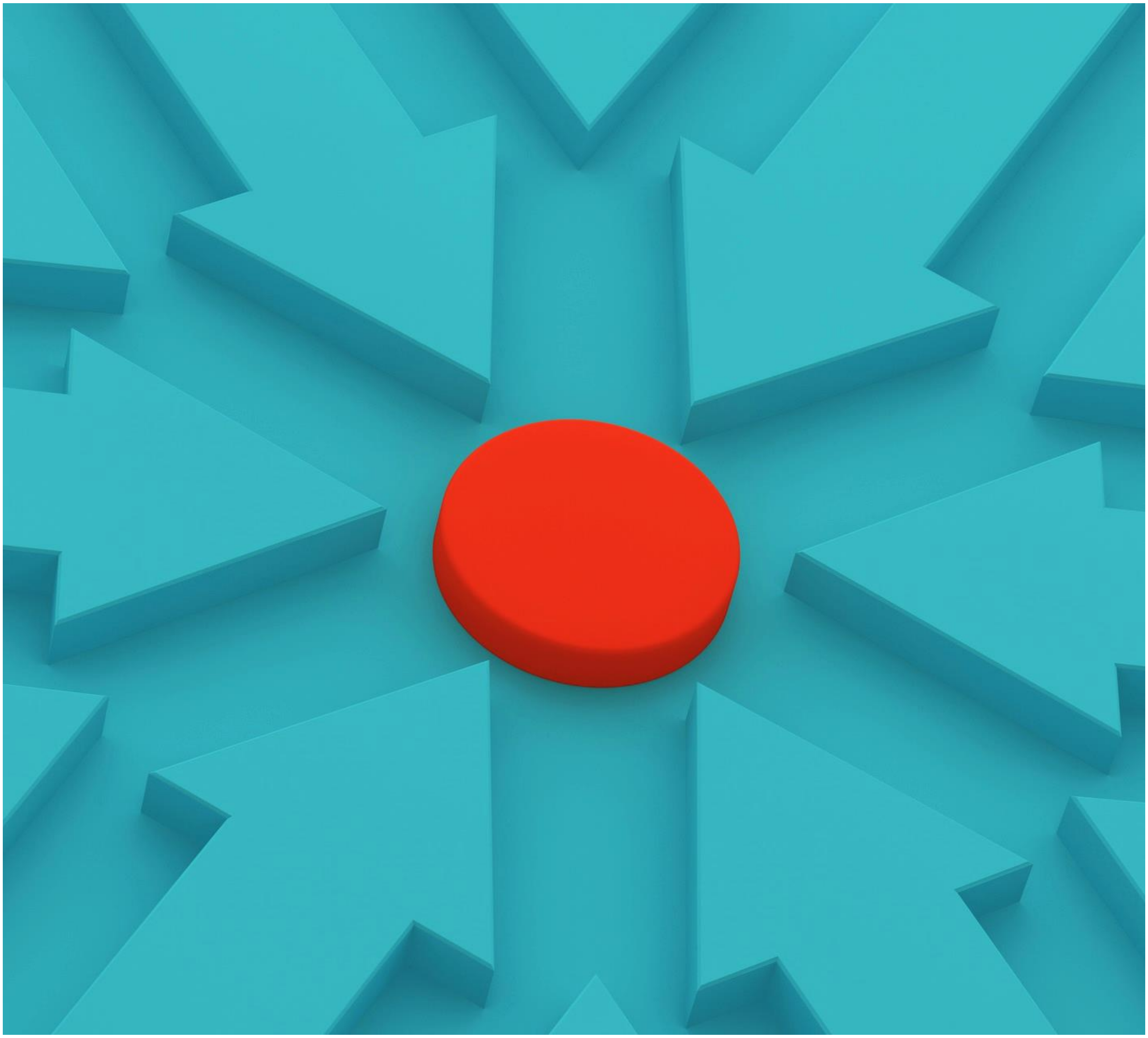


MOLINA MEDICARE ENROLLMENT 2023 HANDBOOK *Updated 10.20.2022*

Sales & Marketing

MolinaAgentCenter.com
Broker@MolinaHealthcare.com

MOLINA HEALTHCARE

CONTENTS

For the convenience of the client and the agent, Molina offers multiple enrollment options. The public health emergencies in our country necessitate distanced options, specifically, telephonic and virtual enrollments. Paper enrollments remain an option for those preferring to fill out the traditional forms.

For information and assistance, please contact us at:
Broker Services Unit (BSU)
(866) 440-9788
Hours: Monday to Friday
6:00 AM-6:00 PM Mountain Time
MCREnrollment@molinahealthcare.com

ENROLLMENT REQUIREMENTS

Scope of Appointment

An agent must obtain a completed Scope of Appointment (SOA) form **prior** to the start of an appointment for all MA, MAPD and PDP sales appointments, whether telephonically, in-person or virtually. Molina strongly recommends using DRX/Connecture to complete each SOA; it's faster, more accurate, and provides permanent storage. If you prefer to complete a paper SOA, see page 5 for instructions.

The SOA must document the following:

- Product types to be discussed
- Date of appointment
- Beneficiary and agent contact information
- Beneficiary signature
- Statement that there is no obligation to enroll; current or future Medicare enrollment status will not be impacted; and automatic enrollment will not occur

A new SOA is required if, during an appointment, the beneficiary requests information regarding a different plan type than previously agreed upon. A SOA is good for a specific appointment only; it is not open-ended.

Recording Requirement

CMS requires that **agents record all sales calls with beneficiaries in their entirety**, including the enrollment process. Molina offers and strongly recommends using the free, CMS-compliant recording and storage capability available in DRX/Connecture. Other approved options include Sunfire or your FMO partners' platforms. Other details include:

- The rule applies to all enrollments with an effective date of January 1, 2023, or later.
- The rule applies to new and existing clients.
- All telephonic interactions between a Medicare sales agent and a Medicare beneficiary or beneficiary's representative must be recorded.
- All sales calls (outbound and inbound) with the intent of enrolling that Medicare beneficiary into a Molina Medicare product must be recorded (along with the enrollment if obtained) by the agent and be retained for 10 years.
- The recordings must be retained in a HIPAA-compliant manner.
- The rule does not apply to in-person sales appointments or face-to-face marketing.

For more information regarding the CMS Final Rule and its impact on Medicare Advantage and Part D drug plans, read the federal regulations here..

Enrollment Guides

Each enrollment kit contains the following items:

- Scope of Appointment Form
- Pre-enrollment Checklist
- Eligibility Attestation Form
- 2023 Member Enrollment Guide
- Summary of Benefits
- Medicare 101
- Drug, pharmacy and doctor information
- Star ratings
- Multi-language insert
- Disclaimers, including the nondiscrimination notice
- Enrollment application – please note that the 2023 enrollment application contains a new line to identify enrollee's race/ethnicity. The enrollee may choose not to provide this information; no application will be held up due to noncompletion of this section.

OPTIONAL MATERIALS

Marketing Collateral

The following items may be ordered through your Broker Channel Manager (see the Molina Healthcare map for contact information) or by calling Broker Services at (866) 440-9788.

- ✓ Enrollment guides
- ✓ Benefits at a Glance (BAAG)
- ✓ Lead cards
- ✓ Customizable brochures
- ✓ Banners
- ✓ Thank you cards
- ✓ Birthday cards
- ✓ Posters with tabs

The following items may be downloaded from the Molina Agent Center:

Marketing

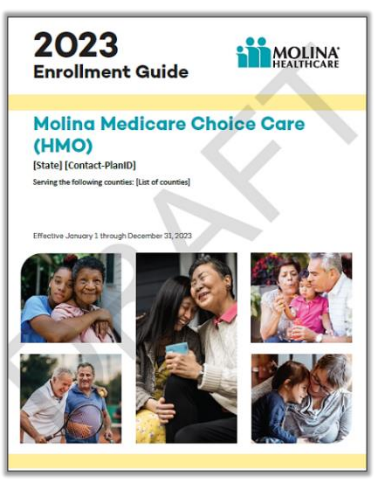
- ✓ State Fact Sheets
- ✓ Marketing Materials Index for Brokers
- ✓ Broker Materials Order Form
- ✓ Medicare and You 2023

Training Guides

- ✓ Molina Healthcare Enrollment Options
- ✓ DRX Training
- ✓ Telephonic SOA & Enrollment Process for Brokers
- ✓ Enrollment FAQ for Brokers
- ✓ HRA Completion, including the new iCario technology

Member Forms

- ✓ Scope of Appointment Form
- ✓ Appointment of Representative (AOR) Form
- ✓ Health Risk Assessment (HRA) Forms



INITIAL CONTACT

Inbound

A prospect calls you, which could result from a marketing campaign, a referral, a community event, or another source.

Outbound

The agent contacts a prospect from any of these sources:

- A received lead card or business reply card (BRC)
- Phone message left by the prospect
- Current member from the agent's book of business

Scope of Appointment

***Electronic (DRX)*:** DRX/Connecture is the best tool for completing an SOA online. Please use your standard log-in and password for DRX and follow the prompts. You can find an instructional video here on YouTube. For more details, see our Enrollment FAQ on the Molina Agent Center.

Telephonic: the SOA may be completed by phone. Call Broker Services at (844) 885-3948 and tell the coordinator you want to complete a telephonic SOA. They're open from 6:00 AM to 6:00 PM Mountain time, M-F. It takes about five minutes to complete, and the agent will receive a confirmation email. For more details, see our Enrollment FAQ or Telephonic SOA & Enrollment Process for Brokers on the Molina Agent Center.

Paper: a paper SOA form may be downloaded here. Once completed, agents must keep a copy for their records for 10 years. The completed form may be:

- Scanned and uploaded into DRX/Connecture
- Or mailed with the enrollment form to this address:

For all plans *except* Passport-KY	**For Passport-KY**
Molina Healthcare ATTN: Membership Accounting P.O. Box 22800 Long Beach, CA 90801-9945	Passport Health Plan ATTN: Enrollment 5100 Commerce Crossings Dr. Louisville, KY 40229-9809

Appointments

When scheduling an appointment, agents may obtain the client's permission to email them the enrollment kit. Agents may instead mail these materials to the client's home.

You're encouraged to keep a record of the materials you have mailed to each client, along with any postage receipts.

SALES PRESENTATION

Telephonic

Call the prospect at the agreed-upon time. Identify yourself and the purpose of your call.

The new CMS disclaimer requirement mandates that all agents make the following statement within the first minute of a sales phone call. The disclaimer is **not** required by a TPMO or an individual contracted agent if they **do** offer every plan in the beneficiary's area.

> *"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options."*

Confirm with the prospect that they have received the marketing materials you sent them. Ask them to keep them open while you're talking, so they can refer to them.

Follow the CMS presentation/script, including the following, as applicable:

- Go over the enrollment kit materials, especially the Summary of Benefits
- Share the plan's Star Rating
- Offer to look up their medications in the plan's Formulary
- Offer to find their PCP and other care providers in the Provider Directory
- Invite the person to enroll with Molina Healthcare

In-person

Identify yourself and the purpose of your meeting. The new disclaimer requirement does apply to and must be used when communicating in person. The disclaimer is **not** required by a TPMO or an individual contracted agent if they **do** offer every plan in the beneficiaries' area.

Share the enrollment package with the client. Conduct your CMS-approved presentation, including the following, as applicable:

- Go over the enrollment kit materials, especially the Summary of Benefits
- Share the plan's Star Rating
- Offer to look up their medications in the plan's Formulary
- Offer to find their PCP and other care providers in the Provider Directory
- Invite the person to enroll with Molina Healthcare

COMPLETION OF APPLICATION

Electronic

DRX/Connecture is the best tool for completing an enrollment online. It provides free call recording, retention, eligibility confirmation for Medicare, and the fastest enrollment processing possible. Please use your standard log-in and password for DRX/Connecture and follow the prompts. The online enrollment replaces the need for the paper enrollment form. You can print a confirmation for the applicant using the print option. If you provided the applicant's email address, DRX/Connecture can email a confirmation to the applicant, as well.

If a member prefers to complete their own enrollment online, the broker sends the applicant a link to self-enroll. The broker will receive credit for that online enrollment. In DRX/Connecture, you can view the new member's plan information. You can also download a copy of the completed application from the new member's profile page for your records.

Telephonic

To accommodate situations where the broker cannot physically meet with the beneficiary, Molina offers an alternative to a paper application or electronic enrollment, the telephonic enrollment. **All telephonic enrollments must be recorded.**

A job aid is available for the telephonic enrollment process on the Molina Agent Center and from Broker Services. Training sessions are also available from your Broker Channel Manager.

The broker will upload the completed Telephonic Enrollment Submission form into Callidus, then the Molina Telephonic Enrollment team will assist them with the enrollment on a recorded line.

In-person

The paper enrollment forms are found in the back of each enrollment kit. Be sure to complete the Scope of Appointment form and date it. Confirm proof of their Medicaid eligibility (if applicable). An Authorization of Representative (AOR) form should be completed, if necessary.

When you and the beneficiary have completed all the paperwork:

- Remind them to call you if they have any questions
- Share your contact information and invite the new member to recommend you to others
- Congratulate them on their decision!

Option to Complete Health Risk Assessment (HRA)

We strongly encourage all agents that are contracted and ready to sell for 2023 to complete an HRA at the point of sale. Those agents completing HRAs on the member's behalf should encourage the member to complete the survey in its entirety, encouraging the member to put unsure/decline language if they do not have access to or don't feel comfortable providing any information. To submit the HRA:

- DRX/Connecture is strongly encouraged
- Email is permitted by using the subject line **Secure Broker Sales Medicare HRA** and emailing to MolinaBrokerHRA@molinahealthcare.com
- USPS mail may be used by mailing it in the standard, CMS-approved, prepaid envelope

The HRA option is only available for new Molina Medicare enrollments. It may be completed at any time, but we strongly encourage its completion and submission at the time of enrollment. For agents eligible for an HRA bonus, remember that the bonus is only available when the enrollment form is completed/submitted prior to the effective date of the beneficiary. For more information, please refer to the HRA Completion and Training Guide on the Molina Agent Center.

SUBMISSION OF APPLICATION

When you are ready to submit the enrollment package, there are several methods you can use. **Emailing applications is not permitted.**

1. **DRX/Connecture** may be used for electronic submissions. This is the preferred method of enrollment. If you've completed a new member's HRA, please upload it here, too.
2. **Fax** paper enrollments to the Molina Medicare enrollment fax line at **(844) 541-6848.** Remember to place a cover sheet on top to ensure PHI is protected.
3. **Agency tool:** Your agency/employer may also provide a Molina-approved tool to submit your enrollments. Please check with your agency on other tools that may be available for you.
4. **U.S. Mail:** Once completed, agents must keep a copy for their records for 10 years. The completed form may be:
    - Scanned and uploaded into DRX/Connecture
    - Or mailed with the SOA and any other forms to this address:

For all plans *except* Passport-KY	For Passport-KY
Molina Healthcare ATTN: Membership Accounting P.O. Box 22800 Long Beach, CA 90801-9945	Passport Health Plan ATTN: Enrollment 5100 Commerce Crossings Dr. Louisville, KY 40229-9809

All enrollment submissions must be made no later than two calendar days of the application signing date. Enrollment applications must be fully completed, including signatures and dates. Broker Services will send a confirmation email for every successful receipt of a paper enrollment sent to the Molina Medicare enrollment fax line.

CANCELLATION OR DISENROLLMENT

Enrollment Cancellations

- A prospective member or their legal representative may request to cancel their enrollment application for any reason **prior** to the effective date of coverage.
- If a prospective member requests to withdraw their enrollment application prior to submitting the application, **you must still submit the application to Molina Medicare**. You will then need to contact Broker Services to request that the enrollment be canceled. Do not mark, write on or alter the application to indicate the member wants to cancel the enrollment. If an enrollment is submitted and later canceled or withdrawn prior to it effectuating, it will not report as the SEP used for that quarter.
- To forward a request from a prospective member or their authorized representative to cancel an enrollment, please email Broker Services at: MCREnrollment@MolinaHealthcare.com.

Request for Disenrollment

Disenrollment requests made to Molina Medicare must be in writing. The member must have a valid SEP to disenroll from the plan.

A member may request disenrollment from an MA plan by:

- Enrolling in another plan (during a valid enrollment period)
- Emailing signed written notice to MCREnrollment@MolinaHealthcare.com
- Faxing a signed written notice to Molina Medicare at (562) 495-1726
- Calling 1-800-MEDICARE

WHAT NEW MEMBERS CAN EXPECT

Acknowledgment of Enrollment Letter

Within 10 business days of receiving an enrollment request, we'll send the enrollee a letter confirming we received their application.

Confirmation of Enrollment Letter

Within 10 business days after CMS approves their enrollment, the new member will receive an enrollment confirmation letter. The member should keep this letter for their records as it may be used as proof of coverage until the member receives their Member ID card.

Member Videos

These are available immediately for members to watch to help answer any questions about how Molina and Medicare work. Visit our YouTube page to see these videos and dozens more.

Onboarding Videos	Health and Wellbeing Videos
Molina Medicare - Medicaid Dual Eligible - How to begin using your plan	***New!*** Molina Caregiving - For caregivers and members
Molina Medicare Advantage: Getting Started	Molina Healthcare YouTube Channel
Molina Medicare: Parts A, B, C, D	Be Prepared for a Disaster
Health Insurance Terms	Molina Staying Healthy
My Molina Member Portal	Molina Help Finder
Member Testimonials	

Member ID Card and Welcome Kit

The member should use this ID card whenever they need medical services. The Welcome Kit is for new members only and contains the Quick Start Guide and other useful information, like member onboarding videos and how to access:

- Evidence of Coverage
- Drug Formulary
- Provider and Pharmacy Directory

Dental Member ID Card

Some Medicare plans offer network dental services. Member of those plans will receive a dental ID card in the mail. The member should use this card to access plan-covered, supplemental dental services. Other plans cover dental services by loading a set amount per plan onto the member's MyChoice card. Please be sure your enrollee knows which way to expect their dental benefits.

MyMolina/Healthy You Flexible Debit Card*

All members receive this debit card, automatically loaded each month with an amount varying by plan type. They get to choose how to spend this amount in a variety of plan-approved supplemental benefits. *This card is called Healthy You for members of Senior Whole Health plans.

Health Risk Assessment

If the member did not complete an HRA with the agent at the time of their enrollment, the member will receive a welcome packet containing a paper HRA. Members are encouraged to submit a completed HRA form using the provided prepaid envelope inside their new member packet.

Given that the HRA is a valuable tool to help the member, we request that all questions are answered in writing. This helps us to ensure we understand the member's needs and help us to provide the best person-centered care.

Welcome Call

Over the first several weeks, a representative from our Concierge Onboarding Team will call and welcome the member and answer any questions they have. We will confirm their Primary Care Provider (PCP). We may also set up a welcome visit with our Care Connections team. This one-hour visit can be done at their home or on a telehealth video call.

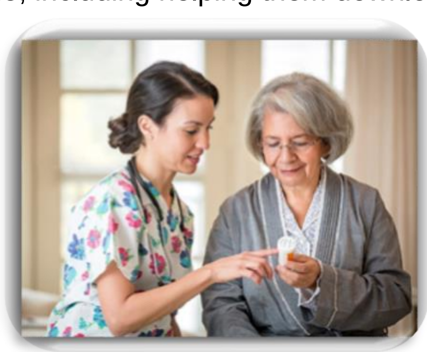
During the welcome call, they will:

- Review their plan benefits
- Help ensure their PCP and other providers are in-network
- Discuss how to access special supplemental benefits for the chronically ill (SSBCI)
- Review their current prescription coverage and other needs
- Go over their OTC benefit
- Set up their Care Connections appointment with our Nurse Practitioners
- Complete their Health Risk Assessment (if not already completed)
- Revisit online resources (like MyMolina App and our website) so they get the most out of their Molina experience

Care Connections

New members will receive a visit from one of our Care Connections Nurse Practitioners, who will:

- Review their health history
- Conduct a wellness checkup
- Create an access plan for the care and services they need
- Find them a new PCP (if needed)
- Schedule their first provider visit and arrange transportation
- Share this information with their doctor to ensure they receive the best care
- Get the right help at the right time, including helping them download and use helpful resources



REMINDERS

Pre-AEP

From October 1-14, **agents may:**

- Meet with beneficiaries
- Assess their needs
- Go over changes to the plans and new options
- Make sales presentations
- Offer recommendations for coverage to meet their beneficiaries' needs
- Return on October 15 to complete an enrollment application

From October 1-14, **agents may not:**

- Encourage completion of the application
- Solicit, accept, take possession of, or "hold onto" any applications for the next plan year before AEP starts on October 15

If Molina receives any 2023 applications prior to October 15, we can accept the application. If we receive any applications that come in on or after October 15 but have a pre-October 15 date on them, we can accept them. **But if an agent's name is on that application under either circumstance, that agent will be investigated, per CMS guidelines.**

Working Smarter

Go paperless. Use DRX/Connecture free of charge.

- Compliant functionality to record meetings and retain recordings
- Compliant long-term storage for SOAs and HRAs
- Compliant transmission and storage of PHI
- Immediate verification of election period eligibility
- Faster than preparing and sending paper applications
- More accurate than completing paperwork
- Faster and more accurate entries result in faster processing, payments, and more time helping clients

Utilize your Broker Portal.

- Easily find and track your records
- Use the assets and tools to grow your book of business

Take advantage of the dozens of resources available to agents on the Molina Agent Center, including materials on training, enrollment, marketing and CMS. Molina Field Sales agents can also find a variety of training programs on Products, DRX/Connecture, Overcoming Objections and more, by browsing the Sales Training Curriculum on SharePoint.

Compliance

All agents contracted with and employed by Molina Healthcare are bound by the following compliance documentation/guidelines and all other applicable state and federal laws.

- Molina Healthcare Code of Business Conduct and Ethics
- Molina Compliance and Fraud, Waste, and Abuse (FWA) Plan
- Compliance/FWA Policies and Procedures
- Molina Healthcare Nondiscrimination Notice
- The Health Insurance Portability and Accountability Act (HIPAA)
- The Medicare Communications and Marketing Guidelines (MCMG)

As an agency and producer contracted with Molina Medicare, you are required to prevent and report suspected or actual noncompliance and/or fraud. You can report suspected or actual noncompliance or fraud, waste and abuse by either calling Molina Healthcare AlertLine or using the AlertLine web link below.

Molina Healthcare AlertLine is an external telephone and web-based compliance hotline hosted by NAVEX Global. AlertLine is available 24 hours a day, 7 days a week, and 365 days a year. When you make a report, you can choose to remain confidential or anonymous.

To report a problem by phone, call: **Molina Compliance Hotline** **(866) 606-3889**	**To report an issue online, visit:** **MolinaHealthcare.AlertLine.com**

CONTACT INFORMATION

For information and assistance, please contact us at:

Broker Services Unit (BSU)
(866) 440-9788
Hours: Monday to Friday
6:00 AM-6:00 PM Mountain Time
MCREnrollment@molinahealthcare.com

Molina Member Services (all plans)
(888) 665-3086, TDD/TTY: 711
Hours: Monday to Friday
7:00 AM-7:00 PM local time

For a full list of each plan's Molina Medicare Member Services' phone numbers, visit the Molina Agent Center.