Humana MarketPoint

2019 MAPD/PDP Field Agent Guidance Reference Manual

Welcome!

This document assists Humana certified and appointed sales agents in preparing for the 2019 Plan Year (PY19) Medicare Advantage and Prescription Drug Plan sales by:

- Educating agents on both new and existing CMS and Humana regulations
- Refreshing agents on topics critical to success

Disclaimer

This training material is confidential and for Humana employed agents use only. This training material, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group, or the general public. This training material is intended to provide a general overview of sales representative conduct and compliance requirements. It does NOT attempt to cover all of the laws, regulations, rules, company policies, or other requirements applicable to you.

Training Material and Final Exam

AHIP and Agent Guidance topics

Every attempt has been made to minimize information that is also covered in AHIP. However, you will see information repeated if it has presented compliance issues for Humana agents. It is included here to increase agent awareness and minimize compliance issues going forward. Additionally, there are topics covered in AHIP for which Humana provides additional, important information.

Please read the Agent Guidance Reference manual in its entirety.

Helpful Hints

- ✓ When you want to review or revisit a topic, try using Ctrl + F on your keyboard or Edit/ Find on the top ribbon while viewing this manual. Type a key word or phrase that you are looking for, to quickly find it in the manual.
- ✓ We recommend that you save or print this manual so the information will be readily available long after you have successfully completed your training.
- ✓ The best practice is to save this manual to your computer so that you can access it electronically. This will allow you to use the hyperlinks contained within the document and to use functions like 'Find'. You may also print this manual. Printing the manual will disable the imbedded links and other electronic functionality.

What You Need to Know About the Test

- ✓ All questions on the final exam will come from topics presented in this Agent Guidance Reference Manual.
- ✓ A 

icon will be listed next to the topic title if the information will **not** be included on the final exam and it will be clearly noted.

Click here for additional testing guidance, located within this agent reference guide.

Before We Begin

Humana MarketPoint University (HMU)

There are many topics that contain links to ***optional*** training opportunities in this manual. These are provided to give additional guidance on the topic. These are opportunities and are not required to complete your training. Agents will NOT be tested on the material contained within these links, only on the material presented in the manual itself.

To access the links to the optional training material, you must be logged into HMU. Placing material in HMU will allow you 'on demand' access to important documents and other material during the training process, as well as after it is complete.

You will have the ability to print or save documents from HMU. **Please keep in mind that since the document can change, it is best to access a fresh copy from the library when needed.**

Optional training material key:

 Document

 Online Course

 Video

Index

Use the menu to jump between sections!

In Focus

Top Agent Challenges

Humana takes allegations of agent misconduct very seriously. Each year, complaints against agents are tracked to identify trends and determine ways we can help prevent them from reoccurring. This section focuses on the top 3 reasons for agent complaints and provides guidance to help avoid these sticky situations.

Top Agent Challenge#1: Benefits & Presentation Issues

42% of all complaints were for Benefits and Presentation issues.

The following graph shows the reasons for the top founded complaints pertaining to Benefits and Presentation.

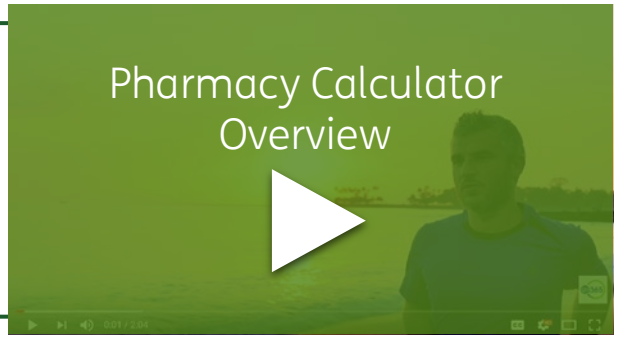
What can agents do to avoid complaints about Benefits and Presentations?

- ✓ Take the time to review all features and benefits of the plan including RX if applicable. A thorough review of the plan decreases the likelihood of buyer's remorse and decreases complaints. Full disclosure means fewer sales lost due to enrollment cancellation or disenrollment.
- ✓ Use the CMS approved Summary of Benefits to conduct a thorough review of the plan's benefits.

Agent Success Tip: You can ask applicants to highlight the benefits they find important in the Summary of Benefits.

- ✓ Remind beneficiaries of the plan year for the benefits and cost shares being presented. For example, for AEP enrollments, remind beneficiaries that the benefits and cost shares are for the upcoming plan year
- ✓ Determine if prescriptions are covered by the plan when requested by the beneficiary. Use only Humana approved Pharmacy Calculator tools or the plan's drug list

Please reference the ***Pharmacy Calculator Overview Video***, located within the Humana MarketPoint University. *Optional*



- ✓ When estimating prescription coverage, be sure to verify the dosage and form of the medication (tablet vs liquid, etc.)
- ✓ Do not assume that a drug covered last year is still on the formulary
- ✓ Verify participating providers via Physician Finder Plus or the Provider directory (if applicable). Be sure to quote the correct cost share amounts based on whether the provider is in-network or out-of-network
- ✓ Ask follow up questions throughout the presentation to confirm that the beneficiary has an understanding of the plan benefits
- ✓ Be careful when using LIS or Medicaid status to quote deductibles and copays for both medical services and prescriptions. Inform the beneficiary that their level of Extra Help may affect the amount they are paying for services. The agent should also provide the full cost of the plan and related services in case the beneficiary were to lose their Extra Help

Code of Ethics Reminder:

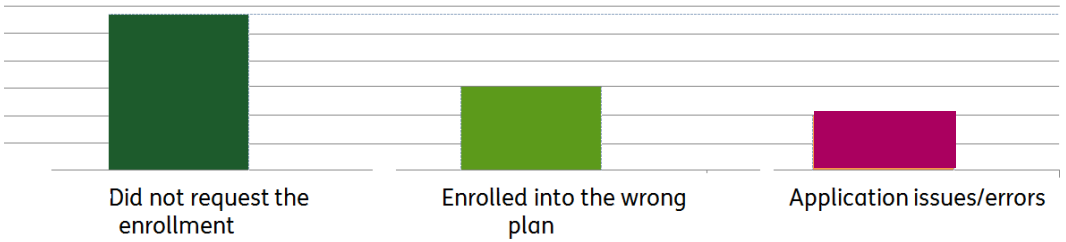
"Agents agree to use the CMS approved Humana Sales Presentation/Call scripting/Telemarketing materials as applicable in its entirety, including the applicable sections of the Summary of Benefits, and in published order when presenting a Humana MA and/or PDP plan to ensure full disclosure of all plan benefits, limitations, and cost sharing to all prospective enrollees and will present all required CMS disclaimers/disclosures during the sales presentation. Agents will not modify or alter approved materials/scripts for their use in marketing/sales of MA and/or PDP plans. Willful violation may subject the agent to disciplinary action up to and including termination."

Takeaway: **CMS and Humana require agents to present the sales presentation in its entirety and to provide full disclosure of information for MA and PDP plans! Know the details and make them understandable to the prospect!**

Top Agent Challenge #2: Eligibility and Enrollment

37% of all complaints were for Eligibility and Enrollment issues.

The following graph shows the reasons for the top founded complaints pertaining to Eligibility and Enrollment.



Eligibility and enrollment issues can result from a variety of different causes;

- Agents enrolling the member in wrong plan. Examples of this include:
    - Agents enrolling beneficiaries into a plan other than what was presented

- Agents requiring the beneficiary to complete an enrollment application to receive plan information
- The beneficiary did not want to be enrolled in plan, but agent submitted application
- Beneficiaries allege that they were misled regarding the type of plan they were enrolled into. (i.e., Enrolled into MAPD when they were expecting a Supplement)

- Entering incorrect information on the application. Examples include:
  - Incorrect election codes selected
  - Physician's name misspelled on application
  - Communicating an incorrect effective date. The effective date is ALWAYS a proposed date
  - Failure to read required disclosures, or advise about waiting period for certain services
  - Providing incorrect information on copayments, premiums or coverage information
  - Failure to collect a proper signature on the application

What can agents do to avoid Eligibility and Enrollment complaints?

- ✓ Take the time to review the application to ensure complete and accurate information is gathered during the enrollment
- ✓ Review all available Election Type Codes and how to determine the correct effective date

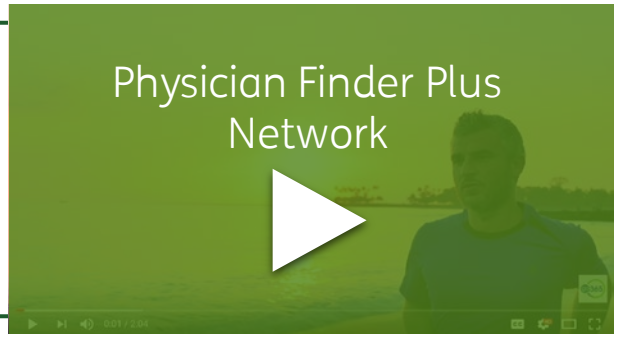
Please reference the **Election Period Guidance** document, located within the Humana MarketPoint University *Optional*

- ✓ Clearly inform beneficiaries the Medicare Advantage plan being discussed is NOT a Medicare Supplement plan and explain how the two types of plans are different

Please reference the ***Plan Differences Video***, located within the Humana MarketPoint University. *Optional*

- ✓ Enroll beneficiaries only when given express consent
- ✓ Know how to locate an in-network provider for the enrollee

Please reference the ***Physician Finder Plus Network Video***, located within the Humana MarketPoint University. *Optional*



- ✓ Follow established procedures while presenting plan benefits and completing enrollments
- ✓ Familiarize yourself with Humana's electronic signature methods for MAPA and FastApp

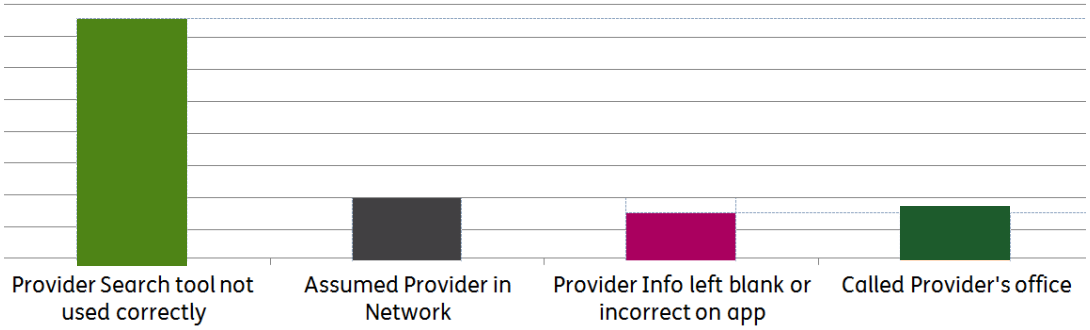
Please reference the **Electronic Signature Methods job aid**, located within the Humana MarketPoint University *Optional*

- ✓ Only use the beneficiary's email address to send an e-signature. If the beneficiary does not have an email address, choose another signature method.
- ✓ Be knowledgeable of the plans you present
- ✓ Know and follow CMS and Humana rules

Top Agent Challenge #3: Provider Participation

15% of all complaints were for Provider Participation issues.

The following graph shows the reasons for the top founded complaints relating to Provider Participation Issues.



What can agents do to avoid Provider Participation complaints?

✓ Train yourself on Humana's Physician Finder Plus:

Please reference the **Physician Finder Plus Learning Guide** document, located within the Humana MarketPoint University *Optional*

✓ Use the following guidance when selecting a Primary Care Physician

For **HMO** plans:

1) It is **required** that an **in-network primary care physician** be identified during the enrollment process for all HMO plans.

   To avoid pending HMO applications (which causes enrollment delays, member dissatisfaction and complaints):

   - Do not leave the PCP field blank!
   - Verify that the Provider ID is correct
   - Confirm that the provider is available in the member's network
   - Verify the doctor is accepting new patients

2) Agents must educate Medicare beneficiaries about the rules and requirements surrounding a PCP

- Be sure to explain the implications of using out of network providers. Providers that are out of network typically are covered only for emergencies or urgently needed care
- Some HMO plans do provide limited out of network coverage so be sure to check the Summary of Benefits for each plan
- Agents must explain in and out of network benefits and any possible Independent Provider Association (IPA) affiliations of their selected PCP

Please reference the *Physician Finder Plus, Searching in IPAs* video, located within the Humana MarketPoint University. *Optional*

For PPO and PFFS plans, be sure to explain the following about 'out of network' providers:

- Providers must be "willing" to accept Humana's terms and conditions. If they will not bill Humana, the member is required to find a provider who will
- An out of network provider may decide to stop seeing a Humana member AT ANY TIME and for ANY REASON. It is their option, as they are not under contract. It is on a case-by-case basis

Provider Participation Checklist:

The following is a list of Do's and Don'ts to help you avoid agent issues with Provider Participation:

DOs:

☑ Make sure the beneficiary has a clear understanding of how the plan works

- ☑ Have a clear and open discussion with the beneficiary about:
  - The type of product selected
  - The applicable provider network and how the member will access provider care
- ☑ Use only Humana published provider lists to verify whether a provider is part of the plan network. These are:
  - The Physician Finder Plus *e*-tool found on Humana's website or
  - A paper directory
- ☑ Make sure you look up the individual PCP to confirm they are part of the network. Sometimes a provider practice can be in- network, but an individual PCP within the practice may not be.

- ☑ Share and demonstrate how to use the plan's provider directory with the new member
- ☑ Use the terms 'in-network' or 'out-of-network' when referring to provider participation. Using words like 'this provider takes your plan' does not accurately describe the provider's participation with the plan and causes confusion.

DONTs:

- ⌦ Use provider lists published from sources other than Humana to determine network participation.
- ⌦ Assume that because a provider is participating with our PPO plan that they are contracted with our HMO and vice versa. Agents must verify that providers are "contracted" or "participating" with the specific plan presented to determine provider participation accurately.

- Contact the doctor's office to determine if a provider is in network. Too often agents aren't asking the right question or the person they are talking to may not understand the plan or network participation differences; thereby giving erroneous answers.
- Suggest that a provider is or may be joining Humana's network. If pushed by the applicant, say "The provider is not currently part of the network."

Important Compliance Reminder:

Agent allegations related to misrepresenting a provider's participation in one of our plans for the purpose of enrolling a new member will be investigated and appropriate disciplinary action will be taken. Disciplinary action can be up to and including termination if the agent is proven to have acted in a malicious or willful way to mislead the beneficiary.

In Summary:

When in doubt, check it out!

- ✓ Ask your leader
- ✓ Check your training materials or
- ✓ Reach out to the Agent Support Unit

Top Agents Challenges Knowledge Check

1. Agent Todd is completing an HMO enrollment with Mrs. Valdez and she asks if she can select Dr. Ayers as her PCP. Agent Todd can't locate Dr. Ayers using Humana's Physician Finder tool. However, he knows that Dr. Ayers is in-network for the Humana PPO plan in the area. What should Agent Todd do in this situation?

a) Tell Mrs. Valdez that Dr. Ayers is in Humana's network and submit the enrollment using another provider's information.
b) Call Dr. Ayers office to ask if they take the Humana plan.
c) Tell Mrs. Valdez that Dr. Ayers is not listed as an in-network provider and request that she select another in-network PCP.
d) Tell Mrs. Valdez that she must choose another PCP to complete the enrollment today. Advise her that she can call customer service to change her PCP to Dr. Ayers at any time after receiving her Humana ID card.

(Click here to see answer)

2. Agent Ted is completing an enrollment with Mr. Sampson. Mr. Sampson tells Agent Ted that he is familiar with the plan benefits since his wife has the same plan. What should Agent Ted do to remain compliant in this situation?

a) He should cover only the core benefits of the plan which are premium, copays, prescription coverage and maximum out of pocket amounts. He can skip the remaining benefits unless Mr. Sampson has any questions.
b) He can skip the benefits presentation and ask Mr. Sampson to be sure to review the Summary of Benefits after enrollment.
c) He should explain that a full presentation of benefits is important and that it is a required for every enrollment.
d) He should ask Mr. Sampson to highlight any benefits that he has questions about and they can cover those benefits before enrollment.

(Click here to see answer)

3. Which of the following actions can help agents avoid complaints about Benefits and Presentation?

a) Before completing the enrollment, take the time to perform a thorough review all features and benefits of the plan and make them understandable to the beneficiary.
b) The agent should highlight the benefits that the beneficiary finds important in the Summary of Benefits.
c) Inform the beneficiary they should call you directly before making a complaint with Humana or CMS.
d) Call the beneficiary after the enrollment to make sure they understood all the plan benefits.

(Click here to see answer)

4. Agent Juan is enrolling Mrs. Maples into a HMO plan. Mrs. Maples wants to select Dr. Grayson as her PCP. Dr. Grayson is part of the American Medical Group. Agent Juan can't locate Dr. Grayson in Physician Finder but he did see that American Medical Group is listed as in-network. How should Agent Juan handle this situation?

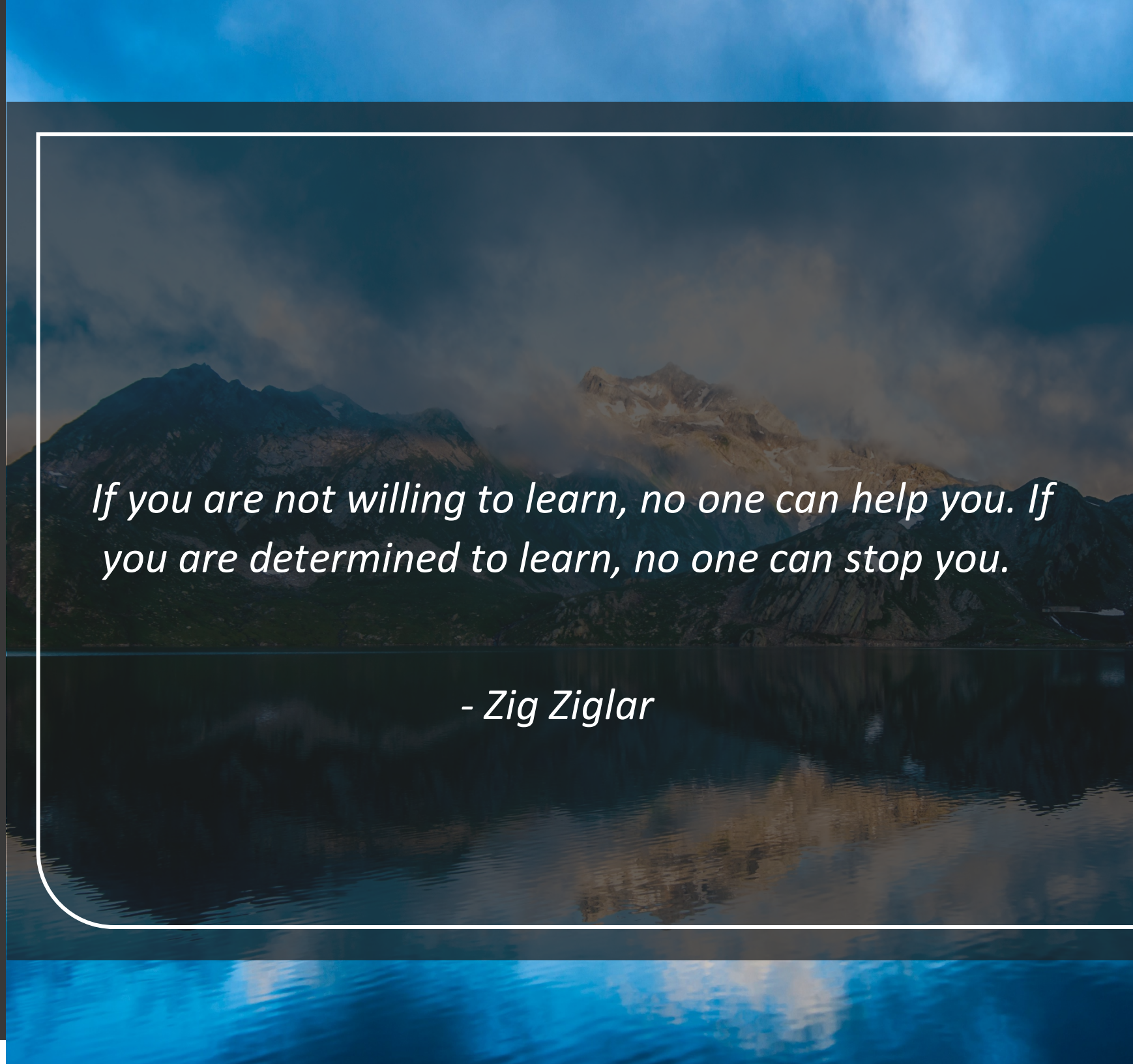
a) Select American Medical Group as her PCP. Since Dr. Grayson is part of that group, you can guarantee that he will also be in-network for her plan.
b) Call Dr. Grayson's office to see if they take Humana plans.
c) Ask Mrs. Maples to contact Dr. Grayson's office and request that they accept her plan.
d) Advise Mrs. Maples that she will need to select another PCP since Dr. Grayson is not listed as an in-network provider

(Click here to see answer)

5.) When a member selects a PCP when enrolling into a plan, what must agents explain about their PCP?

a) Agents must explain when the PCP office is open and where it is located.
b) Agents must explain In and out of network benefits and any possible Independent Provider Association (IPA) affiliations of their selected PCP.
c) Agents must explain how long the provider has been participating in Humana's network.
d) Agents must explain all the provider's credentials and how long he or she has been practicing medicine.

(Click here to see answer)



Election Period Reminders

What Does This Mean To Agents?

As a licensed agent, you understand the importance of knowing your stuff regarding Election Periods. We realize that even the most experienced agents can struggle with this complex topic.

The following reminders are being provided to you because they have caused agent issues, complaints or sales allegations in 2018. Our hope is that these reminders may prevent YOU from having similar issues.

Please reference the Enrollment Options job aid, located within the Humana MarketPoint University *Optional*

Agent Success Tip: Many agents have told us that this is a valuable job-aid that you will probably want to Save or Print for future reference.

New Election Period Guidance for 2019

CMS has issued the following guidance for PY19. There will be additional information provided as more specific guidance is issued and the changes are finalized.

NEW!

Open Enrollment Period (OEP) – It's Back!

What Does This Mean To Agents?

- ✓ The annual OEP will occur from Jan 1st -March 31st. The OEP allows individuals enrolled in an MA plan to make a one-time election during the first 3 months of the calendar year to switch MA plans or to disenroll from an MA plan and obtain coverage through Original Medicare.
- ✓ Newly eligible MA individuals can only use the OEP during the first 3 months in which they have both Part A and Part B.

An individual enrolled in an MA-PD plan may use the OEP to switch to:

- ✓ another MA-PD plan
- ✓ an MA-only plan; or
- ✓ Original Medicare with or without a PDP

The OEP will also allow an individual enrolled in an MA-only plan to switch to:

- ✓ another MA-only plan
- ✓ an MA-PD plan
- ✓ Original Medicare with or without a PDP

OEP does not allow for:

- ✓ Part D changes for individuals enrolled in Original Medicare, including those with enrollment in stand-alone PDPs (i.e., No PDP to PDP changes)
- ✓ Individuals enrolled in Original Medicare or other Medicare health plan types, such as cost plans, are not able use the OEP to enroll in an MA plan, regardless of whether or not they have Part D.

NEW!

Part D SEP for beneficiaries who are Dual Eligible (DE) and/or Low Income Subsidy (LIS)

- ✓ CMS is now limiting the number of plan changes made for beneficiaries who are Dual Eligible and/or receiving Low Income Subsidy during the plan year. This will help to ensure that DE/LIS enrollees are able to take full advantage of plan benefits and that coordination with state Medicaid agencies and care management can occur.
- ✓ Current guidance suggests the regulatory change will move the SEP from open year around to a max of 3 times per year or once per quarter from January – September. More information will be provided as more specific guidance is issued and the changes are finalized.

Pre- AEP: Pre-Annual Election Period

October 1 – October 14

In Pre-AEP, agents can present plan benefits for the next plan year, but they can NOT complete AEP enrollments, per CMS.

Of course, if a beneficiary has another valid election period (i.e., IEP, SEP) available during this time, enrollments can be completed.

How does Humana handle an AEP application received during Pre-AEP?

At Humana, if an AEP application is received during Pre-AEP, it will be denied and it will be marked for investigation.

Note: Humana uses more stringent guidelines than what the CMS guidelines suggest. Even though CMS says we can accept applications during pre-AEP, our process is to deny all applications received in this timeframe.

Initial Enrollment Period Reminders

The determination of when to use IEP vs. ICEP continues to create confusion and be the cause of agent issues.

Please reference the ***IEP vs. ICEP Video***, located within the Humana MarketPoint University.
Optional

Initial Coverage Enrollment Period (ICEP):

ICEP should be selected when:

- ✓ The applicant is new to Medicare and in their 7 month initial election period and electing to enroll into a plan with NO RX coverage (MA only)

  OR

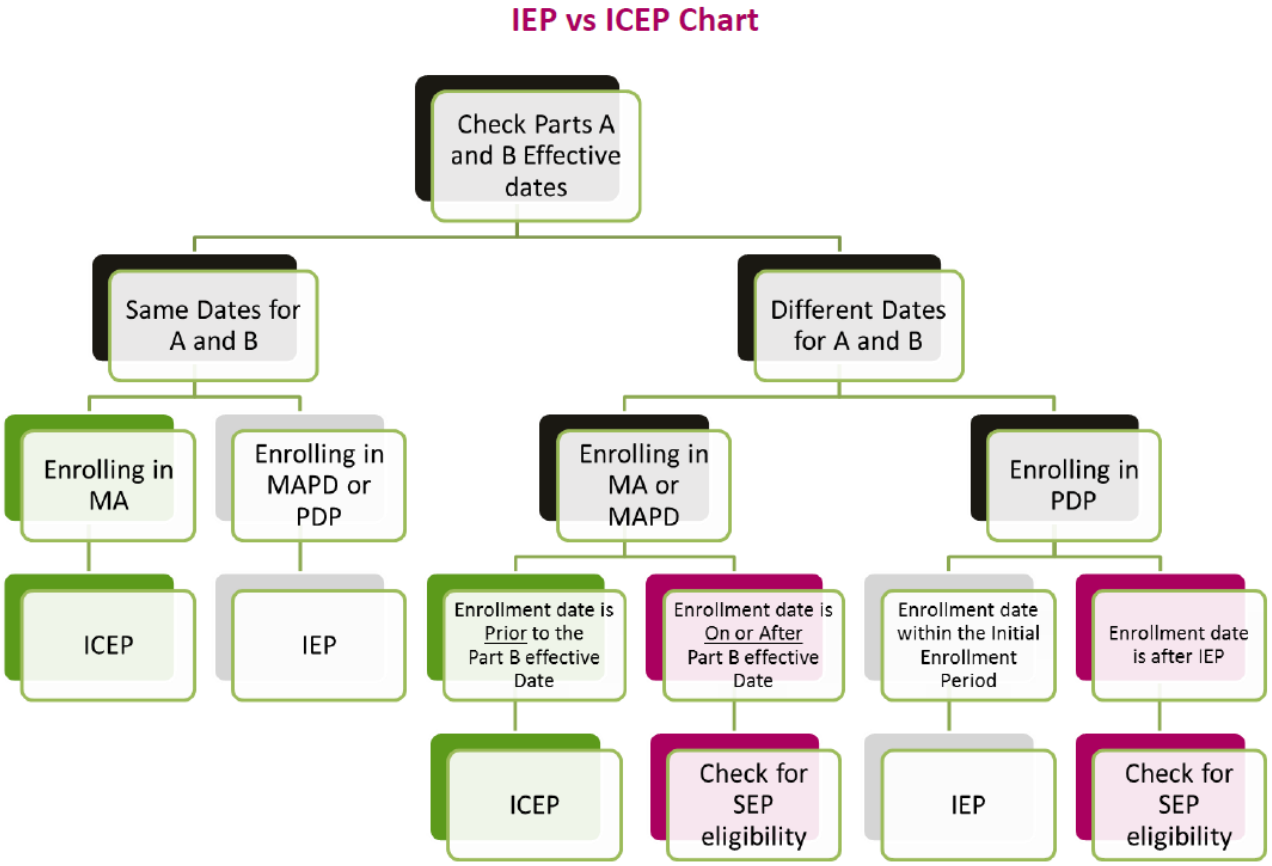
- ✓ The applicant delayed their Part B when first eligible. They are enrolling into Part B after the expiration of their IEP and are requesting to enroll in a MA/MAPD plan in the 3 months prior to their Part B effective date

NOTE: ICEP is for enrollment into MA/MAPD only. You cannot use the ICEP election to enroll into a PDP.

Please Remember:

- ✓ In cases where the applicant has delayed their Part B, ICEP can only be used if the MA/MAPD enrollment request is **made prior to the Part B effective date**. In cases where the applicant delayed Part B and is requesting enrollment on or after their Part B effective date, they must have another valid election option available to enroll. The most common example of this is the SEP for loss of Group coverage.

The following chart is provided to assist you when making the IEP vs. ICEP determination. It has also included within the Enrollment Options job aid for future reference.



Special Election Period Tips

SEP for Movers – Possible Lapse in Coverage

When a member moves out of a plan's service area (OSA), they have an SEP to enroll in a plan servicing the new area. The SEP for a permanent move allows the member up to 60 days to enroll in a new plan. The proposed effective date for the new plan will be the first of the month following the enrollment.

The member's current plan will end on the last day of the month they move. If the member does not complete and submit an application prior to the last day of the month of the move, this will result in a lapse in coverage.

Example:

Jane Doe moves to a new state on 4/28/2018. Her current plan will end on 4/30/2018 because she is out of the plan's service area. (OSA)

Situation 1: Member completes and submits an application for a plan in the new area on 4/30/2018. The member's proposed effective date for the new plan is 5/1/2018 resulting in NO LAPSE OF COVERAGE.

Situation 2: Member completes and submits an application for a plan in the new area on 5/2/2018.

The member's proposed effective date for the new plan is 6/1/2018 resulting in A LAPSE OF COVERAGE. The member will only have coverage under Original Medicare, with no prescription coverage for the month of May.

SEP for Non-Renewal: December 8 - end of February

Medicare beneficiaries who have a SEP for Loss of Coverage Due to MA/MAPD/PDP plan Non-Renewal can select a new plan using their AEP. Whether or not they select a plan during the AEP, they can use the Non-Renewal SEP to select a Medicare Advantage plan or Original Medicare and a PDP between December 8 and end of February.

When can agents begin marketing to non-renewing members?

Answer:

Marketing to members who are on a non-renewing plan can begin on **October 2nd**.

Members will receive their nonrenewal notification letters near October 1. This creates an SEP for a plan change.

SEP for Chronic Conditions

The SEP for Chronic Conditions is not a 'one time only' SEP. This SEP can be used as often as needed.

For example, if this SEP is used to enroll a prospect into a diabetic SNP and the Verification of Chronic Condition form is not returned in a timely manner, the **same** SEP can be used again in the future to re-enroll that same prospect in the same diabetic SNP he/she had attempted to join previously.

SEP for State Pharmaceutical Assistance program (SPAP)

Individuals who belong to a qualified SPAP are eligible for an SEP to make one enrollment request at any time through the end of each calendar year (i.e. once per year).

State Pharmaceutical Assistance Programs (SPAPs) are state-sponsored programs that offer premium and/or copay subsidies to lower-income Medicare beneficiaries. Humana is the primary payer through standard pharmacy plans. SPAPs are secondary payers.

Please reference the SPAP Grid, located within the Humana MarketPoint University *Optional*

You may also refer to the State Pharmaceutical Assistance Programs website for additional guidance. *Optional*

State Pharmaceutical Assistance Programs

Paper Applications – Select all applicable Election Type Codes!

Attention Agents! Have you ever written a paper application for a particular Election Type Code (ETC) such as IEP/ICEP, only to find out the election was invalid after the application was processed?

When this occurs, Humana attempts to assist agents and members by reaching out to enrollees to determine if another ETC is available. However, we aren't always able to make contact in time resulting in a denied application.

What can agents do to help?

Check for other available election type codes at the time of enrollment. Agents should obtain member attestation by reading through the SEP's listed on page 5 of the paper application and marking any that apply.

If multiple election type codes are used, Humana will key the one listed first. If the application is denied due to an invalid ETC, the enrollment team will check the application to see if any other elections were marked. This will provide your clients with a better member experience and hopefully result in an acceptance of their application.

Election Periods Knowledge Check

1. In cases where the applicant has delayed their Part B, ICEP can only be used if…
   a) The MA/MAPD enrollment request is made after the Part B effective date
   b) The MA/MAPD enrollment request is made prior to the Part B effective date
   c) The MA/MAPD enrollment request is made within 30 days after the Part B effective date
   d) ICEP cannot be used for applicants who have delayed their Part B

   (Click here to see answer)

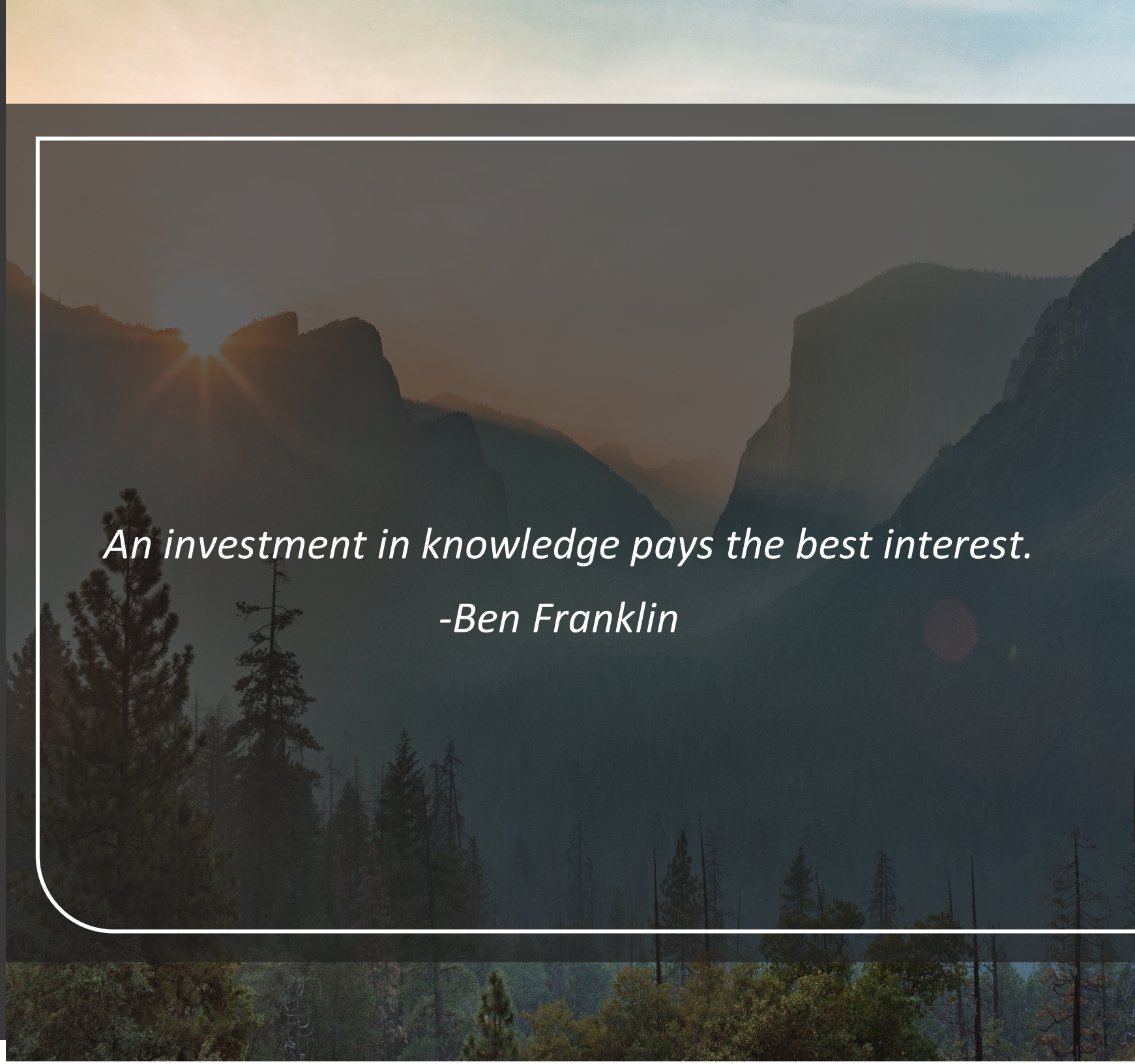
2. When a beneficiary moves out of a plan's service area, when must they enroll into a plan servicing the new area to avoid a lapse in coverage?
   a) Within 30 days
   b) Within 60 days
   c) Within 90 days
   d) On or before the last day of the month of the move.

   (Click here to see answer)

3. According to recent CMS guidance, which of the following plan changes is **NOT** allowed during the annual OEP?
   a) MAPD to MA
   b) MA to MAPD
   c) MAPD to Original Medicare
   d) PDP to PDP
   (Click here to see answer)

4) It is January 15th and you are speaking with Mr. Green. He currently has a MAPD plan with ACME Co. and wants to enroll in a Humana MAPD plan. How should you guide Mr. Green?
   a) Tell him that he has the Open Enrollment Period (OEP) available and proceed with the enrollment.
   b) Explain that this is not an allowable plan change during the OEP.
   c) Explain that his only opportunity to make a plan change is during the Annual Election Period. (AEP)
   d) Advise that he must call 1-800-MEDICARE to make a plan change.
   (Click here to see answer)

5) When is the SEP for Non-Renewal?
   a) December 1 - February 15
   b) December 8 - end of February
   c) December 8 - March 2
   d) January 1 - February 14th
   (Click here to see answer)



Staying Out of Hot Water

No one likes to be in hot water, especially when it affects your ability to do business! Humana is here to help! The topics listed in this section pertain specifically to Humana and CMS regulations. They are here to provide guidance around new requirements and to provide important reminders about items that have presented compliance issues for agents. Please keep in mind you have already read and completed an e-sign off on Humana's Sales & Marketing Code of Ethics (COE). Some of these reminders will reinforce important take-away items outlined in the COE.

Accurate and Complete Information

Agent Information - Humana must have accurate contact information for all agents. Agents have been terminated for failure to respond to an allegation because the agent failed to provide current contact information.

Agents should promptly report any change of agent contact information to Humana, **such as address, phone number & Email address.**

- Career agents should contact their market manager or MSA and HR with any updated contact information.
- The preferred method is for the agents to log onto to vantage and update their contact information. Once they submit, vantage automatically sends an email to the ASU email box where our associates manually go into Solar and made the update.

Enrollee Information - We must obtain accurate information for all enrollments. Mistakes with the enrollee's demographic information and other key pieces of information can result in an incomplete application and non-enrollment for the client.

What does this mean to agents?

- ✓ Use the applicant's Medicare ID card to obtain name, Medicare ID and Medicare effective dates

- ✓ Use caution when completing enrollments for spouses. Applications submitted with the exact same Medicare ID number will delay or deny the enrollment.
- ✓ Confirm that **all** plan identifiers are entered and accurate.
- ✓ Verify with the applicant that all contact information entered is complete and accurate.
- ✓ Get a valid phone number on the enrollment form (and an optional phone number if possible). Please see TCPA guidance below for cell phone considerations.
- ✓ Obtain verbal agreement from the member that you have captured their contact information correctly.
- ✓ Communicate to the member the importance of having valid and current contact info on file with Humana should the member need to be contacted during their plan year.

Even the simplest mistakes cause complaints! Please review the application for accuracy before submitting.

Agent Misconduct

Code of Ethics Reminder:

"In the event an allegation of misconduct is lodged against an agent, the agent will provide a detailed written response to the complaint within five 5 business days of notification of the complaint. Failure to do so may result in disciplinary action up to and including termination. Additionally, the agent will not contact beneficiaries that have lodged any type of complaint or allegation related to an MA or PDP plan without prior approval from the MarketPoint Sales Integrity department."

Takeaway: **Agents MUST reply to any allegation request from Humana within 5 business days.**

Agent Licensing

Code of Ethics Reminder:

"Agents are responsible for all applicable insurance licenses and any applicable certifications required to sell a corresponding Humana product in all states in which the agent markets such products. Agents must have a valid resident or non-resident license and any required appointments issued from a state where the Medicare beneficiary permanently resides in order to market or sell a Humana MA and/or PDP plan."

What does this mean to agents?

- ✓ Plan sponsors may **terminate upon discovery** and report incidences of submission of applications by unlicensed agents and brokers to the authority in the State where the application was submitted as well as to CMS
- ✓ Humana does not pay commissions for sales submitted by unlicensed agents or brokers

- ✓ Additionally, plan sponsors must notify any beneficiaries that were enrolled in their plans by unqualified agents and advise those beneficiaries of the agents and brokers status. Beneficiaries may request to make a plan change (including a special election period).

NOTE – The state of North Carolina requires all agents to have an additional Med Supp/Long Term Care license in order to compliantly sell MA/PDP. Failure to have this additional license may result in disciplinary action up to and including termination.

Takeaway: **Be sure to always keep current with your licenses and continuing education!**

You do not want to risk termination!

CarePlus Marketing Reminders - For Florida Licensed agents

Important Reminders for Agents Selling/Marketing CarePlus

If you are a Florida licensed agent who is appointed to market CarePlus plans, you must click here to view important reminders.

Conflict of Interest

Humana recognizes that relationships are important in a sales environment; however, it is important to avoid conflicts of interest in order to maintain compliance. A conflict of interest can arise when an agent has a financial interest, business partnership or personal relationship that could influence their independent decision making.

Humana/CarePlus associates are required, upon hire and annually thereafter during the Ethics and Compliance training, to complete a Conflict of Interest Disclosure and Agreement form, disclosing all known or potential conflicts of interest. If the disclosures on the Conflict of Interest Disclosure and Agreement form become inaccurate or incomplete at any time because of a change in circumstances, the agent must complete a new form within 30 days of the change.

Each year, agents disclose relationships that could be potential conflicts of interest. An internal committee reviews the relationship to determine whether or not a conflict of interest exists. If the committee determines a conflict of interest exists, it will provide guidance on the steps that must be taken to avoid the conflict. A lack of complete and timely disclosure can result in disciplinary action, up to termination.

The following are examples of the most common conflicts of interests that are not properly reported by agents:

- ✓ An agent has a financial interest in, or financial arrangement with, a provider contracted with Humana/CarePlus or a staff member at a contracted provider's office.
- ✓ An agent has a close personal or romantic relationship with a Humana/CarePlus contracted provider or a member of the provider's staff.
- ✓ An agent steers beneficiaries to a provider's office where the agent has a relative employed by the provider.
- ✓ An agent sends Humana/CarePlus sales/marketing leads to relatives who are external agents.
- ✓ An agent sells individual life policies outside the Humana/CarePlus product offerings.

If you are in doubt about whether a specific situation constitutes a conflict of interest, or may give rise to the appearance of such a conflict, consult your assigned Sales Integrity Risk Advisor (salesintegrity@humana.com) AND the Ethics Office at ethics@humana.com. You can also report anonymous concerns using the confidential Ethics Help Line: 1-877-5-THE-KEY or Web Reporting site www.ethicshelpline.com.

Consent to Call Cell Phones (TCPA)

The FCC Telephone Consumer Protection Act (TCPA) requires prior express written consent to contact a prospective or current member via their **cell phone on an outbound call.**

What does this mean to agents?

It is important for **ALL** agents (Field and Telesales) to determine if the phone number provided on the application is a cell phone. If so, the individual must provide consent before we are able to contact them via that telephone number. All applications contain consent questions and agents should ensure that they are:

- ✓ Answered by the enrollee on all applications and
- ✓ Never left blank

When using an electronic application, functionality will assist agents by providing language to secure the consent to contact. **Agents are required to read the consent language displayed verbatim for each and every enrollment.**

Enrollment Signatures

Code of Ethics Reminder:

"Agents understand that only a competent enrollee/applicant or their appropriate legal designee can sign an enrollment form or application. Agents will not sign the enrollee's name, with or without their permission, on any enrollment form, application or any other document. They will not knowingly accept a signature other than the enrollee's on an application for any product, except in the case of an authorized Power of Attorney for Healthcare (POA) or court-appointed legal guardian. Agents may not knowingly/willfully accept a signed incomplete application. Additionally, agents are not to complete or accept an application when a prospect is uncertain if they want to enroll in the plan."

Agent Online Application (AOA) Enrollment Method

This year we rolled out a new enrollment tool called the Agent Online Application. This provides agents with a custom URL that allows prospects to self-enroll in a Medicare plan. A separate training is required in order for agents to receive this custom URL. However, we want to remind agents who have completed the training and are utilizing the tool a few important compliance reminders.

It is never acceptable under any circumstance for an agent to complete the AOA application on behalf of their client, even if they request it.

The AOA enrollment process requires an electronic signature; therefore, it MUST be completed by the beneficiary or their authorized representative. If the agent completes the application, they are **signing the application on behalf of the enrollee**, which is a serious compliance violation. This action will result in disciplinary action, up to and including termination of the agent's contract/employment.

If your client is having trouble with the AOA link and has requested assistance in enrolling, agents should utilize another enrollment tool, such as FastApp, MAPA, or a paper application.

E-Signature Process (Fastapp)

If you wish to use E-Sig to complete a FastApp Medicare enrollment, you MUST confirm that the beneficiary has a valid email address that he/she can use to sign the application. **It is never acceptable in any case for agents to use their own email address or the email address of anyone other than the member in the member section**, even if the member requests it. Not only would that mean the beneficiary had not actually signed the application but it would redirect important plan communications that should go to the enrollee. E-sigs that are not sent to a beneficiary's unique email address are considered fraudulent and not legally valid per the Federal ESIGN Act.

If the beneficiary does not have an email address, agents should use another method to complete the application. **Agents should never create an email address for an applicant.**

Keep in mind that during the enrollment process, agents are asked to confirm that the email address on the application is the applicant's. Humana will be monitoring e-sig submissions and agents who willingly violate this process will be subject to disciplinary action, up to and including termination.

Please reference the ESIG Enrollment Job-aid , located within the Humana MarketPoint University. *Optional*

Takeaway: Don't sign ANYTHING on a member's behalf, including E-sigs!

Enrollments for Spouses – Troubles with Doubles!

We all agree that enrolling spouses is good for our business! However, spousal enrollments are presenting unique challenges for agents causing applications to pend or reject. The following tips are being provided to ensure that your 'double' enrollments are accepted without a hitch.

- ✓ Verify that the information being entered on spousal applications belongs to the enrollee. Often times, information for one spouse is being duplicated for the second.
- ✓ Spouses often share an email address and it is acceptable to enter the same email address on both applications.
- ✓ Use caution when selecting the election period for each spouse. Spouses may have different election period options available to them.
- ✓ When completing spousal applications at the same time using FastApp, verify that BOTH applications reflect the correct application ID and both are submitted.

Language Proficiency Testing (For Career Agents Only)

NOTE: This information is being provided for Career agents only. If you are not a Humana associate, you may skip this topic. Information on this topic will not be included in the Final exam.

Any Humana associate who wishes to communicate with beneficiaries in a language other than their primary language is required to take a Language Proficiency Assessment. A passing score must be received in order to conduct business in any other language than your primary language.

The Language Proficiency Assessment can be scheduled by contacting accessibility@humana.com.

NEW!

Medicare ID Numbers

Beneficiaries are starting to receive their new Medicare ID cards and we want to remind you of a few things:

- The new Medicare ID cards will be mailed out in phases through April 2019.
- **Agents should NOT call Humana customer service to obtain a beneficiary's new Medicare ID number.** They do not have access to this information. If the beneficiary states they received their new Medicare ID card and misplaced it, they should contact Medicare directly to obtain their number and/or request a new card.
- Humana **will accept** both the old and new Medicare ID numbers on applications through 2019.

For more information, please see the following documents located in Humana MarketPoint University:

New Medicare ID Numbers *Optional*

New Medicare ID – Agent FAQ *Optional*

Marketing Materials

Code of Ethics Reminder: "Agents will use only Humana and CMS or State approved materials/scripts, as applicable, to market to prospective enrollees. In addition, all communications to current members, e.g. letters, flyers, mailers, etc., must also be approved by Humana and CMS or the state DOI prior to their use. Agents will not modify or alter approved materials/scripts for their use in member communications or the marketing and sale of MA and/or PDP plans. Should the agent become aware of any other agent engaging in the use of unapproved materials; the agent agrees to bring it to the attention of sales management."

***Takeaway*: ALWAYS use approved materials – never create your own**

Non Discrimination Notice

Humana is committed to operating its health programs and activities without regard to race, color, national origin, age, disability, or sex, sexual orientation, gender identity or expression, transgender status, marital status, military or veteran status, or religion. The Office for Civil Rights (OCR) has published guidance requiring Plan Sponsors to use an anti-discrimination disclaimer and multi-language tagline on all significant documents.

What does this mean to agents?

You may have noticed that many of our marketing materials now include these additional disclaimers. If you are asked about them, let your clients know they are required to meet OCR guidelines and designed to inform people about their ability to receive information in another language and give directions on how to file a complaint should they feel they have been discriminated against.

Note for CAREER AGENTS: Please see Humana's Policy on Nondiscrimination for additional information.

Prescription Drug Plans

PDP Guidance Expectations

CMS expects agents to provide a clear, concise explanation of the plan's drug benefit.

What does this mean to agents?

- ☑ If the drug benefit has a deductible, tell them.
- ☑ For plans that offer preferred cost share pharmacies, make sure to clearly explain the difference between standard and preferred cost sharing.
- ☑ Explain how the plan works by using the Summary of Benefits (SB) booklet.
- ☑ Agents must also demonstrate how to determine drug pricing by comparing drug tier information listed in the plan formulary to the tier cost information listed in the Summary of Benefits booklet.
- ☑ Be sure to clarify that not all plans have the same formularies; they vary based on the specific plan.
- ☑ Agents should utilize Humana's RX look-up tools to help estimate drug costs for potential members, if requested.

PDP Late Enrollment Penalty (LEP) and Creditable Coverage

Humana has seen an increase in the number of complaints regarding issues with creditable coverage and the LEP. Agents should educate beneficiaries about the importance of submitting proof of creditable coverage and the possible penalty, if not submitted promptly.

Enrolling in a PDP is optional for Medicare beneficiaries. However, if they do not enroll when first eligible, they may be subject to a premium penalty. Medicare imposes penalties upon those who delay obtaining PDP coverage that do not have creditable coverage.

Creditable Coverage

A person has creditable coverage when they have Rx coverage outside of Medicare that is equal to or better than the Basic Defined Standard as defined by Medicare. A person may have access to adequate Rx coverage from a working spouse or Veterans Administration, and would therefore decline a Part D plan because they already have "creditable coverage."

If an individual chooses not to enroll in a PDP when they are first eligible and has no other creditable coverage, they may be subject to a penalty of 1% per month of delay for the length of time they were without creditable coverage. This penalty is based on the average national premium (not the local plan premium), and remains permanently going forward.

It is important to note that the penalty amount is determined by CMS at the time of PDP enrollment. CMS notifies Humana if additional amounts need to be collected.

What does this mean to agents?

When enrolling a beneficiary into a plan with prescription drug coverage, agents should follow the guidance below:

- ✓ Tell the beneficiary that a Late Enrollment Penalty (LEP) may apply.
- ✓ To avoid a possible LEP, advise beneficiaries to respond promptly to Humana's request for Creditable Coverage, if applicable. Humana has a short turn-around time to respond to CMS.
- ✓ **Agents should not quote actual penalty amounts. The penalty amount is determined by CMS, not by Humana, and not by the agent.**

Scope of Appointment Reminders

- ✓ A completed Scope of Appointment (SOA) form is required prior to any marketing or enrollment appointment with a Medicare beneficiary whether it is conducted face to face or telephonically. The scope of appointment form includes the following products:

Medicare Advantage Plans (Part C)	Vision Plans
Stand Alone Prescription Drug Plans (Part D)	Other Health Products
Medicare Supplement Plans	Hospital Indemnity
Dental Plans	

- ✓ Agents can complete the SOA at any time before the appointment. This includes immediately before the appointment.

- ✓ Agents are no longer required to document why a SOA was taken inside the 48 hours. Please note that the original intent of the SOA (ensuring the beneficiary is not talked into a product they never had an interest in) has NOT changed.
- ✓ If the event is not advertised to the general public, a SOA is required for all attendees. E.g., a prospect invites several additional prospects to join their appointment.

A Scope of Appointment (SOA) form is NOT required for:

- ✓ Formal marketing events/seminars that have been advertised to the general public regardless of the location.
- ✓ Informal events, such as having information available at a table, kiosk or recreational vehicle
- ✓ Educational events. (In the case of when no marketing occurs; or when no plan information is shared)
- ✓ If the event is advertised to the general public, a SOA is not required, as the advertisement serves as a collective Scope.

Please Note: If an individual appointment results from a formal, informal or educational event, an SOA is required prior to the appointment.

Please reference the Scope of Appointment Field Agent Guide, located within the Humana MarketPoint University. *Optional*

Telephonic Presentations for Field Agents

Humana is providing the following guidance for licensed, appointed and certified sales agents representing a Humana Medicare Advantage (MA) or Prescription Drug Plan (PDP) plan, in a non-call center setting, to perform a compliant telephonic Medicare sales presentation. Please reach out to your Humana sales leader with any questions regarding the following guidance.

What does this mean to agents?

This telephonic sales process allows agents to conduct presentations which would normally be difficult or unfeasible to do, thereby increasing sales. It also provides an added convenience and option to our customers!

NOTE: Humana Career Agents are only allowed to utilize the Telephonic Presentation process in "Plan-to- Plan" opportunities (current Humana members). All "first time" presentations by Humana Career Agents with Beneficiaries must still be made Face-to-Face.

Guiding Principles for Telephonic Presentations

- It is Humana's policy that sales presentations involving field sales agents occur primarily as face-to-face.
- Alternatively, when this not feasible or desired by the beneficiary, agents may conduct a telephonic sales presentation.
- A full and compliant sales presentation is required to be given.

Scope of Appointment Considerations

- CMS requires an SOA be completed for all individual marketing appointments, including telephonic sales presentations.
- If additional health products are to be discussed at an MA/PDP appointment, those products must also be included on the SOA.

Permission to Contact Considerations

Agents must have explicit permission to telephonically contact beneficiaries which must meet CMS unsolicited contacts guidelines and Telephone Consumer Protection Act (TCPA) guidelines.

Acceptable methods of contact:

- ✓ Business Reply Card (BRC), response card, Humana created "Request for Future Contact" form or other contact card initiated by the beneficiary/authorized legal representative
- ✓ CMS approved web response contact card initiated by the beneficiary/legal representative that specifies the agent may call the person in response to their inquiry.

Required Sales Materials for Telephonic Presentations

- ✓ Sales agents must mail/email ALL required sales materials to the beneficiary prior to the presentation.
- ✓ Emailing documents to the prospect is permitted ONLY with the prospect's prior permission.**
- ✓ Sales agents should maintain a record of all documents mailed, date mailed and/or any applicable postage receipts as proof in the event of an investigation.
- ✓ For emailed documents, agent must retain a copy of all email correspondence, permission to email and appointment related materials.
- ✓ Sales agents must conduct the sales presentation in its entirety and fully review all CMS required documentation with the beneficiary as noted below:
    - o Humana Enrollment Book, includes Humana Privacy policies

- Summary of Benefits, includes Multi-Language Insert

✓ STAR Ratings Sheet

✓ Link to Humana/CarePlus Sales Presentation video (for those who have agreed to receive materials via email) or a printed copy of the Sales Presentation provided in advance of the telephonic presentation

Acceptable Enrollment Methods for Telephonic Presentations

Agents may utilize the following enrollment methods resulting from a telephonic sales presentation:

✓ FastApp/E-sig

✓ Paper application mailed to the beneficiary prior to the appointment

Please reference the **Telephonic Dos and Don'ts for Field Sales (TRN-REF-1043)** document, located within the Humana MarketPoint University. *Optional*

***Prior permission to email may include (but is not limited to) the use of the current Request for Future Contact form , an email received by the agent from the beneficiary specifically granting communications by email, or by any other suitable method where the beneficiary grants permission to be emailed and that permission can be documented for future reference.*

Staying Out of Hot Water - Knowledge Check

1. To use E-Sig to complete a FastApp Medicare enrollment, agents MUST confirm that the beneficiary has a valid….
   a) Driver's license
   b) Social Security number
   c) Email address
   d) Election period
   (Click here to see answer)

2. Charlie is completing an Agent Online Application and is having trouble with the link provided. He asked his agent, Becky for assistance with the enrollment. How should Agent Becky assist Charlie with the application?
   a. She can simply complete the Agent Online Application on Charlie's behalf.
   b. She should advise Charlie to try again later.
   c. She should utilize another enrollment tool, such as FastApp, MAPA, or a paper application.
   d. She should advise Charlie to call Customer Service for assistance.
   (Click here to see answer)

3. In which of the following situations is it acceptable to create an Email address for a beneficiary?
   a) When enrolling spouses that share the same email address.
   b) When enrolling a beneficiary that does not have an email address.
   c) When an applicant requests assistance and provides written consent.
   d) It is never acceptable for an agent to create an Email address for a beneficiary.
   (Click here to see answer)

4. How should Humana agents respond to Medicare beneficiaries who want to know their new Medicare ID number?
   a) Advise the beneficiary that any questions regarding their new Medicare ID number must be directed to Medicare.
   b) Agents should contact Humana customer service to obtain a beneficiarys new Medicare ID number.
   c) Advise the beneficiary that all Medicare ID numbers are available online at medicare.gov.
   d) Agents should say nothing about the new Medicare ID number since this is protected information.

   (Click here to see answer)

3. Henry, who is 68 years old, is obtaining prescription coverage for the first time. Which of the following should the agent do to help avoid issues with any applicable Late Enrollment Penalty?
   a) The agent should calculate and quote the Late Enrollment Penalty for Henry.
   b) The agent should NOT discuss the Late Enrollment Penalty with Henry.
   c) The agent should advise Henry that he needs to respond promptly to Humana's request for creditable coverage, if applicable.
   d) The agent should ask Henry for proof of creditable coverage and submit it with the application

   (Click here to see answer)

You cannot make people learn. You can only provide the right conditions for learning to happen.

-Vince Gowmon

Tips for Humana Sales Success

Here at Humana, things are always changing! The following items are listed to make sure you are aware of all the exciting changes that can help our members and increase your sales!

In this section, you'll learn how to:

- ✓ Handle all post-sale customer service needs
- ✓ Present automated payment options
- ✓ Reduce issues with paper applications
- ✓ Increase sales and member retention with Go365
- ✓ Help members reduce mail by choosing to Go Digital
- ✓ Educate beneficiaries about Humana Pharmacy
- ✓ Assist LIS beneficiaries
- ✓ Discuss 'What's New' with Humana's PY19 Marketing Materials
- ✓ Educate about OSB premium payment options
- ✓ Offer even greater value to your clients when selecting a provider
- ✓ Determine candidates for Humana's SNP and Value Plus plans

Agent RSOS Customer Service Support

Agent Retail Sales Operations Support (RSOS) partners with agents and internal teams within Humana to coordinate customer service needs for members. Agent RSOS should be contacted for all ***post-sale*** customer service needs.

Humana offers three online forms to request member support via Humana's Vantage Agent Portal. These online forms take the place of the old, secure email process. Those are:

- ✓ **General Inquiry** – use this form for all customer service needs excluding Enrollment Correction
- ✓ **Agent Statement for Enrollment Correction** (ASEC) – use this form for correcting mistakes made on an MA/MAPD/PDP application
- ✓ **Med Supp Agent Statement for Enrollment Correction** – use this form to correct mistakes made on a Medicare Supplement application

What does this mean to agents?

These forms use the agent's Humana Vantage Agent Portal email address. All responses will be sent via secure mail to this email address.

For External or contracted agents:

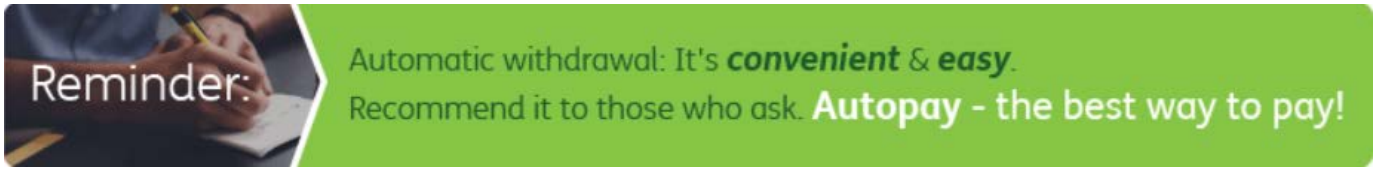
- ✓ Please ensure your email address is updated and accurate in Humana Vantage Agent Portal

Please reference the **Agent RSOS Customer Service Support for External Agents** job aid, located within the Humana MarketPoint University. *Optional*

For Career Agents:

Please reference the **Agent RSOS Customer Service Support for Career Agents** job aid, located within the Humana MarketPoint University. *Optional*

Automated Premium Payment Methods – Putting People First!



Humana prefers members to select an automated payment option at the time of enrollment. Why?

Because automated payment options benefit everyone!

Benefits to the member:

- ✓ Hassle free
- ✓ No need to remember to pay monthly premiums
- ✓ Little to no maintenance is needed to ensure premiums continuously draft
- ✓ Reduced risk of termination for non-payment of premium

Benefits to Humana and you:

- ✓ Fewer terminations due to non-payment of premium
- ✓ Reduction in Customer Service calls
- ✓ Lower complaint rates with CMS

To help you present automated payment options to your consumers,

Please reference the **Automated Payment Options At a Glance** document, located within the Humana MarketPoint University. *Optional*

Enrollment Applications

Electronic Enrollments - make your life easier!

Humana offers electronic enrollment tools that are designed to make enrollments fast, easy and accurate. The electronic tools are designed to eliminate many agent errors that result in pended or denied applications. This saves you time and money!

If paper applications must be used, scan and email them DAILY via the Vantage Upload Paper Application Form on the Quote and Enroll card.

Please reference the **Vantage – Uploading Paper Applications** document, located within the Humana MarketPoint University. *Optional*

Please visit Humana MarketPoint University to learn more about Vantage and Humana's electronic enrollment options.

GO365 (Not available in Puerto Rico)

Attention Agents! Do you want to increase sales and member retention? Are you talking about Go365?

Humana's enterprise goal is to help the communities we serve become 20% healthier by 2020. By promoting Go365, you can have a direct impact on helping Humana reach this goal.

Here are a few talking points to help with the conversation:

- ✓ Go365 rewards up to $300 per member per year in redeemable gift cards for completion of preventive screenings and participation in healthy habits.
- ✓ Members must redeem their Go365 bucks by December 31st.
- ✓ Members and agents can learn more by visiting **https://community.medicare.go365.com/**.
- ✓ Members can also contact the Customer Care number on the back of their card for additional information. They need to ask specifically for Go365.

Compliance Reminder: When you are speaking with prospective members, you may introduce Go365 as long as you are talking about them in the context of plan benefits. For example, if you are telling prospects that prevention and wellness activities are covered services under the plan, you can also say, "Humana has programs such as Go365 which are designed to reward you for healthy behaviors." It is important that when you are speaking about our rewards programs it is done in a way that does not discriminate or favor a particular individual or a group of people.

Go Digital

We've all heard members say Humana sends them too much mail. An important way you can help members is by getting as many interested members as possible to choose to access their plan materials online instead of mailed to them.

When our members choose to receive communications online, they will have access to many of their plan materials online in MyHumana.

Who is a good candidate for Go Digital?

All beneficiaries are good candidates for Go Digital. Do not decide for them if they should hear about the benefits of Go Digital. Give all beneficiaries the chance to choose digital onboarding by informing them of their options.

Benefits to Members

- ✓ **Easy to Go Digital**: Members who choose to receive their plan materials digitally at the point of sale receive an email that provides a link to register for MyHumana.
- ✓ ***Less mail* and *more convenient access* to plan information documents:** Once inside MyHumana, they will find the online guide to help them get started. They can complete an HRA, confirm the Primary Care Physician, verify or select a Caregiver, set up Mail Order Pharmacy, review plan materials, and choose whether to receive information online or by printing.

Benefits to Agents

- ✓ Members learn how to use MyHumana to **self-serve**, which allows instant access to plan information
- ✓ **May mean less member calls** and more time for other important sales activities

How Do I help my members 'Go Digital'?

Get familiar with where digital onboarding happens within the enrollment tools for new enrollees.

Please reference the *Digital Onboarding – Agent Role* video, located within the Humana MarketPoint University. *Optional*

Please reference the Digital Onboarding job aid, located within the Humana MarketPoint University. *Optional*

Humana Pharmacy

Humana Pharmacy continues to grow and so do the benefits for our members. Please read the topics below to learn more about ways that Humana Pharmacy is changing.

Why Humana Pharmacy?

Millions of Humana members trust Humana Pharmacy for their maintenance medicine and supplies.

- ✓ Savings: On average, mail delivery pharmacies save consumers and payers 15 percent on 90 day prescriptions. Some Medicare plans offer **$0 copayment** on most Tier 1 and generic medicines when a member orders a 90-day supply
- ✓ Easy to Use : Humana Pharmacy will call the user when it's time to refill/renew prescriptions
- ✓ Convenience: There's no driving or waiting in line. Members can get a three month supply shipped to their home
- ✓ Safety: Two pharmacists check new prescriptions for accuracy and to avoid any interactions with other medications
- ✓ Adherence: Mail-delivery pharmacy users are almost 8 percent more likely to take their diabetes-related medicine as their doctor prescribed than those that use retail pharmacies
- ✓ There are many brands of diabetic supplies—blood glucose testing meters and test strips—available at a $0 cost share for Humana covered MAPD patients who do not have a deductible or have met their deductible for the year.

Humana covered MAPD patients* can get many brands of diabetic supplies at

$0 cost share

when using Humana Pharmacy!

*who do not have a deductible or have met their deductible for the year.

Roche Accu-Chek Nano®
- Results in five seconds
- Test with fingertip or palm
- Tiny, 0.6-microliter sample

Meter NDC# 65702-0483-10
Strips NDC# 65702-0492-10

Roche Accu-Chek Aviva Plus®
- Results in five seconds
- Multiple test sites on body
- Tiny, 0.6 microliter sample

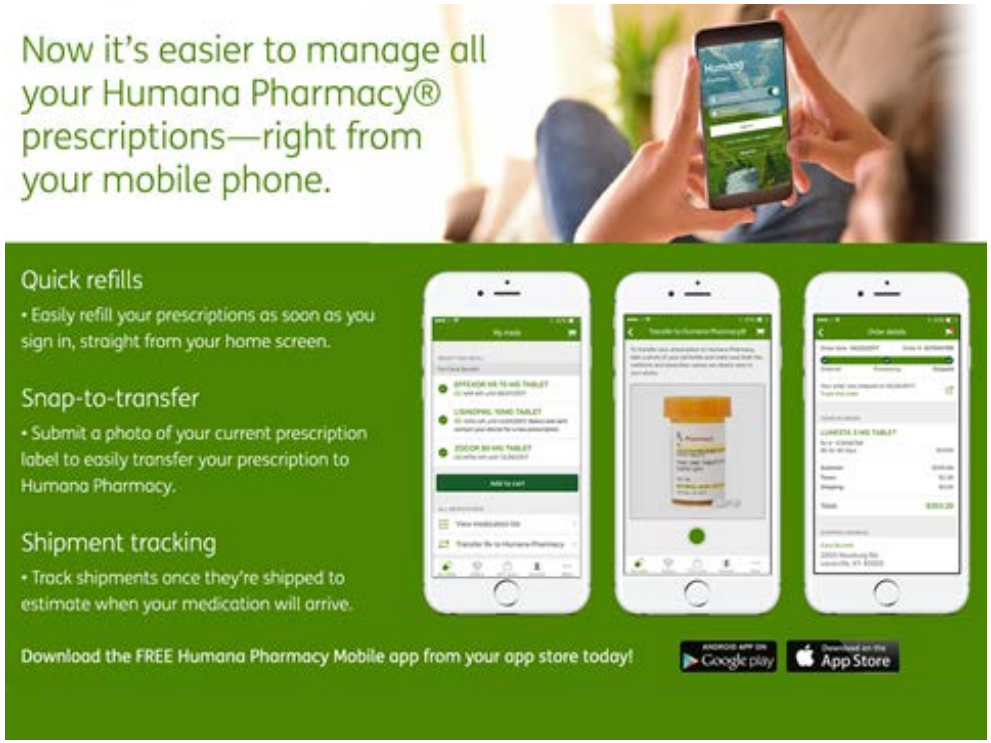
Meter NDC# 65702-0101-10
Strips NDC# 65702-0407-10

Roche Accu-Chek Guide®
- Bluetooth® technology
- Results in four seconds
- Tiny, 0.6 microliter sample

Meter NDC#: 65702-0617-10
Strips NDC#: 65702-0711-10

HP True Metrix® Air by Trividia
- Bluetooth® technology
- Results in four seconds
- No coding

Meter NDC# 56151-1494-03
Strips NDC# 56151-1464-04



Humana Pharmacy Pre-registration (available for new Humana members only)

Humana Pharmacy allows new Humana members to pre enroll and submit their new prescription requests before their benefit plan effective date!

What Pre-Registration means for our *new* members:

- ✓ Reduces the time it can take for members to start taking advantage of Humana Pharmacy's prescription benefits
- ✓ Allows members to obtain pricing for medications based on their future plan benefit effective date

What is needed for Pre-Registration?

Before new members can register with Humana Pharmacy, they **must have the following information in hand**:

- ✓ Their new Humana card
- ✓ Their prescription details, such as:
  - o Drug name, strength and quantity taken per day
  - o Name and fax number of their prescribing physician

Members can choose the registration method that is easiest for them.

- ✓ Online at **HumanaPharmacy.com/mailorder**
- ✓ By phone by calling **1-855-310-5799** (TTY: 711), press 1 for enrollment
- ✓ By Mail – Members complete the Humana Pharmacy registration form and mail to Humana.

Low Income Subsidy (LIS)

LIS & Plan Premium

We know that determining the plan premium for LIS beneficiaries can be tricky. Here are some tips to help keep you compliant:

- ✓ Ask the beneficiary if they know their subsidy level.
- ✓ If they know their level, estimate the plan premium based on their reply.
- ✓ If they don't know their subsidy level, agents may be able to reasonably estimate by asking how much they currently pay for their Rx and compare the amount of co-pays to the LIS Subsidy Chart. For example, if they pay $1.25 for their generic prescription, the agent can assume that the beneficiary is in LIS level 2 (fully subsidized) and base the premium estimate on that information.
- ✓ Make sure to advise the beneficiary that the premium amount being quoted is an estimate based on amount of LIS they may receive at the time the enrollment is accepted by CMS.
- ✓ Provide the full cost of the plan in case the consumer was to lose their LIS. This way the consumer will have full awareness of their potential financial obligation.

Please reference the LIS Subsidy Chart, located within the Humana MarketPoint University.
Optional

LIS & RX Co-pays

Members with LIS pay the lesser of Low Income Subsidy cost-shares or plan cost- shares. If the plan has a deductible that applies to a tier with a lesser cost-share amount, the member will pay their Low Income Subsidy cost-shares until the plan deductible is met. Once the plan deductible is met, the member will receive the lesser plan cost-share.

For Example:

The Humana Preferred RX plan has:

- $405 deductible (applicable to all tiers)
- $0 co-pay in the Initial Coverage for Tier 1 medication

For this plan, a fully subsidized LIS member in level 2 will pay:

- $1.25 LIS co-pay until the plan deductible is met
- $0 co-pay for Tier 1 after the plan deductible is met. (The lesser of the plan amount and the LIS amount)

Marketing Materials - What's changing for 2019?

Bound Enrollment Book

To improve the sales experience for both the beneficiary and the agent, the All-in-one-Book has been expanded to include the following documents all in one, easy to use place!

- ✓ Marketing Brochure Content
- ✓ Bold Goal Flyer*
- ✓ Benefits at a Glance
- ✓ Summary of Benefits
- ✓ Drug Guide*
- ✓ OTC Form
- ✓ PHI Letter
- ✓ PHI Consent Form
- ✓ Scope of Appointment Form
- ✓ Receipt Form
- ✓ SNP Form – ***if applicable***
- ✓ Application
- ✓ Business Reply Envelope*
- ✓ Plan Rating on gray paper

What does this mean to agents?

- ✓ *Business Reply Envelope – Now included in the enrollment book and is used to mail the application.

Reminder: Applications cannot be mailed in prior to 10/15

- ✓ ***Drug Guide – Now included in the enrollment book. No need for an individual version of the Drug Guide since it will be included in the enrollment book.
- ✓ ***Bold Goal Flyer** - Added to enrollment book. Bold Goal information is now provided in the enrollment book.

DSNP Enrollment Books

Specific enrollment books have been developed for DSNP plans. Agents should now use the DSNP enrollment books for DSNP plans.

PaperApplications

The paper application is changing for 2019! For a complete description of the changes and to learn how to avoid errors while completing a paper application,

Please reference the **How to Complete a Paper Application** job aid, located within the Humana MarketPoint University. *Optional*

Optional Supplemental Benefits (OSBs)

Many Humana MA/MAPD plans offer Optional Supplemental Benefits (OSBs). OSBs can provide a year-round selling opportunity for affected Medicare members. To make the most of this opportunity, it is important to understand how the OSB premium is collected.

When an OSB is added to an MA/MAPD plan, the payment method selected on the base MA/MAPD plan is the same payment method that will be used for the OSB. It doesn't matter if the member is enrolling into the OSB at the same time as the base plan, or at a later date, the preferred payment method will be the same.

What does this mean to agents?

The Agent should educate the member that the premium payment option they selected for the 'base' MA/MAPD plan will be used to pay their monthly OSB plan premium.

For Example:

- If the member selected SSA deductions as the preferred payment method for the base MA/MAPD plan, the OSB premium will be paid by SSA deductions.
- If the member selected Coupon Book for the base MA/MAPD plan, the member will get a new Coupon Book with the OSB added.

If the member requests to confirm the payment method selected when they enrolled on their base plan or if they want to change their payment method, they may:

- Visit our eBilling site at Humana.com OR
- Contact customer service by calling the number on the back of their card

Assisting with Provider Selection

Offer Even Greater Value to Your Clients When Selecting a Provider!

At Humana, we strive to improve the health of our members through access to a value-based model that focuses on primary care, home health, wellness and preventive care, pharmacy and behavioral health to deliver improved health outcomes for our members.

"Through our Integrated Care Delivery strategy, which focuses on improving health outcomes and creating a better healthcare experience, we are well-positioned to help our members achieve their best health."

-Bruce Broussard
Humana Chief Executive Officer

When a member wants help choosing a primary care provider, we believe it is important for agents to share information about those providers who are in a value-based care relationship with Humana. Understanding a provider's relationship and approach to care could materially impact your client's health outcomes!

Providing information and education about a provider, could be valuable to the member when selecting their PCP because value-based care providers are incentivized to meet certain quality standards, reduce costs, and focus on preventative care.

In addition, offering factual information about a provider's clinical programs and services so the member makes an informed decision would be beneficial to the member. Be sure you are offering your clients ALL the information they need when making a plan choice and, when the member is looking for help choosing a PCP, that includes information on value-based providers in their community.

The local Humana market operations leadership will be providing information on those providers in value-based care relationships with Humana. Be sure to get the latest information to best serve your clients.

Special Needs Plans (SNPs)

Not Testable

Humana will continue to offer two types of SNPs:

- ✓ Chronic Condition (CSNP)
- ✓ Dual Eligible (DSNP)

Generally speaking, SNP plans have special plan design features. A key feature is that they have mechanisms that lead to better care coordination, which can lead to fewer hospitalizations or readmissions. They may also have richer benefits related to the management of the target health condition (e.g., diabetes, cardiovascular issues).

Chronic Condition SNPs (CSNP)

Chronic Condition SNPs will be offered in some markets that cover one or more of the following conditions:

- ✓ Diabetes mellitus (DB)
- ✓ Cardiovascular disease (CVD)
- ✓ Chronic heart failure (CHF)
- ✓ Kidney Care (ESRD)
- ✓ Chronic Lung Disease (CLD)

CSNP Enrollment Considerations

It is important that the agent educates newly enrolled members about the following:

- ✓ The member will receive the Verification form in the mail along with their acknowledgement of enrollment materials

- ✓ The next steps they'll need to take to verify their condition and complete the enrollment process.

For more information, please see **SEP for Chronic Condition**, located within this agent reference guide.

Dual Eligible Population

Dual Eligible beneficiaries, those with both Medicare and Medicaid, can switch plans once quarterly (Jan-Sept) so these plans provide a year-round selling opportunity. Humana continues to focus on improving the healthcare experience for these beneficiaries by offering the following plans specifically designed for dual eligible beneficiaries.

Dual Eligible SNPs (DSNP)

We will continue to offer Dual Eligible Special Needs Plans (DSNPs) in select markets. Each DSNP plan has specific eligibility requirements based on the beneficiary's level of Medicaid eligibility. The qualifying level of Medicaid varies by DSNP plan. Make sure you understand the eligibility requirements for the DSNP plan being offered and verify that the beneficiary is qualified before you enroll them.

Make sure you understand the eligibility requirements for the DSNP plan being offered and verify that the beneficiary is qualified before you enroll them.

Verifying DSNP Eligibility

If Medicaid eligibility is not verified correctly prior to a DSNP enrollment, beneficiaries may not be enrolled and agents could lose out on sales. Don't let this happen to you and your members!

The following guidance is provided to assist agents with verifying a beneficiary's level of Medicaid prior to a DSNP enrollment.

If you are a **Florida licensed agent** who sells Florida DSNP plans,

Please reference the Access Direct job aid, located within the Humana MarketPoint University. *Optional*

If you are a licensed agent that sells DSNP plans **in any state other than Florida**,

Please reference the DSNP Verifying Eligibility job aid, located within the Humana MarketPoint University. *Optional*

Value Plus

Value Plus plans are typically offered in areas where Humana does not offer DSNPs; however, some markets have both DSNPs and Value Plus plans available.

Value Plus plans are designed to appeal to the dual eligible beneficiary, but unlike DSNPs, they may also be sold to applicants who are not Medicaid-eligible.

To learn more about Humana's Value Plus plans and where they are offered,

Please reference the **Value Plus** job aid, located within the Humana MarketPoint University.
Optional

Tips for Humana Sales Success - Knowledge Check

1. Which Humana department should agents contact for all post-sale customer service needs?
   a) Agent Support Unit (ASU)
   b) Billing and Enrollment
   c) MarketPoint Retail Sales training
   d) Agent Retail Sales Operations Support (RSOS)
   (Click here to see answer)

2. Which of the following is an advantage for new members when they pre-register with Humana Pharmacy?
   a) It allows them to use their Humana Pharmacy benefits before their plan effective date.
   b) It allows members to obtain pricing for medications based on their future effective date.
   c) It allows Humana to screen the member's medications to make sure they have adequate coverage.
   d) It provides new members with a discount code for all new prescriptions.
   (Click here to see answer)

3. How can agents help Humana members receive less mail and have convenient, on-line access to plan documentation?
   a) Encourage members to receive their plan documentation digitally at the time of enrollment.
   b) Instruct new members to call Customer Service after enrollment and request that all plan documentation be sent by email.
   c) Advise new members to contact their local market office and request an agent to hand deliver all documents.
   d) Instruct members to view all plan documents via Humana.com.
   (Click here to see answer)

4. Agent Myra is enrolling Mr. Betters into an Optional Supplemental Benefit (OSB) available with his PPO plan. What should Agent Myra be sure to tell Mr. Betters about his OSB premium payment method?

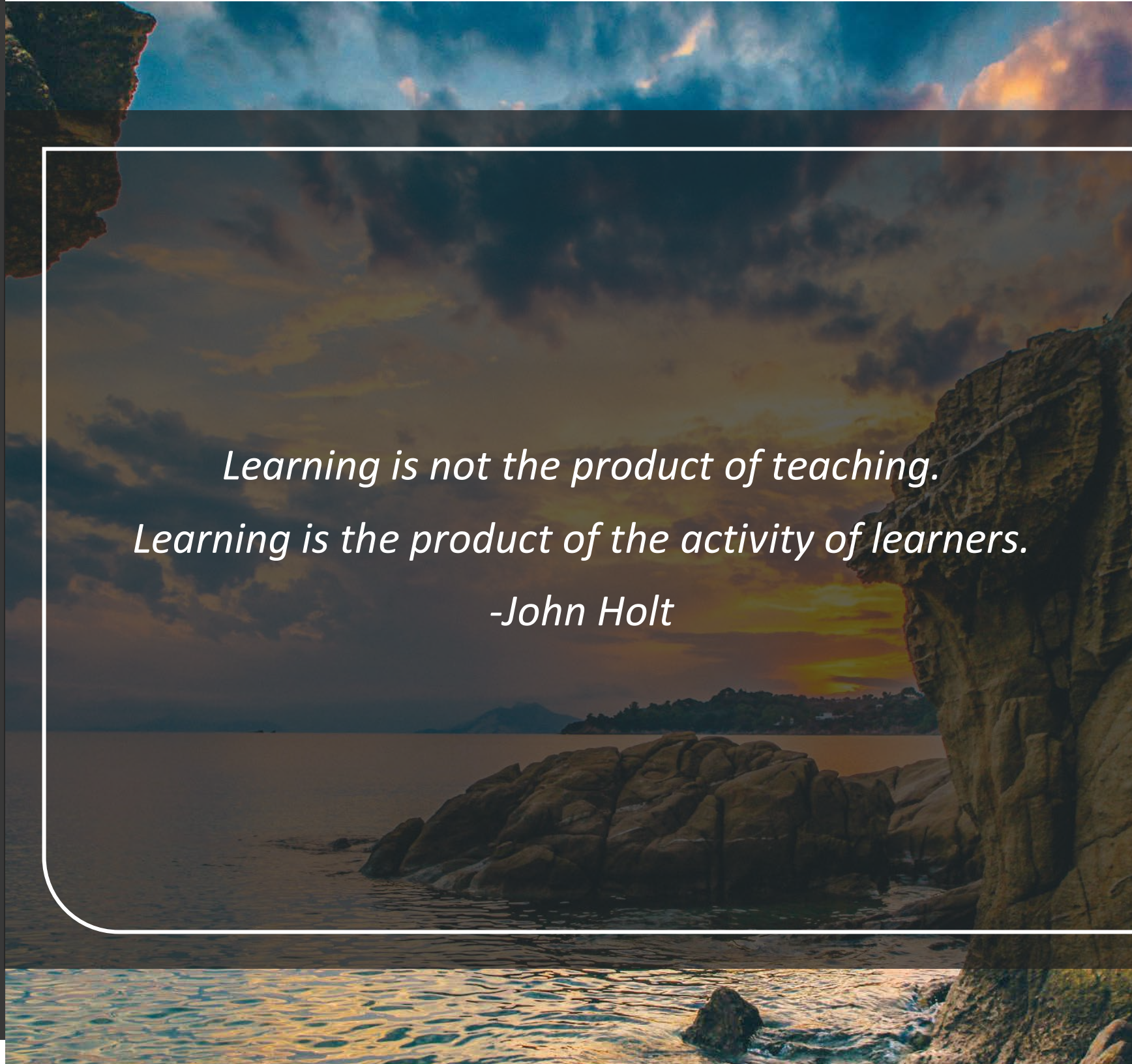
a) The premium payment option that Mr. Betters selected for the base PPO plan will be used to pay the monthly OSB plan premium.
b) The OSB premium payment method must be different than what was selected for the base PPO plan.
c) Mr. Betters may choose any available payment method when enrolling into an OSB.
d) Mr. Betters can only pay the OSB premium via Social Security Deduction.

(Click here to see answer)

5. Why is it important for agents to offer guidance for provider selection?

a. It allows agents to steer the provider selection towards family members and friends.
b. It is one less thing the enrollee needs to worry about at time of enrollment.
c. To assist enrollees and members in making an informed decision about providers that help members achieve the best possible health outcomes.
d. Agents should NOT offer any guidance during provider selection as it is considered non-compliant behavior.

(Click here to see answer)



Knowledge Check Answers

Top Agent Challenges Knowledge Check

Question 1: Agent Todd is completing an HMO enrollment with Mrs. Valdez and she asks if she can select Dr. Ayers as her PCP. Agent Todd can't locate Dr. Ayers using Humana's Physician Finder tool. However, he knows that Dr. Ayers is in-network for the Humana PPO plan in the area. What should Agent Todd do in this situation?

Correct Response: Tell Mrs. Valdez that Dr. Ayers is not listed as an in-network provider and request that she select another in-network PCP.

Rationale: Agent Todd should tell Mrs. Valdez that Dr. Ayers is not listed as an in-network provider and request that she select another in-network PCP. Agents should not assume that because a provider is participating with our PPO plan that they are contracted with our HMO and vice versa *See the Topic: Provider Participation*

(Click here to go back to question)

Question 2: Agent Ted is completing an enrollment with Mr. Sampson. Mr. Sampson tells Agent Ted that he is familiar with the plan benefits since his wife has the same plan. What should Agent Ted do to remain compliant in this situation?

Correct Response: He should explain that a full presentation of benefits is important and that it is a required for every enrollment.

Rationale: Agent Ted should explain that a full presentation of benefits is important and that it is a required for every enrollment. A thorough review of the plan decreases the likelihood of buyer's remorse and decreases complaints. *See the Topic: Benefits & Presentation Issues*

(Click here to go back to question)

Question 3: Which of the following actions can help agents avoid complaints about Benefits and Presentation?

Correct Response: Before completing the enrollment, take the time to perform a thorough review all features and benefits of the plan and make them understandable to the beneficiary.

Rationale: Agents should take the time to perform a thorough review all features and benefits of the plan. Ask follow up questions throughout the presentation to confirm that the beneficiary has an understanding of the plan benefits. *See the Topic: Benefits & Presentation Issues*

(Click here to go back to question)

Question 4: Agent Juan is enrolling Mrs. Maples into a HMO plan. Mrs. Maples wants to select Dr. Grayson as her PCP. Dr. Grayson is part of the American Medical Group. Agent Juan can't locate Dr. Grayson in Physician Finder but he did see that American Medical Group is listed as in-network. How should Agent Juan handle this situation?

Correct Response: Advise Mrs. Maples that she will need to select another PCP since Dr. Grayson is not listed as an in-network provider

Rationale: Agent Juan should Advise Mrs. Maples that she will need to select another PCP since Dr. Grayson is not listed as an in-network provider. Sometimes a provider practice can be in- network, but an individual PCP within the practice may not be. *See the Topic: Provider Participation*

(Click here to go back to question)

Question 5: When a member selects a PCP when enrolling into a plan, what must agents explain about their PCP?

Correct Response: Agents must explain In and out of network benefits and any possible Independent Provider Association (IPA) affiliations of their selected PCP.

Rationale: Agents must educate Medicare beneficiaries about the rules and requirements surrounding a PCP which includes explaining in and out of network benefits and any possible Independent Provider Association (IPA) affiliations of their selected PCP. *See the Topic: Provider Participation*

(Click here to go back to question)

Election Period Reminders Knowledge Check

Question 1: In cases where the applicant has delayed their Part B, ICEP can only be used if…

Answer: The MA/MAPD enrollment request is made prior to the Part B effective date.

Rationale: In cases where the applicant has delayed their Part B, ICEP can only be used if the MA/MAPD enrollment request is made prior to the Part B effective date. In cases where the applicant delayed Part B and is requesting enrollment on or after their Part B effective date, they must have another valid election option available to enroll. *See the Topic: Initial Coverage Enrollment Period (ICEP)*

(Click here to go back to question)

Question 2: When a beneficiary moves out of a plan's service area, when must they enroll into a plan servicing the new area to avoid a lapse in coverage?

Answer: On or before the last day of the month of the move.

Rationale: The member's current plan will end on the last day of the month they move. If the member does not complete and submit an application prior to the last day of the month of the move, this will result in a lapse in coverage. *See the Topic: SEP for Movers*

(Click here to go back to question)

Question 3: According to recent CMS guidance, which of the following plan changes is NOT allowed during the annual OEP?

Answer: PDP to PDP

Rationale: OEP does not allow for Part D changes for individuals enrolled in Original Medicare, including those with enrollment in stand-alone PDPs (i.e., No PDP to PDP changes) *See the Topic: Open Enrollment Period*

(Click here to go back to question)

Question 4: It is January 15th and you are speaking with Mr. Green. He currently has a MAPD plan with ACME Co. and wants to enroll in a Humana MAPD plan. How should you guide Mr. Green?

Answer: Tell him that he has the Open Enrollment Period (OEP) available and proceed with the enrollment.

Rationale: Mr. Green has the OEP available and you can proceed with the enrollment. The OEP allows individuals enrolled in an MA plan to make a one-time election during the first 3 months of the calendar year to switch MA plans or to disenroll from an MA plan and obtain coverage through Original Medicare. *See the Topic: Open Enrollment Period.*
(Click here to go back to question)

Question 5: When is the SEP for Non-Renewal?

Answer: December 8 - end of February

Rationale: Whether or not a beneficiary selects a plan during the AEP, they can use the Non-Renewal SEP to select a Medicare Advantage plan or Original Medicare and a PDP between December 8 and end of February.
See the Topic: SEP for Non-Renewal
(Click here to go back to question)

Staying Out of Hot Water Knowledge Check

Question 1: To use E-Sig to complete a FastApp Medicare enrollment, agents MUST confirm that the beneficiary has a valid….

Answer: Email address

Rationale: To use E-Sig to complete a FastApp Medicare enrollment, agents MUST confirm that the beneficiary has a valid Email address. It is never acceptable in any case for agents to use their own email address or the email address of anyone other than the member in the member section, even if the member requests it.

See the Topic: E-Signature Process

(Click here to go back to question)

Question 2: Charlie is completing an Agent Online Application and is having trouble with the link provided. He asked his agent, Becky for assistance with the enrollment. How should Agent Becky assist Charlie with the application?

Answer: She should utilize another enrollment tool, such as FastApp, MAPA, or a paper. application.

Rationale: Since Charlie is having trouble with the AOA link and has requested assistance in enrolling, Agent Becky should utilize another enrollment tool, such as FastApp, MAPA, or a paper application. *See the Topic: Agent Online Application*

(Click here to go back to question)

Question 3: In which of the following situations is it acceptable to create an Email address for a beneficiary?

Answer: It is never acceptable for an agent to create an Email address for a beneficiary.

Rationale: Agents should never create an email address for an applicant. If the beneficiary does not have an email address, agents should use another method to complete the application. *See the Topic: E-Signature Process*

(Click here to go back to question)

Question 4: How should Humana agents respond to Medicare beneficiaries who want to know their new Medicare ID number?

Answer: Advise the beneficiary that any questions regarding their new Medicare ID number must be directed to Medicare.

Rationale: Beneficiaries should contact Medicare directly to obtain their number and/or request a new card. *See the Topic: Medicare ID Numbers*

(Click here to go back to question)

Question 5: Henry, who is 68 years old, is obtaining prescription coverage for the first time. Which of the following should the agent do to help avoid issues with any applicable Late Enrollment Penalty?

Answer: The agent should advise Henry that he needs to respond promptly to Humana's request for creditable coverage, if applicable.

Rationale: To avoid a possible LEP, agents need to advise beneficiaries to respond promptly to Humana's request for Creditable Coverage, if applicable. Humana has a short turn-around time to respond to CMS. *See the Topic: PDP Late Enrollment Penalty*

(Click here to go back to question)

Tips for Sales Success Knowledge Check

Question 1: Which Humana department should agents contact for all post-sale customer service needs?

Answer: Agent Retail Sales Operations Support (RSOS)

Rationale: Agent Retail Sales Operations Support (RSOS) partners with agents and internal teams within Humana to coordinate customer service needs for members. Agent RSOS should be contacted for all post-sale customer service needs. *See the Topic: Agent RSOS Customer Service Support*

(Click here to go back to question)

Question 2: Which of the following is an advantage for new members when they pre-register with Humana Pharmacy?

Answer: It allows members to obtain pricing for medications based on their future effective date.

Rationale: Pre-registering with Humana Pharmacy allows members to obtain pricing for medications based on their future plan benefit effective date. *See the Topic: Humana Pharmacy Pre-Registration.*

(Click here to go back to question)

Question 3: How can agents help Humana members receive less mail and have convenient, on-line access to plan documentation?

Answer: Encourage members to receive their plan documentation digitally at the time of enrollment.

Rationale: An important way you can help members is by getting as many interested members as possible to choose to access their plan materials digitally instead of mailed to them. *See the Topic: Go Digital*

(Click here to go back to question)

Question 4: Agent Myra is enrolling Mr. Betters into an Optional Supplemental Benefit (OSB) available with his PPO plan. What should Agent Myra be sure to tell Mr. Betters about his OSB premium payment method?

Answer: The premium payment option that Mr. Betters selected for the base PPO plan will be used to pay the monthly OSB plan premium.

Rationale: Agent Myra should advise that the payment method selected on the base MA/MAPD plan is the same payment method that will be used for the OSB. *See the Topic: Optional Supplemental Benefits*

(Click here to go back to question)

Question 5: Why is it important for agents to offer guidance for provider selection?

Answer: To assist enrollees and members in making an informed decision about providers that help members achieve the best possible health outcomes.

Rationale: Agents should offer guidance for provider selection so the member makes an informed decision about providers that help members achieve the best possible health outcomes. Be sure you are offering your clients ALL the information they need when making a plan choice and that includes information on value-based providers in their community who can help them live their best life. *See the Topic: Provider Selection*

(Click here to go back to question)

Appendix

NOTE: The information in the Appendix is being provided for reference purposes only and will not be included in the Final exam.

Medicare Fraud, Waste & Abuse Prevention

Medicare Waste and Fraud is a significant issue. Sales Agents have a role in preventing and detecting fraud. Fraud is an intentional act of misrepresentation, deception, or concealment, or an attempt to do so, in order to gain something of value.

The most recognizable examples of fraud involve actions on the part of providers or members and revolve around claims and billing that contain incorrect or unnecessary charges, prescriptions, or tests result. However, there are other patterns of practices or specific activities that could directly impact your obligations to Humana.

Anyone who suspects or detects noncompliance, fraud, waste, or abuse is required to report it to Humana:

Telephonic (24/7 access)

Ethics Help Line: 1-877-5-THE-KEY (1-877-584-3539)

Special Investigations Unit Hotline: 1-800-614-4126

Email:

ethics@humana.com siureferrals@humana.com

Web: http://www.ethicshelpline.com

Safeguarding Protected Information (PI)

It is your responsibility to protect the privacy of the beneficiary's you work with, and the Federal HIPAA privacy and security regulation also requires it.

This document provides guidance that will assist you in remaining compliant while safeguarding protected health and financial information. (PI)

Examples of protected information include:

- ✓ Social Security Number
- ✓ Medicare ID Number
- ✓ Bank Account Number
- ✓ Health conditions
- ✓ Medications
- ✓ And more!

General Safeguards

Do's:

- ☑ Use the password protection feature on your computer so that only you can use it. Lock your laptop to password protect it when not in use, including instances when you just walk away momentarily.
- ☑ Clean off your work surface of all personal and health information at the end of the day.
- ☑ Secure all personal and health information in a locked container, desk, file cabinet or storage unit at the end of the day.
- ☑ Erase whiteboards and pick up any documentation containing PI from meeting areas at the end of a meeting or discussion.

- ⌦ Promptly remove all documents containing PI from printer, copier and fax machine.
- ⌦ Properly dispose of materials containing PI by using secure shredder bins and other receptacles for appropriate destruction of PI. Be sure to follow all state and federal retention guidelines.
- ⌦ Use caution when using devices where others could view or overhear the conversation.
- ⌦ Review contents of envelopes before mailing information to verify that the contents are correct for the intended recipient.
- ⌦ Passwords should be kept confidential at all times and not shared.
- ⌦ Log off and shut down your computer at the end of each business day.

Don’ts:

- ⌦ Do not leave PI covering health and financial information openly displayed on your work surface and computer when you are away from your work space during the day if your location has multiple associates.
- ⌦ Do not forward business email to personal email accounts. Do NOT create rules to auto-forward email to personal email accounts.
- ⌦ Don’t share personal health or financial information with others without a business need. Never discuss confidential information with anyone outside of the individuals that have a reason to need the information.
- ⌦ Avoid discussion of confidential information in public areas where your conversations could be overheard.

Transportation Safeguards

- ☑ When transporting materials with member or patient confidential protected information, including paper documents, images, etc., ensure that the information is secure while being transported.
- ☑ Paper materials with member or patient confidential protected information should be carried separately from your laptop.

- ☑ Use caution when using a third party location, such as Staples, Kinko's and other locations to print confidential information.
- ☑ Lock laptops and confidential documentation in the trunk of your vehicle, or conceal these items, prior to departing. After arriving at the final destination, take these items with you. Never leave them unattended.

Communication Safeguards

- ☑ Use only trusted devices and software when working with protected health and confidential information.
- ☑ Avoid using a speaker phone in open environment when discussing personal and health information.
- ☑ Follow minimum necessary guidance when leaving a voice mail. Leave the minimum amount of information necessary, making sure to not share protected information.
- ☑ Use a secure email feature (e.g., encryption) when sending external emails containing personal and health information.
- ☑ Use a fax cover sheet when faxing material with PI. The cover sheet should contain a privacy disclaimer regarding what to do if a document is received in error. A fax cover sheet should never contain PI.

Enrollment Safeguards

- ☑ Confirm that laptops, cell phones or other devices can securely transmit PI before using.
- ☑ Use electronic applications as often as possible to minimize the possibility of others seeing paper records.
- ☑ When using Humana electronic enrollment forms (MAPA), upload e-applications DAILY. Doing so protects PI and expedites enrollment approval.
- ☑ Paper applications should be stored in a secure manner overnight, such as a locked filing cabinet, locked desk or locked office. Do not store them in your computer bag or briefcase.
- ☑ When using paper enrollment forms, submit them within one business day using either method listed below.

Fax:

- Fax to the number listed on the enrollment form making sure to use a fax cover sheet
- Immediately store the forms for 10 years in a secure location

Mail:

- Overnight to the address listed on the enrollment form
- Be sure the packaging is closed securely and placed in the carrier's secure pick-up box, when applicable.
- If using a window envelope, verify that ONLY the address is displayed and visible through the window.

☑ Be extra cautious when working in retail and seminar settings.

For example,

- Lock your laptop to password protect it when not in use, including instances when you just walk away momentarily
- Immediately remove and protect paper applications and other material containing PI from public work areas

☑ At night, keep your briefcase and/or computer in a secure place in your home rather than your car.

☑ When discussing a beneficiary's medications, shred any notes after the conversation to protect the person's PI. When possible, find another way to help without taking possession of the information.

☑ DO NOT use public computers for business matters that involve accessing member's PI without permission from management. When you access a document on a computer, it creates a 'safety copy' in the temp file which is a potential breach of PI.

☑ Only certified and appointed agents with Humana/CarePlus can assist you with any aspect of sales or sales administration. Anyone involved must be properly licensed, contracted and certified with Humana/CarePlus or the enrollee PI will be compromised.

If you feel there has been a compromise of PI for any reason, notify Humana immediately by calling this confidential toll free number: 1.877.584.3539.

REMINDER: Humana's external agents and brokers should refer to the following document for additional Privacy & Security guidance:

Please reference **Privacy & Security**, located within the Humana MarketPoint University.
Optional

Testing Guidance

The following guidance is being provided to outline Humana's testing requirements and assist you in preparing for the final exam.

This Test portion of the course contains 2 tests:

- ✓ Practice Test

  The practice test contains similar questions that agents will see on the final exam. Agents are encouraged to take the practice test as many times as they need to gain confidence for passing the final exam.

- ✓ Final Exam
  - ➢ The final exam consists of **20 questions** on material in the Agent Guidance Reference Manual
  - ➢ The final exam is a timed test. Agents will have **35 minutes** to complete the test
  - ➢ Any **unanswered** questions will be marked as **incorrect**
  - ➢ **A passing score of 85% is required** to successfully complete Humana training
  - ➢ You will have **3 attempts** to pass the test
  - ➢ No additional attempts will be approved

Test Taking Success Tips

- ✓ Study the Agent Guidance Reference Manual completely
- ✓ Take the practice test and review the parts of the Agent Guidance Reference Manual for which you missed questions
- ✓ You may take the practice exam as many times as needed to be confident in your knowledge of the material and your online testing abilities
- ✓ If you do not pass the final exam on the first try, review the Agent Guidance Reference Manual. Do not retake the test without further study. Remember, there are only 3 chances to pass. **Do not gamble with your certification!**