you also need to attend market-specific training (online or in person) for all states and markets where you plan to sell MA/MAPD products. To sign up for market-specific training, go to www.AetnaMedicareAgentTraining.com. You are also required to attest that you agree to obtain market-specific training before you will be able to advance to the Aetna MA/MAPD product certification.

Agents and brokers marketing Aetna MA/MAPD or PDP products must complete the FDR attestation

As part of Aetna's 2019 Individual Medicare certification, you are required to complete Aetna's FDR attestation. Completing the FDR attestation indicates you are compliant and understand Aetna and CMS FDR requirements. Completion of the attestation is mandatory in order for agents and brokers to access Aetna product certification. Failure to maintain compliance with the Medicare Compliance FDR requirements may result in the development of a corrective action plan, retraining and/or termination of your contract and relationship with Aetna.

Local Market Training (MST) Attestation

To be ready to sell our MA/MAPD and PDP products, you must complete annual certification and contracting, licensing and appointment requirements. In addition, you must complete market-specific training for all states and markets where you plan to sell MA/MAPD and/or D-SNP products.

As part of this year's certification process, an attestation is required and must be recorded as part of the certification process to be ready to sell for 2019 Medicare Advantage and PDP plans.

Aetna 3rd Party Website Usage Attestation

Third-party websites are those used by contracted agent/brokers and entities to market MAPD/PD plans, or to obtain beneficiary information for the purposes of marketing or enrollment into an Individual Medicare plan. This also includes websites designed to provide agents with beneficiary leads. As part of Aetna's 2019 Individual Medicare certification, you are required to complete Aetna's 3rd Party Website Usage attestation. When completing the attestation, you will indicate whether or not you or your business operates such a website. If you indicate "Yes" on the attestation, Aetna will follow up directly to obtain additional details concerning your website.

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4.2 Certification

Certify to be ready to sell

UPDATED: Key reminders

Transferring AHIP certification

- Certification support

Certify to be ready to sell (continued)

Aetna D-SNP training

New for 2019, Aetna requires expanded training which details our Dual Eligible Special Needs Plan (D-SNP) products. All agents and brokers completing Aetna MA/MAPD certification will receive the Aetna D-SNP training.

In addition, you will receive PDP and/ or MA/MAPD certification completion email this year. The PDP and MA/MAPD certification completion emails will include notification that you have completed your PDP and/or MA/MAPD certification for the 2019 plan year as well as direct you to complete your Local Market Specific Training.

Ready to Sell reminder

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

Certified:

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

See completing certification next page

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

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4.2 Certification

Certify to be ready to sell

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Transferring AHIP certification

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Certify to be ready to sell (continued)

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

<input type="checkbox"/>	AHIP Medicare training and exam	<ul style="list-style-type: none"> This course has five modules <ul style="list-style-type: none"> - If you're recertifying and you completed last year's AHIP training requirements, you can follow the recertification track of modules 4-5 only. You should still acquaint yourself with modules 1-3 since the final exam covers all five modules The AHIP final exam requires a passing score of 90% or better within three attempts The AHIP Medicare Training costs \$125 through the Aetna certification portal. CMS FWA, General Compliance and Non-Discrimination trainings and exams follow the AHIP final exam Additional trainings required by CMS are included in the purchase of the AHIP Medicare Training
<input type="checkbox"/>	Core training and exam	<ul style="list-style-type: none"> Provides a high-level view of Aetna's Code of Conduct and Medicare Compliance program
<input type="checkbox"/>	2018CY FDR Attestation	<ul style="list-style-type: none"> Attestation
<input type="checkbox"/>	Local Market Training (MST) Attestation	<ul style="list-style-type: none"> Attestation
<input type="checkbox"/>	3rd Party Website Attestation	<ul style="list-style-type: none"> Attestation
<input type="checkbox"/>	Part D training and exam	<ul style="list-style-type: none"> Offers a high-level look at Aetna and Aetna Coventry Individual Medicare Part D products
<input type="checkbox"/>	MA/MAPD overview training	<ul style="list-style-type: none"> Offers a high-level look at Aetna and Aetna Coventry Individual MA/MAPD products
<input type="checkbox"/>	D-SNP training	<ul style="list-style-type: none"> Provides an in-depth look at Aetna's Dual Eligible Special Needs Plans (D-SNP).
<input type="checkbox"/>	Receive certification of completion	<ul style="list-style-type: none"> Completion of this exam with a 90% score or higher is mandatory for Agents and Brokers wishing to market Aetna MA/MAPD and/or D-SNP products.

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Transferring AHIP certification

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Certify to be ready to sell (continued)

In addition to becoming ready to sell, you also need to attest when taking the Individual Medicare MA/MAPD certification that you will attend market-specific training (online or in person) for all states and markets where you plan to sell MA/MAPD products.

It's easy to sign up for training. Just go to www.AetnaMedicareAgentTraining.com. After entering your states and contact info, you can view upcoming trainings and register online. At these trainings, we'll cover 2019 plan benefits for the local service area, our provider and pharmacy networks, competitive advantages, agent tools and more.

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4.2 Certification

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Key reminders

Dual-year certification (2018-2019)

- **Beginning 7/11/18**, completion of the 2019 Aetna Individual Medicare certification also fulfills the 2018 certification requirement
- Agents who certify either for PDP or MA/MAPD products must complete the FDR attestation, Market Specific Training attestation, and Third Party Website Usage attestation before completing 2019 certification this year.
- Agents who sell Aetna MA/MAPD and/or PDP products must complete the market-specific training for every market in which they sell
- Agents who plan to sell Aetna MA/MAPD products must complete the D-SNP training module in addition to completing MA/MAPD Overview training module for 2019.
- **You must successfully complete** the Aetna Individual Medicare annual certification process and meet all Ready to Sell requirements prior to marketing or selling Aetna or Aetna Coventry Individual Medicare products
 - **Passing test score.** A minimum passing score of 90% is required for all exams within three attempts
 - **You get three attempts**
 - Aetna's initial AHIP certification registration fee is \$125; you have three attempts. You can review your attempt history on the transcript page
 - You also get three attempts each to pass the Aetna Core exam, Aetna Part D exam and Aetna MA/MAPD/D-SNP exam. If you don't pass an exam within three attempts, you'll be locked out and will be ineligible to sell (or retest to sell) any 2019 Aetna or Aetna Coventry Individual Medicare products
 - **Take the courses in order.** The tracking system requires you to finish each part of the certification before moving to the next requirement in the sequence
 - **You must take and pass modules on your own.** You cannot use any outside aid or assistance on modules or exams. This includes sharing or comparing answers, taking the exam as a group and using answer keys. If you use outside aid, you will be subject to disciplinary action, which could include termination of your Aetna appointment and contract
 - **Tracking and reporting.** On the certification site, you can see your certification history and print a certificate from the transcript page. You can also view your progress in each course
- To receive renewal commissions in January for business sold in prior years, you must complete the annual certification process by December 31, in addition to being properly licensed and appointed.
- Payees must be fully contracted, licensed, appointed and certified in ALL states where they sell in order to be eligible to receive commissions.

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

See preceding page.

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4.2 Certification

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Transferring AHIP certification

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

Certification support

Broker Services Department

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

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Compensation

Section 5

aetna[®]

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Compensation overview

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

Definition of compensation

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

Compensation DOES NOT include:

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

Overview — How we pay

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

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

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Compensation overview (continued)

Commission

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

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

Administrative fees

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

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

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

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Initial sales

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

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

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

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

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Renewal and replacement sales

- **“Renewal”** means a Sale to a Medicare beneficiary, when the Medicare beneficiary was enrolled in a Like Plan of someone other than Aetna in the month immediately preceding the Medicare Product’s effective date.
 - For renewals, Aetna will pay based on upline’s or agent’s (as applicable) hierarchy level as of the original Aetna application received date. The “renewal rate” amount can be found on Schedule 1 attached to your Aetna Marketing Agreement (your contract)
 - **RENEWAL TERMS:** The Schedule 1 is generally updated annually by amendment. The amount that will be paid for any particular renewal will be the “renewal rate” that is shown on the Schedule 1 in effect as of the policy effective date
 - For instance, if an Aetna Medicare Advantage plan sold by an agent during October 2017 is renewed for 2018, the applicable “renewal rate” for such policy will be shown in the Schedule 1 relating to 2017 policies. Likewise, the applicable “renewal rate” for policies renewed for 2018 will be shown in the Schedule 1 relating to 2018 policies. Thus, each year, the amount of the “renewal rate” may change
 - As a reminder, the “renewal rate” may be composed of an administrative fee and the amount due to the Agent of Record for the sale (subject to CMS and Aetna requirements related to plan changes). In accordance with applicable law, the commission (excluding any administrative fees) payable for the renewal cannot exceed 50% of the current year Initial Sale fair market value published annually by CMS. If such commission would exceed 50% of the current year Initial Sale fair market value, Aetna will automatically adjust the commission payment to comply with applicable law with or without notice

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

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Renewal and replacement sales (continued)

- **“Replacement”** means a Sale to a Medicare beneficiary, when the Medicare beneficiary was enrolled in a Like Plan of someone other than Aetna in the month immediately preceding the Medicare Product’s effective date.
 - Replacements are payable only while your contract is in effect. For replacements, we will advance the “replacement rate” set forth on Schedule 1 of your contract
 - If the replacement has an effective date other than January 1, a prorated amount of the replacement rate will be paid, based upon the number of months the Medicare product enrollee will be enrolled in such Medicare product within the initial calendar year. After the year in which the replacement occurs, if the Medicare product enrollee remains enrolled in a Medicare product that is a Like Plan, the replacement will become a renewal
- We may choose, if permitted by applicable law, to pay commissions in advance of our receipt of premium from CMS
- For example, if a renewal rate of \$200 is payable, we could pay \$16.67 per month for such renewal or pay the commission in a lump sum of \$200 in January of the renewal year

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

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Renewal and replacement sales (continued)

Example using replacement rate of \$200

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

EXAMPLE

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

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Renewal commission payments

We process renewal commissions on or around the middle of the month; however, this is contingent upon holidays and your bank's processing time.

- We pay lifetime renewals for as long as the member remains continuously enrolled in their original Aetna or Aetna Coventry MA or PDP product. Lifetime renewals on Coventry MA or PDP products applies to policies effective 1/1/2009 and later. To receive continuous renewal payments, you must remain as the agent of record on the policy, and you must meet Aetna's annual Ready to Sell requirements

Chargebacks for rapid disenrollments and compensation recovery

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

- Voluntary rapid disenrollments result in a chargeback of the full commission paid. Involuntary rapid disenrollments result in prorated commissions based on the number of months the beneficiary is active
- For voluntary or involuntary disenrollments outside the three-month rapid disenrollment period, you retain the commission earned for the length of time the policy was active. We will charge back the unearned commission and it will be reflected on the commission statement
- If we pay compensation for a sale, and a rapid disenrollment occurs thereafter, for which CMS requires compensation recovery, then the upline and its agents shall refund such compensation paid by us for such enrollee. We may deduct any compensation amounts paid to the upline or agents for a rapid disenrollment from amounts we otherwise owe to the upline or agents
- In order to not be subject to rapid disenrollment compensation recovery, the newly enrolled Medicare beneficiary must remain enrolled with us into the fourth month (e.g., if the individual enrolled with Aetna on January 1, the individual must still be enrolled with Aetna on April 1 of the same calendar year). An enrollment that occurs during the fourth quarter of a calendar year and terminates 12/31 of the same calendar year is considered a rapid disenrollment unless the termination reason indicates a plan change
- No recoupment, chargeback, refund or deduction shall be made if CMS guidance permits payment of commission for the rapid disenrollment with respect to the period that the Medicare product enrollee was actually enrolled

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Compensation eligibility requirements

Overview

To qualify for commissions, agents must:

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

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

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Compensation eligibility requirements (continued)

Commission eligibility requirements for agent of record, payees, principals

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

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Compensation eligibility requirements (continued)

Administrative fee eligibility requirements for uplines

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

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

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1099 forms

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

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

If earnings are less than \$600, agents can obtain earning totals by visiting our Producer World website and viewing their commission reports. Note: The last statement date in December pays in January, so those earnings count toward the following tax year. (Example: A 12/22/17 statement date will count toward 2018 taxes, as payment is not generated and sent until after 1/1/18.)

For assignment of commission information please go to the Aetna Producer World (https://www.aetna.com/producer/CompServices/documents/assignment_of_commissions.pdf).

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How termination affects compensation

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

Terminations without cause

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

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

Terminations with cause

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

- 1. Terminated agent** — We will stop paying commissions (initial sales and renewal) to you as of the effective date of your termination.
- 2. Downline agents** — Your downline agents will continue as contracted agents and get commissions for their sales, except as follows:
 - Your LOAs will also be terminated and no further commissions will be paid on their sales
 - If the downline agent was directly involved in sales or events that led to the termination
- 3. Upline agents** — When you have an upline hierarchy, the upline hierarchy's commissions and overrides will be impacted as follows:
 - For sales considered a contaminated sale (a sale that is not eligible for compensation), the upline hierarchy will not be paid commissions (first year or renewal) on these sales

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How termination affects compensation (continued)

Recovery process for terminated agents with credit balances

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

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

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Agent of Record

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

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

Key Points:

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

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

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Medicare “Duplicate Application Handling” Policy

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

Examples of scenarios are located in Producer World.

Member initiated

— can occur year-round

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

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

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

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

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

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Agent initiated

Agent of Record or Book of Business Reassignments

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

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

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Upline initiated

Agent of Record or Book of Business Reassignments — Field

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

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

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Upline-initiated

Agent of Record or Book of Business Reassignments — Telesales

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

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

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Third-party initiated

— death or incapacitation of an agent

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

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

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Retention Policy

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

- If a member enrolls in a new plan by submitting a new enrollment application directly, the existing AOR on the policy will remain. The existing agent will continue to receive commissions so long as he or she has met all Ready to Sell requirements. No special action is required
- If a member enrolls through another agent for a plan change, the new agent will become the AOR. If a member calls Aetna telesales and knows what plan they want to switch to, the telesales representative will make the change and the original AOR will be maintained. No special action is required by the current agent
- If a member calls an Aetna telesales representative and doesn't know which plan they want to switch to, the telesales rep will explain that, since the member requires advice, the telesales rep will need to become the AOR. If the member states that they want to keep their current agent, the telesales rep will work with the Aetna Medicare Broker Services Department to ensure that the member's current agent is maintained as the AOR

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(FOR ILLUSTRATION PURPOSES ONLY)

Medicare Advantage commission rates

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

Hierarchy Level	National Renewal Rate (as referenced in Schedule 1)
PMO	\$75
NMO	\$70
RMO	\$65
MMO	\$60
GMO	\$55
LMO	\$50
Agent 4	\$45

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

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

- The agent would receive a commission equal to the Medicare Advantage National “renewal rate” for Agent 4 (\$45)
- The LMO would receive an administrative fee equal to the Medicare Advantage National “renewal rate” for LMO less the Medicare Advantage National “renewal rate” for Agent 4 ($\$50 - \$45 = \$5$ (total amount payable to LMO))
- The NMO would receive an administrative fee equal to the Medicare Advantage National “renewal rate” for NMO less the Medicare Advantage National “renewal rate” for LMO ($\$70 - \$50 = \$20$ (total amount payable to NMO))

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

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

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Example using an Initial rate of \$400

Effective Date	Number of Months Paid	Total Initial Rate Paid
1/1/2018	12 months	\$ 400.00
2/1/2018	12 months	\$ 400.00
3/1/2018	12 months	\$ 400.00
4/1/2018	12 months	\$ 400.00
5/1/2018	12 months	\$ 400.00
6/1/2018	12 months	\$ 400.00
7/1/2018	12 months	\$ 400.00
8/1/2018	12 months	\$ 400.00
9/1/2018	12 months	\$ 400.00
10/1/2018	12 months	\$ 400.00
11/1/2018	12 months	\$ 400.00
12/1/2018	12 months	\$ 400.00

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

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

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

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

Effective Date	Number of Months Paid	Total Replacement Rate Paid
1/1/2018	12 months	\$240
2/1/2018	11 months	\$220
3/1/2018	10 months	\$200
4/1/2018	9 months	\$180
5/1/2018	8 months	\$160
6/1/2018	7 months	\$140
7/1/2018	6 months	\$120
8/1/2018	5 months	\$100
9/1/2018	4 months	\$80
10/1/2018	3 months	\$60
11/1/2018	2 months	\$40
12/1/2018	1 month	\$20

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

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

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Referral illustrative example

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

Hierarchy Level	Referral Fees for Medicare Advantage Plans
PMO	\$35
NMO	\$30
RMO	\$25
MMO	\$20
GMO	\$15
LMO	\$10
Agent 4	\$5

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

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

- The agent would receive a referral fee equal to the “Referral Fee for Medicare Advantage” for Agent 4 (\$5)
- The LMO would receive an administrative fee equal to the “Referral Fee for Medicare Advantage” for LMO less the “Referral Fee for Medicare Advantage” for Agent level 4 ($\$10 - \$5 = \$5$ (total amount payable to LMO))
- The NMO would receive an administrative fee equal to the “Referral Fee for Medicare Advantage” for NMO less the “Referral Fee for Medicare Advantage” for LMO ($\$30 - \$10 = \$20$ (total amount payable to NMO))

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

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

The Front Runners Program

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6. The Front Runners Program

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The Front Runners program



The annual Front Runners program

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

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

What Front Runners receive:

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

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Compliance & Agent Oversight

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- Permission-to-contact form
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Why compliance is so important

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

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

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

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

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Telephone Consumer Protection Act

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

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

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

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How to stay compliant

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

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

Do's and Don'ts MCMG

Review our CMS [MCMG Do's and Don'ts](#) Agent Summary. It highlights specific rules and regulations you need to know and follow from the CMS MCMG. Print a copy and carry this portable list with you as a reference tool when selling Medicare products.

SELECT LANGUAGE FORMAT BEFORE PRINTING

CY2018 CMS Medicare Marketing Guidelines (MMG) DOs & DON'Ts Agent Summary
Based on MMG released by CMS on 7/20/2017 – CMS generally updates the MMG annually

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

To view the full CMS Medicare Marketing Guidelines, go to <http://www.cms.gov/Medicaid/with/Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>.

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

DO	DON'T
Educational Events – MMG Sections 70.3 & 70.3.1 Enrollee-Only Educational Events	
Designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and DO NOT include marketing (do not steer or attempt to steer potential enrollees toward a specific plan or limited number of plans). DO NOT include sales activities, distribution of marketing materials, or distribution or collection of plan applications. This includes the distribution of any material with plan-specific information (i.e., premiums, copayments, or contact information). DO NOT demonstrate any bias toward one plan type over another.	
<ul style="list-style-type: none"> • MUST be reported to Aetna; MUST be advertised as "educational," otherwise, CMS will view event as marketing/sales and MUST be reported as such. Events advertised as educational must be only educational and comply with CMS' requirements for educational events. • DO NOT hold in-home or in one-on-one settings; host only in a public venue. • Enrollee/Member-only Educational Events: when enrollee/member-only educational events are held, DO NOT conduct enrollment or sales activities (enrollment forms are not permitted). You MUST discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees. Events MUST be advertised as educational. In this context only (i.e., events for existing enrollees/members only), discussion of benefits is not considered a sales activity. Any marketing of these events must be done in a way that reasonably targets only existing enrollees (i.e., direct mail flyers), and not the mass marketplace (i.e., radio or newspaper ad). 	
Health Fairs/Senior Expos: are educational only when advertised as educational and comply with CMS' requirements for educational events; otherwise, CMS will view them as marketing/sales events and MUST be reported to CMS as such. DO NOT conduct health screening or genetic testing. DO NOT include any sales activities such as the distribution of marketing materials or distribution or collection of plan applications. DO NOT distribute plan-specific information (i.e., premiums, copayments, or contact information).	
DO provide information about the Medicare Program, Medicare Advantage Plans and/or Prescription Drug Plans, including MUST be to the specific information (premiums, copayments, or contact information).	DO NOT accept or have available enrollment forms; this includes collecting enrollment forms from beneficiaries, including MUST be to the specific information (premiums, copayments, or contact information).

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Medicare Marketing Code of Conduct

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

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

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

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

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Agent oversight

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

Our Agent Oversight team has a responsibility to:

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

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Agent monitoring

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

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

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

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Disciplinary or corrective actions may include:

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

Contact information

Hours of operation: Monday through Friday, 7:30 a.m. to 4:00 p.m. ET

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

Email: agentoversight@aetna.com

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Complaints against agents and marketing incidents

Agent complaints, grievances and CTMs are processed through the Medicare Complaints & Appeals department. The Agent Oversight team monitors agent complaints through tracking and trending.

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

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

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

Complaint and marketing incident process

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

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

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Marketing/sales events

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

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

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

On the following pages, be sure to review:

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

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

Separate Scope of Appointment and Permission-to-Contact forms are required

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Marketing/sales events (continued)

Key requirements and important notes

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

You must:

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

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

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Marketing/sales events (continued)

Prohibited activities:

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

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Canceling or updating events

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

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

Reporting marketing/sales events

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

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

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

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Seminar recap reminders

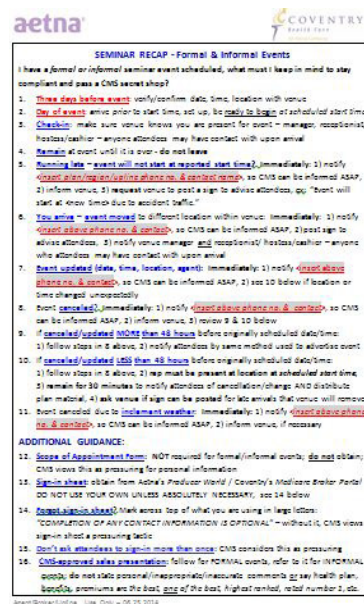
Print our Seminar Recap Reminders document from [Aetna Producer World](#) for a quick one-page summary of CMS guidelines around formal and informal marketing/sales events. Keep a copy with you to help you stay compliant.

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

Approval process for events conducted in specific locations

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

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



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Educational events

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

1. DO report all educational events to Aetna.
2. You may not include any sales activities at educational events. For example, you cannot distribute marketing materials or distribute/collect plan applications. You cannot help beneficiaries complete an enrollment form or place the form in a stamped envelope for the beneficiary to mail later.
3. You must advertise these events as “educational.” Otherwise, CMS considers them marketing/sales events and they **must** be reported as such.
4. Educational events may only be held in public venues. You cannot hold them in-home or in one-on-one settings.
5. You **may** provide education at marketing/sales events but **may not** market/sell at educational events.
6. You **may not** conduct health screenings or genetic testing.
7. You may hold **enrollee/member-only educational events**, but these events may not include any enrollment or sales activities (enrollment forms are not permitted). Any marketing of these events must be done in a way that reasonably targets existing enrollees/members only (e.g., direct mail fliers) and not the mass marketplace (e.g., radio or newspaper ad). You may discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees/members. Events must be advertised as educational. Otherwise, they will be considered by CMS as marketing/sales events.
8. Health fairs/senior expo may be educational or marketing in nature; must comply with the educational or marketing requirements based on the type of event. Educational health fair/senior expo must follow CMS guidance as outlined (i.e., advertised as educational; no sales activities nor the distribution or collection of plan applications, etc.)
9. If a sign-in sheet is used for attendance, use one from **Aetna Producer World** under the Compliance heading, Marketing/sales and educational events drop-down. Any sign-in sheet must clearly have written across the top “Completion of any contact information is optional.”

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

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Enrollee/member-only educational events

You may hold enrollee/member-only educational events, but these events may not include any enrollment or sales activities (enrollment forms are not permitted). Any marketing of these events must be done in a way that reasonably targets existing enrollees/members only (e.g., direct mail fliers) and not the mass marketplace (e.g., radio or newspaper ad). You may discuss plan-specific premiums and/or benefits and distribute plan-specific materials to enrollees/members. Events must be advertised as educational. Otherwise, they will be considered by CMS as marketing/sales events.

Health fairs/senior expo

Health fairs/senior expo may be educational or marketing in nature; must comply with the educational or marketing requirements based on the type of event. Educational health fair/senior expo must follow CMS guidance as outlined (i.e., advertised as educational; no sales activities nor the distribution or collection of plan applications, etc.).

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

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Acceptable examples of materials and activities at educational events

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

Unacceptable activities at educational events

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

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

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

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

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

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

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

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

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

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

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Scope of Appointment (SOA) requirements (continued)

You may not:

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

SOAs can be in writing on a signed, CMS-approved SOA form, or as telephonic or electronic agreements.

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

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Scope of Appointment (SOA) requirements (continued)

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

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

Walk-in or unexpected beneficiary

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

Other guidance

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

Live links to Producer World for:

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

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Permission-to-contact form

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

The image shows a screenshot of the Aetna Permission-to-Contact form. The form is titled "Please contact me about Medicare plans" and includes fields for Name, Address, City, State, Zip, and Phone. It also has a section for "Please contact me about Aetna Medicare plans" with fields for Name, Address, City, State, Zip, and Phone. The form includes a "Consent" section with a checkbox and a "Signature" line. The Aetna logo is visible in the top right corner of the form.

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

Prohibited actions

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

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

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Contact with Medicare beneficiaries

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

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

Outbound calls

Outbound calls **must** use only enrollment scripts and telephone scripts approved by CMS and Aetna verbatim. Outbound calls **must** comply with these federal requirements:

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

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

Electronic communication

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

Direct marketing

You may not market through unsolicited direct contact.

Telephone

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

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

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First tier, downstream and related entities

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

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

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

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

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

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

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

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

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

³ A related entity is any entity that is related to the Sponsor by common ownership or control and: a) performs some of the Sponsor's management functions under contract or delegation, b) furnishes services to Medicare enrollees under an oral or written agreement, or c) leases real property or sells materials to the Sponsor at a cost of more than \$2,500 during a contract period.

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

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

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

Aetna's Code of Conduct

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

Exclusion list screening

Federal law prohibits Medicare, Medicaid and other federal health care programs from paying for items or services provided by a person or entity excluded from participation in these federal programs. Therefore, before hiring or contracting, and monthly after that, each FDR must check exclusion lists from the [Office of Inspector General \(OIG\)](#) and the [U.S. General Services Administration \(GSA\)](#). If any of your employees (including non-agent employees) or Downstream Entities is on one of these exclusion lists, you must immediately remove them from work directly or indirectly related to Aetna's Medicare plans and notify us right away.

Complete an attestation

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

We collect attestations annually, which certify that our FDRs have received Aetna's educational training packet, including the [FDR Guide](#), and are compliant with the CMS compliance program requirements.

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

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

Downstream entities

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

Make sure you maintain documentation

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

Offshore operations

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

Need help?

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

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

- You're required to follow all Aetna and CMS marketing requirements. You can find and review the CMS Medicare Communication and Marketing Guidelines on [Aetna Producer World](#) and www.cms.gov.
- You may only use CMS and Aetna-approved marketing materials when discussing Aetna Medicare or Coventry Individual Medicare plans. To be clear, you may only use materials that have been created by our marketing team, approved by us and, as necessary, filed with CMS by us. Note that this includes Multiplan Materials (as described in the Medicare Marketing Guidelines).
- You may not alter CMS-approved materials in any way, other than to add personal information like agent name, phone number, email or event date, when permitted, on an approved piece.
- Materials must be used as intended. For example, you can't copy a newspaper ad and mail it to beneficiaries. This is because newspaper ads are filed with CMS specifically for that purpose and are not for use as a direct mail piece. CMS has different requirements based on the type of material and how it will be used.
- Under CMS guidelines, the official marketing period for AEP for the upcoming benefit year begins October 1. You must not market or advertise Aetna or Coventry products for the upcoming benefit year before October 1, even if you have marketing/sales events scheduled in early October. Once you begin marketing 2019 products, you must cease marketing 2018 products. Prior-year materials may be provided upon request, and enrollment applications may be processed.
- You may not solicit or accept an enrollment application for a January 1 effective date prior to the start of AEP on October 15 unless the beneficiary is entitled to another enrollment period.
- See the Compliance & Agent Oversight section for marketing rules and requirements for the Scope of Appointment form, Permission-to-Contact form, sales presentations and other specific marketing materials. Please direct any questions to your Aetna representative.
- Use of senior-specific designations: You are responsible for ensuring compliance with state laws pertaining to the use of "senior-specific designations" when marketing our Medicare products. For example, in New York, a senior-specific designation is a title, professional designation, credential, certification or professional description that indicates the person has expertise or training in issues specifically related to Medicare beneficiaries in their field. If you do not know whether you are in full compliance with state laws concerning the use of senior-specific designations, do not use such designation in marketing Aetna Medicare products.
- Third-party websites that market MA/MAPD and PDP must meet all applicable CMS marketing guidance, including that found in the [CMS Medicare Communications and Marketing Guidelines \(MCMG\)](#) (refer to third-party marketing and enrollment websites in the information that follows).

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

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Sales presentations

You must:

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

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

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Your marketing resources

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

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

BenefitsCheckUp®

BenefitsCheckUp® is the nation's most comprehensive online service that screens individuals for thousands of public and private benefits and helps them to take the steps to enroll. You can search for benefits easily, securely, and accurately with BenefitsCheckUp®. We provide promotional fliers that make it easy for you to introduce BenefitsCheckUp. The Aetna-branded website is www.benefitscheckup.org/aetna. The Aetna Coventry-branded website is www.benefitscheckup.org/coventry. The short online questionnaire is completely confidential. Results are tailored to each user and explain how to apply for the programs and services that are identified just for them.

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

www.aetnahub.com/MMS

The Medicare Marketing Studio is a user-friendly one-stop marketing portal where you can personalize, download, print or mail CMS compliant Medicare marketing materials. **Be sure to check out the MMS Catalog on the studio**, which lets you see how flexible and easy it is to elevate your marketing message to clients.

Registration is easy:

New broker/agent

Self-register at www.aetnahub.com/mms

- Go to right side of the screen under New User
- Enter your NPN as your username*
- Select Password of your choosing
- Registration connects to the RTS (ready to sell) database

* If NPN is in database as RTS, you will gain automatic access to your respective states/counties

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Aetna Medicare Marketing Studio (MMS)

Features and advantages:

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

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Using our logos

Fill out the [request form](#) on [Aetna.com](#) at About us, click About us overview then, Contact. You'll need to sign off on terms and conditions to use our logo. Then you'll need to submit a sample layout showing how you want to use the logo. We do not require a sample layout if you are including the Aetna logo on a website. Approval takes about 1–3 business days. We'll provide comments or approval via email.

Note: We only approve requests that appropriately reflect that Aetna is among the brands you sell. We are unable to approve requests that imply exclusivity or special status to sell our products. Also, logos should **not** be combined with another logo to create duel branding.



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Referencing Aetna or Aetna Coventry

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

The following are permitted:

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

Ownership of Marks

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

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

Use on websites

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

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

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

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

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Co-branding requirements

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

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

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

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

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

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Third-party marketing and enrollment websites

What is a “third-party website”?

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

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

What are the rules?

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

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

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

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

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

Here is how we support you to be compliant:

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

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

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Global Security, Encryption

At Aetna, we understand the need to protect confidential and private information. Aetna Global Security continuously evaluates and identifies areas of security risk to reduce data exposure. Over the past several years, threat actors have heavily targeted the health care sector. With the ever-changing landscape of information security vulnerabilities often exploited to access sensitive information, Aetna has implemented an approach to secure data.

To protect Aetna's systems and information, our contracted producers must install and activate full disc encryption software on all computers, laptops, tablets, and mobile devices no later than July 31, 2018. Failure to do so, or any attempt to disable or circumvent security or encryption requirements may result in termination of your Aetna contract. Our security team monitors and enforces adherence for appropriate encryption software.

What is encryption?

Encryption scrambles data into unintelligible characters based on a secret key.

Encryption increases the level of security for the information you send from your browser over the Internet to Producer Registration.

Full-disk encryption on devices is required in order to log in to our secure producer site, Producer World.

- Prior to accessing Producer World, you will need to register on the site and verify full-disk encryption is installed and active on your device. (You must use a browser with 128-bit encryption. Your browser will be checked for 128-bit encryption when you start your registration.) Verification is completed through a locally installed client (AlertSec ACCESS). This client does not monitor the device or have access to device data. It only verifies encryption software is installed and active and reports the results back to the site. Also see **explanatory information** on **Producer World**.

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What encryption software is appropriate and Aetna approved?

- Microsoft Bitlocker
- Apple FileVault2
- Android Encryption
- AlertSec (CheckPoint FDE)
- McAfee Complete Data Protection
- Symantec EndPoint Encryption
- Sophos SafeGuard

It is important to understand that despite these safeguards, no security process, ours or anyone else's, is 100% foolproof. We continually review our security processes against industry standards, modifying them as required to help protect your information.

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Submitting member/prospect materials to us for CMS approval

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



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

To get materials approved:

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

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

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- Permission-to-Contact form

How to order your sales kits

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

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

You can find the link on [Aetna Producer World](#) click Individual Medicare and then Order Enrollment kits.

Once you access the kit-ordering site, you'll need to use your National Producer Number (NPN) to log in.

Once logged in, you will be prompted to select the plan benefit year and plan type (MA or PDP).

Requirements

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

Kit personalization

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

Kit limits

There is a limit on the number of kits you can order per month (allocations). If your order exceeds your monthly allocation you may still submit the larger order. Your order will be routed to your local sales market for approval. Once approved, you will receive notification of the orders status.

Order confirmation

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

Delivery

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

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Description of enrollment kits

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

Medicare: What you need to know

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

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

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

How to order

- Log in to [Aetna Producer World](#). Click “Individual Medicare” in the top bar. Then click “Order Enrollment Kits.”

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

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Enrollment kit essentials

- **Be sure to provide a complete enrollment kit (application, plan ratings and other required items) to every beneficiary.** Our kits are built to help beneficiaries understand the plan and enroll. They include an enrollment form, instructions, a Summary of Benefits, plan ratings and a multi-language insert.
- The plan ratings sheet is a required component in all enrollment kits. When CMS announces Star Ratings, we'll update this page and notify you. It should happen in October. You'll then need to tear out the 2018 plan ratings page from your existing kits and insert the new 2019 plan rating page to ensure beneficiaries receive the correct information.

[Scope of Appointment form](#)

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

[Permission-to-Contact form](#)

You can download the Permission-to-Contact form from [Aetna Producer World](#) under the Marketing heading. The form must be completed prior to conducting an outbound call to a prospect. It's a separate and distinct tool from the Scope of Appointment form and is required by CMS. See Section 7, Compliance and Agent Oversight, for details.

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For your convenience: SEP Period Booklet link

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

Annual Election Period (AEP)

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

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

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

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Open Enrollment Period (OEP)

Returning for 2019, OEP runs January 1 through March 31. Enrollees of Medicare Advantage plans, either MA-PD or MA-only plans, are eligible to make changes. Such individuals are permitted to enroll in another MA plan or Original Medicare, with or without a Prescription Drug Plan.

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

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

			
<p>IEP</p> <ul style="list-style-type: none"> • 7 months around initial eligibility • Parts A, B, and D • 3-1-3 	<p>Second IEP</p> <ul style="list-style-type: none"> • 65th birthday • 7 months 	<p>ICEP</p> <ul style="list-style-type: none"> • delay in Part B coverage • 3 months before Part B start date 	<p>ICEP notes</p> <ul style="list-style-type: none"> • PDP enrollment is separate • Part B awarded after effective date requires document action

Special Election Period (SEP)

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

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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
IEP	7-month cycles throughout the year for those turning 65											
Annual Election Period (AEP)											AEP 10/15-12/7	
Medicare Advantage Disenrollment Period (MADP)	MADP 1/1-2/14											
OEP	OEP 1/1-3/31											
Make changes at any time	Special Election Period (SEP), newly eligible (ICEP/IEP) & institutionalized – Qualifying members can make changes outside of the AEP time frame in accordance with applicable requirements											

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

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

- **For [Aetna Medicare applications](#):** Email or fax.
- **For [Aetna Coventry Medicare applications](#):** Fax.
- **For [Innovation Health, Allina, Migrating and Expansion applications](#):** Fax.

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

Duplicate enrollment application

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

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Aetna enrollment options

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

Online through our Ascend Virtual Sales Office app

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

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

Paper applications

Mail Aetna Medicare Broker Enrollment Team
P.O. Box 14088
Lexington, KY 40512-4088

Fax **1-866-441-2341 or 1-888-665-6296**

Please fax or mail the application to the fax number or address listed on the enrollment form

[Aetna Coventry MAPD Address and Fax Number](#)

Aetna Florida HMO paper applications

[Aetna Address and Fax Number](#)

Aetna Florida PPO paper applications

[Aetna Migrating and Expansion Markets Address and Fax Number](#)

Louisiana paper applications

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

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

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

Enrollment email application requirements:

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

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E-kit

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

Email through the e-kit function found within Ascend

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

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Online through our Ascend Virtual Sales Office app

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

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

Paper applications

IMPORTANT! Be sure to submit enrollment applications and Scope of Appointment forms directly to:

MAPD

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

Please fax or mail the application to the fax number or address listed on the enrollment form.

[Aetna Coventry MAPD Address and Fax Number](#)

Florida HMO paper applications
Nebraska PPO paper applications
Illinois HMO paper applications

PDP

Aetna Coventry
P.O. Box 7763
London, KY 40742-7763
Fax: 1-866-415-2232

[Aetna Address and Fax Number](#)

Aetna Florida PPO paper applications

[Aetna Migrating and Expansion Markets Address and Fax Number](#)

Nebraska HMO paper applications
Illinois PPO paper applications
Utah HMO paper applications
New Hampshire paper applications
Rhode Island paper applications
New Mexico paper applications
Idaho paper applications
Oregon paper applications

The [e-kit option](#) is now available through the Ascend Virtual Sales Office app.

Phone

You can assist a beneficiary with contacting us by phone, but telephonic enrollment requests must be initiated entirely by the beneficiary or his or her authorized representative. You **cannot** be physically present with the beneficiary at the time of the telephonic enrollment process. This is a CMS rule.

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Once you're ready to sell, you can request access to the app on Producer World. After logging in, simply click "Ascend App Request Form" in the left menu, answer one question and then submit your request. Please allow 2-7 days for processing.

Paper applications

IMPORTANT! Be sure to submit enrollment applications and Scope of Appointment forms directly to:

Innovation Health/ Allina/Aetna

P.O. Box 7405

London, KY 40742

Fax: 1-866-756-5514

Please fax or mail the application to the fax number or address listed on the enrollment form.

[Aetna Coventry MAPD Address and Fax Number](#)

Nebraska PPO paper applications

Illinois HMO paper applications

[Aetna Migrating and Expansion Markets Address and Fax Number](#)

Nebraska HMO paper applications

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Utah HMO paper applications

New Hampshire paper applications

Rhode Island paper applications

New Mexico paper applications

Idaho paper applications

Oregon paper applications

Louisiana paper applications

The new [e-kit option](#) is now available through the Ascend Virtual Sales Office app.

Phone

You can assist a beneficiary with contacting us by phone, but telephonic enrollment requests must be initiated entirely by the beneficiary or his or her authorized representative. You **cannot** be physically present with the beneficiary at the time of the telephonic enrollment process. This is a CMS rule.

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

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

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The enrollment process: what you need to know

Before completing an enrollment application with a beneficiary

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

Confirming eligibility

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

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

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

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

Explaining benefits, rules and member rights

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

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

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

1. Be sure that your client is aware that the effective date of the enrollment will be determined based on when the Plan receives the enrollment application request and/or election period/SEP used on the application. The effective date is determined by the Plan. Prospective members can note the proposed effective date they would like, but the Plan will make the final determination of effective date of enrollment for the Medicare Advantage plan they have selected.
 - a) Make sure your client understands that they cannot be effective with a plan prior to their Part A and Part B effective date.
2. Confirm their proposed effective date (typically the first day of the next month).

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Completing the enrollment application

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

- Ensure that all required information is provided on the application.
- For PDP applications, ensure that the premium for the plan is entered with the plan selection. The premium entered should be the full premium without any discounts applied.
- If the applicant is using a Special Election Period to enroll, make sure you complete the Enrollment Checklist portion of the enrollment forms to confirm your client's eligibility to enroll.
 - **During AEP 10/15–12/7, if your client wants an effective date other than 1/1, a SEP must be provided. If a SEP is not provided, the member could be enrolled for a 1/1 effective date.**
- Provide a phone number for the applicant.
- Be sure that the applicant is aware that the effective date of the enrollment will be determined based on when the Plan receives the enrollment application request and/or election period/SEP indicated on the application. The prospective member can note the proposed effective date they would like, but the Plan will make the final determination of effective date of enrollment for the plan the applicant has selected.
- Ensure that the application is signed and dated by the applicant.
 - If an authorized representative signs the enrollment application, the record of attestation of authority must be maintained as part of the record of the enrollment election and must include contact information.
- Upon submission of your client's enrollment application, they will receive an Outbound Enrollment Verification letter which is required by CMS for any agent/broker sale. Upon acceptance of the enrollment with CMS, they'll receive a confirmation of enrollment letter. If there is any key data missing or unclear information on the application that prohibits submission to CMS, your client may receive a phone call from the enrollment processing team to obtain the missing data. They may also receive a Request for Information letter indicating what is needed in order to complete the application, along with a time for returning this information. If the information is not received in time to complete the enrollment process, the application will be denied. CMS may reject the enrollment if your client already has employer group health coverage. Your client will receive a call as well as a letter indicating that we need confirmation that they wish to enroll in the plan. If the confirmation is not received prior to the expiration of the time frame (30 days), the application will be denied.

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

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

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

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

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

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

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

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

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

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These are the two ways Aetna contracts with Telebroker agencies/agents.

1. Medicare Distribution Telebroker

- Upon contracting you receive a Telesales Amendment.

2. Medicare Full Service/Call Center Delegate

- Aetna's National Delegation team must review and pre-qualify prior to receiving a Telesales Amendment.

The agency principal must be confirmed Ready to Sell. All Telebrokers must be confirmed Ready to Sell and must complete Annual National Telebroker Product Training.

Speak with your Aetna National Sales Director for the complete Telebroker onboarding and training details.

Audits

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

Medicare telesales assessment

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

The audits include:

1. General Controls, Privacy and Security review
2. Operational assessment, call and script monitoring

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

Annually, Aetna's National Delegation team reviews our Medicare Telebroker partners for operational review of calls and script adherence.

Telesales scripts

- Delegated telebrokers must use CMS-approved sales and enrollment scripts.
- If a delegated telebroker partner uses their own script, they must provide that script to Aetna with proof of CMS approval. They can submit their scripts to CMS through Aetna for approval.
- During the auditing process or as part of a monitoring event, use of only CMS-approved scripts will be verified. Telebroker entities must submit copies of call scripts used during each audit period.

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Service Reporting and compliance are part of the annual quality checks by Aetna.

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

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

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

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

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

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What happens after your client enrolls?

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

Material name	Description
Plan confirmation/ acceptance letter/ RFI/Denial/Rejection	<p>We'll send an acceptance letter once the Centers for Medicare & Medicaid Services accepts their enrollment. This letter will include information to help ensure they understand how to use their plan.</p> <p>If there is any key data missing or unclear information on the application that prohibits submission to CMS, your client may receive a phone call from the enrollment processing team to obtain the missing data. They may also receive a Request for Information (RFI) letter indicating what is needed in order to complete the application, along with a time for returning this information. If the information is not received in time to complete the enrollment process, the application will be denied.</p> <p>CMS may reject the enrollment if your client already has employer group health coverage. Your client will receive a call as well as a letter indicating that we need confirmation that they wish to enroll in the plan. If the confirmation is not received prior to the expiration of the time frame (30 days), the application will be denied.</p> <p>In the event that CMS is unable to approve the enrollment request, your client will receive a letter of denial or a letter of rejection into the plan.</p>
Monthly plan premium	Remind your client what to expect for paying their monthly premium based on the option they chose on their enrollment application.
Member ID card	<p>After we've received confirmation from CMS that the member can be enrolled in the plan, we'll mail them materials.</p> <ul style="list-style-type: none">• Member ID Card• Evidence of Coverage (EOC)• Directory notice (insert)• Formulary (drug list)

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Prescription drug Transition of Care	Transition refills let members get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy). Transition refills are not for new prescriptions. Members can only get transition fills for drugs they were taking before switching plans or before their plan changed its coverage.
Health needs assessment (Reminder, this applies to Medicare Advantage only)	We'll contact them to learn about their health history. The information won't affect their enrollment in the plan.
Doctor visit (Reminder, this applies to Medicare Advantage only)	Be sure to remind your client to see their doctor to take advantage of the annual health care services available to them.
Medical Transition of Care (Reminder, this applies to Medicare Advantage only)	Our transition of care program works to get members the care they need. New members should let us know if they're getting active treatments from or have an upcoming surgery scheduled with a doctor that's not in our network. For us to cover their care, they need to complete a Transition of Care form. There are timeframes for which we need to receive the information so it's important they connect with us as soon as possible.

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

- That the PCP we have on file and printed on their member ID card is their PCP who they normally see. If not, offer to help find a network PCP if they don't have one in mind OR direct them to contact Member Services to update the information.
- That they understand what action to take for a prior authorization (PA) or step therapy (ST) if applicable.
- That member is clear on their plan premium payment options (e.g., paying an LEP monthly plan premium, paying Part B premium, etc.). If the member is on SSA payment, share that it could take up to 3 months for this option to go into effect. And they should pay any premium notices they get from the plan until they receive confirmation that SSA was set up.
- Allow the new member to ask any additional questions.
- Ask the new member to give your contact information to their friends and relatives so you can help them the same way you helped the new member.

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

If the member states they wish to disenroll, remind them that most Medicare beneficiaries have specific time frames to enroll in or disenroll from a plan. Instruct the member to call us at the number on their member ID card to learn about any disenrollment options.

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National Committee for Quality Assurance

What the NCQA means for you and your Aetna clients

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

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

How we share NCQA-required information

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

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

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

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

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

An agent may not request or encourage any member to disenroll (neither verbally nor in writing, nor by any action or inaction).

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

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

An application can be denied for the following reasons:

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

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

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For help with any plan-related questions, members should contact our Member Services team at the phone number on their member ID card.

Aetna Member Services

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

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

Aetna Coventry Member Services

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

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

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

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Members can choose someone to act on their behalf

Members who want to have someone speak with a representative on their behalf, can complete an authorization for release of protected health information form. This allows us to talk to their representative about:

- Their benefits and coverage
- Their claims
- Their bills

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

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

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

Members can now grant brokers permission to call Member Services on their behalf

Using the protected health information (PHI) form, members can now give brokers permission to call Member Services (MSO) on their behalf.

What is the PHI form?

It's an optional form members can complete to give permission to a family member, caretaker or their broker to call Member Services on their behalf.

When members list a broker on the PHI form, the broker's name will now be added to the member's record. As a result, when brokers call into Member Services for their members, Member Services can first verify that broker have the right authorization before answering any questions.

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Here's just some of the rules for using the PHI form:

1. Only the member can initiate and fill out the form.
2. Members need to submit one form per person they wish to have on their account.
3. It can take up to 30 days to process the PHI form. The member will need to provide permission by phone to MSO to release their information until it has been processed.

Be sure to review the PHI form rules

Where can members find the form?

Aetna and Innovation Health: www.aetnamedicare.com/forms.

Aetna Coventry members: <http://www.coventry-medicare.com/forms>.

How do members turn in the form? After a member has filled out the PHI form, they'll need to mail it in to MSO. Aetna and Innovation Health members can also fax in the completed form. The addresses and fax number are included on the PHI form.

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We provide convenient online tools to help members manage their care.

Medicare website

Our Medicare websites allow members to:

- Find a pharmacy
- Find doctors and hospitals
- View their plan information, like an Evidence of Coverage

Websites can vary based on the plan of enrollment. Members can locate their Medicare website on their member ID card.

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Member engagement

Medicare Advantage members may receive letters or phone calls promoting wellness programs. This includes health-risk assessments, and healthy home visits.

These programs are part of members' plan benefits and available free of charge. They're voluntary and confidential. If your clients have any questions about any of them, they should call Member Services at the number on their member ID card.

ANOC Member Meetings:

In certain markets, we invite members to attend a member meeting during AEP. At these meetings, we review new benefits and answer member questions.

Welcome Member Meetings:

At the beginning of the year, we host members to ensure members understand their benefits so that they can get the most out of them. At these educational meetings, members can learn about their plan and get answers to their questions.

Welcome Calls:

New members and members who have changed plans are called after AEP and throughout the year. During these calls, our retention agents review the member's plan benefits and answer any questions the member may have.

Member welcome meetings

In certain markets, we invite members to attend a member welcome meeting. At these educational meetings, members can learn about their plan and get answers to their questions.

Medical Transition of Care

Our transition of care program works to get members the care they need. New members should let us know if they're getting active treatments from or have an upcoming surgery scheduled with a doctor that's not in our network. For us to cover their care, they need to complete a Transition of Care form. There are timeframes for which we need to receive the information so it's important they connect with us as soon as possible.

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Prescription drug Transition of Care

Transition refills let members get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

Transition refills are not for new prescriptions. Members can only get transition fills for drugs they were taking before switching plans or before their plan changed its coverage.

Resources for Living

Resources for Living is a unique, exciting program exclusively for your Aetna MA/MAPD clients and their caregivers. What are the benefits of this program? It's a complimentary research and referral service that connects Aetna members and caregivers with local resources, services and activities that can help meet their needs. The program offers:

- Personalized research on a variety of topics like senior housing, adult day care, meal subsidies, community activities and more
- Referrals, resources and educational materials

Help finding caregiver support options, household services and assistance for emergency needs

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Healthy home visits

This program is available to Medicare Advantage members at no charge and is an opportunity to talk to a trained health care professional about their unique needs in the comfort of their home. Medicare Advantage members will be contacted by phone or mail from an Aetna outsourced company. The in-home health evaluation takes about an hour and Medicare Advantage members can have a caregiver or family member present as well. Participation in this program is highly recommended and is simply another way we can help members take the best possible care of their health and well-being. The program doesn't take the place of regular doctor visits. Instead, it's another resource for members to ask questions and get answers about the things that matter most about their health. This program does not affect Medicare Advantage members' health care coverage in any way.

During the in-home health evaluation:

- The Medicare Advantage member talks one-on-one with a licensed health care professional about health and asks any questions about medical conditions.
- The visiting in-home health care professional will suggest a personalized list of topics to discuss with the Medicare Advantage member's primary care physician.
- Medicare Advantage members may be referred to other programs available through Aetna/Coventry to help manage long-term health.

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Additional opportunities to grow your business with Aetna for Ancillary and Med Supp products

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Producers must be ready to sell — which means licensed in the applicable state, appointed by Aetna, certified and contracted — prior to engaging in the sale of Aetna or Coventry products. This communication is intended for use by producers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna's approval is prohibited.