



Molina Healthcare Medicare Distribution Assessment Document

Hierarchy Upline Use Only

| | |
|---|--------------------------------|
| Upline Entity Name: | Individual submitting request: |
| Individual email address: | Individual Phone Number: |
| Recommended Hierarchy Level for NEW Organization: | |

General Information

| | | | |
|-------------------------|---------------|---------|-----|
| Organization Name | | | |
| Street Address | City | State | Zip |
| Phone Number | Key Contact | Website | |
| Principal Agent Name | | | |
| Street Address | City | State | Zip |
| Phone Number | Email Address | | |
| Onboarding Contact Name | | | |
| Email Address | Phone Number | | |
| Compliance Officer Name | | | |
| Email Address | Phone Number | | |

Overview

| | | |
|---|---------------------------------|----|
| Are you operating as a call center? | Yes | No |
| What states do you currently market in? | How many marketers do you have? | |
| How many MA enrollments did your organization do during last year? | Of those how many were D-SNPs? | |
| What MA carriers are you currently contracted with and at what level? | | |
| Carrier | Level | |
| Carrier | Level | |
| Carrier | Level | |
| Carrier | Level | |
| Carrier | Level | |
| Carrier | Level | |

Agent and Producer Information

| | | | |
|---|-----|---------|-----------|
| What type of agents do you have? | LOA | Brokers | Telesales |
| How many MA agents do you have contracted and if possible, the number by state? | | | |
| | | | |

What are your top 10 states for Medicare Advantage?

Which Molina Healthcare states do you intend to do business in for Medicare:

AZ CA FL ID KY MA MI NY NM OH SC
TX UT WA WI VA

Sales Projections

| Months | Agents Contracted | Enrollments |
|---------------|--------------------------|--------------------|
| 3rd Month | | |
| 6th Month | | |
| 9th Month | | |
| 12th Month | | |

Special Requirements (please list any special requirements outside of our normal process)

Molina Healthcare Use Only

| | |
|------------------------------------|--|
| Molina Employee Submitting Request | |
| Hierarchy Level Recommendation | |

Summary