



2020

Agency Partner Playbook

Humana[®]

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PLAYBOOK

FOR HUMANA
AGENCY PARTNERS



Introduction

You are important to Humana. That's why we want to give you and all of our partners more of what you want and less of what you don't.

We've streamlined information you need to conduct your day-to-day as you work toward long-range goals. And it's all right here in this all-new, interactive Partner Playbook. It accompanies our other external-partner tools, such as the Vantage portal.

The Playbook makes it easy to navigate through products and programs and learn what you need to know. And it helps you understand processes and policies so you know the *why* that goes with the *what*. It covers some of the most sought-after topics but when you need to go further, the built-in links take you to more information.

Simply put, you help us market Humana products and services. We appreciate that, and we are dedicated to helping you proceed as efficiently and effectively as possible.

Please keep your Playbook secure and use it for conducting Humana business only.

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A Message to our Valued Partners

As we strive to serve you and your Agents better, we recognized we had an opportunity to ramp up the support we provide to you and your Agents as you help consumers navigate their health journey.

To that end, we have organized our external distribution team to meet the following objectives:

- ✓ **Meeting Agents where they want and need to be met by offering multiple Humana contact opportunities**
- ✓ **Standardizing and aligning the level of support Agents receive across the country**
- ✓ **Enabling positive process and procedural changes for more effective Agents**
- ✓ **Establishing ongoing training opportunities and effective interaction points with Humana**
- ✓ **Providing proven opportunities for year-round growth of an Agent's MAPD book of business**
- ✓ **Promoting partner business growth by improving Agent support and resources**

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Local Staffing Support

Market Leadership



Support and collaborate with Broker Relationship Manager and regional director to engage external agents to achieve sales/growth results as well as retention and operation goals.



Agents

Regional Director



Oversees broker relationship managers and partner relationships while collaborating with the broker relationship, sales manager and account executives to drive sales/growth and achieve operational goals.



Agents



Partners

Broker Relationship Manager



Responsible for interacting and supporting all external field sales resources (Agents/agencies) within their market/territory to achieve sales/growth results as well as retention and operational goals.



Agents



Partners

Broker Relationship Executive



Deepen and support field Agents' relationships with Humana telephonically and electronically within a given market to achieve sales/growth results as well as retention and operational goals.



Agents

Partner National Account Executive



Guides external agencies and partners through the sales lifecycle to achieve sales/growth results, providing ongoing assistance from an operations, retention and perspective.



Partners

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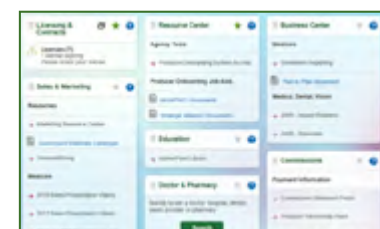
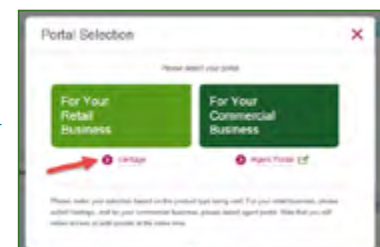
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The Vantage Portal

Humana Vantage is a portal on Humana.com that offers single-point, streamlined access to a digital dashboard with customer management sales tools and critical information to help you complete business tasks. There are separate views within Humana Vantage for agents and agencies, and both provide access to items such as:

- ✓ **Quote and enroll systems**
- ✓ **Doctor and pharmacy look-up tool**
- ✓ **Rx Calculator**
- ✓ **Commission information**
- ✓ **Contracting processes**
- ✓ **Marketing and sales materials**
- ✓ **Education and training**

To access Humana Vantage, go to **Humana.com** and click “**Sign In**”. Enter your Agent or agency’s **User ID** and **password**. Click on “**For Your Retail Business—Vantage**” and you will see the Humana Vantage home page.



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The Vantage Portal (continued)

NEW Agent Capabilities Using Vantage

There have been process enhancements for Agents to assist their members with:

1 Ordering ID Cards and Resending Fulfillment Packets

- Agents can submit a customer service inquiry (a.k.a., Agent Retail Service Operations Support or ARSOS) and have an ID card and/or fulfillment packet sent to the member's address on file.
- Required information for ARSOS inquiry: member name, member ID, DOB and ZIP.

2 Changing a Primary Care Physician (PCP) at the member's request. Submit required information to ARSOS:

- Member name, member ID, DOB and ZIP
- PCP name and ID
- Effective date of change
- Agent name and Agent SAN

Member Communication for PCP Changes:

- HMO Plan: A new ID card with PCP will be sent to members.
- Non HMO plans: A letter will be sent to members, notifying them of the PCP change.

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The Vantage Portal (continued)

3 Updating Residential and Mailing Address within Service Area*

ARSOS will accept all mailing-address changes. They will also accept any residential address change that remains within the current service area. Required information for ARSOS inquiry:

Member name, member ID, DOB and ZIP

New address

Type of address: mailing or residential

Agent name and agent SAN

Member Communication:

A letter will be sent to members notifying them of the address change.

*Agents can use Humana.com to verify that the new residential address is within the current service area. If the new residential address is outside of the current service area, a new application should be submitted.

Because your Agents interact with Humana members, they may ask your agents how to change their primary care physician, how to request a new Humana ID card, how to get started with Go365 and other questions about their plan. For members, Humana offers MyHumana, a member self-serve tool that enables them to do these and other common tasks themselves. If Agents want to learn more about how to help members access MyHumana, they can log in to Vantage and click Humana MarketPoint University on the Education Card.

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Retail Products

Medicare Advantage plans — Many Humana Medicare Advantage plans come with added benefits and resources. Our members have access to services such as a mail-delivery prescription pharmacy and fitness programs.

Click the link below to find out about plans with their premiums, copays, benefits and participating doctors and pharmacies.

Prescription Drug plans — Humana offers several options for stand-alone prescription drug coverage to help meet the medication needs of your clients. Our plans vary based on deductibles, medications and copays.

- Humana Walmart Value Rx Plan (PDP)** New for 2020!
Offers low monthly premium
- Humana Premier Rx Plan (PDP)** Redesigned for 2020!
Rich formulary and benefits
- Humana Basic Rx Plan (PDP)** Features low copays (after deductible) for most generic drugs at network pharmacies

Medicare Supplement Plans — The benefits from plan to plan are the same from every insurance company (some companies may offer innovative benefits), so a Plan C from one company has the same medical coverage as a Plan C from any other. The difference is in the company, the quality of service and the price. These features are what make Humana Medicare Supplement plans stand out from the rest.

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Retail Products (continued)

Dental plans—Humana offers a variety of dental plans in many states.

- ✓ **Complete Dental (PPO)** Individuals who want robust comprehensive coverage. Richest benefits available immediately for those who provide proof of prior eligible dental coverage.
- ✓ **Loyalty Plus (PPO)** Individuals who want immediate comprehensive coverage even if they haven't had prior dental coverage.
- ✓ **Preventive Plus (PPO)** Individuals who know the importance of preventive dental care and want some coverage for unexpected dental needs. A great balance to maintain healthy teeth and gums.
- ✓ **New Preventive Value (PPO)** Budget-conscious individuals who know the importance of preventive dental care, and appreciate a straightforward plan covering preventive and basic services.
- ✓ **Dental Value DHMO** Budget-conscious individuals who want comprehensive coverage, and want to know their costs upfront.
- ✓ **Dental Savings** For individuals who want some savings in dental care, but don't want to invest in dental insurance.

Vision plans—Humana's affordable vision coverage offers an annual routine eye exam for a low copayment, plus coverage for contact lenses or eyeglass lenses and frames and discounts on laser services, like Lasik.

This product guide provides details on Humana's Dental and Vision plans. Click this [link](#) for more information.

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Humana First Look



Get ready to ignite your road to success with our Humana First Look. This guide provides Humana's network highlights, competitive advantages and value propositions for each market, helping you uncover new and unique ways to boost sales. This guide makes it easy for you to compare information such as premiums, copays and added benefits and services for Humana Medicare plans in your area. Reminder: it is prohibited to share 2020 plan information with the public prior to October 1st, 2019.

As a reminder, Agents can access the current Humana First Look when they certify or recertify.

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Agent Contracting

External Partner Contract Types

In the external partner channel, Humana supports two types of agencies. Each type has specific Agent-contracting and commission-paying processes.

- ✓ **Strategic Alliances (SA)** consist of field agencies, call centers and e-vendors. The Agent contracts are held at the partner level, meaning Agents must first go through the partner to establish an agreement with Humana. Most often, the Agents are considered employees of the SA agency, and the agency owns the block of business, receives Agent-level commissions and is responsible for compliance oversight, because the agency also receives administrative compensation. If the Agent's employment ends with the SA partner, their Humana contract will be terminated. Any business written by the Agent will be retained by the agency. After an Agent terminates or is released by the SA partner, they must re-contract with Humana to begin selling again, either directly with Humana or through another external partner.
- ✓ **Marketing General Agencies (MGA)** or Field Marketing Organizations (FMO) and MarketPoint Brokerage consist mostly of field Agents, often referred to as External Agents. These Agents are individually contracted. Because of this, the Agent is primarily responsible for adherence to all policies, procedures and compliance requirements. The partner must also reinforce all requirements put forth in their override agreement, including education and oversight on compliance. Agents are independent in this channel and may choose to contract directly with Humana or affiliate with an FMO partner in exchange for business services provided by that partner. In these instances, the FMO does not own the agent contract; however, they have the right to retain an Agent within their hierarchy for 90 days if they choose to not grant an immediate release. Agents may or may not be captive to an agency, meaning they could be paid directly or have an agreement to get paid by an agency with the execution of an Agent Business Transferal Form (ABTF). The ABTF identifies the payee relationship and determines who receives the compensation and who owns the business.

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Agent Contracting (continued)

Immediate Release Policy

To receive an immediate release, external Agents must secure a release letter from their current upline. It is at their discretion whether or not to release an Agent prior to 90 days (see Delayed Release Policy below). The current upline is required to formally communicate the release of the Agent in writing using company letterhead, signed by the principal, with a current or future effective date of the release. Release letters must be sent to Humana's AgentSupport@humana.com. If the immediate release is accepted, it will be processed within five business days. Humana will notify the agent via email when the release has been processed.

Delayed Release Policy: In instances where an immediate release is not granted, the Agent may request a delayed release. The delayed release will take effect 90 days after the Agent's request is received.* Such requests must be in writing and sent to Humana's Agent Support at AgentSupport@humana.com.

Agent Release Timeline

Received 90-day Immediate Release		
1/2 through 7/10	Effective 90 days post request	Processed within five business days
7/11 through 9/30	Effective 1/2	Processed within five business days
10/1 through 1/1	Effective 4/1	Effective 1/2
MGA Hierarchy Release Timeline		
Received 90-day Immediate Release		
1/2 through 7/10	Effective 90 days post request	Processed per standard contracting turnaround time
7/11 through 9/30	Effective 1/2	Processed per standard contracting turnaround time
10/1 through 1/1	Effective 4/1	Effective 1/2

*The delayed release will be effective 90 days after the Agent's request is received. Agencies can realign one time per year.

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Agent Contracting (continued)

Agent's Status Upon Release:

Once an Agent is released, they will be free to align themselves with another upline. The Agent must notify Humana in writing indicating what upline they wish to be aligned with. The name of the new upline can be included in the original release request. It will be the agent's sole responsibility to maintain all license, training, certification and appointment requirements with Humana. (There are specific situations under which an Agent cannot align themselves. Please contact your external partner for more information.)

New:

Any business submitted to Humana while the Agent was aligned with the previous upline will result in the appropriate overrides and commission being paid as indicated by the contracts and schedules in place.

Renewal:

Any renewals earned while the Agent was aligned with the previous upline will result in the appropriate overrides and renewals being paid as indicated by the contracts and schedules in place.

The release ONLY affects business that occurs after the date of the release.

There are three actions that will trigger a request for a release:

- MGA Assignment** submitted to ASU by the new upline.
- ABTF submitted to ASU or Agency Management** with a payee to a new upline.
- Email from agent to ASU** requesting to be moved.

For Agents who want to make a contract change (e.g., Humana Brokerage Agent to Strategic Alliance Agent or an Independent Agent), the same release policy applies; however, at the conclusion of the 90 days, the Agent will be terminated and must re-contract.

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Agent Contracting (continued)

The External Agent Assignment Form

Re-contracting

Humana offers different contract types and sales channels. If an Agent wants to move from one sales channel to another, they may be required to re-contract. In some instances, an agent's contract may be terminated or closed out. Depending on the reason for the termination, the Agent may or may not be allowed to re-contract.

Examples below:

- Closed Out**—Agent contracted with Humana, but did not move from Pending Execution status (by quoting or certifying) within 180 days. Must re-contract.
- Lack of Production**—Agent did not make a sale within 12 months of contracting. The Agent is eligible for re-contracting at any time.
- Inactive**—Agent is eligible to receive non-Medicare commission only. For the Agent to re-contract, the Agent must reimburse Humana for the applicable appointment fees.
- Ineligible**—Agent was involuntarily terminated for a compliance reason and is ineligible to re-contract. In *rare* instances, the Agent may be able to appeal after 12 months from their termination date.

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Enrollment Methods

✓ Electronic Enrollment Tools:

- **Enrollment Hub**—Enrollment Hub helps Agents serve their client needs at a higher level than ever before. Enrollment Hub has many benefits, including auto-populated application data, to save Agents valuable time; the ability to start and stop an application at any point in the process; access to additional forms used during the post-enrollment process; and access to the tool across multiple devices and browsers.
- **FastApp**—An enrollment tool for Agent use via an Internet connection.
- **MAPA**—MAPA is Humana’s Medicare Advantage Paperless Application system, and it allows field agents to submit MA, MAPD, Med Supp, PDP, OSB and FSB enrollments in a portable digital platform. Agents may also take member authorizations and scopes of appointment digitally through the MAPA tool.

✓ Consumer Self Enrollment Tools

- **Digital Marketing Materials**—A better, more productive way for agents to turn prospects into clients. With this new tool, Agents can email prospects custom marketing materials for up to three plan options after meeting with them to meet their needs. After the sales presentation, if the prospect is ready to make a decision, they have the ability to enroll online directly from the personalized Digital Marketing Materials sent them by the agent.
- *Plus, the Agent will still get credit for the sale if the client enrolls from the Direct Marketing Materials sent to them by the Agent. Digital Marketing Materials are all-inclusive of the printed materials that an Agent would normally use during a sales presentation. By using Digital Marketing Materials, Agents can start going paperless!*

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Enrollment Methods (continued)

- **Agent Online Application**

A consumer-driven enrollment process, the Agent Online Application (AOA) provides Agents with a custom URL that allows prospects to enroll themselves into a Dental, Vision, Med Supp or Medicare plan the Agent discussed with them. After meeting with a prospect and completing a sales presentation, your prospects can choose to enroll themselves. Agents will get the credit as long as the prospect is enrolling in a plan your Agent presented to them and confirm this on the form within the URL. Agents will receive an email indicating that an application has been completed.

- *Go to Vantage to access all paperless of self-enrollment tools*

Paper Application Resources

- **Transmitter App**

Streamline submission of paperwork to Humana's workflow process. This allows the Agent to quickly snap pictures of Medicare enrollment documents and securely transmit the information to Humana.

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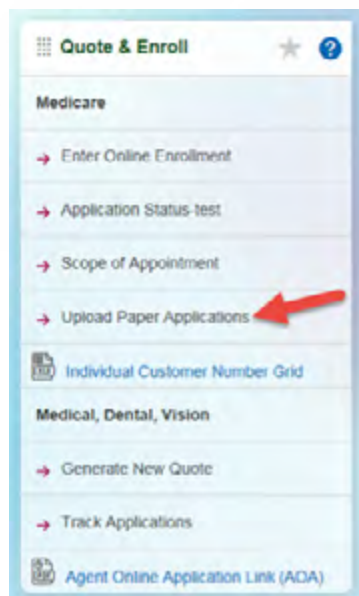
Enrollment Methods (continued)

◦ Email through the Vantage upload link

Benefits of emailing applications through Vantage:

- **Timely submission**—Uploading through Vantage is often easier to access.
- **Submitting apps quickly**—Typically means quicker turnaround times for processing.
- **Extra tracking**—The submitter receives two communications per submission.
 - A copy of the submission with date/time stamp.
 - A notification confirming if the submission was accepted or denied into the process.

Using this Method is Simple





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Enrollment Methods (continued)

◦ How to upload applications for secure emailing

- 1 Provide your applicant's first and last name.** If you are submitting more than one applicant in a SINGLE PDF, JPEG, JPG, BMP, PNG, GIF, TIFF or TIF, please add your additional applicants' information using the +Add Member button.

CarePlus applications and applications with a payment method identified as credit card cannot be submitted via email.
- 2 Use the Application Upload feature below to attach your enrollment(s) to this secure message.** There is a limit of one PDF, JPEG, JPG, BMP, PNG, GIF, TIFF or TIF file per uploaded submission. There must be at least one whole application; however, you may have more than one whole application and list the additional applicant names in the form below. Your file must not be larger than 20MB or 500 pages in length. Please ensure your file isn't corrupt or password protected before submitting.
- 3 Click Submit when all required fields have been completed.** All information will be sent securely to MedEnroll@humana.com.

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Enrollment Methods (continued)

◦ Fax

Benefits

- **Timely submission**—Faxing is quicker than sending an application via postal mail.
- **Tracking**—Your fax machine should provide you a confirmation with date/time and number of pages sent.

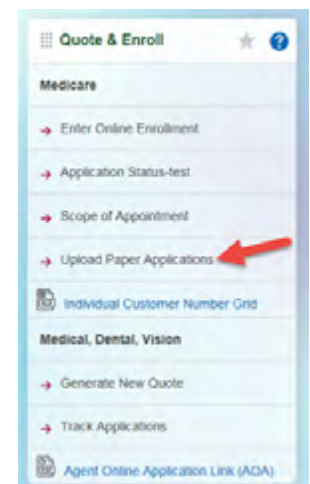
Using this Method is Simple

- Avoid peak fax times (3pm–6pm).
- Ensure auto redial is set up on your fax machines.
 - Most fax machines will auto redial a number up to three times if a busy signal is received.
- Use a coversheet to protect member information.
- Read the fax confirmation page for success status.
 - Resend only your fax if all attempts/pages failed.
- Keep faxes small.
 - Limit to one application per fax whenever possible.
 - Anything over 25 pages exponentially increases transmission-failure rates.
 - Fax Number: **877.889.9936**

Application Submission
Please remember:
<ul style="list-style-type: none"> • Write clearly, use Black ink, submit daily • Check to make sure you SAN number is on the app • Make Sure all needed fields are complete
Scope of Appointment IVR: 1-866-945-4471 <i>(Document Medicare appointment)</i>
Humana Medicare App Fax line: 1-877-889-9936 <i>(Fax Only Medicare or Med Supp applications)</i>
CarePlus Medicare App Fax line: 1-855-819-8679 <i>(Fax Only Medicare or Med Supp applications)</i>
Med Supp App Fax line - 1-877-889-9936 <i>(Fax Only Medicare or Med Supp applications)</i>
HFPP App Fax line: 1-877-720-4863
HFPP App Errors line: 1-904-376-8267 <i>(Fax Only HFPP applications)</i>
HFPP Kanawha Broker Services (Post Issue Agent Support): 1-877-203-4249

◦ How to order paper applications

Agents can complete Humana's CMS-approved paper application for the beneficiary to sign and email, fax or mail to Humana. Because applications must be submitted to CMS within a short timeframe, electronic applications are the preferred enrollment method. Partners should ensure application timeliness by educating Agents to submit paper applications immediately upon signature and no later than three days after.



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Enrollment Methods (continued)

Enrollment Application Submission Requirements

Submitting Applications Prior to AEP is Not Permitted

Agent-assisted AEP Applications will be denied by Humana if they are received before the start of AEP on Oct 15. Members will be notified that Humana could not process their enrollment. As required by CMS, Humana will also reach out to the member to determine if the Agent engaged in any non-compliant activity, and the Agent may be subject to corrective action based on the findings.

Reminder: During pre-AEP, which is October 1–14, Agents may talk about plans with beneficiaries and help beneficiaries complete applications. Agents may not accept or solicit submission of paper enrollment forms prior to the start of the AEP, and Agents also should remind beneficiaries that they cannot submit enrollment requests prior to the start of the AEP. Agents cannot take possession of applications before AEP. Humana’s instructions to Agents if they meet with beneficiaries before AEP is to put their name and SAN only on the application (do not date it!) and instruct the member to send the application to Humana on or after October 15. Paper AEP enrollment requests received prior to the start of the AEP for which there is indication of sales Agent or broker involvement in the submission of the request (i.e., the name or contact information of a sales Agent or broker) must be investigated by the organization for compliance with the requirements in the Medicare Communication and Marketing Guidelines.

If there’s a market receipt date on the application that’s before October 15, the application will be rejected because that’s considered the date Humana took possession of it. If there’s no market receipt date on the application, the date the application was received in the mail is the market receipt date.

Enrollment status checks can be completed by Agent Support Unit (up to five) 1-800-309-3163.

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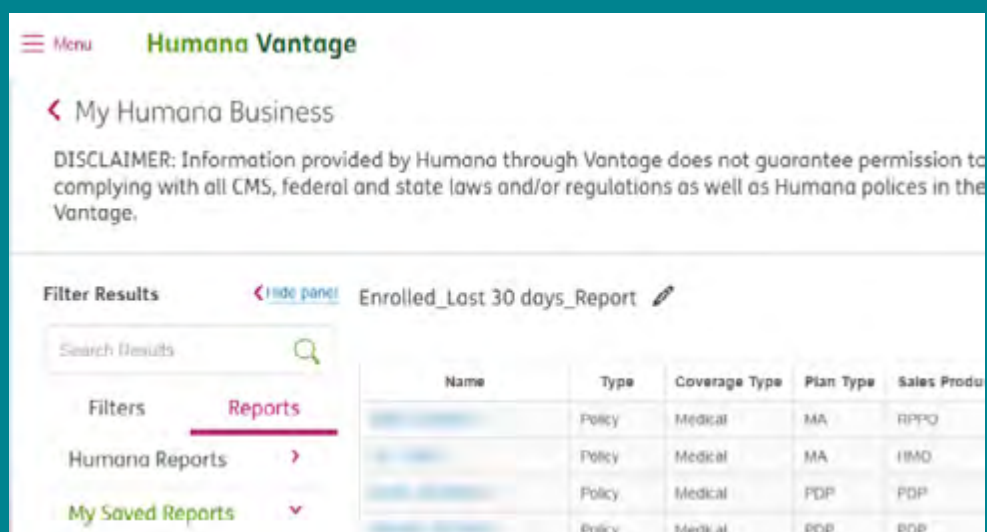
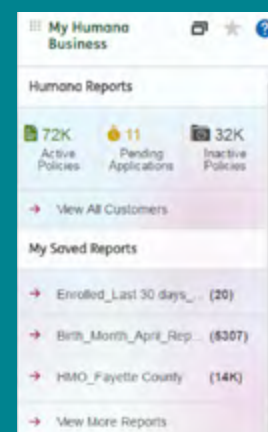
Enrollment Status Check Options:

My Humana Business Center

Launched just last year, Agents can now access all application and enrollment status tools, at a simple click of a button. No more calling and waiting on the phone, simply visit *My Humana Business Center* for all your needs when following up on a new member's status.

Benefits of using My Humana Business Center

- 1 The My Humana Business Center is accessible via Vantage to view the enrollment status of you clients online.
- 2 The ability to access client application and member status is available 24/7 on any device.



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Enrollment Methods (continued)

- 3 Select the Filter Tab, then Policy Status Filter. Select any status, then click the apply button. The results will show the status of the application(s) and the reason for the corresponding record(s). You can also take advantage of the tool's robust filtering and customized reports to find exactly what you are looking for.

The screenshot displays a web application interface for managing enrollment data. On the left, there is a 'Filter Results' sidebar with a search bar and a 'Filters' section. The 'Policy Status' filter is expanded, showing several options: All (10294), MAIPO (0), PSP (5022), GRB (0), and Med Stop (4202). The 'Apply' button is visible at the bottom of the filter sidebar. The main area shows a table of customer records with columns for Name, Type, Coverage Type, Plan Type, Sales Product, Effective Date, Status, Status Reason, and Member ID. The table lists several records, including ASHER, JOEY W., ASHERMAN, JERRY R., ADAMS JR, CHARLES W., ADAMS, DAYDARA L., ADAMS, BUSTON, ADAMS, CAROLINE K., ADAMS, DORIS, ADAMS, JAYCE H., and ADAMS, LORNA C. On the right side, there is a 'Plan Type' filter sidebar with options like All (10294), MAIPO (0), PSP (5022), GRB (0), and Med Stop (4202). Below this, there is a 'Sales Product' filter and a 'Policy Status' filter with options like All (10294), Active (4772), Inactive (3573), Cancelled (187), In Progress (123), Suspended (1), and Pending (8). The 'Apply' button is also visible at the bottom of the right sidebar.

✓ Other Enrollment Status Resources

- [My Humana Business Center in Vantage](#)
- [1-800-309-3163](#)
- [ASU email—agentsupport@humana.com](mailto:agentsupport@humana.com)

Post Enrollment Corrections

Post enrollment corrections or issues can be sent to ARSOS via email to AgentRSOS@humana.com or via the Vantage Portal.

[ARSOS Job Aide](#)

[Medicare Post-Enrollment Correction Form](#)

[Medicare Supplement Post-Enrollment Correction Form](#)

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Training

Humana is dedicated to providing our partners and Agents with the necessary information and tools for marketing our Medicare Advantage Plans.

- ✓ **Agency Training**—Humana’s “Why Humana” is a comprehensive training tool that describes Humana’s integrated health and member care programs.

- ✓ **Agent Training**—All field and call-center Agents must complete Humana’s Medicare certification training process before they can market our plans. Upon completion of the Medicare certification training process, Agents will need to complete Humana’s Medicare re-certification each year to continue to market our Medicare Advantage plans. Humana’s certification and re-certification courses consist of AHIP training and testing and Humana training and testing.
 - **Humana’s Medicare certification and recertification training program for field and call center Agents is available by mid-July annually.**
 - **Training can be accessed through Vantage.**
 - **Certification:**
<http://apps.humana.com/marketing/documents.asp?file=3311932>
 - **AHIP:**
<http://apps.humana.com/marketing/documents.asp?file=2940171>

[External Telesales/eVendor Agent Training](#)

[Field Agent Training](#)

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MarketPoint University

Welcome to the Humana MarketPoint University!

It is your one-stop solution for ALL of your training needs! Humana MarketPoint University contains many different kinds of training resources you can use, from online courses to quick job aids, videos and presentations.

Step 1:

Go to Humana.com and log in with your agent credentials to arrive at Humana Vantage, the Agent Portal



Step 2:

Under the 'Education' heading, click on the link for Humana MarketPoint University



Looking for something else? Log on to Humana MarketPoint University and try the search feature. Simply type your query into the search bar.

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Marketing

Marketing Materials and Capabilities on the Marketing Resource Center

Access hundreds of pre-approved, customizable marketing materials through our Marketing Resource Center (MRC).

✓ A wide range of tools and ability to customize:

Print:

- Flyers
- Small print ads
- Postcards
- Conversation guides
- Print ads

Digital/Media:

- Radio scripts

Additional Resources:

- Multiple languages
- Variable sizes
- Customized with your info



✓ No more stuffing envelopes or stamping postcards!



Order in bulk with
your credit card



Orders will be printed
and shipped directly to
your doorstep

✓ Order merchandise for your grassroots marketing events!



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Marketing (continued)

The use of generic materials by external agencies is permitted as outlined in the [External Partner Job Aid on Generic Marketing Materials](#). Partners may also create their own non-generic marketing materials and submit them to Humana for review and approval. If the material is subject to CMS approval, Humana will file it. Partners should consult the [Third Party Marketing Guardrail Job Aid](#).

Custom Materials Submission Process (Corporate Review):

Partners should send these marketing pieces to their National Account Executive (AE).

- 1 Prior to submitting a piece for review and approval, the partner should confirm its adherence to the Medicare Communications and Marketing Guidelines (MCMG).
- 2 Upon submission, supporting documentation should be included (e.g., Word document with URL content) as well as the marketing intake form.
- 3 The AE will review the materials for accuracy (including spelling, grammar, fact checking, phone numbers and URLs verified) and adherence to contractual agreements and compliance requirements.
- 4 The Sales Integrity Team will conduct a pre-review and make recommendations as needed prior to Corporate Review (which may have additional request for changes).
- 5 The partner should review all the comments and make the applicable changes. If a change is not made for some reason, it should be notified and justified, as additional discussion may need to occur.
- 6 The AE will confirm the piece has been reviewed and submit it to Corporate Review.
- 7 The piece will be reviewed by internal Humana teams. They may have additional questions and request changes prior to submitting to CMS. Your AE will advise you regarding time expectations.

Humana Logo

Humana's logo may only be used with Humana's approval. Logo use must be reviewed by the [Brand Help Desk](#) or by Humana's Internal Marketing Team. If you have questions on which approval is required, please reach out to your AE.

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Elite Agent Program

Humana MarketPoint's External Elite Agent Program is designed to acknowledge and reward external Agents whose Medicare Advantage (MA) enrollment performance surpasses the performance of their peer group. The Elite Agent designation is effective for an annual campaign effective the year beginning October 1 and ending September 30. Each year, Agents will be notified if they have been newly designated or if their Elite designation is still in effect by mid-July. *Click below* for more detailed information about the program.

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Sales Compliance

Compliant sales interactions between Humana-certified Agents and Medicare beneficiaries are paramount at Humana. Humana's Medicare certification program is designed to thoroughly train Agents on our sales requirements, products and enrollment processes. When non-compliant sales or allegations of misconduct occur, we take these matters seriously. The information in this section is intended to provide transparency into Humana's stringent sales-compliance program.

Non-Compliant Sales

Definition:

An Agent might be licensed in his or her resident or non-resident state and contracted with Humana but not certified for the product sold. In situations like this, a “non-compliant sale” will result. For instance, an Agent might be licensed in his or her resident or non-resident state and contracted with Humana but not certified for the product sold. In situations like this, a “non-compliant sale” will result. This means that the Agent is not qualified to sell the product and, as a result, neither the Agent nor the external partner will receive compensation for the sale. The applications will be processed as usual and the beneficiary may be notified that the Agent who sold the plan was not qualified and given the opportunity to enroll in a different plan if they desire.

Important Note: If a non-compliant sale occurs because the Agent is not licensed in the state where the beneficiary resides, all state laws require Humana to **terminate the Agent's contract**. Humana will notify the partner that we will terminate the agent's contract, and the Agent will receive a letter from Humana advising them of the termination. The Agent is terminated immediately and is ineligible to re-contract with Humana. In this case, the Agent can appeal to become re-contracted a minimum of 12 months from the date of termination.

Process:

If an Agent makes a non-compliant sale, they will be notified by email from Humana. **The email will have the subject line:**

Humana Non-compliant Sales Activity. Any Agent who continues to make non-compliant sales is subject to having their Humana contract terminated and the appropriate DOI notified.

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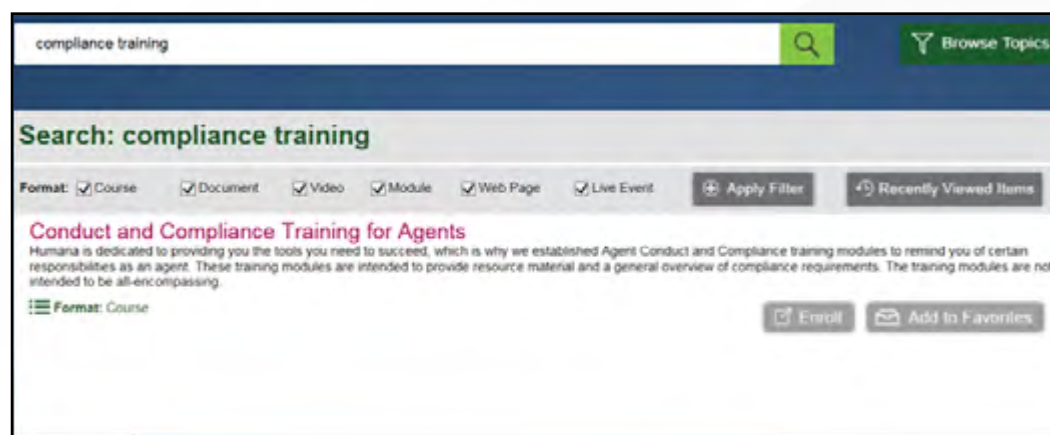
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Sales Compliance (continued)

Sample non-compliant sale notices are attached. Again, these notices will be sent directly to the Agent who made the non-compliant sale.

- [Humana Non-Compliant Sales Activity](#)
- [MarketPoint Example of Non-Compliant Sale](#)

For information about how Agents can avoid non-compliant sales and access Humana’s policies and processes around this topic, go to the Education card on Humana Vantage. Then click Humana MarketPoint University and type “compliance training” in the search bar.



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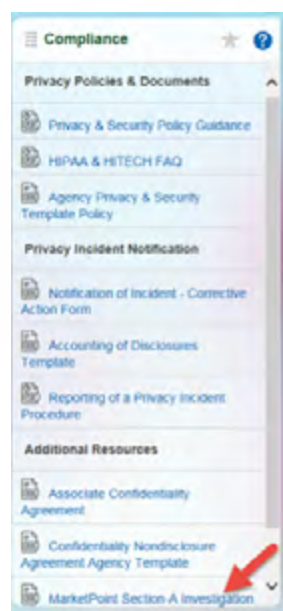
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Sales Compliance (continued)

Process:

Allegations are researched by Humana's Agent Investigation Unit (AIU). The AIU will request an Agent statement, when appropriate, via email from the Agent named in the allegation and a copy of the recorded call (for call-center Agents only), which must be returned to Humana within five business days. Findings from AIU's research are provided to Humana's Sales Integrity team, who will review the case and assign the appropriate corrective action.

For more information about Humana's Agent Investigation process, go to the Compliance card on Humana Vantage and click MarketPoint Agent Investigation.



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Sales Compliance (continued)

Sales Oversight Activities

Humana's Sales Integrity and Partner Compliance teams also conduct various oversight activities throughout the year to ensure our partners are maintaining compliant sales processes and have CMS-compliant standards in place. Included in these oversight activities are:

- **Partner Compliance Agency Audits**—Audits that look at the partner's compliance program effectiveness.
- **Partner Compliance Fraud Waste and Abuse (FWA) Training and Attestation**—CMS requires FWA training at the time of orientation and annually thereafter. This training is completed during the certification and recertification process. If the agency employs non-agent staff, they must also have FWA training at the time of hire and annually thereafter.
- **Partner Compliance Organizational Compliance Program Self-Assessment**—A questionnaire that partners complete when they first contract with Humana and then every five years thereafter.
- **Sales Integrity Agency Monitoring**—Audits designed to provide a closer look at how the partner uses/shares administrative fees, uses lead aggregators, participates in gift giving and other topics as determined by the Sales Integrity team.
- **Sales Integrity Monitors the Quality Assurance Programs of Call Center Partners**—Humana requests quality assurance documentation from five call-center partners per year and then selects five Humana enrollment calls to review.
- **Sales Integrity Marketing Retrospective Review**—Partners who create generic Medicare marketing materials, which aren't subject to Humana review/approval or CMS review/approval, may be selected for a random audit of generic materials used during a specified period.
- **Sales Integrity Secret Shopping**—During AEP, we conduct secret shopping of marketing events and call center partners. Call centers selected for the secret shopping process will receive feedback.
- **Sales Integrity Short-term Disenrollments and Cancellations**—Humana monitors short-term disenrollments and cancellations and provides feedback to partners.

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Sales Compliance (continued)

Cycle Time Report Application Timeliness

You will be notified if an Agent continuously submits applications beyond the acceptable time frame. Per CMS guidelines, Humana must process the application within seven days of the member signature. Application timeliness reports will be reviewed by the local Humana market office to identify trends and coach Agents, if necessary.

The local market office will:

- 1 Review the documentation, job aid and report.
- 2 Schedule time with the Agent to discuss the review of the data and document the discussion.
- 3 Complete the corrective action appropriate to the Agent's unique situation.

OEP Compliance

When a client expresses any sort of dissatisfaction with the plan they've selected, Agents may then discuss the client's available election periods (SEPs, OEP, etc.). As a general rule, keep the conversation simple.

- Even with the OEP restrictions from the Centers for Medicare and Medicaid Services, there are lots of opportunities to grow your book of business outside of AEP. With client-initiated conversations, when a client expresses any sort of dissatisfaction with a plan they've selected, ask whether they will be able to change plans, then the Agent may then discuss the client's available election periods (SEPs, OEP, etc).
- If a client initiates the topic with an Agent, at the beneficiary's request, you are allowed to talk about options to switch during OEP, send plan marketing materials, have a 1:1 meeting or provide information on the OEP through a call center. As a reminder, unsolicited phone calls are never permitted.

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Agency Management

Agent Appointments

Humana's Just in Time (JIT) appointment process was built to comply with CMS requirements, ensure licensed Agents receive timely appointments to make compliant sales and reduce overall appointment costs to Humana.

- Submit the Producer Add (PA) record for the agent's resident state. (It isn't necessary to include the resident state itself on the PA record.)
- Humana will call National Insurance Producer Registry (NIPR) and pull back the information for the agent's resident license plus any non-resident licenses active at that time. Those licenses will be placed in a holding table and the agent will be in "Pending Execution" status until they certify for Medicare Advantage or submit a quote or an enrollment for Medicare Supplement or dental/vision products. (If the agent has a Pennsylvania, Montana or territory of Puerto Rico resident license, the appointments for these states will trigger immediately after the call to NIPR.)
- Once the agent certifies for Medicare Advantage, Humana will load the agent's licenses currently in the holding table, the agent will be placed in "Active" status and the appointment(s) for the agent's resident state will be generated based on the certification they took. Appointments for non-resident states will be generated at the time the agent submits applications for those states. (If the agent has a Pennsylvania, Montana or territory of Puerto Rico non-resident license, the appointments for these states will trigger upon certification.)
- If the agent obtains additional non-resident licenses after originally contracted, the partner will need to submit License Add (LA) records for those states.

MGA Partners:

After the Agent has successfully completed our background-check process, Humana will verify the Agent's license information with NIPR and identify their resident and non-resident states. Humana will preload the license information in our system and appoint the Agent in their resident state when they certify for Medicare or submit an application for dental or vision business in their resident state. Humana will appoint the Agent in their non-resident state upon submission of Medicare or dental/vision business in that state.

SA Partners:

After the Agent has successfully completed our background check process, Humana will verify the Agent's license information in NIPR and identify their resident and non-resident states. Humana will preload the license information in our system and appoint the Agent in their resident state when they certify for Medicare or submit an application for dental or vision business in their resident state. Humana will appoint the Agent in their non-resident state upon submission of Medicare or dental/vision business in that state.

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FAQs

Q: If a partner submits LAs after the PA but before the agent certifies, are those LA requests going to show as cancelled in PO or will those LAs be held on the same holding table until the agent certifies?

A: They will be on the same holding table. They will say completed not cancelled, as long as the producer was approved and is in pending execution status.

Q: Are agents of EDI partners still going to be pre-appointed?

A: No. Agents of EDI partners will activate after they certify and they will be appointed the same as all other producers: resident Humana Insurance Company (HIC) appointment with certification and any other appointment when an enrollment is received.

Q: Are CarePlus appointments activated through the JIT process

A: Yes. CarePlus was integrated into the JIT process in January 2019.

Minimum Business Requirements

Humana outlines minimum business requirements in the appendix of our Producer Partnership Plan (PPP). (See Minimum Production Standards: www.Humana.com/SellHumana.)

Producers identified as not fulfilling the minimum business requirements will be invoiced for any renewal appointment fees paid by Humana in the Appointment Fee Reimbursement (AFR) process.

Appointment Fee Reimbursement

Each year, Humana applies the Minimum Business Production (MBP) standards found in the appendix of the PPP. The appendix states:

“Should an Agent fail to meet at least one of these Minimum Business Production standards and choose not to reimburse Humana for all renewal appointment fees paid by Humana on their behalf, the Agent’s contract will be either terminated or placed in an inactive status under an Inactive Status Amendment.”

The producers identified as not having fulfilled the MBP standards after 12 months (from contract date) may receive a reimbursement request. As indicated in the letter, producers will have 45 days from letter date to submit payment. If the payment is not received in a timely manner, the producer will be placed in an inactive status.

No solicitation or negotiation of new business is allowed while a producer is in inactive status. It is important to note that commission payments will cease immediately when a producer is put in inactive status. The inactive status will allow for continued renewals from non-Medicare products.

If a producer misses the 45-day window to reimburse Humana for their appointment fees, they may still submit a payment in check form but will need to re-contract through the Producer Onboarding tool after the payment is processed.

It is important that the partner reach out to Agents to reinforce the importance of paying the appointment reimbursement fee in a timely manner.

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Reimbursement checks can be made payable to Humana and mailed to:
Humana

Attn: Finance—Agency Management
1100 Employers Blvd.
Green Bay, WI 54344

Agents should include a copy of their invoice with their payment. Please note, these producers are excluded from the appointment fee reimbursement process:

- Strategic alliance Agents**
- Producers contracted less than 12 months**

Lack of Production Appointment Terminations

Humana periodically reviews state appointments, and we are required to notify producers per state regulations if we terminate appointments for lack of production. Appointment changes do not impact current books of business or the Agent's state license status, and the Humana Producer Contract remains active. No action on the producer's part is needed to maintain the appointments required for the current or future business. As long as the producer is properly licensed in the state where they are selling and maintains an active Producer Contract, Humana will automatically appoint them for the specific appointment that is necessary. An email notification will be sent to the producer automatically at the time of the re-appointment. The partner should also receive a listing of impacted agents.

Sample Appointment Notification:

“For the state of West Virginia, the following appointment(s) are terminated; however, if you do sell, solicit, negotiate, be a writing agent, agent of record or in any manner or capacity represent these entities, you will be automatically re-appointed as long as you are properly licensed in the state and have an active producer contract at the time:

HUMANA INSURANCE COMPANY

This appointment termination is in accordance to your Humana Producer Contract. State regulations require that we notify you to return or destroy all copies of confidential information immediately for HUMANA INSURANCE COMPANY for the state of WEST VIRGINIA. If at any point you become re-appointed for this legal entity, you will regain access to these materials.

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Please Note: Even if appointments are terminated, the producer's contract will still be active. If the producer writes business in a non-resident but licensed state, Humana will reactivate the appointment through our Just in Time appointment process and the sale will be a compliant sale.*

General Appointment Disclaimers

Licensing information on Vantage does not reflect **line of authority**. Producers should verify with the department of insurance in the state they intend to sell that they have all necessary Lines of Authority prior to making a sale.

- **Florida** DOI requirements differ from Humana requirements. Humana requires Agents to have a Florida Health license to market and sell MA and PDP plans.
- **North Carolina** requires a Medicare Supplement/Long-Term Care license as well as a Health license to market and sell MA and PDP plans.
- **New York** requires a *Prospective Life/Accident and Health Insurance Agents (LA)* license to market and sell MAPD plans. The *Prospective Life Insurance Brokers (LB)* license is not appointable by Humana.
- **Pennsylvania, Montana and Puerto Rico** require Agents to be appointed prior to the sale of MA and PDP plans. If you are unsure about your current appointment status, please email Agentsupport@humana.com.

Please be advised that **Agents** are ultimately responsible to ensure they have all required licenses. While Humana strives to provide accurate and **up-to-date** information concerning licensing, Humana is not responsible for any errors or omissions of any licensing information provided. We recommend Agents confirm with the relevant departments of insurance that they have the appropriate licensing and lines of authority for the products they intend to market and sell.

Humana's Agent of Record Protection Pledge.

Under The Agent of Record Protection Pledge, your AOR status—and corresponding renewal commissions—will be retained when existing Humana members make like-to-like plan changes via CMS.gov, HumanaMedicare.com or with help from a Humana telesales agent.

- When an existing member makes a like-to-like plan change from any Humana MA, MAPD or PDP plan to another MA, MAPD or PDP Humana plan (e.g., MA plan to a different MA plan)

*Agents must be certified

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Agency Management (continued)

- Also applies to like-to-like CarePlus plan changes (moving from one CarePlus MA plan to another CarePlus MA plan)
- When an existing member makes such a plan change via www.CMS.gov, HumanaMedicare.com or with help from a Humana telesales Agent

<https://www.cms.gov/>

<https://www.humana.com/medicare/>

*Agents must be certified

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Book of Business Transfers

Lack of Production Contract Terminations

As part of cost-reducing efforts, Humana periodically reviews Agent's production to ensure we are maintaining an efficient distribution channel. If the review finds the producer has no in-force business for longer than 12 months, they may be notified either by email or letter of a change in their overall contracting status (pending termination). Partners should also receive a listing prior to the termination. If, after the termination date, Agents wish to re-establish their Humana Producer Contract, they should contact their upline for assistance. Please note that Humana may seek reimbursement for appointment fees that it incurs when any terminated appointments are re-established.

Reminder: Humana has no requirements for the Principle Officers to be contracted if they are not producing.

Deceased Agent

If an Agent passes away, Humana will pay the executor up to 180 days of commissions with a copy of the death certificate and note stating who the executor is. After the 180 days, the business will need to be moved to another certified Agent. These transfer requests can be sent to AgencyMgt@humana.com. If the partner is the AOR, they can move the book of business to a licensed, appointed and certified Agent of their choice, or the business will move to the default Agent.

Designated/default Agent

An agency that receives compensation on behalf of the Agent (via ABTF commission assignment) should proactively request that a designated or "default" Agent be associated to their SAN/Tax ID. This request will authorize Humana to reassign business to the compliant default agent in place of the original writing agent when needed.

When is a default writing Agent needed?

If the original writing Agent is no longer licensed, appointed, certified or has a status change to their contract, business may be moved to the default writing Agent. If a default Agent is not designated at an Agency that's been assigned commissions, the business of Agents who are no longer compliant or have a status change to their contract will be moved to Humana's house account.

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Book of Business Transfers (continued)

If there is no default writing Agent on file:

Humana conducts monthly business reviews related to compliance: license, certification and appointments. We will manually attempt to find a suitable replacement (also associated with the agency via ABTF) for the scenarios where the original Writing Agent (WA) has termed, become inactive or is no longer compliant. If no suitable Agent is found and there is no default agent on file, the policy will be moved to Humana's house account. All policies will be moved if the Agent is no longer active (with the exception of vested business).

- If a WA is non-compliant and transactions have been pending for at least three months, then the policy and any future commissions will be moved to Humana's house account via a monthly review process.
- Producers are notified during contract status changes, but they are not notified in cases where they are removed due to non-compliance (which includes expired certifications).
- It is important to note that the AOR is not notified of who the existing business is moved to if the business is moved to the default Agent, another Agent under the AOR or Humana's house account.

Default Agent Requirements:

- Active license on file with Humana**
- Certification (confirm completion)**

If an agency designates a default WA on behalf of the agency, that Agent must be fully compliant in order to receive compensation. The agency may send a request to AgencyMgt@humana.com titled "Default Agent for Agency Compliance" or the external partner may contact their National Account Executive. The agency is responsible for updating this information as needed.

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Commissions

Payment Cycle

Humana first-year standard (Agent) and administrative (agency) commissions process every Wednesday night. Renewal standard and administrative commissions process on the 17th of each month and pay on the next available commission run. Commission statements are available every Thursday and payments are made every Friday. Commission amounts are outlined in the Producer Partnership Plan or your agency's Marketing Distribution Agreement (MDA).

Initial commissions first and second payments

- ✓ **First half**—paid after the policy is approved by Humana and may be released on a different pay cycle than 2nd half.
- ✓ **Second half**—commissions are released after Humana receives and processes the CMS report verifying enrollment type.
- ✓ The report is received monthly between the second and eighth.
- ✓ If CMS determines that no second half payments are due, the Agent must dispute this decision with CMS because Humana is required to pay according to the report.

Audit Request Procedure

Partners should keep detailed records of their book of business and frequently review their commission statements and reports to ensure you understand the transactions. In the event that you find a discrepancy, Humana's commission audit process allows us to research the concern. By following this process, it ensures that we have the information we need to complete a full audit of the sales in question.

The Medicare Pay Audit Request Form must be completed and submitted in Excel format only. Handwritten, PDF or non-Excel format audit request submissions will not be accepted. Please do not include previously submitted requests on the same form. The process for submitting pay audit requests is as follows:

- ✓ Examine your commission statements, book of business and termination reports thoroughly before submitting audit requests.
- ✓ Wait four pay cycles from application submission date before requesting a pay audit.

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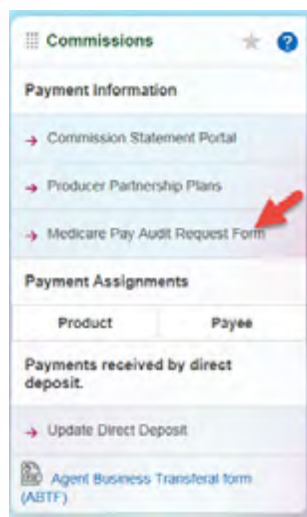
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Commissions (continued)

- ✓ The audit request form should be completed with only the commissionable items that are believed missing. To determine what is commissionable, refer to the PPP found in Vantage or your MDA.

Commission statements, reporting and audit forms can be located on the Commission card via Vantage.



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Frequently Used Forms

The Agent Business Transferal Form (ABTF)

1 This form will:

- Update the Agent's payee; either deferring standard compensation to another entity (e.g., Agency Tax ID) or re-establishing the Agent as the payee. If the agent is paid direct, this will result in a 1099 and should be linked to a personal bank account on file.
- Influence existing and future payments, by directing all commissions to be paid out to the entity listed. If the Agent is not moving their entire book of business over to an entity (which will effectively make the new entity the owner of the policies), they should **ONLY** check Future Business Only.

2 This form will **NOT**:

- Allow an agency to transfer/release business to another entity.
- To release business, use the Business Release form or send an email to Medcomm@humana.com with a attached letter on company letterhead.

3 The signature date on the ABTF is only good for processing within **60 days from the date listed**.

4 The ABTF will go into effect for all applicable policies according to the process date, not the date submitted. This will be important as Humana pays external partners according to submitted sales.

5 The ABTF should be sent to AgencyMgt@humana.com, however if you also have a release or assignment form, it can all be sent into AgentSupport@humana.com for cohesive processing (logging a release first, then updating the ABTF accordingly).

6 If an Agent has an external partner or MGA on file as their payee, we cannot process a new ABTF without an immediate release from the partner. The agent could be subject to a 180-day wait if no release is submitted.

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Reminders

- ✓ **MGA Partner or Sub-MGA Partner:** Receives override commissions. Override commissions will always pay to the original upline on the policy, no matter the AOR changes that occur on the policy.
- ✓ **Agent of Record (AOR):** Agent or Agency that controls the policy and receives standard commissions. AOR may be the same as the writing Agent, or different, depending on commission assignments (ABTF) that the writing agent has on file with Humana at the time the application is submitted.
- ✓ **Writing Agent (WA):** Agent who signed the member up for the policy. Agent will be both AOR and WA if they are paid direct by Humana (and not receiving their standard commissions through an agency).

Important: As an External Partner, you should educate Agents and agencies on what the ABTF accomplishes. If an Agent has signed this document, it is our expectation that they understand the impact to their commissions. If an Agent is no longer working with you, it is imperative they have the correct payee assignment on file.

This form's intended use is to update the Writing Agent (WA) listed on a policy. In most instances, agencies that retain ownership of business (receiving Agent-level commissions due to ABTF on file) can authorize a change in servicing agents without releasing their business overall. For example, if an Agent is no longer working with an agency, they may move the previous Agent's partial or entire book of business to another Agent within their agency.

Business Release

This form's intended use is to release either an entire or partial book of business. The release authorizes a new agent to own (receive commission) and service applicable policies (assuming compliance requirements are met). It is important to note that if an agency or partner is releasing its business back to an Agent that is leaving, it should identify all applicable policies via Excel spreadsheet.

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Frequently Used Forms (continued)

Tools to help with member retention

To truly support your clients, you have to do more than just make a sale. You need to help them understand the enrollment process and earn their trust over time. The relationship you begin now is the key to long-term client retention.

The 3-30-60-90 Day Guide will help.

Use it to help you onboard new members, schedule timely follow-ups and have the right conversations—every single time. Keep it handy when you're calling members to ensure your conversations are informative, accurate and compliant with Humana's guidelines.



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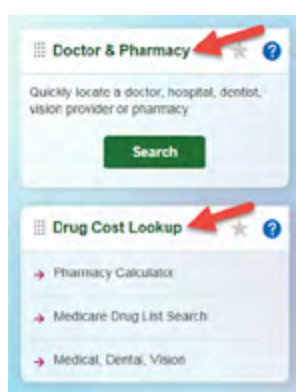
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General Topics

In-Network Tools

Because provider availability and prescription drug coverage are important factors in the Medicare plan selection process, Humana has tools to help determine if certain doctors and pharmacies participate in our network and if certain drugs are included in our formularies.

Find the Doctor & Pharmacy and Drug Cost Lookup cards on Vantage and click the appropriate tool.



Agent Partner Reports

Report Name	Report Description	Report Use
External Partner Certification, Appointment and License (EP3)	Detailed certification, appointment and license information for agents or agency	Agency can verify Agent appointments, state licensure and certification prior to selling
External Partner Agent Roster (EP4)	Detailed Agent demographic report	High-level list of all Agents within the External Partner channel including address/email/certs/sales
External Partner Submitted Sales (EP7)	Detailed list of submitted sales (applications) by Agent	Agency can track and verify submitted sales by Agents
External Partner Book of Business (EP10)	Partner Book of Business	Agency can view entire Book of Business (BOB) submitted to Humana
External Partner Payee (EP13)		MGA Partners can view what Agents are paying directly to agency
Partner Scorecard	Unique, custom report provides a detailed view of sales, metrics, compliance and more per agency	Scorecard provided quarterly Talk to your National Account Executive for details

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Agent or agency communications

Humana strives to keep our contracted agencies and Agents informed about products, processes and best practices. Frequently, we send an electronic newsletter with information about trainings, products, compliant practices, sales opportunities, etc., so that you and your Agents are well-informed. When warranted, we will also send important announcements on an as-needed basis.



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Glossary of Terms (continued)

ABTF	Agent/Agency Business Transferral Form
ACE	Agents Contracted Electronically
AEF	Abbreviated Enrollment Form
AEP	Annual Enrollment Period
AFR	Appointment Fee Reimbursement
AHIP	America's Health Insurance Plans
ANOC	Annual Notice of Change
ANOR	Annual Notice of Renewal ¹
AOR	Agent of Record ²
APED	Affinity Partner Enrollment Data ³
API	Application Program Interface
ARSOS	Agent Retail Service Operations Support
ASU	Agent Support Unit ⁴
AWB	Agent Work Bench ⁵
B&E	Billing and Enrollment
BAM	Business Activity Monitor ⁶
BN	Benefit Number
BOB	Book of Business ⁷
BSN	Benefit Sequence Numbers
CAF	Consumer Authorization Form
CAP	Corrective Action Plan
CC	Chronic Condition
CC-SNP	Chronic Condition Special Needs Program
CERT	Certification
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
D2C	Direct to Consumer
DD	Direct Deposit ⁸

¹Materials sent to Humana members documenting any changes in their insurance for the plan year. Used to be called ANOC, but renamed ANOR by CMS.

²Sales agent on file as the agent who provides service to the member. Not necessarily the writing Agent. If a member is transferred from the Agent who wrote their policy to another Humana certified Agent, an Agent of Record transfer must take place.

³Report provided to Affinity partners showing submitted enrollments.

⁴Humana Call Center unit dedicated to providing support and information to sales Agents only.

⁵Online quote and enrollment tool for individual products: IMM, Ancillary and Specialty.

⁶Dashboard which presents end-to-end tracking of the enrollment process.

⁷Client list.

⁸Form used to update banking account information.

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Glossary of Terms (continued)

DME	Durable Medical Equipment
DOB	Date of Birth
DOI	Department of Insurance ⁹
DOS	Date of Service
EDI	Electronic Data Interchange
EHUB	Enrollment Hub
EOB	Explanation of Benefits
EOC	Evidence of Coverage
EP Reports	External Partner Reports
FASTAPP	Fast Application ¹⁰
FMO	Field Marketing Organization ¹¹
G&A	Grievance and Appeals
GA	General Agency
GI	Guaranteed Issue
GPA	Group Producing Agent or Agency
H1	HumanaOne
HEDIS	Healthcare Effectiveness Data and Information Set ¹²
HIC	Humana Insurance Company
HIPPA	Health Insurance Portability and Accountability Act ¹³
HMO	Health Maintenance Organization
ICEP	Initial Coverage Election Period
IVR	Interactive Voice Response
JEB	Juvenile Estate Builder
KMSI	Knowledge-Management Solutions Incorporated
LA	License Add
LEP	Late-Enrollment Penalty

⁹The DOI manages licensure per state on a product level for instance the DOI would approve Medicare Supplement Plans on a per-state basis.

¹⁰An electronic sales application.

¹¹Similar to an MGA.

¹²National data set utilized as a health plan quality measure.

¹³Privacy Information Privacy.

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Glossary of Terms (continued)

LIS	Low-Income Subsidy ¹⁴
LOP	Lack of Production
LPPO	Local Preferred-Provider Organization
M2M	Market to Market
MA	Medicare Advantage
MAF	Member Authorization Form ¹⁵
MAPA	Medicare Advantage Paperless Application ¹⁶
MAPD	Medicare Advantage Prescription Drug (Plan) ¹⁷
MECA	MarketPoint Exclusive Contract Agreement ¹⁸
MEDIGAP	Medicare Gap (in protection) ¹⁹
MER	Medical Expense Ratio ²⁰
MGA	Managing General Agency ²¹
MGA	Marketing General Agency
MOOP	Medical Out of Pocket
MP	MarketPoint
MRC	Marketing Resource Center
MSA	Manager of Sales Administration
MSS	Market Support Specialist/Manager Self-Service
OEP	Open Enrollment Period ²²
OES	Order Entry System
OON	Out of Network
OSB	Optional Supplemental Benefit
OTC	Over the Counter
P2P	Plan to Plan
PA	Producer Add
PBP	Plan Benefit Package

¹⁴Subsidy provided by the government to individuals falling under a certain income level; effectively a price break on their insurance premium.

¹⁵Document the member completes which gives the Agent permission to speak to the member about non-health related products.

¹⁶MAPA is used by our field Agents to take different types of applications while in the field and then upload the applications to Humana via the Internet.

¹⁷Sometimes called the medical loss ratio. Proportional expense ratio between the actual cost to deliver medical services and the actual premium dollars collected by the plan.

¹⁸Independent agent that only sells Humana products.

¹⁹Medicare Supplement Plan

²⁰Sometimes called the medical loss ratio. Proportional expense ratio between the actual cost to deliver medical services and the actual premium dollars collected by the plan.

²¹Insurance brokerage firm contracted to sell Humana products (not always exclusive). Managed by the Delegated Sales team.

²²This used to be the period after AEP when Medicare eligibles could make one change in the Medicare/Medicare Advantage enrollment. OEP was discontinued as part of healthcare reform.

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Glossary of Terms (continued)

PCP	Primary Care Physician
PDP	Prescription Drug Plan
PFFS	Private Fee For Service
PHI	Personal Health Information/Protected Health Information
PID	Person Identification
PMPM	Per Member Per Month
PO	Producer Onboarding
POA	Power of Attorney
PPO	Preferred Provider Organization
ROY	Rest of Year
RX	Prescription
SAN	Sales Agent Number
SEP	Special Election Period ²³
SNP	Special-Needs Plan
SOA	Scope of Appointment ²⁴
SOB	Summary of Benefits ²⁵
SSA	Social Security Administration
TIN	Tax ID Number
VAT	Voice Activated Technology

²³Allows Medicare eligibles to sign up for a Medicare Advantage plan outside of AEP, as a result of special circumstances for that individual. An example of an SEP might be a person's current health plan discontinuing coverage/pulling out of a market.

²⁴Form required by CMS that details specifically the products the member wishes the Agent to present within a particular appointment.

²⁵Might also be called "Ben Sum."

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Summary

Thank you for representing Humana. We will do what it takes to help you make the most of your relationship with us. From training to marketing to managing your business, we are dedicated to your needs.

This interactive playbook PDF is yours, so please keep it secure and use it for conducting Humana business only. The content enclosed, and the tools it links to, will help you all along the way as you represent Humana.

Thank you.

Call the Agent Support Unit
at 1-800-309-3163 or email
at agentsupport@humana.com
Monday–Friday, 8am–9pm EST
for additional information.