

Medicare Advantage / Part D FAQs

Do you have questions on how to get started, what training and appointment process is required, how to obtain materials and submit business, and what is the marketing and use of the Scope of Appointment Form our Medicare Advantage partners? The Medicare Advantage / Part D FAQ is updated and revised with the most asked questions.

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SEP General

1. I understand the Special Election Period for 2012 does not begin October 1 as in past years.

True. For 2012, the Special Election Period (SEP) will run from December 8 through the end of February. Members will continue to receive their Special Election Period letter on October 1. Here are some servicing details:

- If a beneficiary selects a new plan for 2012 during Annual Election Period (AEP), it will be effective on January 1.
- If the beneficiary selects a new plan for 2012 after AEP using their SEP right from 12/8 through last day in February, as this election is later, it will be honored. NOTE: once the SEP election is used, it is no longer available through the end of February for another plan change.
- If the beneficiary selects a new plan for 2012 during AEP and it becomes effective on 1/1, the member at that point still has the SEP available to them through the end of February to make a different plan election.
- Essentially, even after the plan they select using the AEP election takes effect on 1/1/2012, the SEP for Non-Renewal is still available through the end of February for them to make a plan change.
- Beginning 2012, CMS will award a Special Election Period for members to move into five star rated plans. The SEP period will run from December 8 to December 31.

2. Are there Medicare Advantage (MA) members receiving a Special Election Period (SEP) this year?

Each year a number of Medicare Advantage plan sponsors have plan changes due to service area reductions or exiting the Medicare Advantage Private Fee-For Service (MA-PFFS) market, or by network changes affecting their plan design. For plans that will not renew, the Centers for Medicare and Medicaid Services (CMS) dictate that these members receive a Special Election Period (SEP). During the SEP, they can make plan changes similar to the Annual Election Period, such as:

- Move into another MA plan (with or without drug benefits)
- Enroll in a Bankers Medicare Supplement Plan and/or Coventry stand alone PDP or
- Return to Original Medicare, which is also the default option for those who choose not to act.

3. Which Medicare Supplement Plans can agents write guaranteed issue?

Individuals age 65 and older who are eligible for the SEP can switch guaranteed issue into Medicare Supplement Plans. Product Marketing & Support – Whitney Ice (W.Ice@banklife.com) will provide details of guaranteed-issue plans in specific unique states

Age 65 or older SEP eligible members:

- In most states, can purchase a Medicare Supplement plans A, B, C, F, high deductible F, K, or L on a guaranteed issue basis. People entitled to guaranteed issue are those people who have been notified that they are involuntary losing their coverage. Their SEP would run from the date of their notification until 63 days past the date their coverage ends.
- Wisconsin, Massachusetts and Minnesota have state specific plans which are available.
- Maine offers A, B, F, high deductible F, G, K, L, M, and N on a guaranteed issue basis.
- South Dakota only offers plans A, B, F, K, and L
- Vermont only offers plans A, B, K, and L.

4. What do agents need to keep in mind when submitting Medicare Supplement applications during the SEP?

Complete the application per normal procedures and check open enrollment / special enrollment period box, and remember to attach a copy of the supporting letter from the former carrier reflecting the special election/enrollment period.

Enrollment FAQs

5. I understand the Open Enrollment Period (January 1 – March 31) was eliminated beginning with the 2011 enrollment year, has another enrollment period been inserted?

Medicare has eliminated the Open Enrollment Period and replaced it with a new annual Disenrollment Period which will run from January 1st to February 14, 2011.

Should the Medicare Beneficiary decide that the MAPD they have chosen is not the plan for them, they can disenroll from that plan during the new Disenrollment Period (runs from January 1 until February 14). During this period the beneficiary can only return to traditional Medicare Fee-for-Service, obtain a standalone Part D plan (if enrolled under Part D prior to the disenrollment period), and will not have the ability to join another MAPD until the next Annual Election Period. The member can enroll into a Medicare Supplement plan however normal underwriting rules will apply.

6. For 2012, I heard the AEP enrollment period will begin earlier than November 15th?

For 2012, the Annual Election Period (AEP) will take place beginning October 15, 2011 and run to December 7, 2011.

7. When is a member eligible for a Medicare Advantage Plan?

A member can generally join a Medicare Advantage Plan if you meet these conditions:

1. Have Medicare Part A and Part B
2. Live in the service area of the plan
3. Don't have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis)

When you get a Medicare Advantage Plan you will need to pay monthly Medicare Part B premiums to Medicare.

8. When can members join, cancel or switch to a different Medicare Advantage Plan?

You can join, switch, or drop a Medicare Advantage Plan during certain times:

- When you first become eligible for Medicare (the 7 month period that begins 3 months before the month you turn age 65, includes the month you turn age 65, and ends 3 months after the month you turn age 65)
- If you get Medicare due to a disability, you can join during the 3 months before to 3 months after your 25th month of disability. You will have another chance to join 3 months before the month you turn age 65 to 3 months after the month you turn age 65.
- Between October 15–December 7. Your coverage will begin on January 1 of the following year, as long as the plan gets your enrollment request by December 7.
- Between January 1–February 14 during the new disenrollment period.
- Coverage will begin the first day of the month after the plan gets your enrollment form.
- In certain situations, you may be able to join, switch, or drop a Medicare Advantage Plan at other times, e.g.
 - If you move out of your plan's service area
 - If you have both Medicare and Medicaid
 - If you qualify for Extra Help to pay for your prescription drug costs
 - If you live in an institution (e.g. nursing home)
 - Switch to a five star plan (new for 2012)

Important Reminders

9. Are there rules surrounding stand alone PDP Plans with HMOs or PPOs?

Yes, members cannot be enrolled in a PPO or HMO and retain stand alone PDP coverage. If members want to retain a stand-alone PDP plan they must enroll in a Private-Fee-For-Service (PFFS) or Medicare supplement plan. Please Note: It's extremely important agents do not enroll members with stand-alone PDP plans in a PPO/HMO. If this happens, CMS will cancel the PDP Plan. This is a serious violation of CMS guidance.

10. What is the time frame in which a Medicare Advantage or Part D Application must be submitted?

The Centers for Medicare & Medicaid Services (CMS) requires that all Medicare Advantage and Part D applications are received by the Plan Sponsor within 48 hours of being signed by the client. It's critical that Agents meet this established timeframe. Failure to meet this deadline will result in a sales suspension. Three infractions within a 12 month period will result in a Coventry Part D sales suspension for one year.

11. Any suggestions on how remote agents can help get MA and PDP applications into our partners within the 48 hour deadline?

Coventry – Agent can fax the app to the BOA. BOA can enter c14.5 and scan faxed copy. Agent can mail in original app, hand deliver to the office, or shred, based on the office's retention guidelines for office records.

UHC - Agent can fax the app and SOA to BOA. BOA can key into eModel, and submit faxed copy of the application and SOA form with bar code sheet from eModel to UHC overnight. Agent can mail in original app, hand deliver to the office, or shred, based on the office's retention guidelines for office records.

Humana – Agent can fax app, mail or hand deliver a copy to BOA to retain for office records. Agent should overnight directly to Humana. BOAs will need to share the mailing address and UPS info for Humana with those agents as reflect under the Humana section.

12. How are partner Scope of Appointment (SOA) / Sales Appointment Confirmation Forms 17600 (part of Kit 17593) to be handled?

Humana – a signed copy of the Sales Appointment Form needs to be given to your BOA for sales and non-sales; this includes anytime an MA conversation occurs. Agents must add their SAN number and application number to the form for enrollments. No other details are required. Please send Scope of Appointment Forms to:

**Humana Marketpoint
P.O. Box 14637
Lexington, KY 40512-4637**

Coventry Medicare Part D and Aetna – Please be sure to scan and provide the C14.5 input transaction for all applications within 48 hours of the application being signed by the client. Completed Sales Appointment Confirmation Forms 17600 should be scanned with the application.

Coventry Medicare Advantage – Please be sure to fax the application to Coventry and provide the C14.5 input transaction for all applications within 48 hours of the application being signed by the client. Completed Sales Appointment Confirmation Forms 17600 should be faxed with the application.

United HealthCare – Agents need to provide their BOA with the paper application and Scope of Sales Appointment Confirmation Form (SOA) within 24 hours of client signature. After the BOA keys the application within eModel and prints off the system generated bar code transaction sheet, the bar code sheet needs to be placed on top of each application with the SOA Form and mailed overnight to UHC at:

**eModel
1635 Higdon Ferry Road Suite C #137
Hot Springs, AR 71913**

- The SOA Form for UHC is unique and contained in the UHC Enrollment Kit and available for print under the UHC Broker Portal.
- Before handling, the BOA will make office copies of emodel bar code sheet, application and SOA Form for office storage of 10 years and tracking ... and retrieval if requested by UHC or CMS.
- For no sales – the forms are to be marked “No Sale.” The forms can be either e-mailed to scopeappt@uhc.com or faxed to 877-825-1914.

13. What are the details of the two appointment process for marketing Medicare Advantage and PDP products?

The Centers for Medicare and Medicaid Services (CMS) marketing guidelines for Medicare Advantage (MA) regulate the marketing of Medicare Advantage plans. It is essential that all agents understand and comply fully with these regulations. We want to remind you of these guidelines.

- No cold calls promoting MA or PDP plans
- No same appointment cross-selling (must wait 48 hours)
- No meals “of any sort” at promotional or sales activities
- No combination of gifts greater than \$15 retail
- No request for referrals on MA or PDP appointments

How You Must Market: Two-Appointment Sales Process

First Appointment

1. Follow up with leads using approved scripts with no mention of MA or PDP plans.
2. Set sales appointment, Fact Find and sell Bankers’ core products.
3. Ask for referrals during this appointment.
4. If the prospect initiates a conversation about a Medicare Advantage plan, set a second appointment for at least 48 hours later to discuss.
5. **IMPORTANT:** Ask the prospect to sign the Sales Appointment Confirmation Form, found in the Request for Appointment Kit (17593). (For United Healthcare, the Scope of Sales Appointment Confirmation Form SOA is contain in the UHC Enrollment Kit and available for print through the UHC Broker Portal)
6. You must leave a copy of the Sales Appointment Confirmation Form with the client and give a copy to your BOA to submit for tracking and documentation purposes.
7. Provide prospect with a “Leave Behind,” also included in the Request for Appointment Kit.
8. Information on this process can also be found on BSPN under the Medicare Advantage product page.

Second Appointment—MA/PDP Sale

1. Discuss MA or PDP plans.
2. New for 2012, after the Medicare Advantage presentation, an agent may review other health-related products only such as dental, vision, hospital indemnity and Long Term Care.
3. If the prospect is interested in other life and annuity products, set a third appointment at least 48 hours later to discuss.
4. Do not ask for referrals during this appointment.

14. During the second appointment, can agent talk about other health-related products?

During an appointment that has been scheduled to discuss Medicare Advantage/Part D plans, an agent may review other health-related products with the consumer/member, such as dental, vision, hospital indemnity and Long Term Care. They are not required to document these products on the SOA form since CMS only requires that agents document the Medicare Advantage and/or Prescription Drug plan that the consumer has agreed to discuss during their appointment. If the client was to discuss life or annuity products, another appointment is required.

15. For clients that want Social Security billing, are there any considerations I need to be aware of?

Yes. The Social Security deduction may take two or more months to begin. Please note - If a client receives a coupon book or premium notice from the plan sponsor, it is important that they pay the monthly plan premium payment until your SSA deductions begins.

16. What is the Enrollment Verification?

CMS requires that any enrollment that was facilitated by a sales agent be “verified” by the plan sponsor. Verification is the process of reaching out to the new enrollee and reviewing some questions with them to ensure they fully understand the plan they have elected and made the decision willingly and without the influence of a potentially unethical sales person. The verification process applies to both MA and PDP enrollments. There are several things agents can do to help to prepare the new enrollee for the enrollment verification call so it can be successfully completed.

1. Tell the new enrollee about the OEV process! Let them know to expect a call and tell them the plan sponsor will make up to three attempts to call them to complete the verification. If they enrolled in multiple plans, for example a PDP plan and a PFFS-no Rx plan, each plan they enrolled in will have to be verified. If we can't reach the new enrollee by phone, then we will send a verification letter in the mail.
2. Let the new enrollee know how long the call takes. Generally speaking, a verification call will not last more than eight minutes and are often completed in less time than that.
3. Document a valid phone number on the application and that the phone number and the plan/product information are legible on the enrollment application.

Humana Medicare Advantage

17. How will new agents become appointed with Humana?

New agents must be contracted with Bankers for 14 days and have completed the Bankers' mandatory training modules on the BLN website before Humana can begin the SAN (Solar Agent Number) assignment. About 31 days after completion of all core courses, Humana will assign the agent SAN. The SAN is communicated via email and can be checked on the PAL A1.16 screen.

18. Can a BOA check to see if an agent has been assigned a SAN?

Yes. Check the PAL A1.16 screen.

19. If an agent is appointed with another company to sell Humana products, a release needs to be submitted. Where is it to be submitted?

The agent will need to obtain a release from the former agency and forward to Humana for processing. The release with request to be appointed with Bankers is to be emailed to: MPAgencySupport@humana.com

If the agent can secure a release from the agency, it will be processed as usual. If not, the agent must wait 90 days from the request. Humana needs to confirm that the agent does not have any policies on record before moving over to Bankers. Questions related to this process can be forwarded to Bankers Licensing Department - licensing_partners@banklife.com.

20. What are the training requirements?

In order to sell Humana Medicare Advantage Products, agents need to take the CMS-required AHIP training, Humana On line Course and a Humana face-to-face training session.

Once you receive your SAN number log into the BLN, which will direct you to the Humana Agent Portal. A job aid is available with instructions on how to register on the Humana Agent Portal. Your SAN number also allows you to access the training modules. Once on the Humana site, you will be directed to take both the AHIP and Humana courses. A job aid will display on the AHIP web site to explain the testing procedures.

Within one week of completing your training, Humana will either email or call the agent with instruction on the face to face training session. Agents will be directed how to pre-register. Please be sure to sign in during your face to face training session.

Veteran agent certified to sell Humana MA, do not have to attend a face to face training session for re certification is completed by September 30, otherwise complete full training including the face to face requirement must be taken again. Note – if the veteran agent begins selling a product and has not taken face to face training for the new product, the veteran agent will need to obtain additional face to face training. Example: Veteran agent only completed PPO training. Now wants to sell HMO product, the veteran agent will need to complete the face to face training for HMO products if not completed in the past.

21. For 2012, I understand Enrollment Kits will be provided to the agents?

Materials will be distributed at the Agent level.

- Re-certifying Agents will take the recertification courses, at the conclusion of the courses, Agents will be taken through a few questions. The questions will pertain to material shipping. The Agents will be asked where they want their materials delivered. Agents will receive a message on their computer screen indicating that an order

for selling materials has been successfully submitted. If these Agents have questions about materials, they can call the Agent Support Unit (ASU) at 877-823-2388. They don't need to call ASU to place an order.

- **New Agents:** When a new Bankers Agent attends a face-to-face training, they should receive their sales materials at the training. If the Agent attends a face-to-face training prior to materials being available, the Agent will give his/her mailing address to the Humana Marketing Manager (MSA) at the training. The Humana MSA will ensure the Bankers Agent gets the sales materials when they become available. If the Agent has questions while they're waiting for their materials, they can reach out to the Humana MSA. (Agents will have the Humana MSA contact info because they would've obtained it in order to attend the face-to-face training.)

Replenishment of enrollment kits will still be handled by the BOA per current procedures using the Humana Supply Request Form, located with job aid under the BSPN.

22. Do agents need to register once arriving at the face to face training session?

Yes. It is very important that agents remember to register onsite and provide their SAN so that the Humana representative can record their attendance at the training event.

23. What are the point of sale materials for Humana?

All materials need to be on hand for a sales presentation.

Paper Applications
Summary of Benefits
Sales Presentations
Benefit Summaries
Rx Formularies
Directory
=====

Scope of Appointment Form (sometimes referred to as Sales Confirmation Form) – should have been completed but needs to be included with application submission to your BOA

24. How does our branch order sales materials?

Please use the Humana Supply Order Form. The form and job aid are located under the BSPN. Download the form and the supply job aid from BSPN > Learn > Products > Humana > Forms. If you need help completing the order form, please call the Humana Agent Support Hotline at 1.877.801.0532.

25. What should branches do with Scope of Appointment (Sales Confirmation) forms that did not result in a sale?

Mark "No Sale" on the forms if no sale occurred. Include the "no sale" forms along with those from successful sales in the weekly mailing that the BOA sends to Humana.

26. Does the branch office need to keep copies of Scope of Appointment (Sales Confirmation) forms?

While it's not a requirement, as a best practice, some offices have staff scan the forms prior to mailing them to Humana and keep those scans on file in the branch office.

27. Should we enroll members using telephonic enrollment process?

No, as of October 2010, Humana only allow paper application submissions per new CMS guidelines.

28. What is a best practice for an agent to track Humana submissions?

Make office copies of the paper applications and sales confirmation forms before sending to Humana for processing.

29. What are some key reminders of completing a Humana application, what is the process for Humana application submissions and how do I submit the paper application?

For Bankers written Humana Medicare Advantage submissions, paper applications can be faxed or mailed. Agents and Administrators need to be mindful of the following points:

1. Most applications will pend if fields are not completed or can not be read.
2. An agent must be aware of the **plan name and code** when completing an application. This information is needed when completing the Plan Option field within page 1 of the application. The plan name and code digits are found on the Summary of Benefits Booklet.

Section II - Summary of Benefits

IMPORTANT INFORMATION

BENEFIT	ORIGINAL MEDICARE	HumanaChoice R5826-066 (Regional PPO)
① Premium and Other Important Information	<ul style="list-style-type: none">• Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$155	General <ul style="list-style-type: none">• 50 monthly plan premium in addition to your monthly Medicare Part B premium. In-Network

3. When enrolling into an HMO, use the directory to determine the Primary Care Physician (PCP) name and number as shown on page 2 of the application.
4. On the last page of the application – under the **Agent Use Only** Section:
 - a. Complete the Proposed Coverage Start Date
 - b. Be sure the Group ID and Benefit Number is reflected to avoid delays in issuance. The Group ID and Benefit Numbers are reflected in the 2011 Humana Medicare Customer Number Grid located under the BSPN > Medicare Advantage > Humana > Sales > Sales Process.
 - c. Enter the SEP code as indicated for members in a Special Election Period
 - d. **VERY IMPORTANT:** Enter your name, Humana SAN writing agent number, and the Affinity Partner is BANK. Without this information compensation will not be paid.
 - e. The boxes for Location and Campaign can remain blank. See section from last page of application for reference.

How to print overnight labels:

The preferred method for paper application submission is by Fax – **Fax number 877-889-9936**. For mailing overnight, Humana has set up a UPS account for the overnight mail. Humana will pay the postage for paper enrollments. The process to set up your UPS label is easy:

1. Log on to www.UPS.com
2. Type in the Humana User ID and Password
3. Select the Corporate address box – then select ACS
4. Type in your name, SAN and address (use an agent SAN number for reference)
5. Print the label (all labels good for 30 days)
6. Drop in UPS box or arrange for pick-up

If you have several enrollment applications ready, please ship more than one enrollment application in each overnight shipment. You can use the following guideline:

- Letter Package – 5 enrollment applications
- Express Pak – 15 enrollment applications
- Express Box – 30 enrollment applications

Questions related to the UPS set up should be forwarded to Humana at 800.309.3163. Also, a job aid is posted under the BSPN.

30. I understand Humana applications need to be sent via fax or overnight mail, what is the preferred method?

The preferred method for paper application submission is by Fax – **Fax number 877-889-9936**. Please remember to keep your fax confirmation receipts.

31. Where can I learn more about completing an application?

There is a Humana job aid call How to Complete an Application located under the BSPN > Learn > Product Central > Medicare Advantage > Humana > Sales

32. When mailing in a paper application, can the branch submit the completed Scope of Appointment (Sales Confirmation) form with it?

No. BOAs should include it in the weekly mailing of Scope of Appointment forms to:

**Humana at: Humana MarketPoint
P.O. Box 14637
Lexington, KY 40512-4637**

Coventry Medicare Part D

33. We heard there is a new Centers for Medicare & Medicaid Services (CMS) guideline for agents to obtain renewal compensation?

That is correct. Beginning 2011, in order for agents to obtain renewal compensation they will need to recertify. CMS will only pay renewal compensation to agents and agencies who keep their certification current. This is a CMS guideline to provide best in class client service and will only pay renewal compensation if this certification is done.

Agents will need to complete both the Coventry 2011 Course and AHIP training. (Please note – you only need to take the AHIP once to cover all Medicare Advantage partner selling arrangements.)

The Coventry Course is located under the Bankers Learning Network (BLN).

34. How do I get appointed to sell Coventry products?

Complete the Coventry nomoreforms appointment form. Forms can be accessed on BSPN at Manage>Licensing>Contracts>NoMoreForms for Coventry. Check the Agent's Brokerage information on the A1.16 PAL screen to see if Coventry is listed as active to verify appointment status.

For assistance or if you have questions, please contact Bankers Licensing Department - licensing_partners@banklife.com.

- Agents must request a non-resident appointment through Coventry if they plan on selling in a state other than their state of residence. Coventry nonresident status will not be verified during processing; it's the agent's responsibility to know where they're licensed to sell. Please Note: Charge backs will occur should the Agent write business in a state where they're not appointed.
- Unfortunately, Agents holding a temporary insurance license are not eligible for appointment. Please Note: it will take at least a week before your appointment information appears on PAL A1.12.

35. How do agents register to take the Coventry PDP training?

Register online at the Bankers Learning Network (BLN) website. The Coventry training and instructions is posted.

36. What is the submission process and how is the Scope of Appointment (SOA) Forms handled?

All applications (except the Value Plus Plan) and Scope of Appointments forms are to be handed to your BOA; BOAs are to scan with C14.5 transaction for each application within 48 hours of the client signature. Plan Codes are:

PRMA = Premium
PPLA = Premium Plus

See Important Reminders Section for additional information on Scope of Appointment Form handling and 48 hour submission time line.

37. Coventry Enrollment Kits are ordered through EPI, what is the form number for my region?

Here is a list of regions by state for ordering the Coventry Enrollment Kit 15550 from EPI:

15550-1 (20XX) REGION 1 (ME & NH)	15550-13 (20XX) REGION 13 (MI)	15550-25 (20XX) REGION 25 (IA, MN, MT,
15550-2 (20XX) REGION 2 (CT, MA, RI & VT)	15550-14 (20XX) REGION 14 (OH)	NE, ND, SD, WY)
15550-3 (20XX) REGION 3 (NY)	15550-15 (20XX) REGION 15 (IN & KY)	15550-26 (20XX) REGION 26 (NM)

15550-4 (20XX) REGION 4 (NJ)	15550-16 (20XX) REGION 16 (WI)	15550-27 (20XX) REGION 27 (CO)
15550-5 (20XX) REGION 5 (DC, DE & MD)	15550-17 (20XX) REGION 17 (IL)	15550-28 (20XX) REGION 28 (AZ)
15550-6 (20XX) REGION 6 (PA & WV)	15550-18 (20XX) REGION 18 (MO)	15550-29 (20XX) REGION 29 (NV)
15550-7 (20XX) REGION 7 (VA)	15550-19 (20XX) REGION 19 (AR)	15550-30 (20XX) REGION 30 (OR & WA)
15550-8 (20XX) REGION 8 (NC)	15550-20 (20XX) REGION 20 (MS)	15550-31 (20XX) REGION 31 (ID & UT)
15550-9 (20XX) REGION 9 (SC)	15550-21 (20XX) REGION 21 (LA)	15550-32 (20XX) REGION 32 (CA)
15550-10 (20XX) REGION 10 (GA)	15550-22 (20XX) REGION 22 (TX)	15550-33 (20XX) REGION 33 (HI)
15550-11 (20XX) REGION 11 (FL)	15550-23 (20XX) REGION 23 (OK)	15550-34 (20XX) REGION 34 (AK)
15550-12 (20XX) REGION 12 (AL & TN)	15550-24 (20XX) REGION 24 (KS)	

38. For 2012, I understand Coventry First Health Plans will include a third Value Plus Plan, what are the details?

Coventry has introduced the Value Plus Plan to their 2012 First Health Medicare Part D Plans. The Value Plus Plan is lower priced with a competitive formulary to help keep prescription costs down within all network pharmacies. Monthly premiums will range from \$21 to \$30 with a \$0 deductible, making the plan one of the most affordable in the market.

To keep the Value Plus Plan affordable, it is offered through a referral process. Agents need not complete or submit an application or acquire a scope of appointment form (if no Medicare Part D sales presentation is provided).

Simply hand a Value Plus Referral Sheet (insert in the Enrollment Kit) to the customer which includes the agent number. When the client calls and enrolls in the plan, the agent receives a onetime referral fee of \$11.00. The simple process reduces the time spent on the enrollment process, provides incremental income to the agent and retains the customer within Bankers product portfolio. No C14.5 entry is required. See Q72 – Compensation Investigation for Value Plus Plan compensation processing.

Aetna Medicare Advantage

39. Which states are Aetna products available in for 2012?

For 2012, Aetna plans are available for sale in CA, CT, DC, DE, MD, ME, NJ and NY.

40. How do agents become appointed with Aetna?

Once agents have completed and passed all training modules, they will need to enter Aetna's portal for appointment. To begin the process, go to:

[HTTP://www.Aetna.com/insurance-producer/producer-network.html](http://www.Aetna.com/insurance-producer/producer-network.html)

Technical questions regarding this appointment process should be directed to Aetna's dedicated Service Center for Bankers at BrokerService-MedicareTeam@AETNA.com or (888)-247-1050.

After two weeks, be sure to check A1.16 in PAL to verify the agent is appointed and can begin writing Aetna's MA product.

Contact Bankers Licensing Department at licensing_partners@banklife.com with additional questions

41. How do agents become trained?

Agents are required to complete the following courses to satisfy the training requirement:

1. American Health Insurance Plans (AHIP) Medicare Overview and Mastery Assessment
2. Aetna Product Training
3. Aetna Medicare Compliance and Fraud, Waste and Abuse Training

You only need to pass the AHIP training once for all partner requirements. The completion status will be recorded under Aetna and you will be able to proceed directly to the Aetna Medicare products course. The agent must use the Transfer to AHIP Completions Job Aid located under the Bankers Learning Network to see the AHIP completion for another partner. Successful completion of both the AHIP Mastery Assessments and Aetna product training requires a pass score of 90% or better.

Enter the BSPN to access the training on the Bankers Learning Network (BLN) website BSPN > Learn Tab > Transcripts >Aetna

42. How do I order Aetna sales materials?

Branch Office Personnel are to work with Aetna Regional Managers who will order materials for the office. Contacts are reflected under the BSPN, or you can contact Dianne Jamison (D.Jamison@banklife.com) for the contact in your location.

43. What information is needed on an Aetna application to identify it as a case sold by Bankers?

In Section 9 of the Aetna application, under "Broker/Agent Use", agents must:

1. Include their Social Security number and;
2. Write "Bankers" as the Organization Name in the Field Marketing Organization field. Bankers cannot track the commission on any submission if both of these sections are not properly completed.

BOAs are asked to carefully review this section for accurate completion before scanning the application.

44. How do I submit Aetna applications?

The application and scope of appointment forms are handled to your BOA for C14.5 entry and scan.

Questions can be forwarded to Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com.

45. We heard of the Centers for Medicare & Medicaid Services (CMS) guideline for agents to obtain renewal compensation, what are the criteria for Aetna?

In order for agents to obtain renewal compensation they will need to keep their license active, remain appointed and certify under Aetna. Aetna under the guidance of CMS will only pay renewal compensation to agents and agencies who keep their complete certification current.

- Aetna requires all Agents to submit their license upon renewal to ensure their systems remain up-to-date. Renewed licenses may be emailed to LAAU@Aetna.com
- Appointment is automatic once training/certification is completed for the veteran agent.
- Training is posted under the Bankers Learning Network. Agents must complete current year training to receive renewal compensation even if they do not plan on selling Aetna products in a given year.

United Healthcare Medicare Advantage

46. For 2011, UnitedHealthcare will be available for sale in which states?

UHC will be available for sale in MA (Middlesex, Suffolk, Hampden, Berkshire and Bristol 'RPPO only' counties), ME, RI, WA, OR, CA, AK, NH, NJ, VT, NY, and CT (12 states).

47. What are the UHC appointment requirements and process?

Bankers Agents Licenses Department can provide a job aid for the Branch Office Administrator. This job aid contains instructions needed to begin the appointment process and obtain the UHC Party ID for the agent. This ID is used to begin the certification/training process.

Agents need to be sure they include their Bankers email (not their personal email) in the appointment paperwork.

The BOA will complete the electronic forms for each agent, print them and have the agent sign the application and addendum. Submit all forms and any questions to uhpcrd@uhc.com. Note: UHC will send the agent's Party ID information directly to the agent and to Bankers Licensing Department licensing_partners@banklife.com who will forward the ID information to the BOA for their records.

The agent will complete the certification process using the Party ID. Once completed, UHC will send an Agent Welcome Letter with the UHC Agent Number to Bankers Agents Licenses who will forward this information to the BOA for distribution.

Bankers Licensing Department licensing_partners@banklife.com can help with initial set up and understanding of the job aid for the appointment process

48. What are the UHC training requirements and process?

Once an agent has their Party ID, they can go back to the BLN to access the UHC training site. Agent Training Instructions and job aids are under the BLN.

At a minimum, agents will need to take the following four UHC courses: Medicare 101, Before the Sale, Ethics and Consumer Sensitivity, and AARP 101 (except in NH). In total, these will take several hours to complete. In addition, if Special Needs Plans for dual eligible clients are available in your service area, you will need to complete additional training under the UHC training site. The instructions are reflected in the BLN job aids. This training is required for compensation to be paid.

Important, there are special instructions for re-certifications etc ... review all job aids located under the Bankers Learning Network website to understand course requirements.

- If you write business for a product where you did not take the applicable product training, no compensation will be paid either to the agent, management or KFA.
- Agents need to give their BOA their training certificate so BOAs can update the BLN with training history.

49. How do we obtain an initial supply of sales materials and how do we order replenishments?

Each branch will receive an initial supply of sales materials. Agents can replenish their own supplies on an as needed basis using UHC's online broker portal, which may be accessed upon appointment. This portal is highlighted in UHC's agent welcome letter. In brief:

- Log in to www.UnitedHealthProducers.com
- Click on Product Information and Materials
- On left navigation bar click on Materials and then click on Sales Materials
- Select State and then select county, click on search

- MA Plans for that state/county rerun with high level benefit information displayed
- Click Plan Materials
- Next, the kit(s) for that plan are displayed
- Input order quantity
- Click on Add to Cart
- Click on View Cart (bottom corner of the page)
- Review and verify order
- Click Process to Checkout

For more information about how to order materials log in to www.UnitedHealthProducers.com. Click Learning Center.

The United Healthcare Producer Help Desk is the agents support line for training, sales support, and other customer support issues including ordering materials. The contact information is 888.381.8581 or email phd@uhc.com.

50. Is entering the Primary Care Physician (PCP) needed for application submission?

United Healthcare informed us of the importance of having the agent complete the Primary Care Physician (PCP), Clinic or Health Center Selection within the PPO / HMO application. This information is needed for all network-based products. If not selected, UHC will automatically assign a PCP based on the member's zip code. Please help us avoid member dissatisfaction and rapid disenrollments by encouraging your agents to take the time to include the PCP ID Number on the application. UHC provides several tools to look up PCP ID Numbers:

- Provider Directory
- Provider DVD
- www.unitedhealthproducers.com

We highly recommend that all agents (especially those who do not use a computer during the sales presentation) to order a couple paper directories of their service area. Instructions for ordering directories are the same as ordering all materials.

51. What is the enrollment process for UHC plans?

All paper applications need to be entered by the Branch Office Administrator into the UHC eModel application system.

There is BOA training that is located under the BLN for reference.

Agents need to provide their BOA with the paper application within 24 hours of client signature. BOA will key the application into the UHC eModel portal within 48 hours. After application entry is completed, the BOA will be prompt to print off a bar code sheet. The bar code sheet will have unique identifiers like tracking number and system generated bar code. The bar code sheet needs to be placed on top of each application, Scope of Sales Appointment Confirmation Form (SOA) and mailed overnight to UHC to:

**eModel
1635 Higdon Ferry
Road Suite C #137
Hot Springs AR 71913**

Before mailing, the BOA will make office copies of emodel bar code sheet, application and SOA Form for office tracking and retrieval if requested by UHC or CMS.

For no sales – the Scope of Appointment forms should be marked “No Sale.” No sale forms can either be e-mailed to scopeappt@uhc.com or faxed to 877-825-1914.

Branch Office Administrators that need first time assistance using eModel, please contact:

PHD@UHC.com
888.381.8581
Or
ienrolladmin@uhc.com

Helpful Hints:

- Stacy Muenster (S.Muenster@banklife.com) or Valencia Reed (V.Reed@banklife.com) of the Bankers Learning Network can help BOAs with eModel training set up.
- Print barcode sheet for every application submitted electronically.
- Agents can view the processing status of applications submitted via e-Model Office at: www.UnitedHealthProducers.com
- If you need to make changes to an eModel Office submission, contact the Producer Help Desk (PHD) at 888-381-8581. (Be sure to include the unique tracking number and barcode for each application.)
- Complete applications must be submitted by UHC to CMS within 7 calendar days from the initial receipt date on the application. To ensure this date is met, UHC requires agents to submit applications to their offices for keying into eModel within 24 to 48 hours of the client signature date.
- Process applications on the same day that they are received, and close out each work day with all the applications entered into the eModel Office system, and overnight all applications nightly to UHC.

Humana Medicare Part D / Walmart

52. How do agents participate in this program?

Agents are selected by their branch management. Selected branches can only have 5 to 10 agents. All selected agents need to be communicated to (without this information, compensation will not be paid):

- a. D.Jamison@banklife.com
- b. V.Reed@banklife.com
- c. D.Walker@banklife.com

53. Do agents need to be appointed? If so, what is the process?

In order to sell Humana Medicare Part D products, agents must first be appointed. Any agent currently appointed under Humana to sell their Medicare Advantage does not require additional training to become appointed to sell the Part D products.

For agents selected, the appointment process will begin once the select agent is communicated to the Home Office. If they were not previously appointed with Humana they will receive their SAN number about 10 days later. This SAN number is needed for training. Agents will be alerted of their appointment via email from Humana, or agents can check PAL A1.16 screen for appointment. Questions related to the appointment process can be directed to Bankers Licensing Department - licensing_partners@banklife.com, and escalated appointment issues – Valencia Reed at V.Reed@banklife.com

54. What is the certification process?

All agents certified to sell Humana Medicare Advantage Part D products, are ready to sell. All other agents need to take the AHIP course and Humana Medicare Part D on-line training. The BLN includes a job aid informing of the course requirements. AHIP credit from another MA partner can be transferred. Please note: there is no face to face training requirement for agents only selling the Humana Medicare Part D product. Training and job aid are located under the BLN at: www.bspn.bankers.com > Click on the Learn Tab > Click on the Full Transcript Button.

Questions should be directed to Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com, and escalated training issues - Denise Walker at D.Walker@banklife.com

55. For selected agents to participate in the Walmart stores, what are the requirements? :

- Agents must staff a store a minimum of 8 hours per week and no more than 8 hours per day. We recommend 4 hours per day (between 9am – 2pm) for two to three days per week
- Agents should arrive at the store in advance of the schedule time and not leave until its end. All in-store kiosks and supplies will be managed by Humana
- Store schedules are established up to four weeks in advance and require significant lead time; schedules cannot be changed with only a few days notice
- We expect an agent to commit to the schedule for the full 10 weeks of the Annual Election Period
- Only selected agents will receive compensation for Humana Part D sales
- Only Humana Medicare products can be discussed in the store; agents can collect contact information and schedule in-home appointments for a full needs analysis

56. How does the scheduling with Walmart work for in store Kiosk sales, also are Scope of Appointment Forms needed for in store sales?

Local Humana Marketing Managers oversee the entire kiosk operations from scheduling agent service times to providing Medicare Part D enrollment materials on site. A scope of appointment (SOA) is needed for in store sales and any follow up Medicare Advantage or Part D visit. A scope of appointment is not needed for follow up visit for Medicare Supplement or other Bankers core products. CMS Secret Shoppers will visit Wal-Mart Kiosk to ensure all presentations are completed before applications are taken and that agents are presented as scheduled by the Humana Marketing Manager. It is important to use all Humana approved materials and follow any instructions provided by the Humana Managers to keep this opportunity available to Bankers agents.

57. How do I obtain materials?

All Humana Wal-Mart materials are located in the Kiosks of the stores. Agents should take other Humana Medicare Advantage materials with them to sell at the kiosk as well. Materials can be ordered using the Humana Supply Request Form. This is the same process set up for Branch Office Administrators for Medicare Advantage Products. The supply form and job aid are reflected under the BSPN > Learn > Product Central > Medicare Advantage > Humana > Sales > Forms section.

58. Are there other agents' reminders?

All agents need to be aware when writing a standalone Medicare Part D, members cannot be enrolled in a PPO or HMO Plan and have a standalone Medicare Part D Plan. If this happens, CMS will cancel the PPO or HMO Plan. This is a serious violation of CMS guidance

1. Did you get certified?
2. Confirm your Humana Agent Number (known as your SAN number).
3. Know your Humana Marketing Manager contact information.
4. Always participate during your schedule time. The Humana Marketing Managers confirms the scheduled times with you or your management.
5. The Humana Walmart kiosks will be supplied with Humana Walmart Medicare Part D materials.
6. You can only sell Humana Medicare products as in store sales, take Humana Medicare Advantage sales pieces.
7. Scope of Appointment (SOA) Form is needed for in store sales. No SOA is needed for follow up in home Bankers Medicare Supplement, Life, Annuity or Long Term products presentations. A follow up in home Medicare Advantage visit will require a SOA.
8. All applications written in a Humana Walmart Kiosk needs to be returned to the Branch Office with 24 hours for submission.
9. Be sure your SAN number and "BANK" is written in the Affinity Partner section of page 7 of the application.

10. Important:

1. CMS Secret Shoppers will visit Wal-Mart Kiosk to ensure all presentations are completed before applications are taken and that agents are presented as scheduled by the Humana Marketing Manager. It is important to use all Humana approved materials and follow any instructions provided by the Humana Managers to keep this opportunity available to Bankers agents.
2. All agents need to be aware when writing a standalone Medicare Part D; members cannot be enrolled in a PPO or HMO Plan and have a standalone Medicare Part D Plan. If this happens, CMS will cancel the PPO or HMO Plan. This is a serious violation of CMS guidance

59. Can a BOA check to see if an agent has been assigned a SAN number?

Yes. Check the PAL A1.16 screen.

60. What are some key reminders of completing a Humana application, what is the process for Humana application submissions and how do I submit the paper application?

All applications taken at the Wal-Mart kiosk are to be handed in to the Bankers Offices within 24 hours. (NOTE: No SOA is required for in store sale; however, if a SOA is received, the BOA will handle.)

1. Most applications will pend if fields are not completed or cannot be read.
2. For Medicare Part D submissions, an agent needs to be aware of the plan name for application completion. The Humana Medicare Part D Summary of Benefits Booklet reflects each plan name in the service area.
3. For Medicare Advantage submissions, an agent must be aware of the **plan name and code** when completing an application. This information is needed when completing the Plan Option field within page 1 of the application. The plan name and code digits are found on the Summary of Benefits Booklet.
4. When enrolling in an HMO product, use the directory to determine the Primary Care Physician (PCP) name and number as shown on page 2 of the application.
5. On the last page of the application – under the **Agent Use Only** Section:
 - a. Complete the Proposed Coverage Start Date
 - b. Be sure the Group ID and Benefit Number is reflected to avoid delays in issuance. The Group ID and Benefit Numbers are reflected in the 2012 Humana Medicare Customer Number Grid located under the BSPN > Medicare Advantage > Humana > Sales > Sales Process.
 - c. Enter the SEP code as indicated for members in a Special Election Period
 - d. **Enter your name, Humana SAN writing agent number and the Affinity Partner is BANK. Without this information compensation will not be paid.**
 - e. The boxes for Location and Campaign can remain blank. See section from last page of application for reference.

Branch Office Administrators will:

- Process Humana Wal – Mart applications using the same process as Medicare Advantage
- Enter C14.5 (do not scan to the home office)
- Plan codes are:
 - HPDP = Humana Medicare Part D
 - HWAL = Wal-Mart Preferred Medicare Part D
 - HPP1 for Medicare Advantage Product (MA)
 - HPP2 for Medicare Advantage with Medicare Part D Product (MAPD)

NOTE: If it is not clear for the BOA to determine if the application is submitted for a Medicare Advantage standalone product or a Medicare Advantage product with Prescription Drug benefits included, it is ok to key the plan code for Medicare Advantage with Medicare Part D Product (MAPD), or HPP2. This will not cause any compensation or issue errors.

- **Confirm key identifiers are present (Humana SAN writing agent number and the Affinity Partner is BANK)**
- Fax or mail applications
 - Daily, fax applications to 877-889-9936. Be sure to keep your fax confirmation receipts. (Fax is the preferred method of submission.)
 - Or, mail, Humana Medicare Enrollment, 2432 Fortune Drive, Lexington, KY 40590
- For many applications to handle, it is recommended to overnight (instead of fax) the applications to:
**Humana Medicare Enrollment
2432 Fortune Drive
Lexington KY 40590**
- IF there are Sales Confirmation Forms, mail separately on a weekly basis to:
**Humana at: Humana MarketPoint
P.O. Box 14637**

Lexington, KY 40512-4637

- Maintain applications and Sales Confirmation Forms at the branch for historical purposes. (Copies may be needed to confirm enrollments or for insurance audits.)
- FYI - Some applications may need to be sent overnight to meet the 48 hour submission requirement. If you need to overnight the applications you can use Humana UPS Shipping labels. You can reference the UPS Shipping Labels Job Aid on the BSPN under the Humana Medicare Advantage page for instructions.

61. I understand Humana applications need to be sent via fax or overnight mail, what is the preferred method?

The preferred method for paper application submission is by Fax – **Fax number 877-889-9936**. Please reminder to keep your fax confirmation receipts.

Coventry Medicare Advantage

62. For 2012, Coventry Medicare Advantage will be available for sale in which states?

Coventry Medicare Advantage will be available for sale in AR, IA, KS, MO, NE and SD.

63. Do agents need to be appointed and trained to sell the Coventry Medicare Advantage Product even if certified for Coventry Medicare Part D?

Yes.

64. What is the appointment process?

Agents need to complete and submit Coventry's nomoreforms package. Bankers Agents Licenses can provide instructions. Please forward your request, and any questions to Bankers Agents Licenses Department licensing_partners@banklife.com. Bankers will update the PAL A1.16 with this information in the coming month. As a reminder, only Agents holding a permanent insurance license are eligible to participate. Those holding a temporary insurance license are not eligible.

Once an agent appointment is approved, Coventry will email the agent their Welcome Letter containing the Coventry Agent Writing Number.

65. How is the Coventry Agent Writing Number to be used?

This AWN is unique for this arrangement and is needed by the agent for application submissions. If the unique Coventry AWN assigned to the Bankers agent is not shown on any Coventry Medicare Advantage application, it cannot be tracked and no compensation will be paid. It is important that agents use their correct Bankers email address when completing the appointment paperwork to ensure the appointment approval and AWN number is emailed to the agent.

66. How do I access the Coventry Medicare Advantage on line training?

Once agents are appointed and receive their Coventry Agent Writing Number (AWN), they can access the BLN to access the required AHIP and Coventry MA training course 1340. Complete the AHIP course first. If completed, you can transfer your score using the job aid posted on the BLN. Please note - there is a Getting Started Document under the Bankers Learning Network site, plus information on how to transfer your AHIP course completion. Training is located at: www.bspn.bankers.com > Click on the Learn Tab > Click on the Full Transcript Button.

The cost of the AHIP training will be paid by Bankers provided that Agents access the training via the BLN. The passing score for AHIP is 90%; the passing score for Coventry courses is 90%. Agents have three attempts to pass these courses.

67. How do I obtain enrollment materials?

All materials can be obtained through your local market. Branch management has contact information. The Coventry local market will also instruct the BOA how to order materials using their Supply Request form. Do not use this process to order Coventry Part D Enrollment Kits, still obtain through EPI. Managers who need contact information please email Dianne Jamison at D.Jamison@banklife.com

68. How are applications and Scope of Appointments submitted?

All paper applications and Scope of Appointment (SOA) Forms are faxed to Coventry. Before the BOA faxes the application and SOA, enter a C14.5 transaction for tracking and reporting. A scanned imaged is not required for the home office unless the office does for tracking. The plan codes are CMA1 = MA, and CMA2 = MAPD.

Each Coventry health plan has a unique mailing address and fax number for the application. Be sure to submit enrollment applications to the correct location as reflected below:

<p>Altius Health Plans (UT) 10421 South Jordan Gateway Suite 400 South Jordan, UT 84095 Fax: 1-866-721-7936</p>	<p>Coventry Health Care (KS, MO, AR) 8320 Ward Parkway Kansas City, MO 64114 Fax: 816-460-4429 or 1-800-789-3987</p>	<p>Coventry Health Care (TX) 8320 Ward Parkway Kansas City, MO 64114 Fax: 1-800-789-3987</p>
<p>Coventry Health Care (GA) 1100 Circle 75 Parkway Suite 1400 Atlanta, GA 30339 Fax: 1-866-373-0276</p>	<p>Coventry Health Care (MO, IL) 550 Maryville Centre Drive Suite 300 St Louis, MO 63141-9642 Fax: 1-866-669-5578</p>	<p>Coventry Health Care of Florida (SFL) 1340 Concord Terrace Sunrise, FL 33323 Fax: 1-877-573-0074</p>
<p>Coventry Health Care (IA, SD, NE) 4320 114th Street Urbandale, IA 50322 Fax: 1-866-533-1953</p>	<p>Coventry Health Care (NC) 2801 Slater Road Suite 200 Morrisville, NC 27560 Fax: 1-866-799-9435</p>	<p>Coventry Health Care of Florida (Tampa) 5130 Eisenhower Blvd. Suite 150 Tampa, FL 33634 Fax: 1-866-669-5604</p>
<p>Coventry Health Care (IL) 2110 Fox Drive Suite A Champaign, IL 61820-7592 Fax: 1-866-669-2344</p>	<p>Coventry Health Care (SW MO, AR) 4520 S. National Springfield, MO 65810 Fax: 724-741-4537</p>	<p>HealthAmerica (Central PA, Western PA, OH)) 11 Stanwix Street, Suite 2300 Pittsburgh, PA 15222-1344 Fax: 1-877-494-1083</p>

69. Should we use the Coventry Writing Agent number when completing a Medicare Advantage application instead of our Bankers Agent Number?

Yes, for each application, the Bankers agent is to enter their Coventry Agent Writing Number (AWN) and not the Bankers agent number for identification and compensation. Without this information, the submission will not be identified and compensation will not be paid. We ask both agents and administrators to confirm this entry within the broker section of the application.

Compensation for Coventry Medicare Advantage products is processed after the product is approved and issued. Compensation will be processed 30 to 45 days after submission fax. The first compensation run for this program will be November 15. (Keep in mind, going forward renewal compensation is only paid at the agent level if the agent recertifies in the following year.)

70. Is compensation paid based on the C14.5 entry?

No. Compensation for Coventry Medicare Advantage products is processed after the product is approved and issued. Compensation will be processed 30 to 45 days after submission fax.

71. To obtain renewal compensation, do I need to keep my year over year certification active?

Yes, going forward renewal compensation is only paid at the agent level if the agent recertifies in the following year in which the compensation is to be paid.

Compensation Investigation

72. What is the process to investigation charge back compensation?

Bankers Field Services Department can assist if you have questions or want to check the status of your compensation payment; however, the agent must first provide some up front information. It is good practice to use email to build a record and communicate required information. For each partner listed below, the following member information is required:

- Member's (or prospect's) full name
- Member's (or prospect's) date of birth
- Member's (or prospect's) address
- Member's Medicare ID
- C14.5 transaction number (Coventry and Aetna)
- Agent's full name
- Unique agent number assigned by the partner after certification

Before you route your request to Field Services, you will need to verify the status of the case with the appropriate Medicare partner. Many times the information you receive from the Partner resolves your issue and you may not need to have Field Services investigate.

Humana:

- It takes up to 30 to 45 days to process compensation for Humana paper applications
- Before Bankers can assist, the agents needs to confirm the submission is active under the agent's SAN number

First:

- Agent should send an email to Humana Bankers Agent Support at agentsupport@humana.com to check on the status of their submission
- All client information should be contained in the email (name / address / date of birth / Medicare ID number)
- Include your SAN number – be sure to confirm that any active submission is recorded under your SAN number

Second:

- After email confirmation that the submission is active and under your SAN number
- Send an email to Bankers Field Support to investigate when compensation was or will be paid – ServiceDeskTicket@banklife.com

Coventry:

1. To check the status of an application or to obtain facts related to compensation investigation use Coventry Agent Support line 1.866.256.9872 or the Branch Administrator or Manager can contact Coventry Support at DirectResolution@cvtly.com.
2. Be sure to include C14.5 transaction number
3. Determine if the client is assigned to your agent number
4. If the case is active, assigned to your agent number and compensation has not been paid, route the case to Field Services via ServiceDeskTicket@banklife.com with all the above information for investigation.

Coventry Value Plus Plan – Referral Program:

Keep in mind, just because a referral sheet is given to a client, a client may not call and a product will not be issued. If an agent wants to check on this type of enrollment and ultimately their compensation, the agent should call the client to determine if they enrolled. If so, obtain the policy or verification number if known. If compensation has not

been processed 45 days after the Value Plus referral product was issued, send an email to the help desk (ServiceDeskTicket@conseco.com) listing the following information for investigation.

- Agent Name and Number
- Client name and address
- Client Medicare ID and/or Policy Number if known
- Effective date of coverage

If an agent referral did not have the agent attached, it will be corrected and processed during the next 30 days cycle.

Aetna:

1. To check the status of an application or to obtain facts related to compensation investigation use Aetna Agent Support BrokerService-MedicareTeam@AETNA.com (Aetna Agent Support is 1.888.247.1050).
2. Be sure to include C14.5 transaction number
3. Determine if the client is assigned to your Aetna agent number
4. If the case is active, assigned to your Aetna agent number and compensation has not been paid, route the case to Field Services via ServiceDeskTicket@banklife.com with all the above information for investigation.

United Healthcare:

- It takes up to 30 days to process compensation for UHC
- Before Bankers can assist, the agents needs to confirm the submission is active under the agent's UHC number

First:

- Agent should send an email to UHC Producer Help Desk phd@uhc.com to check on the status of their submission
- All client information should be contained in the email (name / address / date of birth / Medicare ID number)
- Include your UHC agent number – be sure to confirm that any active submission is recorded under your number

Second:

- After email confirmation that the submission is active and under your UHC agent number
- Send an email to Bankers Field Support to investigate when compensation was or will be paid – ServiceDeskTicket@banklife.com

Support Lines

73. Where can I find help?

Medicare Advantage Contacts:

- Question on running training reports – Field Services at (800) 396-7181
- Escalated training issues – Denise Walker at D.Walker@banklife.com
- Appointment status – Check PAL Screen A1.16 or email licensing_partners@banklife.com
- Escalated appointment issues – Valencia Reed at V.Reed@banklife.com
- Compensation Investigations – Field Services at FieldServices@banklife.com
- General Medicare Advantage product questions – Dianne Jamison at D.Jamison@banklife.com
- Manager escalated issues – John Stark at J.Stark@banklife.com

Humana:

- Agent Appointment Status – after 31 days with the company if SAN number is not received (BOAs can check an agent SAN number via PAL screens), contact Bankers Licensing Department at licensing_partners@banklife.com.
- Training – Questions related to access via the BLN website contact Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com. For face to face training - managers should contact their local Humana representative to arrange the logistics for this training. If you do not know your representative, managers should contact John Stark at 312.396.6386. .
- Materials – BOA use supply form under BSPN, email the supply request form to agentsupport@humana.com for quick and efficient processing time. Order shipment can be expected within 5-7 business days of request. Contact Humana Bankers Agent Support at 877.801.0532 with questions.
- Status of Enrollment and General Questions - contact Humana Bankers Agent Support at 877.801.0532 or email agentsupport@humana.com

Coventry:

- Agent Appointment Status – if after nomoreforms is completed and the agent does not appear within the PAL System, contact Bankers Licensing Department at licensing_partners@banklife.com.
- Training – instructions are posted in the BLN website. Questions should be forwarded to Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com.
- Materials – BOAs can order supplies (Enrollment Kits) through EPI. Kits order numbers are 15550-XX (XX = equals the PDP region). Questions can be forwarded to Dianne Jamison at D.Jamison@banklife.com.
- Status of Enrollment and General Questions – contact Agent Hotline at 1.866.256.9872.

United Healthcare:

- Agent Appointment Status – if Party ID is not received after 14 days of submitting agent appointment paper work, contact Bankers Licensing Department at licensing_partners@banklife.com.
- Training – instructions are post in the BLN website. Questions should be forwarded to Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com.
- Materials – agents order supplies through the UHC Agent Portal. Questions can be forwarded to the Producer Help Desk at PHD@UHC.com or 888.381.8581.
- Status of Enrollment and General Questions – contact Producer Help Desk at PHD@UHC.com or 888.381.8581. See question 43 for more details on the enrollment process.

Aetna:

- Agent Appointment Status – after submitting appointment paper work be sure to check PAL A1.16 for appointment status. .
- Training - instructions are post in the BLN website. Questions should be forwarded to Field Services at 1.800.396.7181 or email ServiceDeskTicket@bankers.com.
- Materials – BOA can order materials through their local Aetna Marketing Manager. If contact information is needed, please email Dianne Jamison at D.Jamison@banklife.com. .
- Status of Enrollment and General Questions - for agents BrokerService-MedicareTeam@AETNA.com or (888)-247-1050. For managers and administrators = BankersSPOC@Aetna.com.