

2021 Aetna Individual Medicare Producer Guide

Making it easy to do business and
grow with Aetna



Aetna Policy Statement

For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited and may be grounds for termination of your Producer Agreement with Aetna.

Aetna, Inc. Proprietary and Confidential

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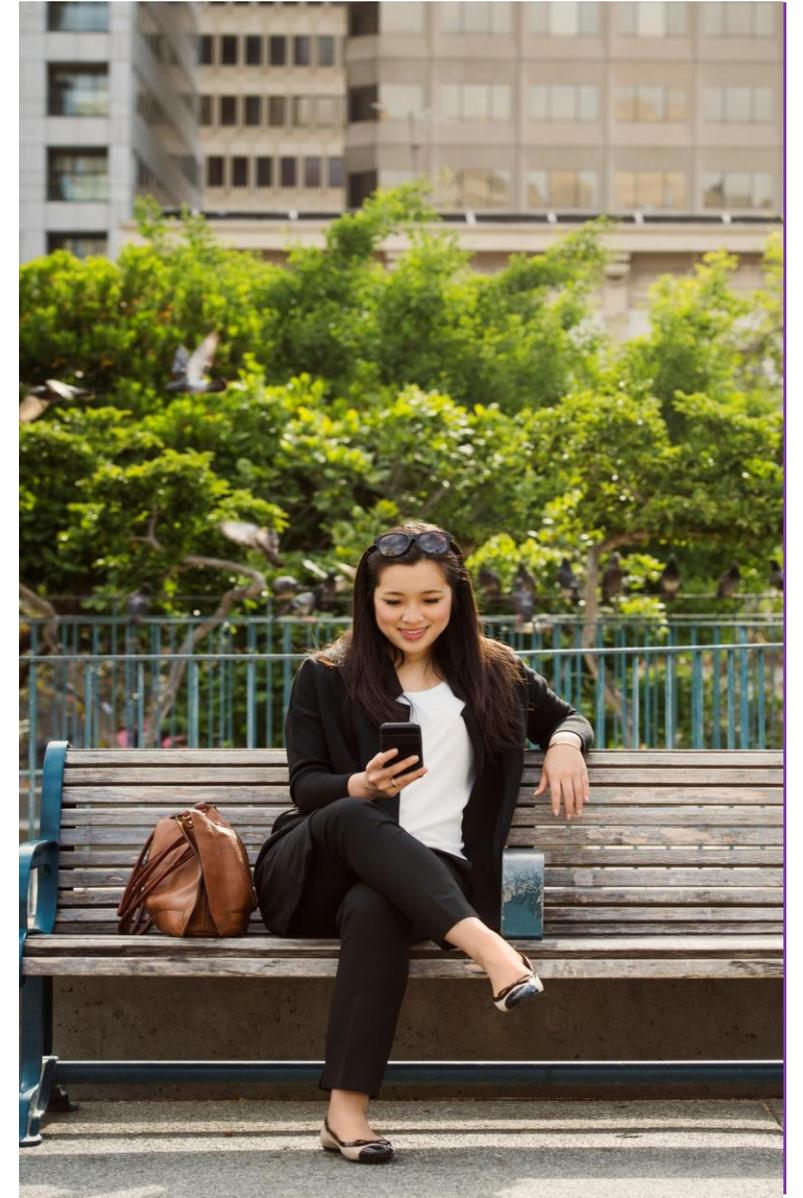
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Introduction

Welcome!

Thank you for contracting with Aetna and becoming ready to sell our Individual Medicare products.

We recognize and appreciate the valuable role that producers play in helping seniors understand their options and enroll in a plan that meets their needs. Through your dedication and commitment, you help make our success possible.

This is an exciting time to be working with Aetna, a CVS company. In 2020, we've continued to experience industry-leading membership growth and historic service area expansion. With your input, we're continuing to build an innovative portfolio of Medicare products and benefits that can help meet your clients' needs. And we continue to optimize our tools and processes to make our products easier to sell.

We encourage you to spend some time with this Producer Guide, which has been updated and shortened for your convenience this year. You'll find essential information on enrollment, contracting, compensation, tools, and more. Be sure to use the Table of Contents to help you quickly find what you need.

Welcome! *cont'd*

In closing, THANK YOU for putting your trust in us and for your partnership. The entire Aetna Medicare team is ready to help you achieve your goals. For assistance at any time, just reach out to the Medicare Broker Services Department or your local Aetna Medicare Sales team.

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



Armando Luna, Jr.

Vice President of Individual Medicare Sales & Distribution

How to Use This Guide



This guide is an easy-to-reference tool providing a high-level overview of your Producer Agreement. The following pages will help you better understand and comply with the components of your Producer Agreement and can help answer any questions you may have.

We are always here to help. If you are in search of additional information, please refer to [Aetna Producer World](#), your go-to site for more detailed information on doing business with Aetna.

You can also reach out directly to your Aetna Medicare Sales team, or the Aetna Medicare Broker Services department.

Please Note:

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



Aetna Producer World

Appointed Aetna Agents – this is your go-to site for information, tools for onboarding new agents, contracting, and reporting for Aetna Medicare (MA/MAPD) and PDP products.

Use it to learn about products, compensation, certification, and licensing.

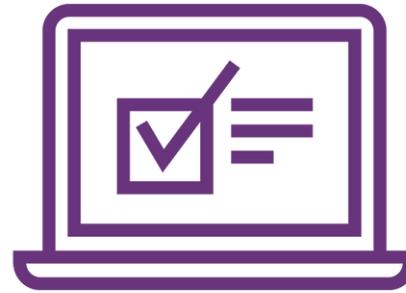
You can also order enrollment kits here and get sales and marketing materials.

Register for *Aetna Producer World*



Visit Website

Log in or register at <http://www.aetna.com/insurance-producer.html>.



Log In/Register

Click *Log In/Register* in the top navigation bar.



Access Information

Once logged in, click *Individual Medicare* at the top of the page to access all Individual Medicare information and materials.

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Key Terms

Key Terms

Aetna

Refers to Aetna Inc. and each of its subsidiaries and affiliates that provide traditional and consumer-directed health insurance products and related services using the Aetna brand

Affordable Care Act (ACA)

The comprehensive health care reform law enacted in March 2010 that aims to: make affordable health insurance available to more people, expand the Medicaid program, and lower the cost of health care

Agent of Record (AOR)

An agent/broker/agency who has the legal authority to represent the beneficiary in maintaining, servicing, and enrolling in a Medicare Advantage/PDP plan

America's Health Insurance Plans (AHIP)

The national association whose members provide coverage for health care and related services to Americans and improve and protect the health and financial security of consumers, families, businesses, communities, and the nation

Key Terms

Application Tracking Number (ATN)

Unique identifier located on the lower right-hand corner of the enrollment application

Book of Business (BOB)

The total of all accounts successfully underwritten by the company

Centers for Medicare and Medicaid Services (CMS)

A federal agency within the U.S. Department of Health and Human Services (DHHS) that administers the Medicare program

Certified

A status achieved based on completing the annual certification process, training, and successfully passing the related tests

Co-Branding

A relationship between two or more separate legal entities, one of which is an organization that sponsors a Medicare plan. Co-branding is when a Plan/Part D sponsor displays the name(s) or brand(s) of the co-branding entity or entities on its materials to signify a business arrangement to promote enrollment in the plan

Key Terms

Compensation

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

Complaint Tracking Module (CTM)

System used to track and document beneficiary complaints filed with CMS

Downline

A person or entity whose contract connects to one or more uplines; or a licensed-only agent

Dual Eligible Special Needs Plan (D-SNP)

A Medicare Advantage plan specifically designed for beneficiaries who are entitled to both Medicare and Medicaid

Errors & Omissions (E&O)

A type of insurance policy designed to protect Aetna Medicare agents against claims arising from the sale and servicing of Life and Health insurance products, including Medicare Advantage plans

Key Terms

First Tier, Downstream, Related Entity (FDR)

A **First Tier Entity** is any party that enters into a written arrangement acceptable to CMS with an MA organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA or Part D program.

Downstream Entity written arrangements continue down to the level of the ultimate provider of both health and administrative services. A **Related Entity** is any entity that is related to an MA organization or Part D plan sponsor management functions under contract or delegation, furnishes services to Medicare enrollees under oral or written agreement, leases real property or sells materials to the MA organization or Part D plan sponsor at a cost of more than \$2,500 during a contract period.

Fraud, Waste, & Abuse (FWA)

Fraud is knowingly and willfully executing or attempting to execute a scheme or to artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. **Waste** includes overusing

Key Terms

Fraud, Waste, & Abuse (FWA) *cont'd*

Services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. **Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Health Insurance Portability and Accountability Act (HIPAA)

Federal legislation which created national privacy, security, and administrative simplification standards to protect individuals' Protected Health Information (PHI). The HIPAA Privacy and Security Rules govern how Covered Entities (health plans, health care providers, and health care clearinghouses that transmit health information in electronic form in connection with transactions for which HIPAA standards have been adopted), and their Business Associates (person or organization that performs certain functions or activities on behalf of a covered entity) may use and disclose PHI, and are required to protect and secure PHI.

Key Terms

Licensed-Only Agent (LOA)

Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline

“Like” Plan Enrollment

Enrollment into a new plan that is the same plan type as the previous enrollment (*i.e.*, PDP to PDP, MA to MA, MAPD to MAPD)

Market Specific Training (MST)

Required training program specific to the Medicare products and plans specific to the area(s) in which the producer will be selling

Medicare Advantage (MA)

Medicare plan that only includes medical benefits

Medicare Advantage with Prescription Drug (MAPD)

Medicare plan that includes both medical and prescription drug benefits

Key Terms

Medicare Communications and Marketing Guidelines (MCMG)

Regulatory document that interprets and provides guidance on CMS marketing requirements and related provisions for MA, MAPD, and PDP plans, Employer/Union Sponsored Group health plans, Medicare-Medicaid plans (MMP), and Section 1876 Cost plans
<http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

National Insurance Producer Registry (NIPR)

A resource for insurance professionals to obtain, renew, and manage producer licenses

Notice of Investigation (NOI)

A formal notice sent via email to agents who are being investigated in regards to receipt of a CTM complaint

Protected Health Information (PHI)

Any individually identifiable health information held or transmitted by a Covered Entity (health care provider, health plan, or health care clearinghouse) or its business associate, in any form or media, whether electronic, paper, or oral. Individually identifiable health information is information, including demographic data that relates to: an individual's

Key Terms

Protected Health Information (PHI)
cont'd

past, present, or future physical, mental health or condition; the provision of health care to the individual; the PA's, present or future payment for the provision of health care to the individual, and that identifies the individual or includes enough information about the individual so that there is a reasonable basis to believe that the information can be used to identify the individual

Personally Identifiable Information (PII)

Any data alone or, when combined with other information, can be used to identify a person. This includes name, address, biometric records, date of birth, social security number, mother's maiden name, telephone number

Prescription Drug Plan (PDP)

Medicare Part D, a stand-alone prescription drug plan

Principal

The individual that is an employee, owner, member, or partner of upline, appointed by upline to act on behalf of upline. Upline has granted such individual authority to legally bind upline

Key Terms

Producer

A licensed salesperson working for an insurance agency who is responsible for acquiring new customers and cross-selling new policies to existing customers of the agency

Producer World

Your go-to website for Aetna Individual Medicare information:
<https://www.aetna.com/producer/Login.do>

Rapid Disenrollment

When an enrollee makes any plan change (regardless of parent organization) within the first three (3) months of enrollment

Ready to Sell (RTS)

When an upline, principal, or agent has completed and maintains compliance with all Aetna, CMS, and applicable state law requirements for selling specified in the Producer Guide and has received a written confirmation from Aetna specifying that the upline, principal, or agent has completed all requirements and may commence selling a particular Medicare product in a particular state

Key Terms

Renewal

A sale to a Medicare beneficiary when the Medicare beneficiary was already enrolled in any “like” plan offered by Aetna or its affiliates in the month immediately preceding the Medicare product’s effective date

Scope of Appointment (SOA)

A documented agreement between a Medicare agent, broker, or producer and a beneficiary listing product(s) agreed upon for discussion with the beneficiary prior to a marketing appointment

Telebroker

These agents/brokers perform marketing activities for Medicare products and/or engage in telephonic enrollment application services on behalf of Aetna as Medicare Distribution Telebrokers. In every case, per the terms of their Producer Agreement, they must be confirmed by Aetna as ready to sell prior to marketing Aetna Medicare products and comply with all CMS regulatory and Aetna requirements in accordance with the terms of the agreement

Key Terms

Telephone Consumer Protection Act (TCPA)

A federal consumer privacy statute enacted in 1991 which regulates and restricts the use of automated technology to call mobile phones. The statute applies to outbound telephone calls, including voice messages, pre-recorded or artificial voices, SMS text messages, and faxes

Top of Hierarchy (TOH)

An Aetna-approved entity that is contracted without an upline

“Unlike” Plan Enrollment

Enrollment into a new plan that is a different plan type as the previous enrollment (*i.e.*, PDP to MA/MAPD, MA/MAPD to PDP)

Upline

A firm, agency, organization, or person with downline agents

Value-Based Enrollment (VBE) Program

A program designed for beneficiaries to immediately engage with their new Aetna Medicare plan and to provide helpful health-related insights

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Ready to Sell

Ready to Sell

Prior to selling Aetna Individual MA/MAPD and/or PDP products, producers must complete several requirements to become “ready to sell” (RTS).



Becoming ready to sell enables you to:

- ▶ Market and sell Aetna Individual Medicare products
- ▶ Be eligible to earn compensation
- ▶ Order enrollment kits
- ▶ Access customizable Aetna Individual Medicare marketing materials

What you need to be ready to sell

Certify

Complete the **annual** certification process for the Medicare product(s) you wish to sell



Contract

New Agents: Complete the onboarding process with Aetna
Contracted Agents: You're not required to re-contract annually; just maintain your active contract.



Notify

Receive your Aetna Ready-to-Sell Notice



Note for LOA's: The immediate upline of an LOA must also be ready to sell in the state(s) where the LOA sells.

Onboarding



Producers must be certified, licensed, and appointed with Aetna.

Producers must have an insurance license and line of authority to be appointed in their state of residence and in any state(s) in which they perform sales activities. Per each state's appointment guidelines, appointments must either be active before a member policy is written or must be ordered upon receipt of the first application for that state.

The State License-Appointment Requirements table is available on [Aetna Producer World](#) for your reference.

Contracting

Step 1: Complete Annual Certification

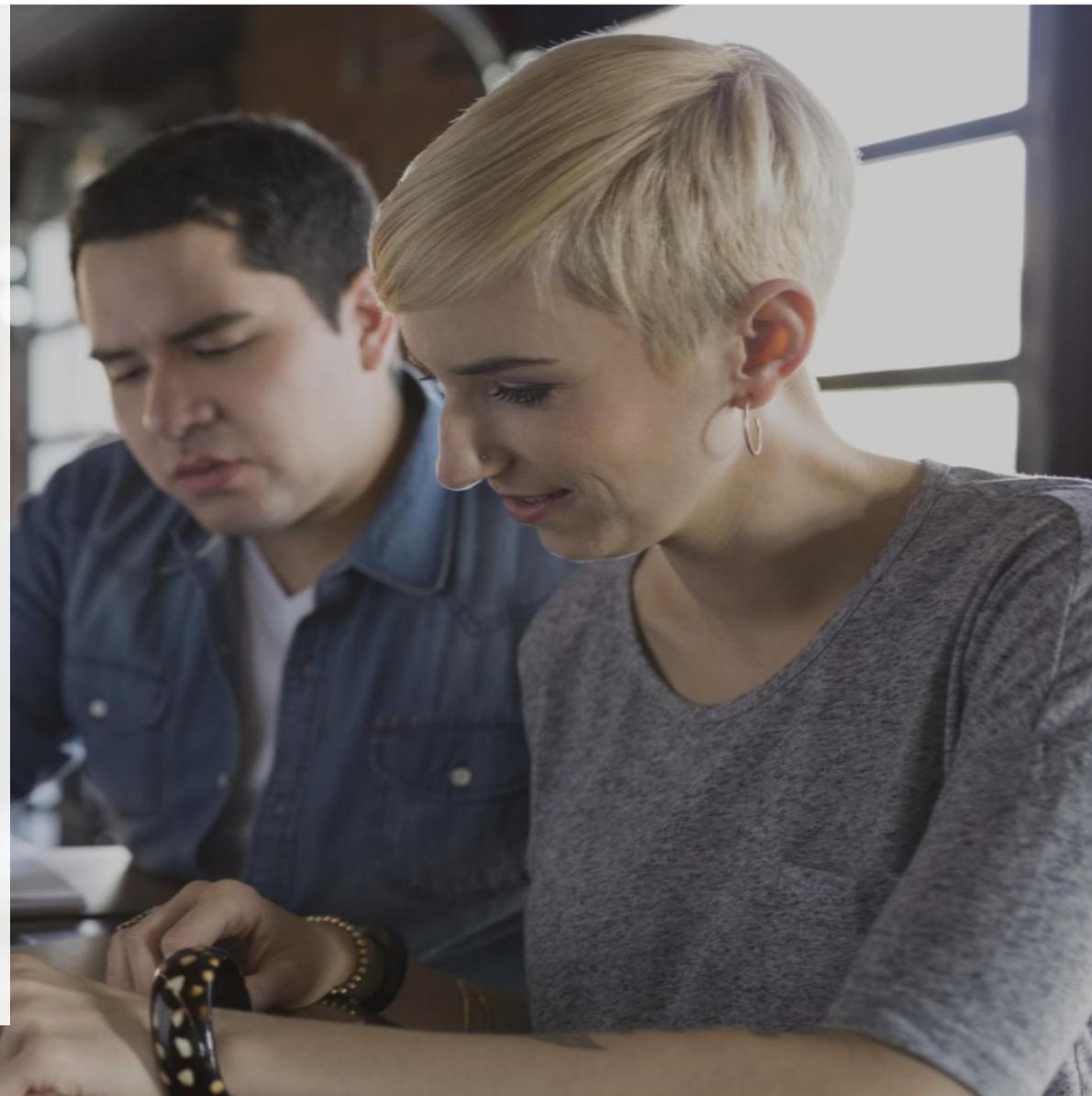
Step 2: Obtain a Contracting Invitation

Step 3: Access the Medicare contracting site to complete forms

Step 4: Pass a background investigation/regulatory review*

Step 5: Contract will be processed by Aetna Broker Services

*You are required to notify Aetna in writing of any criminal charges or convictions involving fraud, dishonesty, breach of trust, or theft that may occur after the background check is completed.



Reminders



- Completing all required contracting documents is a critical step to becoming ready to sell with Aetna. For specific information on the contracting process, please refer to [Aetna Producer World](#).
- Notification of your contract approval does not mean you have achieved ready-to-sell (RTS) status. You must receive the RTS notification to market Aetna Individual Medicare products. Contact your upline for RTS status or contact the Broker Services Department at 1-866-714-9301.
- Aetna accepts hierarchy and principal change requests when submitted in accordance with the guidelines outlined on [Aetna Producer World](#).

Requesting appointments

Per CMS MCMG (110.1), compliance with state licensure and/or appointment laws is required. Agents and brokers have the responsibility to maintain state licenses, continuing education, and all other state requirements. Uplines must be contracted and have the proper licenses and appointments required by applicable law. If you are a principal contracting your agency, you must ensure the agency is properly licensed and appointed.

- Appointments for all pre-appointing states will be processed by Aetna upon receipt of your completed contracting case. Be sure to hold an active, valid license in the pre-appointing state(s) in which you wish to sell prior to submitting your contract. As permitted in certain states, Aetna orders appointments after the first sale as long as you hold a valid license in that state. Aetna will complete a National Insurance Producer Registry (NIPR) bump on your behalf to verify licensing and order appointments accordingly.
- Contact your upline for ready-to-sell status or contact the Broker Services Department at 1-866-714-9301 or brokersupport@aetna.com.
- You are required to notify Aetna of any expiration, termination, suspension, or other action affecting your licensing/appointment.

E&O Insurance Program

Aetna requires all agents and uplines carry an Errors and Omissions (E&O) policy of at least \$1,000,000 per claim and \$1,000,000 aggregate at all times to maintain appointment with Aetna. You will be required to attest to having the required E&O coverage amount when you first become contracted with Aetna through the contracting system. This is a requirement to become ready to sell.



As an Aetna Medicare Agent, you're eligible to receive a discounted rate on E&O coverage through a special program administered by Gallagher MGA Insurance Services. If you have questions about the program or need assistance, you can reach a customer service representative at (877) 524-0262.

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

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

E&O Insurance Program

Certification

Certification is the first step to being ready to sell with Aetna.

You can access the [Aetna Medicare Certification Site](#) directly to complete certification requirements:

- AHIP Medicare Training & Exam
- Aetna Core Training & Exam
- First Tier, Downstream, & Related Entity (FDR) Attestation
- Market-Specific Training (MST) Attestation
- Third-Party Website Survey
- PDP Training & Exam
- MA/MAPD Overview Training
- D-SNP Training
- MA/MAPD/D-SNP Exam



Certification Checklist

<input type="checkbox"/>	AHIP Medicare Training & Exam	<ul style="list-style-type: none">• This course has five (5) modules<ul style="list-style-type: none">- If you're re-certifying and you completed last year's AHIP training requirements, you can follow the re-certification track of modules (4 & 5 only). You should still acquaint yourself with modules 1-3 since the final exam covers all 5 modules• The AHIP Final Exam requires a passing score of 90% or better within three (3) attempts• The AHIP Medicare Training costs \$125 through the Aetna certification portal. CMS FWA, General Compliance, and Non-Discrimination trainings and exams follow the AHIP Final Exam• Additional trainings required by CMS are included in the purchase of the AHIP Medicare Training
<input type="checkbox"/>	Core Training & Exam	<ul style="list-style-type: none">• High-level overview of Aetna's Code of Conduct & Medicare Compliance program
<input type="checkbox"/>	FDR Attestation	<ul style="list-style-type: none">• First Tier, Downstream, Related Entity Attestation
<input type="checkbox"/>	MST Attestation	<ul style="list-style-type: none">• Market Specific Training Attestation
<input type="checkbox"/>	Third-Party Website Survey	<ul style="list-style-type: none">• Any producer using third-party websites will need to provide additional information

Certification Checklist *cont'd*

<input type="checkbox"/>	PDP Training & Exam	<ul style="list-style-type: none">• Offers training on PDP with an exam requiring a 90% passing score
<input type="checkbox"/>	MA/MAPD Overview Training	<ul style="list-style-type: none">• Offers a high-level overview of Aetna Individual MA/MAPD products
<input type="checkbox"/>	D-SNP Training	<ul style="list-style-type: none">• Provides an in-depth look at Aetna's Dual-Eligible Special Needs Plans (D-SNP)
<input type="checkbox"/>	MA/MAPD/D-SNP Exam	<ul style="list-style-type: none">• Completion of this exam with a 90% score or higher is mandatory for agents and brokers wishing to market Aetna MA/MAPD and/or D-SNP products
<input type="checkbox"/>	Completion Notification Receipt	<ul style="list-style-type: none">• Upon completion of certification, you will receive an email indicating that all steps of the Aetna 2021 MA/MAPD Certification are complete

Full training and certification information is available on [Aetna Producer World](#).

FDR Attestation



Completing the First Tier, Downstream, & Related Entities (FDR) Attestation indicates you understand and are compliant with Aetna and CMS FDR requirements. Failure to maintain compliance with the Medicare Compliance FDR requirements may result in the development of a corrective action plan (CAP), retraining, and/or termination of your Producer Agreement and relationship with Aetna.

MST Attestation



Completing the Market Specific Training (MST) Attestation indicates you'll complete the required market-specific training (online or in-person) for all states and markets where you plan to sell MA/MAPD and/or D-SNP products.

To sign up for market-specific training, go to:

<https://www.aetnamedicareagenttraining.com/>.

Third-Party Website Survey



Third-party websites are those used by contracted agents/brokers and entities to market MA/MAPD plans, or to obtain beneficiary information for the purposes of marketing or enrollment into an Individual Medicare plan. This also includes websites designed to provide agents with beneficiary leads. As part of Aetna's Individual Medicare certification, you are required to complete Aetna's Third-Party Website Usage Survey.

When completing the survey, you will indicate whether or not you or your business operates any such website. If you indicate "yes" on the survey, you will need to provide additional information on the survey.

Aetna PDP Training & Exam



All agents and brokers completing Aetna certification will receive PDP training that will provide additional information regarding the PDP products offered by Aetna.

The corresponding exam requires a minimum passing score of 90% within three (3) attempts.

MA/MAPD Overview Training



Aetna requires all agents and brokers complete a high-level overview training of the MA/MAPD products offered by Aetna.

Aetna D-SNP Training



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

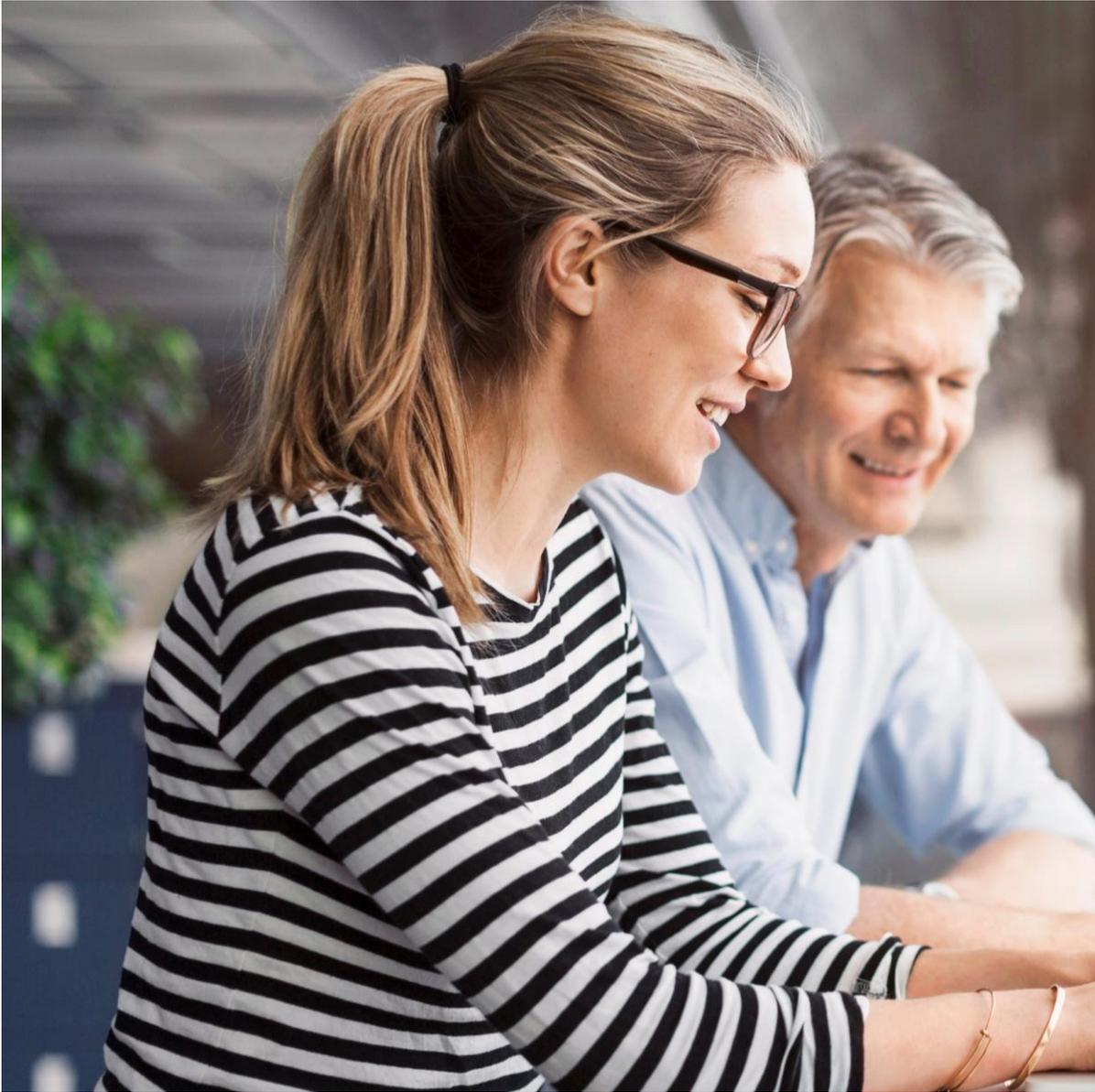
MA/MAPD & D-SNP Exam



The corresponding MA/MAPD/D-SNP exam requires a minimum passing score of 90% within three (3) attempts.

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Marketing Materials



Marketing Materials

Producers may only use CMS- and Aetna-approved marketing materials when discussing Aetna Medicare plans. To be clear, you may only use materials that have been created by Aetna's marketing team, approved by Aetna and, as necessary, filed with CMS by Aetna. Note that this includes multi-plan materials (as described in the MCMG).

Producers may not alter CMS-approved materials in any way, other than to add personal information like agent name, phone number, email, or event date, when permitted.

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



Using the Aetna Logo

Fill out the request form on [aetna.com](https://www.aetna.com)

- Click *About Us*, then *Contact*.
- Sign off on the terms and conditions to use the Aetna logo.
- Submit a sample layout showing how you want to use the logo. We do not require a sample layout if you are including the Aetna logo on a website.
- Approval via email takes approximately 1-3 business days.
- **Note:** Aetna only approves requests that appropriately reflect that Aetna is among the brands you sell. Aetna is unable to approve requests that imply exclusivity or special status to sell Aetna products. Also, logos should not be combined with another logo to create dual branding.



Co-Branding

Co-branding refers to the use of the Aetna logo or other trademarked information in a marketing piece, or the joint development of marketing material(s) to promote Aetna Individual Medicare (MA/MAPD) products.

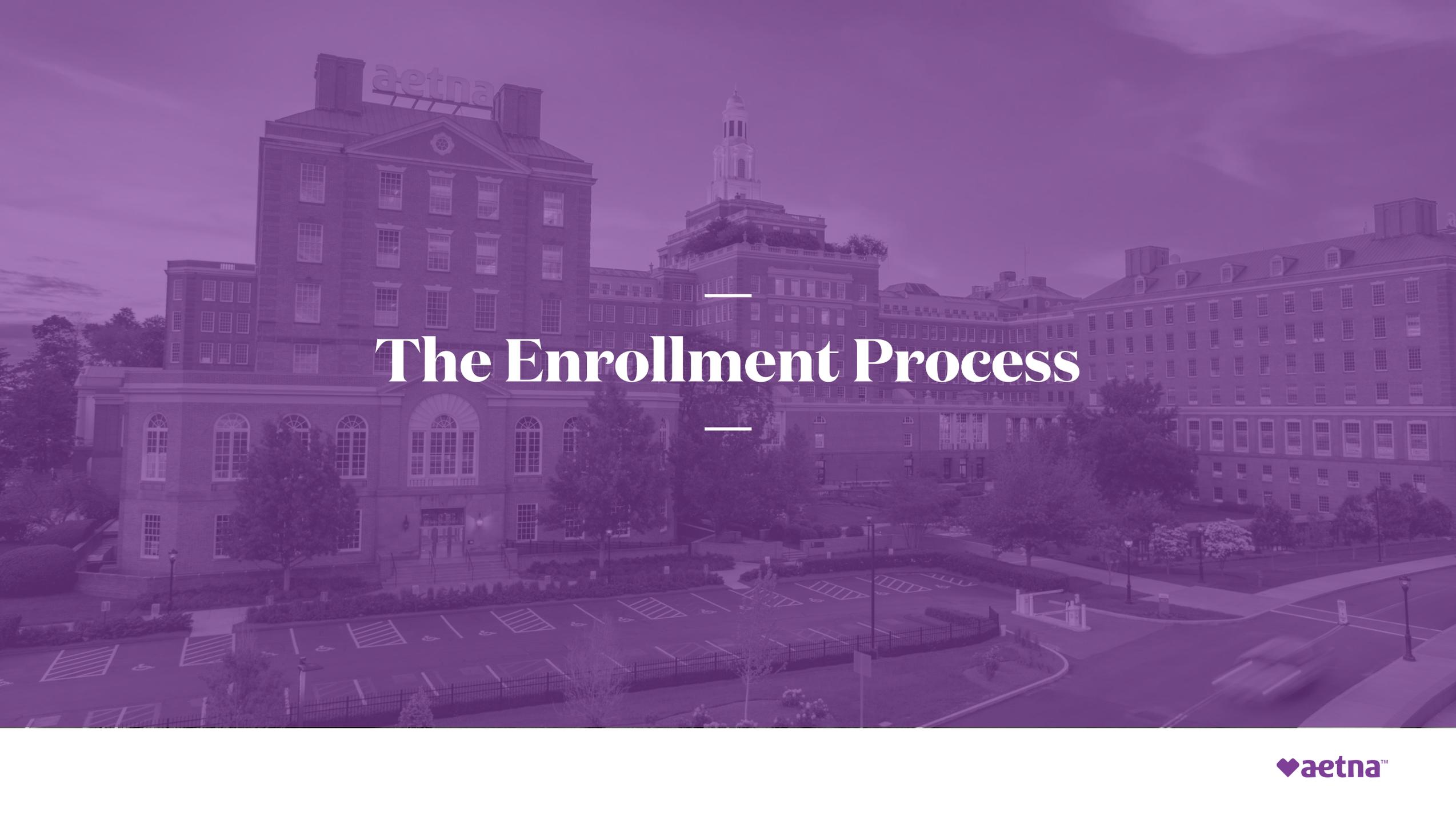
Co-Branding

You must always obtain Aetna's advance written approval for co-branding. The request form can be found on www.Aetna.com.

Requirements

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

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

The background image shows a large, multi-story brick building with a prominent central tower and a dome. The word 'aetna' is visible on the roof of the building. The scene is set in an urban environment with a parking lot in the foreground and a road with a blurred car. The entire image has a purple tint.

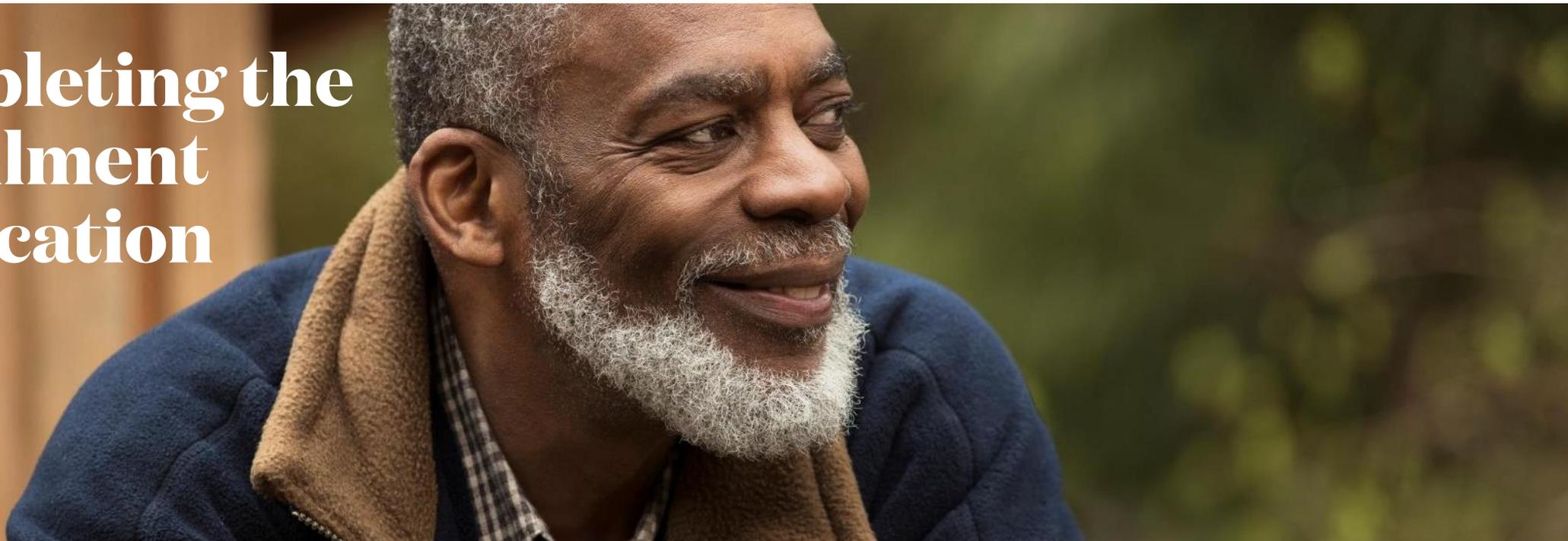
The Enrollment Process

Before completing an enrollment application

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



Completing the enrollment application



To complete an enrollment application, remember:

▶ You may proceed with the enrollment only after thoroughly explaining all plan benefits, limitations, and rules to the beneficiary and receive his/her consent.

▶ Ensure all required information is provided on the application and is accurate.

▶ A signed Medicare enrollment application must reach Aetna within two (2) calendar days of when the producer receives it from the beneficiary.

▶ Inform the beneficiary that acceptance of enrollment is not guaranteed and is only confirmed by Aetna after review of the enrollment application.

Enrollment Application Submission

Aetna provides several easy-to-complete enrollment application submission options depending on the Application Tracking Number (ATN), found on the lower right corner of the application:

ATN	Fax	Mail	Upload
MA NG CB JV QN DS	1-866-756-5514	P.O. Box 7405 London, KY 40742	Go to Aetna Producer World Click on: <ul style="list-style-type: none">• Individual Medicare• How to enroll• Upload Enrollment Application• MA/MAPD enrollment application
US QS	1-844-984-0393	P.O. Box 7083 London, KY 40742	N/A

(Georgia and New Jersey D-SNP only)

Telephonic Enrollments



Medicare Telebrokers

Upon contracting, you are automatically eligible to proceed with Aetna's Telebroker Onboarding process. If you're interested in learning more about becoming a Telebroker, speak with your dedicated Aetna National Sales Director for information on the requirements and onboarding process.

- As First Tier, Downstream, and Related Entities (FDR's), Telebrokers are subject to CMS regulatory requirements for enrollment applications of Aetna MA/MAPD and PDP products.
- The agency principal and all Telebrokers must be confirmed ready to sell.

Telephonic Enrollments

Telebroker Requirements:

- All brokers participating in telephonic enrollments must have established accommodations for individuals with hearing and/or speech disabilities (including TDD services).
- No-cost translation services must be made available to all individuals who require it.
- All phone calls completed within a Scope of Appointment (SOA) must be recorded, stored, and made available to Aetna within 48 hours if requested.
- All Telebrokers are required to use a CMS- or Aetna-approved script.

Value-Based Enrollment Program

Value-Based Enrollment

The value-based enrollment (VBE) program is an extension of the enrollment application process. It is designed to immediately engage your clients with their new Aetna Medicare plan (MA/MAPD) and gather helpful health-related insights from the beneficiary. VBE is available for all states within Aetna's MA/MAPD service area, except for Washington state and North Carolina.



After enrolling clients in an Aetna MA/MAPD plan using the *Ascend* app, you can offer the VBE option. If interested, your clients can then participate in a voluntary 10-20 minute phone call with a wellness advocate to discuss their health goals, risks, and ambitions. The information they provide will not affect their enrollment application.

VBE Participation

There are two ways for your clients to participate in the VBE program:

- **Connect Me Now** – Clients choose to have the phone call right away. A wellness advocate will call your client directly.
- **Schedule a Callback** – Clients choose to schedule a callback for a future day and time at their convenience.

As a bonus, you'll earn a service fee. You can earn a service fee payment of \$50 for initiating the *Connect Me Now* option and a payment of \$25 for initiating a *Schedule a Callback* option to new clients. Plan changes and/or existing members may choose to participate with VBE but are not eligible for VBE service fees.

For additional information on the VBE program and the associated service fees, please visit [Aetna Producer World](#).



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Compensation

Compensation



Producers are only entitled to compensation as outlined in the Producer Agreement and are not considered Aetna employees. Both the Aetna Medicare Agent Commission Schedule and the Upline Administrative Fee Schedule are compensation schedules made binding under the Producer Agreement. How much Aetna pays is consistent with CMS requirements.



Please refer to *[Aetna Producer World](#)* for more detailed compensation information like:

- How & When Aetna Pays – Payment Schedules, Payments for New Business, Replacement Sales, & Renewals
- Chargebacks for Rapid Disenrollments & Compensation Recovery
- Open Enrollment Period (OEP)
- How Termination Affects Compensation
- Commission Eligibility Requirements
- Agent of Record (AOR)
- 1099's

Renewals

With Aetna, if you meet the requirements to receive renewals, you'll be compensated for your renewing business at current-year CMS rates (Fair Market Value) regardless of the effective date.

Aetna will pay renewal compensation based on either the upline's or agent's (as applicable) hierarchy level as of the original Aetna application received date. The "renewal rate" amount can be found on the Schedule 1 attached to your Producer Agreement.

Aetna pays lifetime renewals for as long as the member remains continuously enrolled in his/her original Aetna MA/MAPD product. To receive continuous renewal payments, you must remain as the Agent of Record on the policy and you must meet Aetna's annual commission eligibility requirements.

- For LOA's, any renewal compensation payments will continue to be paid to the upline even if the LOA is no longer associated with the upline.

Chargebacks for Rapid Disenrollment & Compensation Recovery

Any disenrollment occurring within three (3) months of the membership effective date is considered a "rapid disenrollment". Rapid disenrollments are either voluntary or involuntary.

- **Voluntary** rapid disenrollments, to include Open Enrollment Period (OEP) plan changes, result in a chargeback of the full commission paid. **Involuntary** rapid disenrollments result in pro-rated commissions based on the number of months the beneficiary is active.
- For voluntary or involuntary disenrollments *outside the three-month rapid disenrollment period*, you retain the commission earned for the length of time the policy was active. Aetna will charge back the unearned commission and it will be reflected on the commission statement.
- If Aetna pays compensation for a sale and a rapid disenrollment occurs thereafter for which CMS requires compensation recovery, the producer is required to refund the payment to Aetna. Aetna may deduct the refund amount for a rapid disenrollment from amounts otherwise owed to the producer.

Payment Disputes

If a producer believes that they were underpaid compensation or did not receive a compensation payment, they must notify Aetna within twenty-four (24) months of either the receipt of underpayment or the effective date of the policy, as applicable.

For more information, including helpful examples and resources, refer to the *Compensation* page located in the *Individual Medicare* section of [Aetna Producer World](#).



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Upline Obligations & Administrative Services



Upline Organizations

There are six (6) levels of upline Market Organization contracting with Aetna:

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

Upline Obligations



If you are an upline at any of the Market Organization Levels, there are certain obligations you must fulfill as part of your Producer Agreement:

- Adhere to applicable laws & all Aetna written policies, rules, and field communications about Medicare products.
- Maintain proper licensing in accordance with applicable laws in each state where selling occurs.
- Notify Aetna if any license is suspended or revoked.
- Ensure all agents and employees perform services in a manner that is compliant with the terms of the Producer Agreement.
- Perform all services identified in *Appendix C* of the Producer Agreement.

Administrative Services

Uplines are required to provide certain administrative services and are compensated for such. The following chart indicates which administrative services are required for each contracting tier.

Required Activity	PMO	NMO	RMO	MMO	GMO	LMO
Compliance						
Assure compliance & develop policies & procedures	X	X	X			
Maintain records & reinforce appropriate selling/referring practices	X	X	X	X	X	X
Reinforce policy updates, compliance alerts, & other communications with agents	X	X	X			
Aid in the collection of agent responses when necessary	X	X				
Review actionable information from Aetna, monitor compliance statistics, identify negative trends, & take action proactively	X	X				
Establish agent recruitment standards including agent code of ethics	X	X	X	X	X	X
Ensure completion of training annually, including CMS Fraud, Waste, & Abuse	X	X	X	X	X	X
Distribute either Aetna’s or the upline’s comparable Code of Conduct & Compliance Policies	X	X	X	X	X	X

***Please Note:** If the RMO, MMO, GMO, or LMO is the Top of Hierarchy (TOH) upline, they are responsible for the other administrative services as well.

Administrative Services *cont'd*

Required Activity	PMO	NMO	RMO	MMO	GMO	LMO
Compliance <i>cont'd</i>						
Ensure agent marketing/advertising oversight	X	X	X	X	X	X
Facilitate annual certification procedures	X	X	X	X	X	X
Implement complaint/inquiry handling procedures	X	X	X	X	X	X
Enforce disciplinary action	X	X	X	X	X	X
Office Administration Related to Medicare Sales/Enrollment & Marketing Oversight						
Administrative support of agents	X	X	X			
Facilitate distribution & disposition of leads generated by Aetna	X	X				
Maintain accurate phone, email, & address information for agents	X	X	X	X	X	X
Website development & maintenance for agent support/service	X	X				
Manage telephonic marketing in compliance with the terms of your Producer Agreement, including CMS rules regarding unsolicited telephone calls	X	X	X	X	X	X

***Please Note:** If the RMO, MMO, GMO, or LMO is the Top of Hierarchy (TOH) upline, they are responsible for the other administrative services as well.

Administrative Services *cont'd*

Required Activity

PMO NMO RMO MMO GMO LMO

Office Administration Related to Medicare Sales/Enrollment & Marketing Oversight *cont'd*

Facilitate agent record-keeping of Scope of Appointment (SOA) forms & related enrollment materials	X	X	X	X	X	X
Ensure adherence to applicable law, including MCMG & related CMS guidance	X	X	X	X	X	X
Ensure compliance with CMS & Aetna requirements for any public-facing and/or third party websites	X	X	X	X	X	X
Ensure use of compliant direct mail pieces	X	X	X	X	X	X
Use of lead vendors in compliance with applicable law	X	X	X	X	X	X
Partner with Aetna leadership to jointly market Medicare products	X	X	X	X	X	X

Agent Recruiting & Training

Identify, educate, interview, & pre-qualify agents for selling/referring	X	X	X	X	X	X
Coordinate contracting with independent agents	X	X	X	X	X	X

***Please Note:** If the RMO, MMO, GMO, or LMO is the Top of Hierarchy (TOH) upline, they are responsible for the other administrative services as well.

Administrative Services *cont'd*

Required Activity	PMO	NMO	RMO	MMO	GMO	LMO
Agent Recruiting & Training <i>cont'd</i>						
Coordinate & assist with appointment efforts between upline, agents, & Aetna	X	X	X	X	X	X
Ensure proper licensing, appointment, certification, & ready-to-sell status	X	X	X	X	X	X
Coordinate & communicate all training requirements, processes, changes, & deadlines	X	X	X	X	X	X
Communicate certification requirements, training opportunities, & ongoing compliance	X	X	X	X	X	X
Provide ongoing training regarding the proper selling, referring, & services of Medicare products	X	X	X	X	X	X
Ensure understanding of Medicare products	X	X	X	X	X	X
Assist in navigation of Aetna's broker training portal	X	X	X	X	X	X
Review, understand, & follow the Aetna Producer Guide	X	X	X	X	X	X
Support agent awareness & implementation of the Aetna Producer Guide	X	X	X	X	X	X

***Please Note:** If the RMO, MMO, GMO, or LMO is the Top of Hierarchy (TOH) upline, they are responsible for the other administrative services as well.

The Aetna logo is displayed in a light purple color on the roof of a large, multi-story brick building. The building has many windows and a central tower with a dome. The entire image is overlaid with a semi-transparent purple filter.

Confidentiality & Record Retention

Confidentiality



All information related to Aetna business, products, plans, policies, techniques, strategies, methods, systems, and price books is confidential. Producers are prohibited from sharing this information with other parties not included within the Producer Agreement.

Beneficiary information (*i.e.*, Personally Identifiable Information [PII] and/or Protected Health Information [PHI]) is confidential and should be protected by the producer as applicable under both the Producer Agreement and the Health Insurance Portability and Accountability Act (HIPAA). Beneficiary information cannot be shared with anyone, including but not limited to: employees, agents, or subcontractors outside of the United States. For additional information regarding Offshore Services, please refer to [Aetna Producer World](#).

Record Retention



- Producers are required to keep copies of all records for a minimum of ten (10) years. This includes, but is not limited to, enrollment applications, Scope of Appointment forms (SOA's), and Permission to Contact forms.
- Producers are required to comply with any requests from Aetna, during regular business hours, to review and/or copy any records regarding Aetna business.
 - Aetna will provide a reasonably-timed prior notice if such a request is needed.
 - This review and/or copying of records will be performed at no cost to Aetna.
- Producers must assist Aetna in providing documentation to support compliance with all applicable laws, rules, and regulations related to Aetna Medicare business.

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Compliance & Agent Oversight

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

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

The Importance of Compliance

The Importance of Compliance

How to Stay Compliant:

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

- Review our *CMS MCMG Do's and Don'ts Agent Summary*. It highlights specific rules and regulations you need to know and follow from the CMS MCMG. Print a copy and carry this portable list with you as a reference tool when selling Medicare products.
- Always follow and refer to the complete and current [Medicare Communications and Marketing Guidelines \(MCMG\)](#).
- Review our *Compliance 101* training presentation. It contains high-level compliance information you need to know before selling our Medicare products.
- You're required to read and abide by the *Aetna Medicare Marketing Code of Conduct*. It outlines prohibited activities for agents selling Medicare products. In addition, you must comply with *Aetna's Code of Conduct* and *Medicare Compliance Program Policies & Procedures*, or with a comparable ethical code and program policy.
- Ensure timely completion of required Medicare training and testing, and of the specific Aetna plan types the agent/broker would like to sell.

Fraud, Waste, & Abuse

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

You can report your concerns in the following ways:

▶ Call EthicsLine®

1-877-287-2040, which is available 24/7

▶ EthicsLine® Online

www.CVSHealth.com/EthicsLine, which is available 24/7

▶ In Writing

David Falkowski
Chief Compliance Officer
CVS Health
One CVS Drive
Woonsocket, RI 02895

Section 1557 of the ACA

Affordable Care Act

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

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

Telephone Consumer Protection Act

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

- “Telemarketing” refers to all forms of telemarketing subject to state or federal regulation including, but not limited to, telemarketing as regulated under the Telephone Consumer Protection Act , 43 U.S.C. §227. This includes use of automatic telephone dialing systems, artificial or pre-recorded voice messages, SMS text messages, and fax machines, as well as live calls that may be subject to any applicable law, regulation, or ordinance limiting, for example, the hours of such calls or contacting persons on any Do Not Call registry.
- TCPA rules and regulations apply to outbound telephone calls to or from any individual or entity with respect to marketing any Aetna Medicare products. Therefore, Aetna-contracted selling partners must comply with all federal, state, and municipal laws, regulations, and administrative guidance pertaining to:
 - The recording and/or monitoring of telephone calls
 - Auditable notice requirements regarding the recordation and/or monitoring of telephone calls (including notifying such individual or entity at the inception of the call that such calls will be recorded and monitored)
 - Obtaining consent at the inception of such to the recordation and/or monitoring of telephone calls
 - The storage, privacy, security, and destruction of any recorded phone calls

Telephone Consumer Protection Act *cont'd*

- If uplines or producers engage in telemarketing with respect to any Aetna Medicare products or services under TCPA, you must:
 - Maintain a Do Not Call list for your organization, with supporting documented procedures that ensure your organization scrubs all phone numbers against federal, state, and internal Do Not Call lists in accordance with applicable law on a daily basis.
 - Maintain records regarding compliance with call abandonment rates in accordance with all telemarketing laws and regulations that now or hereafter govern telemarketing.
 - Obtain consent at the inception of such to the recordation and/or monitoring of telephone calls
 - Not utilize any unsolicited telephone number(s) to engage in telemarketing obtained without legally sufficient consent of the recipient (e.g., telephone numbers obtained via a third party), including text messages and electronic voice messages.

To access the Do Not Call Registry, go to www.telemarketing.donotcall.gov. To learn more, the FTC maintains a [FAQ Website for Telemarketers](#).

Agent Oversight Program



Agent Oversight

CMS holds Aetna responsible for the actions of all agents representing Aetna Medicare plans or products. As a result, Aetna has a dedicated agent oversight program to monitor the activities of agents contracted or employed to market and sell Aetna Medicare products.



Agent Monitoring

Aetna routinely monitors agent performance against both CMS and internal standards. Aetna's agent oversight program monitors:

- Cancellation Rates
- Rapid Disenrollment Rates
- Agent/Broker CTMs
- Agent/Broker Grievance Complaints
- Third-Party Secret Shopper Surveillance Programs
- Complaints and Marketing Incidents
- Marketing/Sales Seminar Reporting, Cancellations, and Updates

Complaints & Marketing Incidents

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

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

Disciplinary or Corrective Action May Include:

- Focused training or monitoring sessions
- Increased surveillance
- Coaching
- Full re-training and re-testing
- Placement on an agent "Watch List"
- Suspension or probationary period, with or without commissions
- Contract and appointment termination, with or without cause
- Formal reporting to applicable state Department(s) of Insurance



Complaints & Marketing Incident Process

Full cooperation is required throughout the complaint review process. Upon receipt of a complaint or marketing incident involving one of Aetna's Medicare producers, the below process is followed:

- Notice of Investigation (NOI) letter is sent to the involved agent
- Full investigation is completed
- Determination made that complaint is either founded or unfounded, with recommended disciplinary or corrective actions



Please Note:

Failure to respond within the required timeframe to Aetna or CMS requests for information may result in holds in compensation and/or suspension or termination of a producer's ability to market, sell, and receive commissions.

Agent Terminations

When required by CMS, Aetna reports the termination of an agent to CMS and/or the state(s) where the agent is appointed in accordance with applicable law.

When an Aetna agent is terminated, the agent cannot market or sell Aetna Products



Producer Agreements can be terminated in two ways: With Cause and Without Cause



All termination decisions are made on a case-by case basis under the authority of Aetna's Agent Oversight Committee



Agent Terminations



The Producer Agreement will automatically terminate for the following reasons:

- Upon the death of an individual producer
- Upon the disbanding of a legal-entity producer
- Upon Aetna's direct employment of the producer

The producer can choose to update the Agent of Record (AOR) on file with Aetna and/or transfer the producer's Book of Business (BOB) prior to the termination of the Producer Agreement. To do so, the producer must notify Aetna in writing. For more information on Aetna's Agent of Record process, please visit [Aetna Producer World](#).

Agent Suspensions

If a producer is under investigation for potential termination, Aetna reserves the right to suspend the Producer Agreement until completion of the investigation. During suspension, the producer may not market/sell Aetna products, nor receive any compensation.

If a suspension is lifted, the producer may then continue to market/sell Aetna products. They will be paid any pending compensation accrued during the suspension.

If it is determined by Aetna to Terminate With Cause, the producer will no longer receive compensation, including pending compensation accrued during the suspension.



Agent Reconsiderations

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



You must include copies of all notifications provided by Aetna (corrective action, agent notes, and any pertinent information, such as phone records, notes, scripts, appointment logs, etc.).



If disputing a commission payment decision as part of a complaint (e.g. commission charged back or denied), you must provide all documentation regarding the commission dispute.



If disputing a background investigation, you must provide details of the incident and supporting documentation.

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Producers must be ready to sell – which means licensed in the applicable state, appointed by Aetna, certified, and contracted – prior to engaging in the sale of Aetna products. This communication is intended for use by producers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna’s approval is prohibited.

