

2024 Medicare Producer Guide

Revised 11.3.2023



How to Use this Guide

This guide contains step-by-step instructions, supplemental resources and tools, and important policies and procedures, which supplement the Agreement you executed with Molina Healthcare. The Medicare Producer Guide is incorporated by reference to your Agreement.

To get started, use the Table of Contents found on the following page.



The use of this guide is intended for agents who are deemed ready to sell, which means certified, contracted, licensed in the applicable states and appointed by Molina Healthcare, Inc.

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Introduction



To Our Valued Partners

Another new year is upon us, and we're grateful for your ongoing partnership in ensuring Medicare beneficiaries continue to have access to affordable, quality healthcare. Your dedication to serving the community and our shared members is a vital component in helping Molina deliver on our mission to help those who need it most. We're truly appreciative of the trust you place in us as your partner and look forward to continuing to deliver on our commitments to the beneficiaries we serve.

While 2024 is a time of great change in the industry, we remain focused on ensuring you have access to a competitive product portfolio, expansive geographic footprint and sustainable long-term foundation that can support you not just in 2024 but beyond. Wishing you a healthy and successful new year.

Sincerely,

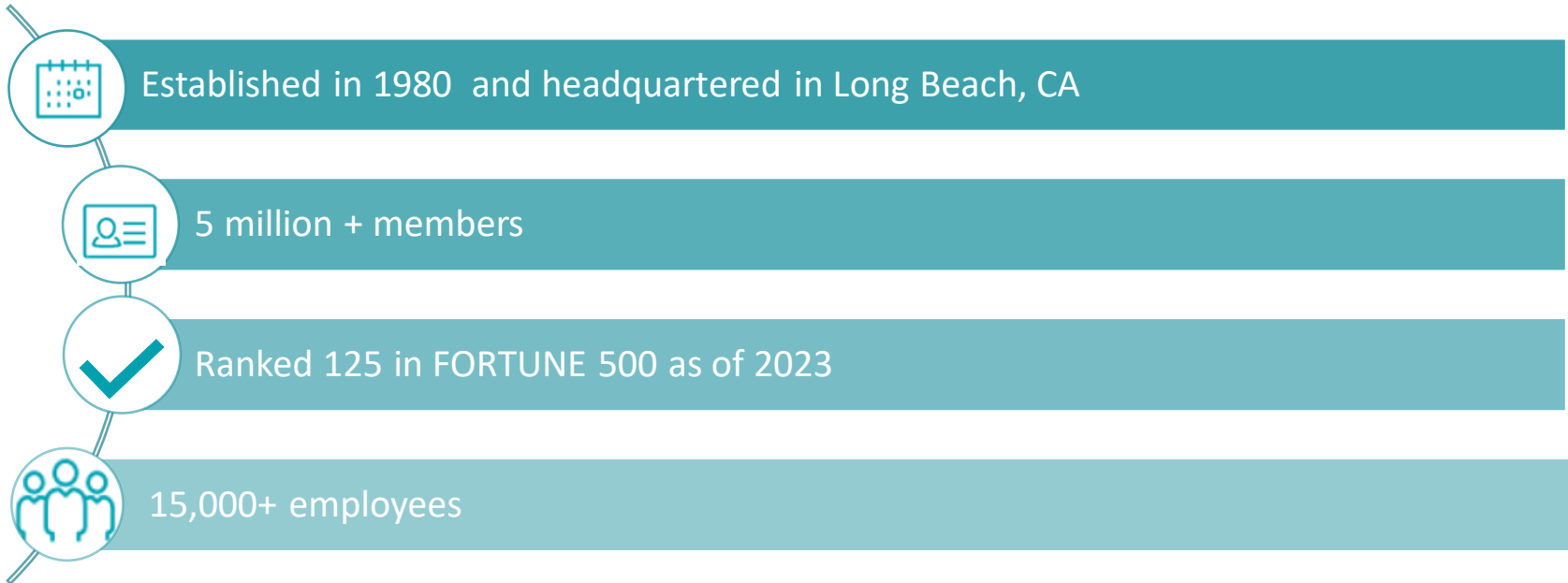
Ryan B. Fogarty

Vice-President, Medicare Sales



About Us

Molina Healthcare provides managed healthcare services under Medicaid and Medicare programs and through state insurance marketplaces.



Why Sell Molina Healthcare?

Our Portfolio Approach

Our products through Medicare, Medicaid and Marketplace are designed for a seamless experience in our members' lives, not just as they age, but also through the quality of care each product provides.

Market Support

A recognized Broker Services Unit with dedicated teams for contracting, commissions, and member care. Accompanied with local Broker Managers to help support your growth efforts through product and sales training, local growth initiatives, and tips for success.

Broker Experience

Brokers will be provided the tools and materials necessary to be successful in providing our members with an extraordinary customer experience.

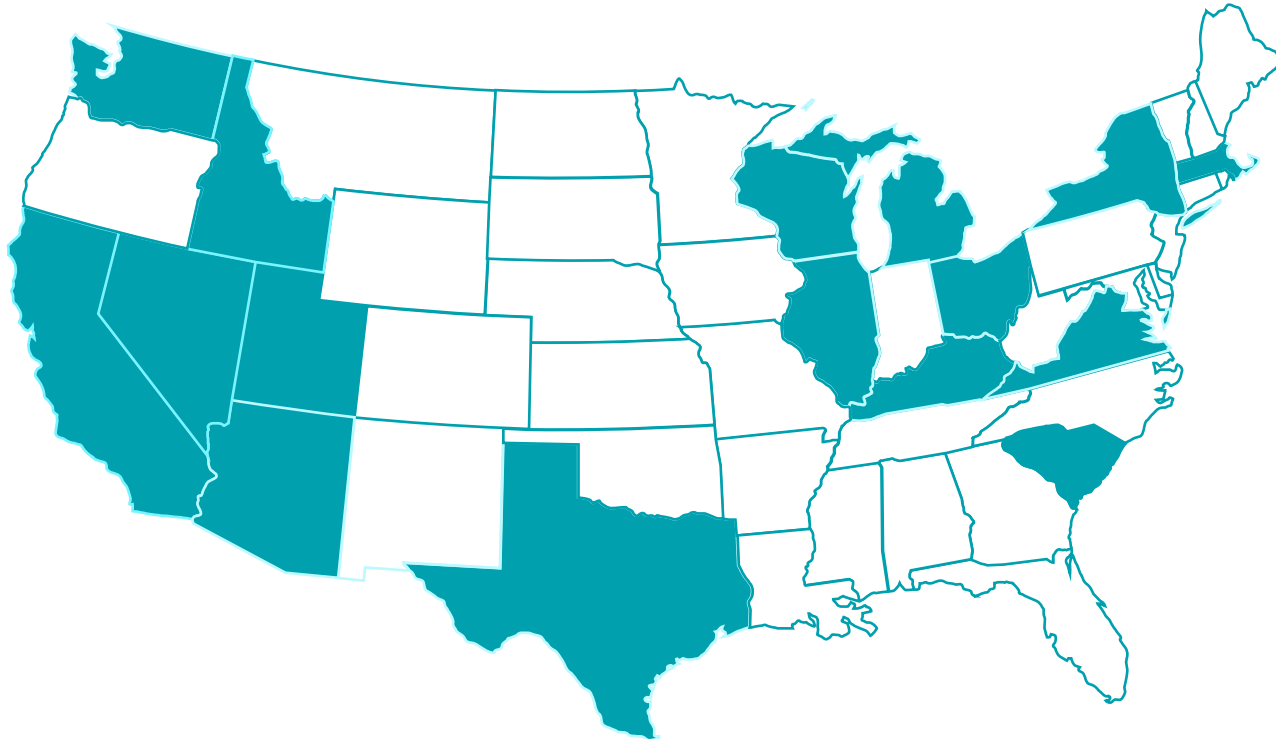
Community Approach

Local state leadership and strong community support to help Molina partners as well as member specific needs.

Products to Grow Your Business



2024 National Medicare Footprint



 Molina Medicare Existing Markets 2024

2024 Product Portfolio

Product Marketing Names: Medicare Advantage



Molina Medicare Complete Care

D-SNP Legacy States & All Dual (full duals and \$0 cost plans)



Molina Medicare Complete Care Plus

CA Medicare Advantage EAE D-SNP



Molina Medicare Complete Care Select

D-SNP Partial



Molina Medicare Choice Care

MAPD Standard & Legacy Plans



Molina Medicare Choice Care Select

MAPD Buydown

2024 Product Portfolio

Product Marketing Names: Medicare Advantage (cont'd)



Passport Advantage

Passport (KY) D-SNP

Passport Medicare Choice Care

Passport (KY) MAPD Standard Plan



Senior Whole Health

Senior Whole Health (MA) D-SNP

Senior Whole Health Medicare Choice Care

Senior Whole Health (MA) MAPD



Senior Whole Health Medicare Complete Care

Senior Whole Health (NY) D-SNP

Senior Whole Health of New York NHC

Senior Whole Health (NY) MAP/SNP

Senior Whole Health NHC

Senior Whole Health (MA) D-SNP Nursing Home Certified (NHC)

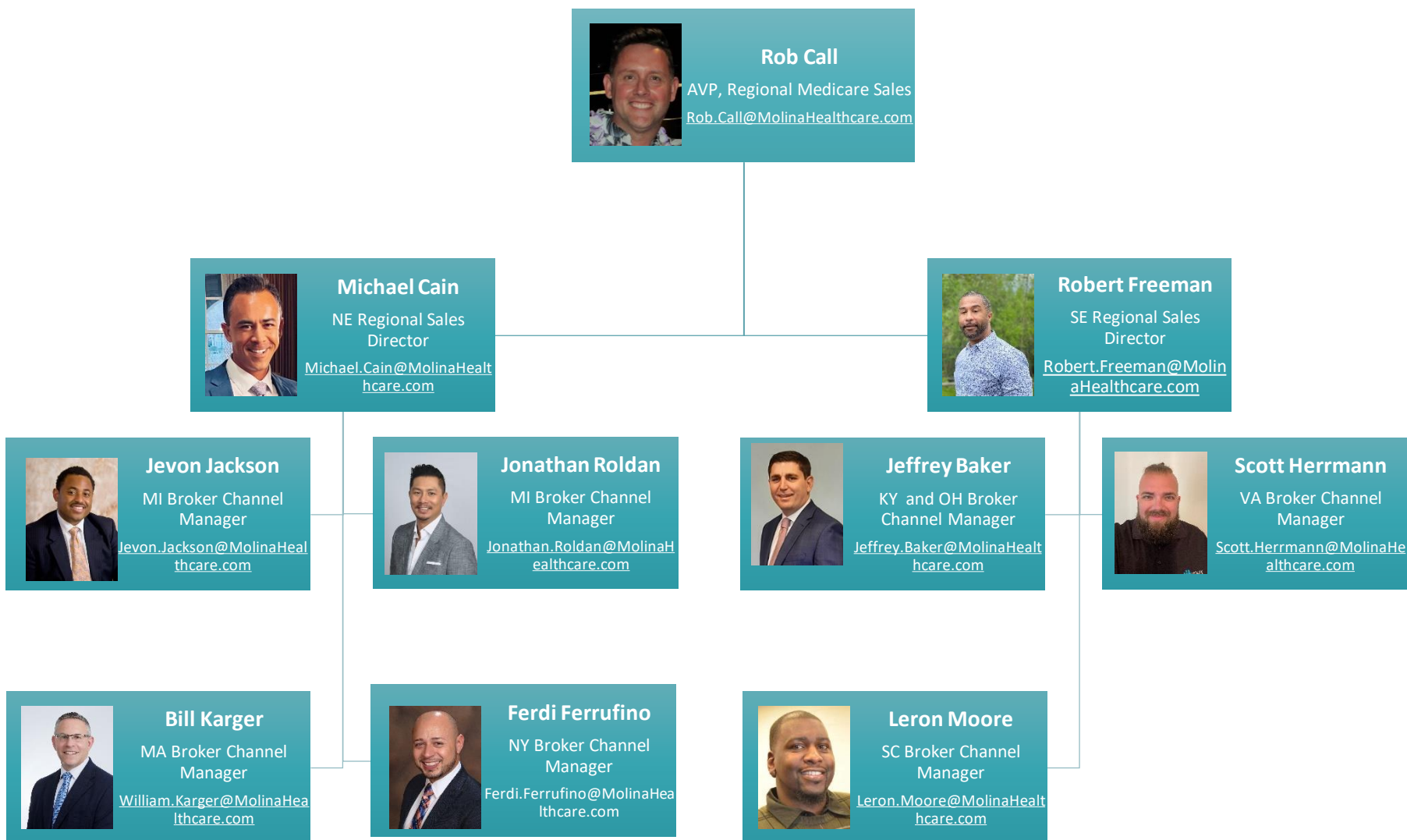
Key Connections



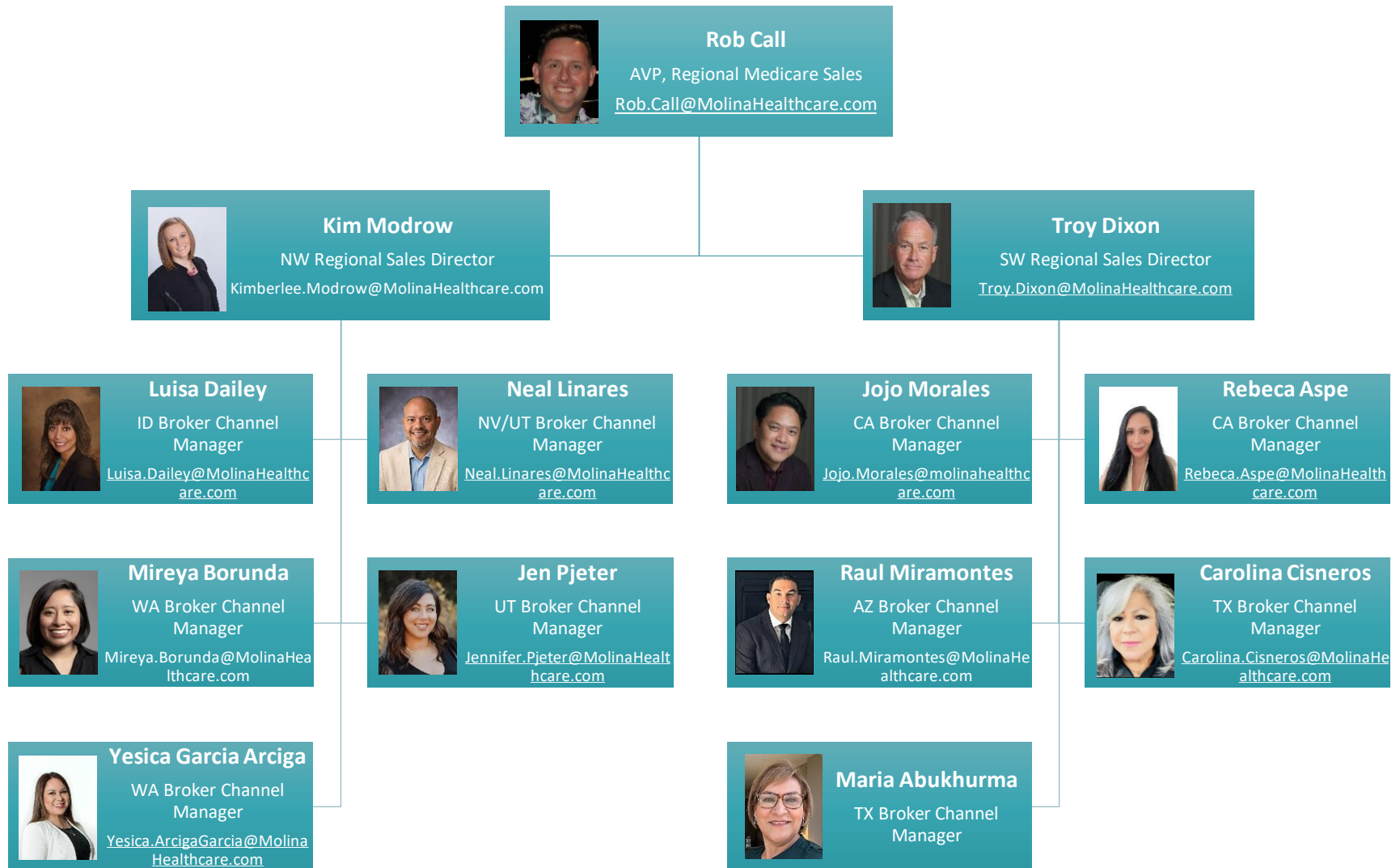
National Distribution Leaders



Regional and State Leadership – Eastern



Regional and State Leadership – Western



Broker Services

Our Molina Medicare Broker Services Unit (BSU) is an operations team entirely dedicated to the support of sales agents and agencies.

Their focus is on ensuring our agencies and agents have access to the tools and resources they need to sell our products compliantly and successfully.



Standard Hours of Operation*

Monday through Friday
6:00 AM 6:00 PM Mountain Time
(866) 440-9788

Amy DeMarco, MPA
AVP, Sales Operations
Amy.DeMarco@MolinaHealthcare.com

Ronda Ward, Manager
Ronda.Ward@MolinaHealthcare.com

Nancy Recinos, Supervisor
Nancy.Recinos@MolinaHealthcare.com

*Subject to change due to business need during AEP.

Broker Services (con't)

Inquiry	Phone #	Option	Email Address
<ul style="list-style-type: none"> General Questions 	(866) 440-9788	Option 1	Broker@MolinaHealthcare.com
CARE Team <ul style="list-style-type: none"> PCP Updates ID Card Request Claims Issues Member Demographics 	(866) 440-9788	Option 2	MedicareBrokerCARETeam@Molinahealthcare.com
Commissions <ul style="list-style-type: none"> Payment Research Payee forms/Banking Information and Returned Checks Producer of Record (POR) Changes 	(866) 440-9788	Option 3	MCRCommissionInquiry@MolinaHealthcare.com
Contracting <ul style="list-style-type: none"> Licenses, E&O's AHIP Certification Release Letters/Transfer Request and Assessment Forms RTS Request/Status Updates Appointments/Termination 	(866) 440-9788	Option 4	MCRBrokerContracting@MolinaHealthcare.com

Broker Services (con't)

Inquiry	Phone #	Option	Email Address
Enrollment <ul style="list-style-type: none"> • Enrollment Status • DRX Issues(System Issues: Access/Failure) • Power of Attorney Forms 	(866) 440-9788	Option 1	MCREnrollment@MolinaHealthcare.com
Health Risk Assessment (HRA) Inquires	(866) 440-9788	Option 3	MCRCommissionInquiry@MolinaHealthcare.com
Registration and Approval of Marketing Events <ul style="list-style-type: none"> • Molina Marketing Events • CVS Marketing Events 	(866) 440-9788	Option 1	SalesEngagement@MolinaHealthcare.com
Request for Information (RFI) Support <ul style="list-style-type: none"> • RFI Status Notifications • RFI Resolutions 	(866) 440-9788	Option 1	MCR_RFI_Info@MolinaHealthcare.com
Scope of Appointment	(844) 885-3948	N/A	N/A
Telephonic Enrollment	(866) 714-8996	N/A	N/A

Producer Communications

Stay up to date with any changes, events, and new information with our weekly newsletter, *Molina Matters*.

Brokers also receive periodic communications which include training invitations, meet-up opportunities with their Broker Channel Manager, and important news and announcements from the Molina Sales & Marketing team.

We send communications to the email you provided us when you first contracted. To begin receiving our communications at a new email address, please call or email Broker Services to update your account.

It is your responsibility to ensure we have a valid address on file, please add our send address to your email contact list or address book:

Broker@MolinaHealthcare.com

Online Tools



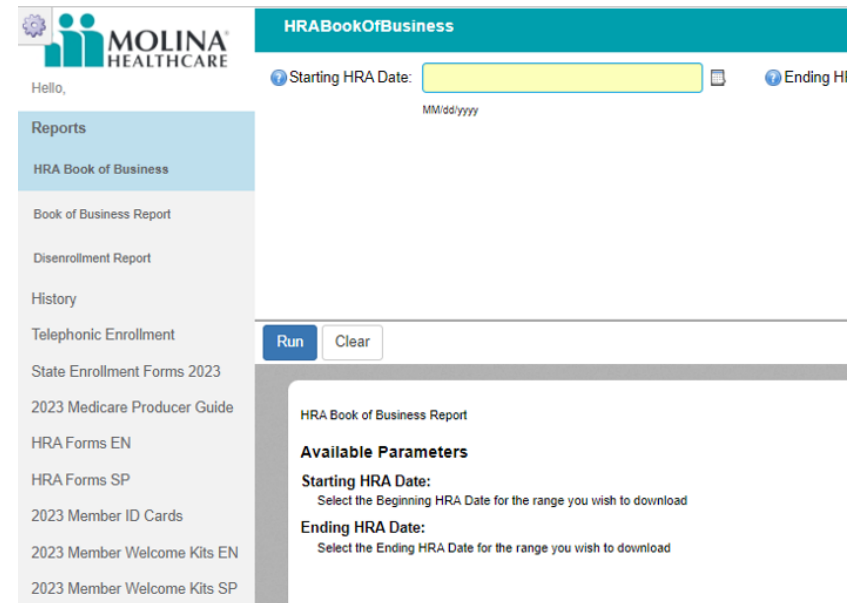
Molina Broker Portal



- This is your login screen to access the Molina Broker Portal
- You will receive an email from Broker@MolinaHealthcare.com with your User ID and Password with the link to your Broker Portal. All information is outlined in the Welcome email.

Features

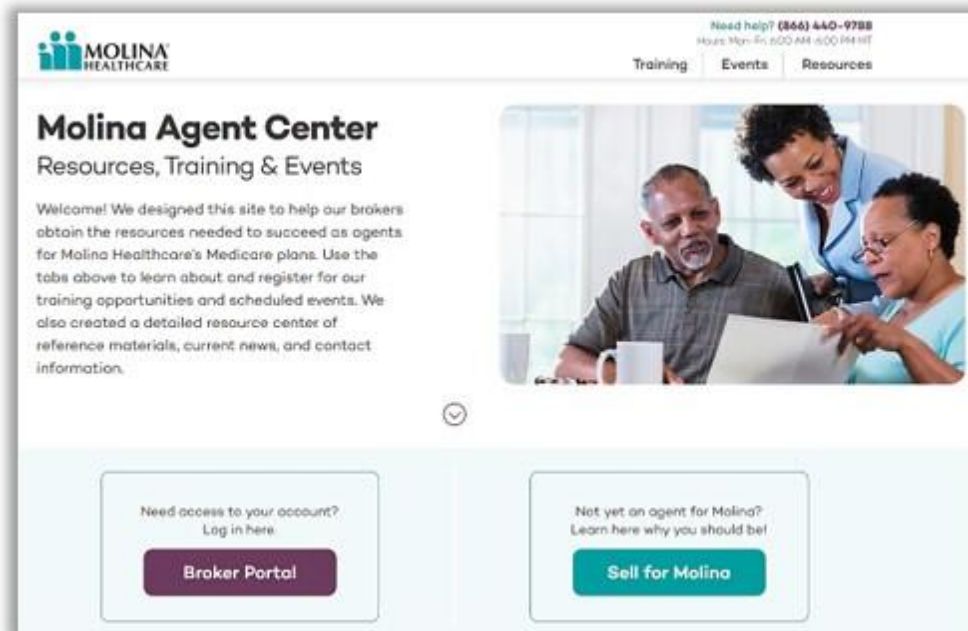
- View commissions statements
- Book of Business Reports
- Download telephonic enrollment forms
- View your HRAs
- View examples of Welcome Kits & ID Cards



Molina Agent Center (MAC)

How to Access the Resources on the Molina Agent Center (MAC)

The most valuable resource for Molina Brokers is the [Resources](#) page on the Molina Agent Center. There you will find Agent materials on Enrollment, HRAs, Marketing, Product, and Instructional Materials. This page also offers Member, Broker, and CMS reference materials, as well as important contact information for Molina departments.



- <https://molinaagentcenter.com/>

Ready to Sell Requirements

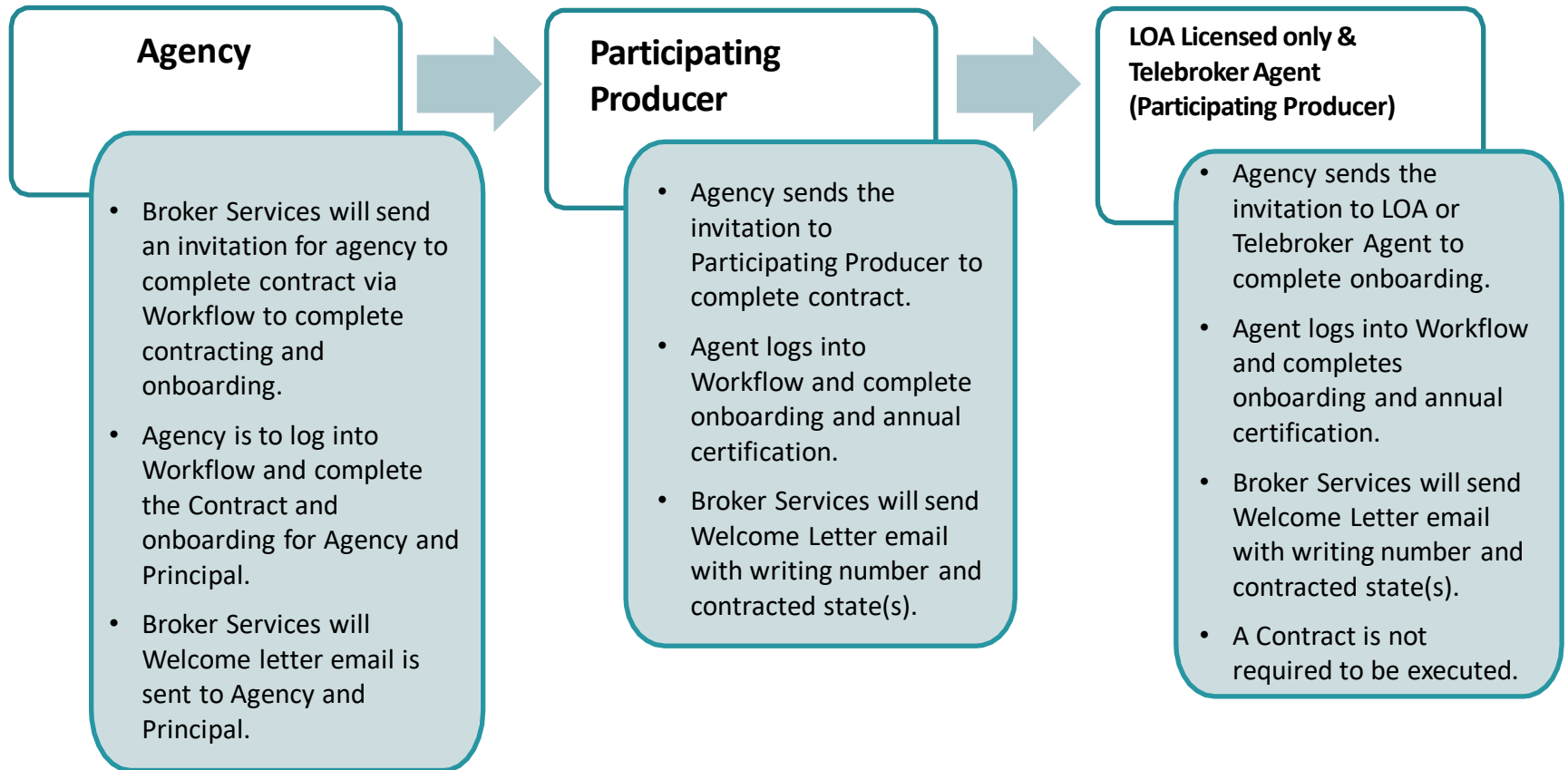


Ready to Sell Requirements

In order to write and be eligible for compensation for any Molina policy you must satisfy the following requirements:

- All Principals must be certified, licensed and properly appointed in all states and markets where their Participating Producers intend to sell.
- A signed Molina contract must be in place, the signatory is dependent on the hierarchy type.
- You must maintain the required insurance policies, in accordance with the terms of your Agreement.
- Participating Producer shall provide Molina Healthcare a with written proof which satisfies these requirements.
- You must have successfully completed the current selling year Molina certification process at the time you write the policy.
- You must have passed a background check, though our preferred vendor, at the time of initial onboarding.
- You must have a current State License, in good standing, for the states(s) you are writing the policy.
- A Just in Time (“JIT”) appointment is when a carrier submits the producer’s appointment to the state insurance department after the producer has solicited and submitted their first new business case for that carrier. Not all states permit JIT appointments. Those that do allow JIT appointments do so on the condition that the agent has a valid license for the state where the business is solicited. JIT appointments legally give insurance carriers the ability to delay appointing a producer (and paying the associated fees) until the producer writes business for that carrier in the states that allow JIT appointments.
- **The following states are considered JIT states for Molina Healthcare:** ID, MI, NV, SC, TX & VA. JIT states will have all producers and principals appointed within 15 calendar days of the first application signature date via daily process.
- The following states are NOT considered JIT states, and appointments must be completed before any solicitation or submission occurs: KY, NY, OH, UT, WA, & WI.
- AZ, CA, IL, & MA do not require an appointment. A placeholder appointment will be documented internally to sell in these States.
- After the aforementioned conditions have been met you will receive a welcome email stating you are ready to sell. Until you receive the email, you are not ready to sell.

Contracting Process



Agency Buyout

Agency shall not assign, sell or transfer this Agreement or any interest herein without the prior consent of Molina Healthcare. Any unauthorized assignment or transfer of this Agreement or any interest therein shall be null and void.

- Legal documentation of bill of sale from buyer signed by both party's buyer and seller.
- Notification of approval is sent via email from Broker Services.
- Downline is moved under the new agency effective the first of the month following upon notification of approval. Molina will not backdate the effective date of buyout.

Once buyout is complete, purchasing agency will receive the commissions going forward for administration fees, chargebacks, licensed only agent commissions and HRA payments.

Send all documentation via email to: MCRBrokerContracting@MolinaHealthcare.com

Upline Administrative Services, Duties, Obligations and Required Activities

Molina has nine agency hierarchy upline contract levels which are as follows:



Upline Administrative Services, Duties, Obligations and Required Activities (continued)

Required Activity	NMO	FMO	FMO	SGA2	SGA	MGA	MGA	GA2	GA
Compliance									
Designated Compliance Officer who is responsible for assuring compliance and developing policies and procedures.	X	X	X	X	X	X	X		
Ensure Participating Producers and Participating Producers LOA's are trained on CMS Fraud Waste and Abuse training annually.	X	X	X	X	X	X	X	X	X
Implementing written policies, procedures, and standards of conducts	X	X	X	X	X	X	X		
Conduct effective training and education annually to all Participating Producers and Participating Producers LOA's	X	X	X	X	X	X	X	X	X
Enforce standards through well-publicized disciplinary guidelines	X	X	X	X	X	X	X	X	X
Responsible for ensuring Participating Producers and Participating Producers LOA's are in good standing	X	X	X	X	X	X	X	X	X
Responsible for responding to sales allegation inquiries in timely manner	X	X	X	X	X	X	X	X	X
Responsible for promptly responding to detected offenses and undertaking corrective action.	X	X	X	X	X	X	X	X	X

Upline Administrative Services, Duties, Obligations and Required Activities (continued)

Required Activity	NMO	FMO2	FMO	SGA2	SGA	MGA2	MGA	GA2	GA
Agent Recruiting									
Identify and prequalify Participating Producers and Participating Producers LOA's for selling with Molina	X	X	X	X	X	X	X	X	X
Ensure Participating Producers and Participating Producers LOA's and agency Principals are properly licensed, certified and appointed to sell Molina Medicare products throughout the year and on an annual basis.	X	X	X	X	X	X	X	X	X
Assist Participating Producers and Participating Producers LOA's with appointment efforts between upline and Molina.	X	X	X	X	X	X	X	X	X
Office Administrative Requirements									
Assist in the maintenance of accurate contact information for Participating Producers and Participating Producers LOA's within Molina systems (phone, email, address)	X	X	X	X	X	X	X	X	X
Manage telephonic marketing in compliance with the terms of your agreement, including CMS rules regarding unsolicited telephone calls.	X	X	X	X	X	X	X	X	X

Upline Administrative Services, Duties, Obligations and Required Activities (continued)

Required Activity	NMO	FMO2	FMO	SGA2	SGA	MGA2	MGA	GA2	GA
Office Administrative Requirements Contd.									
Responsible for agent record-keeping of Scope of Appointment and related enrollment materials.	X	X	X	X	X	X	X	X	X
Provide general administrative support of Participating Producers and Participating Producers LOA's (i.e., materials, copiers and other types of overhead expenses)	X	X	X						
Website development and maintenance for Participating Producers and Participating Producers LOA's support and service. (Broker Portal)	X	X							
Agent Training									
Communicate training requirements, changes and deadlines to all agents	X	X	X	X	X	X	X	X	X
Ensure Molina Medicare annual certification is completed as part of Ready to Sell	X	X	X	X	X	X	X	X	X
Support agent awareness and implementation of the Molina Producer Guide	X	X	X	X	X	X	X	X	X
Ensuring Participating Producers and Participating Producers LOA's understanding of Medicare Products offered in Molina's service area to help meet beneficiary needs and help them make informed healthcare decisions.	X	X	X	X	X	X	X	X	X

Upline Administrative Services, Duties, Obligations and Required Activities (continued)

Required Activity	NMO	FMO2	FMO	SGA2	SGA	MGA2	MGA	GA2	GA
Marketing									
Ensure all Participating Producers and Participating Producers LOA's comply and adhere to all MCMG and CMS related guidance.	X	X	X	X	X	X	X	X	X
Ensure all third-party sites upline uses to generate leads follow all Molina and CMS regulations	X	X	X	X	X	X	X	X	X
Ensure uplines and Participating Producers and Participating Producers LOA's use CMS approved Molina specific direct mail pieces when marketing Molina products	X	X	X	X	X	X	X	X	X
Ensure compliance with CMS and Molina third party website requirements for uplines and agents using public-facing websites	X	X	X	X	X	X	X	X	X

Immediate Release and Constructive Release Guidance & Process

If a Participating Producer wishes to sell Molina Healthcare Products under a different Agency, that Participating Producer must obtain an Immediate Release or Constructive Release. Molina Healthcare will not appoint or authorize a Participating Producer to market or sell Molina Medicare on behalf of a different Agency unless such Immediate Release or Constructive Release is obtained.

Upon the effective date of the Immediate Release or Constructive Release, Molina Healthcare has the right to appoint or otherwise authorize the Participating Producer to sell Molina Healthcare Products on behalf of a different Agency.

Notwithstanding any other provision, there will not be an Immediate Release or Constructive Release effective during the time period of October 1 – December 15 of each calendar year. If an Immediate Release or Constructive Release is requested during this time period, it will be effective January 1.

Immediate Release:

- An Immediate Release is a written authorization from Agency that gives authority to Molina Healthcare to release Participating Producer from the Agency's contract with Molina Healthcare.
 - An Immediate Release will be effective upon the date of its receipt by Molina Healthcare, unless received during October 1 - December 15, then it will be effective January 1.
- Immediate Releases on Agency letterhead will no longer be accepted. Please complete the form which located on the Molina Agent Center <https://molinaagentcenter.com/>.

Constructive Release:

In instances where an Immediate Release is not granted, the Participating Producer may request a Constructive Release. Such requests must be in writing and sent to Broker Support.

- The Constructive Release will be effective the first day of the month after 90 days has passed following receipt of the request.
- If Participating Producer requests any type of Constructive Release, Participating Producer may continue to market Molina Healthcare Products between the time of submission of the Constructive Release to Molina Healthcare and the effective date of the Constructive Release (i.e., the waiting period). However, any Compensation associated with Qualified Enrollments sold during this time will remain under the current Agency and are subject to the guidelines outlined in the Compensation section of this Producer Guide.

Immediate Release and Constructive Release Guidance & Process (con't)

Immediate Release and Constructive Release of Agency

Agency can only have one hierarchy. Dual hierarchies are not allowed by Molina. If any Agency wishes to sell Molina Medicare products under a different upline Agency, that Agency must obtain an Immediate Release or Constructive Release.

Requesting Appointments and Adding States

- Per CMS Communication and Marketing Guidelines (110.1), compliance with state licensure and/or appointment laws is required. Participating Producers and Agencies have the responsibility to maintain state licenses, continuing education and all other state requirements. Uplines must be contracted and have the proper licenses and appointments required by applicable law.
- Agencies may now add additional appointments for direct downline agencies and agents through our onboarding tool. We want to make it easier to do business with Molina Medicare, so we've added this convenient and efficient additional to our online tools.

Step 1:

To qualify, Participating Producers must be licensed in the states where you are contracted to sell in order to be added.

Step 2:

Make sure that the proper state(s) Line of Authority is held by licensee.

Lines of Authority

AZ – Accident and Health or Sickness	NY – Accident and Health
CA – Accident and Health	OH – Accident and Health
ID – Accident and Health or Sickness	SC – Accident and Health or Sickness
IL – Health	TX – Life, Accident, Health and HMO
KY – Health	UT – Accident and Health or Sickness
MA - Accident and Health	VA – Accident and Sickness
MI – Accident and Health	WA – Disability
NV – Health	WI – Accident and Health

Step 3:

Agencies login to Workflow/Onboarding.

Step 4:

Access our step-by-step instructions to add appointment(s) in the workflow/onboarding system. Please reference the “How to Add Appointments” document located on the MAC. <https://molinaagentcenter.com/>

Requesting Appointments and Adding States (con't)

New Appointments

- New appointments in pre-appointment states will be processed within 1-3 business days. Those States in line with the Just-in-Time (JIT) process will align with the appointment timeframe rules.

Please note: If you use DRX for electronic enrollment submissions, your access to the new pre-appointment states will be available within 1-2 business days after you complete the appointment request process. We will send you a welcome letter email when the new state appointment is active.

Insurance Requirements*-- **

- We will require all Agencies/Producers to carry an Errors and Omissions (E&O) Policy.
- For E&O insurance, Agencies must carry at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate for a policy year.
- Agencies must carry at least \$1,000,000 for data security incidents in amounts consistent with industry standards and Law, but not less than \$1,000,000 per occurrence or claim*
- For E&O insurance, Producers must carry at least \$1,000,000 per claim and \$1,000,000 in the aggregate for a policy year.

* This reflects standard requirements per the Agreements. If any changes were made, the Agreement will govern.

**Upon request by Molina Healthcare, Inc., at any time, Agency shall provide Molina Healthcare with written proof that satisfies the foregoing requirements.

Certification Requirements

Log into Onboarding/Workflow

<https://social.webcomserver.com/wpm/userHome.do?&tenantName=molinahealthcareinc>

1. Complete annual certification

2. Upload AHIP certification

3. Complete the Product Training test with a passing score of 85% or better*

- Returning Participating Producers will need to complete their annual certification no later than November 30.
- Must complete certification/onboarding within 60 days of receiving the invitation.

*Note: You are given 3 attempts to pass at 85%, if third attempt failed, you will have to wait 24 hours for the system to unlock and given 1 final attempt.

Compensation



How We Pay

Participating Producers are paid a compensation for each Qualified Enrollment for a Molina Medicare product in accordance with CMS requirements and terms of their agreement. Compensation is issued to the Producer of Record, unless they are a Licensed Only Agent (“LOA”) then the Agency is considered the Producer of Record, and compensation is issued to the Agency.

- Compensations pay out on the first and third Friday of the month.
- Initials, replacements, and renewals are paid out on the first Friday.
- True up and adjustments as needed are paid out on the third Friday.
- Compensation Payment Process: Producers who are paid directly by Molina, will receive an email of deposit notification from our Accounts Payable Dept. the day before your deposit hits your bank account. You may access your compensation statements from the Molina Broker Portal.
 - Compensation year is January 1 through December 31.
 - Compensation schedules are outlined in your contract under Exhibit D-2024.

Administrative Fees:

Administrative fees are paid to upline Agencies for providing administrative services, such as Producer recruiting, Producer training, sales Compliance, and/or office administration related to Medicare sales enrollment and marketing.

Initial Sales

- Initial Year Compensation means the compensation paid to the Producer of Record for a Molina Medicare Qualified Enrollment when it meets the CMS Requirements to be qualified as an initial year enrollment and compensation is permitted to be paid pursuant to CMS requirements and Law. The Initial Year Compensation shall never extend beyond December 31 of each calendar year regardless of when the Beneficiary enrolled with Molina Healthcare.
- Molina will if permitted by law, advance the full initial rate set forth in your contract after CMS confirmation that it is an initial sale, and after the effective date.
- With respect to an initial sale arising from a plan change occurring after January 1, Molina shall pay a prorated lump sum compensation starting from effective date until the end of the year.
- Molina will pay fair market value (FMV) rates per CMS guidelines.

Replacement and Renewal Compensations

- Replacement means a sale to a Medicare beneficiary who was enrolled in a Medicare plan other than Molina Medicare and not defined by CMS as an Initial Sale.
- With respect to a replacement sale arising from a plan change occurring after January 1, Molina shall pay a prorated lump sum commission starting from the effective date until the end of the calendar year.
- Molina defines a Renewal as a member remaining continuously enrolled in their Molina Medicare plan into the next calendar year.
 - Renewal compensations are prorated and paid on a per month basis according to your contract.
 - We pay lifetime renewals for as long as the member remains continuously enrolled in their original Molina Medicare plan.
 - Producer/Agency is required to maintain active licensing in the state sold.
 - If you are terminated for cause, then you will stop receiving compensation.

Chargebacks and Compensation Recovery

Molina Medicare utilizes CMS regulations for all chargeback guidelines.

Rapid Disenrollment:

- Molina will charge back or recoup the full amount of the Initial Year Compensation, Replacement Year Compensation, Renewal Compensation and Agency Administrative Payment when there is a Rapid Disenrollment of a Qualified Enrollment, and such Rapid Disenrollment does not meet one of the exceptions pursuant to CMS requirements.

Other Chargebacks:

- Disenrollments and Retro-disenrollments; If a Qualified Enrollment disenrolls or Retro-Disenrolls, and such disenrollment is not considered a Rapid Disenrollment, Molina will charge back or recoup the applicable Initial year Compensation, Replacement year Compensation, Renewal Compensation and Agency Administrative Payment for a Renewal Compensation if such amounts have been paid after the Beneficiary's disenrollment date.

Recovery Process for Producers with a Negative Balance (More commonly referred to as "chargebacks")

- Negative balances are offset with earned compensations for any new or renewal business and per your contract.

Enrollment Cancellations and Rapid Disenrollment

- Enrollment Cancellations are the situations where a potential enrollee completes the enrollment process but cancels prior to the effective date.
- A Rapid Disenrollment is when an enrollee disenrolls from Molina Medicare or changes plans during the first three (3) months of enrollment.
- Molina will monitor the Enrollment Cancellations and Rapid Disenrollment rates of the Agency and each of its Producers. In the event Molina identifies an issue, Molina will have the right to remediate the issue.

Compensation Eligibility Requirements are as follows:

Initial and Replacement Sales

- Completed onboarding process
- Active agreement with Molina at time of sales
- Completed annual certification with cleared background at time of sale
- Active license in state at time of sale
- Active appointment in pre-appointment states at time of sale
- Sale allowed in service area

Renewals

- Must have been eligible to receive initial/or replacement compensations.
- Agency/or Producer has not been terminated with cause
- Active license in state of sale on first of the month that the renewal payment is generated

Compensation Eligibility Requirements & Administration are as follows:

Initial and Replacement Sales

- Completed onboarding process & active agreement with Molina at time of sales
- Active license in state at time of sale
- Active appointment in pre-appointment states at time of sale
- Sale allowed in service area
- Producer of Record must be eligible to receive initial/or replacement compensation

Compensation Eligibility Requirements & Administrative Fee (Con't)

Renewals

Active license in state of sale on the first of the month that the renewal payment is generated as required by state law.
Renewals will not be paid if upline was termed with cause.

1099 Forms

Does not apply to LOA Producers.

- Compensations are reported via the Internal Revenue Service (IRS) 1099 process. Molina Healthcare will issue the 1099-MISC forms. Post marked to all eligible recipients by January 31 of a given year and mailed to the payee address on file.

Please review your address on the Broker Portal to verify your address.

- A 1099-MISC form will only generate to a Producer if annual earnings are \$600 or above and Corporation is not indicated as the tax classification on the W-9.

Compensation Payment Information

You can access your Commission statements on your Broker Portal.

Producer of Record (POR) Policy

It is the general practice of Molina Healthcare to maintain the agent who provided substantial assistance with the member's enrollment and who produced the Qualified Enrollment to remain as the Producer of Record. However, Molina Healthcare will consider a request to change the POR (Producer of Record) only when certain criteria are met. Specifically, the process and criteria are defined as follows:

Member Initiated

The member requests a change because the member does not want to continue to work with the original POR any longer. A completed POR Change Request form will be completed by the member and submitted to Molina Broker Services.

Note: The policy is effective for all effective dates January 1, 2023, and later. For cases effective prior to January 1, 2023, Broker of Record changes are not accepted. Molina will not backdate the Producer of Record reassignment to be effective prior to the receipt of the initial request. All agents must be Ready-to-Sell in order to be a Producer of Record.

Molina Healthcare reserves the right to contact member to verify that the agent provided substantial assistance with the member's enrollment and that they approve the change. If the verification about the POR change cannot be made with the member, no change will take place, and an email of the decision will be emailed to the agent.

Upon verification of the change, requested modification will take place the month following the receipt of the POR form and verification. All verified POR forms received prior to the 15th of the month will be in effect the first day of the following month.

- All verified POR forms received on or after the 15th of the month will be effective the first day of the second following month.
- Producer of Record request may take up to 30-days to be completed.
- POR form for submission can be obtained in the Molina Agent Center at: <https://molinaagentcenter.com/>

Agency override and agent renewal portion of the compensation will move to the new agency and the new Producer of Record (assuming the new agent is downline to a different agency) starting the 2nd year on plan with Molina after the POR change occurs.

Note: This practice will be followed unless there is an existing Participating Producer/Agency agreement that prohibits such practice. Compensation for the first year will not be paid to the new Producer of Record, first year compensation stays with the originator of the enrollment.

- Molina Healthcare will not process any POR change requests during the annual enrollment period, October 1st to December 31st. Any change request from October 1st to December 31st will be processed January 1st.

Producer of Record (POR) Policy (con't)

Scenario	POR Scenarios Descriptions	Examples	Process	Requirements
1	LOA (Licensed Only Agent) Producer leaves the agency.	Producer quits. Producer termed.	Agency to provide list of impacted policies.	Agency Principal must be RTS.
2	Participating Producer leaves the business.	Retirement, career change, death.	Bill of sale, legal documentation.	New Producer must be RTS.
3	Member initiates change from current to new Producer.	Producer meets with beneficiary; same plan just wants to change POR.	Complete the POR Change Request Form found in the Molina Agent Center, under forms. https://molinaagentcenter.com/	A POR Change Request form must be completed by the member and submitted to Molina Broker Services.

Agency Compliance & Producer Oversight



The Seven Elements of a Compliance Program

1. Implementing written **policies, procedures, and standards of conduct.**
2. Designating a **compliance officer** and compliance committee.
3. Conducting effective **training and education.**
4. Developing effective **lines of communication.**
5. Conducting **internal monitoring and auditing.**
6. Enforcing standards through well-publicized **disciplinary guidelines.**
7. Responding promptly to detected offenses and undertaking **corrective action.**

Each of the Seven Elements require robust, organization-wide enforcement and documentation.

Why Compliance is Important

- As a partner representing Molina Medicare products you must follow Molina Medicare policies and procedures and CMS regulations and guidelines in daily sales and marketing activities. You are responsible for knowing these rules and ensuring you follow them.
- Molina Medicare requires its potential members to be properly informed when they choose a Molina Medicare product and to not feel coerced or misinformed. Following the rules and guidelines set forth by Molina Medicare and CMS will ensure this happens. Use of approved sales and marketing materials will also ensure the marketing and enrollment process used by your Producers will be compliant.
- Failure to follow these rules and guidelines places Molina Medicare at risk of CMS action and jeopardizes your opportunity to market Molina Medicare products. Potential consequences of engaging in inappropriate or deceptive marketing practices include disciplinary actions, up to for-cause termination of contract resulting in loss of compensation, reporting to CMS and the Department of Insurance (DOI) if applicable.

For questions regarding compliance send an email to Sales_Oversight@Molinahealthcare.com

Molina Healthcare Code of Business Conduct and Ethics

Agencies and Producers who partner with Molina Medicare must follow the Molina Healthcare Code of Business Conduct and Ethics. Each year, you will be required to attest to having reviewed the Code of Business Conduct and Ethics, and that you and your organization agree to abide by the standards contained therein.

Reporting Fraud Waste & Abuse and Compliance Concerns

As an agency and Producer contracted with Molina Medicare, you are required to prevent, and report suspected or actual non-compliance 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.

The Molina Compliance Hotline Phone: (866) 606-3889

To report an issue online visit: <https://molinahealthcare.AlertLine.com>

Producer Oversight

As an appointed Producer of Molina Medicare, Molina Medicare is responsible for any actions you make on its behalf.

This responsibility extends to both potential members and existing Molina Medicare members. CMS holds plans responsible for the behavior and conduct of its Producers. As such, Molina Healthcare has a responsibility to monitor the activities of its Producers that sell Molina Medicare products.

Producer Oversight

Some of the oversight and monitoring includes:

- Ensuring Producers are following all Molina Medicare policies and CMS requirements.
- Taking measures to ensure Medicare beneficiaries are not misled during the marketing process.
- Verifying Producers are showing up and on time for their Molina scheduled Sales Events.
- Identifying and implementing a corrective action to correct inappropriate behavior or activity by Producers or agencies.
- Request agents disciplinary actions that have been documented with beneficiaries by the agency

Grievances & Sales Allegations (CTMs)

A grievance is a complaint, or an expression of dissatisfaction which can be related to an alleged sales allegation such as: (but not limited to) staff miscommunication of benefits or plan rules, inappropriate sales/marketing practices or action/inaction that negatively impact a member/prospect.

The source of grievances varies and can be written or verbal. Complaints Tracking Module (CTM) comes from Complaints made to CMS (1-800-Medicare).

The Molina Medicare Sales Oversight team reviews each sales allegation and conducts an investigation. Statements are taken from the producer and the member or their representative, or a telephonic recording would be reviewed. Producers are required to provide a statement when requested within the timeframe requested by Sales Oversight. Nonadherence to the request may be grounds for appointment termination. The person conducting the investigation also reviews documents in the member's files such as the enrollment application and any notes from customer service calls.

Upon the completion of the investigation, a determination is made as to whether the grievance and/or CTM is substantiated or unsubstantiated, or inconclusive and whether or not discipline action or coaching is required.

First Tier, Downstream & Related Entities

Producers and Agencies that market and sell Molina Medicare plans are considered first tier entities and thereby are subject to CMS's applicable requirements. CMS requires that First Tier, Downstream & Related Entities (FDR):

- Have a Compliance Program in place – Code of Conduct, Policies and Procedures.
- Provide fraud, waste, and abuse (FWA) training to its employees.
- Retain records for ten (10) years.
- Conduct exclusionary list screening, OIG/GSA.
- Reporting mechanism to identify possible FWA and non-compliance issues.
- Attest to satisfying these compliance requirements and adhering with applicable CMS rules and regulations.

FDR Oversight Program

Molina has an FDR oversight program which monitors Producers and agencies to ensure applicable CMS requirements are being followed. Below is a list of activities associated with this oversight program:

- Collection of annual FDR compliance attestations.
- Review and submission of marketing materials for CMS filing.
- Obtain FDR policies and procedures.
- Identification of FDR Compliance Officer.
- FDR website review.
- Investigation of sales allegation.
- Disclose to Molina any subcontracted relationships used for marketing, lead generation and enrollment.
- Report any staff disciplinary actions associated with Medicare beneficiary interaction on a monthly basis.

Educational vs. Marketing/Sales Events

CMS regulations define two different categories of public events: educational and sales/marketing. Educational events are designed to inform prospects about Medicare Advantage plans or other Medicare programs.

The following requirements apply:

- Must be explicitly advertised as educational.
- Must not include marketing or sales activities or the distribution of marketing material or enrollment forms.

Marketing/Sales events are designed to steer or attempt to steer potential enrollees toward a plan. The following requirements apply:

- Must use CMS approved presentations.
- Must clearly label sign in sheets as optional.
- Must not do health screenings or other activities that may be perceived or used as “cherry picking.”

Sales Events Notifications and Changes

Agencies must inform Molina Medicare about marketing events no later than the 20th of each month (this does not include CVS events which must be submitted 30 days prior to the requested date). All Producers will need to complete Marketing Event Proposal Form for the following months events and send it to Sales Engagement.

Note: Events for CVS Pharmacies are submitted on a separate form as required by CVS and follow blackout rules. Agents must have a Letter of Approval in their possession when working a CVS pharmacy.

An Event Form is included in the monthly reminder. Reminder is generated on the 10th of each month to provide ample time to complete. Email completed worksheets and any change notifications to: SalesEngagement@MolinaHealthcare.com

Additional information regarding Events and Forms can be found on the MAC: <https://molinaagentcenter.com/>

Enrollment Processes



What You Need to Know

Electronic Enrollment – Connecture/DRX

After receiving your welcome letter email, you will receive access to our electronic enrollment system, DRX, within two (2) business days. More information on regarding enrollment instructional resources are located on the MAC.

Paper Based Enrollment – Using the Molina Medicare Enrollment Guide

- Be sure you use a new and complete Enrollment Guide with each potential member with whom you meet.

The Enrollment Guide includes following:

- Summary of Benefits
- Scope of Appointment (SOA) Form
- Eligibility Attestation Form
- Pre-Enrollment Checklist
- Enrollment Application Form
- Enrollment Receipt
- How to Get Information and Documents
- Star Ratings
- Multi-Language Insert
- Next Steps Form

Molina Medicare Member Services

If prospective members or existing members have any questions regarding their Molina Medicare plan, they should contact our Member Services Department. The quickest way for a member to get a hold of Member Services is to call the number located on the back of their ID card. If they do not have their ID card, they can call the number listed in the table below. TTY 711, 7 days a week, 8:00 a.m. – 8:00 p.m., local time.

Adding a Designated Person to Speak with Molina on Their Behalf

Members can contact Member Services to have a form mailed to them in order to add a person to their account. The member will then need to complete the form, sign it, and return it to Molina as outlined within the form.

Enrollment Form Submission

There are three methods that enrollment applications can be submitted:

- 1) Submit electronic enrollments through Connecture/DRX, this is the preferred method of enrollment.
- 2) Fax paper enrollments to the Molina Medicare Enrollment Fax line at (844) 541-6848.
- 3) Your agency/employer may also provide a tool to submit your enrollments that Molina has pre-approved.

Please check with your agency on other tools that may be available for you to quote and enroll.

All enrollment submissions must be made within 2 calendar days of the application sign date.

Enrollment applications must be fully completed, including signatures and dates.

The Broker Services will send a confirmation email for every successful receipt of a paper enrollment sent to the Molina Medicare Enrollment Fax line.

Scope of Appointment Requirements

48 Hour Rule

SOAs must be obtained at least 48 hours prior to scheduled marketing appointment.

Two Exceptions:

1. SOAs that are complete during the last four days of a valid election period for the beneficiary, including AEP, OEP, SEP, ICEP or the month.
2. Unscheduled in person meetings (walk-ins) initiated by the beneficiary. Including a member initiated inbound call or inbound web chat.
3. Member initiated inbound calls and web chats.

Telephonic Scope of Appointment (SOA)

To accommodate situations where the broker cannot physically meet with the beneficiary, Molina offers an alternative to a paper SOA, a Telephonic SOA. The broker will contact the Broker Services with the beneficiary on the phone, and the team will complete the telephonic SOA in just a few minutes on a recorded line.

Telephonic Enrollment

To accommodate situations where the broker cannot physically meet the beneficiary, Molina offers an alternative to a paper application or electronic enrollment; the telephonic enrollment. **All sales calls with beneficiaries are to be recorded in their entirety, up through completion of the enrollment.**

Molina offers and strongly recommends using the free, CMS-compliant recording and storage capability available in DRX/Connecture. Other approved options include Sunfire on 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 sales calls (outbound & inbound) with the intent of enrolling a 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 doesn't apply to in-person sales 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](#).

The following disclaimers must be read by brokers when conducting a Telephonic Enrollment:

"We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact *Medicare.gov*, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options." If the TPMO sells for all MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement: "Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact *Medicare.gov*, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices."

Provide this disclaimer within the first minute of the call. The disclaimer cannot be at the end with all the other disclaimers.

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 local Broker Channel Manager.

Once the Telephonic Enrollment Submission form is uploaded into Broker Portal, Agent must contact Broker Support at: (866) 714-8996 to assist with enrollment on the recorded line.

Telephonic Enrollment (con't)

Provide this disclaimer within the first minute of the call. The disclaimer cannot be at the end with all the other disclaimers.

- 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 local 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.
- “We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact *Medicare.gov*, 1–800–MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.” If the TPMO sells for all MA organizations and/or Part D sponsors in the service area the disclaimer consists of the statement: “Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact *Medicare.gov*, 1–800–MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.”

Cancellation of an Enrollment Application

Enrollment Cancellations

- A prospective member or his/her legal representative may request to cancel their enrollment application for any reason prior to the effective date of coverage. An enrollment may only be canceled if it is received by Molina Medicare 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

Requests for Disenrollment

Disenrollment requests made to Molina Medicare must be in writing. A member may request disenrollment from a Medicare Advantage 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; FAX # (562) 495-1726
- Calling 1-800-Medicare

Marketing Overview



Marketing Policy Overview

Agencies **must** only use Molina Healthcare and CMS approved marketing materials when discussing or presenting Molina Medicare products.

Most, if not all marketing materials intended for distribution to potential members must be filed with CMS. All materials provided by Molina Healthcare have been reviewed for compliance with CMS guidelines and inclusion of required disclaimers. Additionally, these materials must have been filed with, and approved by CMS when applicable.

Agencies and their Producers **must not** alter CMS-approved materials other than to add personal information like Agency/Producer name, phone number, and email address or event date where appropriate.

Any material that promotes Molina Healthcare products not previously approved by Molina Healthcare needs to be submitted for review prior to use.

Per CMS regulations, the official first day for marketing for Annual Election Period (AEP) begins on October 1st of each year. The AEP is for enrollments in the upcoming benefit year. To be compliant, you cannot market or advertise the upcoming year's products before October 1st.

Websites

CMS defines websites used by Molina Healthcare contracted Agencies and their Producers as third-party marketing websites. Third party marketing websites that market Molina Medicare products must meet all applicable Molina Healthcare and CMS Marketing Guidelines. These requirements apply to websites used by agencies or Producers to generate leads as well. Agencies agree to disclose their subcontracted lead generators to Molina Healthcare at the time of contracting and upon request.

Third-party websites that market Molina Medicare products must be submitted to CMS. If the website markets several MA plans' products, it may be submitted through the multi-plan process.

Unless an agency markets every plan option in a particular service area the agency/Participating Producer must display the following disclaimer, **"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 plan options."**

Websites (con't)

If Agency is conducting lead generation activities, it must inform Beneficiaries that their information will be provided to a licensed agent or producer for future contact, or that the Beneficiary is being transferred to a licensed agent or producer who can enroll them in a Medicare Plan. Agency must provide their leads generating companies to Molina when requested.

Producers and agencies are required to provide the website of all sites used to market Molina Medicare products to your Broker Channel Manager.

Agency and Producer websites may not: Request health status information, such as pre-existing conditions, weight, and whether a beneficiary is a smoker.

Referencing Molina Healthcare in your Materials on Websites

Producers may reference Molina Medicare in its recruitment and training documents so long as they only mention what products they sell. Documents that mention Molina Medicare intended for potential members will need to be reviewed by your Broker Channel Manager, and written permission provided before distribution.

Documents, including websites that mention Molina Medicare and contain plan information, e.g., benefit information, copayments/coinsurances, plan premiums, etc., will need to be submitted to the Broker Channel Manager for review and written permission will be provided before you may distribute collateral.

Logo Request

All uses of Company's Logos must be reviewed and approved by Molina. Company must provide written authorization prior any use of logos.

To request authorization to use a Company Logo, send the Molina Logo Request Form to: MolinaLogoRequest@MolinaHealthcare.com. You will need to email the document along with a brief explanation. You will receive a response within five business days as to whether the document is approved. You may not use or distribute the Molina Logo until you receive written approval.

How to Order your Sales Materials

Effective 8/18/2023, Molina will make available a new self-service portal called the **Molina Marketing Store**.

All agents RTS will receive a **Welcome Email** from the Molina Marketing Store. The email will contain a link to the site, along with your login ID and a temporary password. Once you have logged into the system, please reset your password.

You will also be able to access this portal through the Molina Agent Center (MAC) <https://molinaagentcenter.com/>

Some materials will initially not be on the **Molina Marketing Store** and will need to be ordered via your Broker Channel Manager or with the assistance of the Broker Support Unit. Complete the request using the 2024 Broker Material form found accessible on the MAC.

Request for promotional material for Molina focused member facing events can be requested through your Broker Channel Manager.

Expense Reimbursement



Expense and Reimbursement

Molina may reimburse agencies for expenses related to marketing Molina Medicare products. Such reimbursements will adhere to CMS guidelines and law.

Requirements for reimbursement:

Only pre-approved expenses will be eligible for reimbursement at fair market value.

Agencies must obtain pre-approvals from Molina in writing prior to any expense being submitted for reimbursement. Request can be submitted through local Broker Channel Manager or Account Manager.

Contents of the pre-approval must include specific information including Marketing content, tactics, estimated spend, and Estimated Reach.

1. Only pre-approved expenses will be eligible for reimbursement at fair market value.
2. Agencies must obtain pre-approvals from Molina in writing prior to any expense being submitted for reimbursement. This request can be submitted thru your local market Broker Channel Manager or Account Manager.
3. Pre-approval submission must include specific information including Marketing content, tactics, estimated spend, and Estimated Reach.
4. All requests for reimbursement must include:
 - Agency name/NPN
 - Invoice with detailed description of the expenses
 - Receipts must reconcile with pre-approved expense amount
 - Submission of supplier information through Molina Healthcare's Accounts Payable portal
5. Qualifying expenses can include Direct Mail, Digital Marketing, Print, Marketing Events, Recruitment Events, and Sponsorships.
6. Types of non-qualified expenses include incremental Enrollment Incentives, Wages Payable, Certification Fees, Meals, and Equipment.

Expense Credit for Molina Marketing Store

Medicare Sales may credit Individual Agent and Broker Participation in Molina's Marketing Store for the prepurchase of CMS approved Marketing Collateral.

Requirements for expense credit:

1. Molina may credit contracted and certified agents for purchases related to approved marketing collateral located in Molina's Marketing Store. All credits applied will adhere to the Centers for Medicare and Medicaid (CMS) guidelines related to Broker and Agent marketing activities and approvals process. All credits are subject to Molina review and approval.
2. Agents and Brokers must hold an active contract and be in a Ready-to-Sell status with Molina at the time of participation.
3. Credit approval must be submitted through pre-approval submission process containing, tactics, estimated credit amount, and Estimated Reach.
4. All requests for reimbursement must include:
Broker/Agency name/NPN

Qualifying credits may be applied to Direct Mail Postcards, Digital Marketing, Print, Marketing Events Flyers, and any other approved marketing collateral only found in the Molina Marketing Store

Health Risk Assessment Completion Process



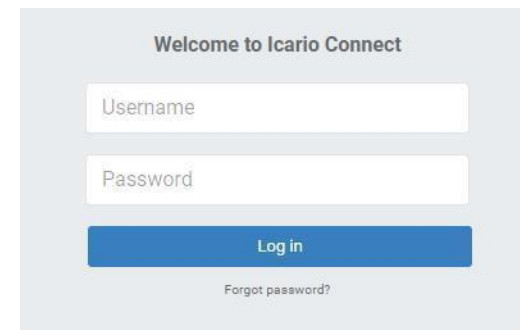
What is a Health Risk Assessment (HRA)?

The Health Risk Assessment (HRA) consists of a standard list of questions that provides us with medical, functional, cognitive, psychosocial and mental health needs of our members. This allows us to identify a person-centered plan of care and optimize their benefits.

How are HRA's submitted to Molina?

- Digital Platform – [Icario](#) is Molina's HRA digital platform all agents are encouraged to use the digital platform over paper.
 - Agents will receive a welcome letter email and text message from Icario platform with login credentials.
 - Contracted and Ready-to-Sell participating producers for the current selling year should complete an HRA through the preferred electronic format using the [iCario platform](#) immediately after enrollment submission.
- Paper – This is a secondary option for most states. However, Massachusetts (MA) and Virginia (VA) require paper HRA's as the only submission medium. For states requiring paper HRAs, HRAs can be mailed-in using appropriate CMS approved prepaid envelope or emailed to: MolinaBrokerHRA@MolinaHealthcare.com.

Reach out to your local Broker Channel Manager for specific guidance.



Icario URL :
<https://admin.icario.health/login>

Who Can Submit an HRA?

Molina Medicare Member

- The member will receive a welcome packet containing a paper HRA. Members are encouraged to submit a completed HRA form using the provided pre-paid envelope inside their new member packet prior to their first 90-days with the plan (the form can be submitted prior to the effective date).
- Given that the HRA is a valuable tool to help the member, we request that all questions are answered (or declined in writing). This helps us to ensure we understand the member's needs in order to provide the best person-centered care.

Broker

- Contracted and Ready-to-Sell brokers for the current selling year should complete an HRA through the preferred electronic format using iCario platform immediately after enrollment submission.
- Those brokers that are completing HRAs on the member's behalf should encourage the member to complete the survey in its entirety, encouraging the member to input unsure/decline language if they do not have access to or do not feel comfortable to provide the information.

How Can a Broker Assist with the Completion of an HRA?

After enrolling a beneficiary in a D-SNP or MAPD plan, a broker has the option to assist their client with completing the approved HRA.

- Applications effective January 1 and after are eligible for a service fee payment of \$100 when the HRA is completed in its **entirety** and submitted. **All questions require an answer.**
- The HRA must be completed at the time of enrollment with the exception of an initial enrollment period (ICEP), those HRAs need to be submitted one month prior to the effective date. Those submitted after the effective date will not qualify for the service fee payment.

How are Brokers Paid for an HRA Completion?

Once the application is CMS approved and the member is active, the HRA payment will be processed and paid on the 4th Friday of the month after effectuation and completed processing on the HRA statement of payment.

- The service fee will be paid to the writing broker identified on the enrollment application.
- Payment calculation will occur on the last pay period of each month.
- Payment of \$100 per HRA will typically be made from the policy effective date for all completed, eligible HRAs.
- Payments will only be made for those HRAs that are filled out in its entirety (**if it is not complete, it is not eligible for payment**).
- Only one HRA per member will be paid, duplicated HRAs will not be counted.
- Molina will only pay for initial HRAs upon effectuation. If the member has changed plans or had a break in coverage, Molina would pay for a new HRA.
- Agents only receive one HRA service fee, if the member is renewing their policy with Molina, the service fee will not be paid.

Glossary



Term	Definition
Agreement	Agreement is the contract executed between the Agency/Participating Producer and Molina Healthcare's subsidiaries. "Contract" has the same meaning of Agreement.
Certified	A status achieved based on completing the annual certification process, required training, and successfully passing the related exams.
Downline	A person or entity whose contract connects to one or more uplines; or a licensed-only agent.
Dual Special Needs Plan (D-SNP)	A Medicare Advantage plan specifically designed for beneficiaries who are entitled to both Medicare and Medicaid.
Errors & Omissions (E&O)	A type of insurance policy designed to protect Molina Medicare agents against claims arising from the sale and servicing of health insurance products.
First Tier, Downstream, Related Entity (FDR)	<p>A First Tier Entity is any party that enters into a written arrangement to CMS with a Medicare Advantage (MA) organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA or Part D program.</p> <p>Downstream Entity occurs when written arrangements continue down to the level of the ultimate provider of both health and administrative services. Related Entity is an entity that is related to an MA organization or Part D plan sponsor management functions under contract or delegation, furnishes services to Medicare enrollees under oral or written agreement, leases real property or sell materials to the MA organization or Part D plan sponsor to a cost of more than \$2,500 during a contract period.</p>
Fraud, Waste, & Abuse (FWA)	<p>Fraud is knowingly and willfully executing or attempting to execute a scheme or to artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.</p> <p>Waste includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.</p> <p>Abuse includes action that may, directly or indirectly, result in unnecessary costs to the Medicare program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.</p>

Term	Definition
Health Maintenance Organization (HMO)	A Health Maintenance Organization or HMO, is a health insurance plan that provides health services through a network of physicians who work for or contract with the HMO.
Just in Time (JIT)	Just-in-Time appointments legally give insurance carriers the ability to delay appointing a producer (and paying the associated fees) until the producer begins writing business for that carrier in the states that allow JIT appointments.
Licensed-Only Agent (LOA)	Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline.
Medicare Advantage Only Plan (MA)	Medicare plan that only includes medical benefits.
Medicare Advantage Prescription Drug (MAPD)	Medicare plan that includes both medical and prescription drug benefits.
Molina Healthcare	Molina Healthcare refers to the subsidiaries of Molina Healthcare, Inc. that the Agency/Participating Producers contract with.
Principal	The individual that is an employee, owner, member, or partner of upline, appointed by upline to act on behalf of upline. Upline has granted such authority to legally bind up.
Participating Producer	A licensed salesperson working with an insurance agency who is responsible for acquiring new customers and cross-selling new policies to existing customers of the agency. "Broker," "Producer," and "Agent" have the same meaning as "Participating Producer."
Ready-to-Sell (RTS)	When an upline, principal, or agent has completed and maintains compliance with all Molina, CMS, and applicable state law requirements for selling specified in the Producer Guide and has received a written confirmation from Molina specifying the upline, principal, or agent has completed all requirements and may commence selling a particular Medicare product in a particular state.

Forms/Appendix



Forms

The following forms can be found on the MAC <https://molinaagentcenter.com/>

- Molina Healthcare **Constructive Release Form**
- Molina Healthcare **Immediate Release Form**
- **Event Form**
- Request to Use **Molina Healthcare Logo**
- **Producer of Record Change** Request Form
- State/Plan **Member Service Contact** Information
- 2024 **Materials Request** Form