



MOLINA MEDICARE PLANS 2025 ENROLLMENT HANDBOOK

Sales & Marketing

MolinaAgentCenter.com
Broker@MolinaHealthcare.com



CONTENTS

For the convenience of the client and the agent, Molina offers telephonic and virtual enrollments. Paper enrollments remain an option for those preferring to fill out the traditional forms.

| | |
|--|-----------|
| Enrollment Requirements | 3 |
| Optional Materials..... | 4 |
| Initial Contact..... | 5 |
| • Inbound and Outbound | |
| • Scope of Appointment | |
| • Appointments | |
| Sales Presentation..... | 6 |
| • Telephonic | |
| • In-person | |
| Completion of Application..... | 7 |
| Submission of Application | 8 |
| Cancellation of Application | 8 |
| What New Members Can Expect | 9 |
| Reminders | 11 |
| • Pre-AEP Activity | |
| • Working Smarter | |
| • Compliance | |
| Contact Information..... | 13 |

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 48 hours **prior** to the start of an appointment, including outbound calls, for all MA and MAPD 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. Paper SOAs are no longer accepted.

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. An SOA is good for a specific appointment only; it is not open-ended.

Recording Requirement

Agents must 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:

- 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.
- Does not apply to in-person sales appointments or face-to-face marketing.

For more resources regarding the CMS Guidelines for Medicare Advantage and Part D drug plans, read the:

[2024 Federal Register: Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly.](#)

[2025 Federal Register: Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024-Remaining Provisions and Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly \(PACE\)](#)

[Medicare Marketing Guidelines | CMS](#)
[eCFR: 42 CFR Part 422 -- Medicare Advantage Program](#)

Enrollment Kits

Each enrollment kit contains the following items:

- Pre-enrollment Checklist
- Eligibility Attestation Form
- 2025 Member Enrollment Guide
- Chronic SNP Prequalification Assessment (C-SNP plans only)
- Summary of Benefits
- Enrollment Receipt
- Enrollment Verification Checklist
- Star ratings
- Multi-language insert
- Disclaimers, including the nondiscrimination notice
- Enrollment application – please note that the 2025 enrollment application contains lines to identify enrollee's race/ethnicity and gender. The enrollee may choose not to provide this information. This information is not used to determine enrollment or eligibility into the plan.

OPTIONAL MATERIALS

Marketing Collateral

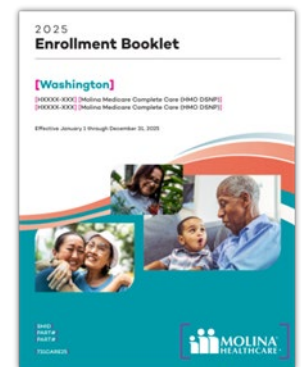
The following items may be ordered at no cost through the Molina Marketing Store.

- ✓ Enrollment Kits
- ✓ Benefits at a Glance (BAAGs)
- ✓ Brochures (up to 200 at no cost)
- ✓ Flyers (up to 200 at no cost)
- ✓ Signage
- ✓ Thank you/birthday/holiday cards

The following items may be downloaded from the [Molina Agent Center](#):

Marketing

- ✓ Marketing Materials Directory for Brokers
- ✓ Medicare and You 2025



Training Guides

- ✓ Telephonic SOA & Enrollment Process for Brokers
- ✓ Medicare Election Periods
- ✓ Agent & Broker Training & Testing Guidelines
- ✓ How to Submit a Paper Application
- ✓ HRA Completion Training & User Guide
- ✓ DRX Training
- ✓ Formulary Search
- ✓ Provider Online Directory Video
- ✓ Icaro Training Video

Member Materials

- ✓ Appointment of Representative (AOR) Form
- ✓ Health Risk Assessment (HRA) Forms
- ✓ Molina Medicare: What to Expect Next
- ✓ How to Use the MyMolina Mobile App Video
- ✓ Manage Your Health with MyMolina Member Portal Video

INITIAL CONTACT

Outbound (48-hour rule applies)

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

Under this circumstance, CMS requires that an agent obtain an SOA and wait 48 hours from the time of obtaining an SOA until the actual meeting with the prospect.

Inbound

A prospect calls you, which could result from a marketing campaign, a referral, a community event, or another source. You can obtain an SOA, and a 48-hour waiting period prior to enrollment is not required under this circumstance.

Scope of Appointment

There are different SOA forms to choose from when working with beneficiaries. These forms may be found on the Molina Agent Center under the Enrollment Toolkit and Reference Materials. Be sure to choose the version appropriate to each situation.

- Molina Universal SOA
- California SOA
- Massachusetts SOA
- Central Health Plan

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. These digital SOAs require a signed acknowledgement from the beneficiary and from the agent. You can find an instructional video here on [YouTube](#).

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.

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

With prior permission, call the prospect at the agreed-upon time. Identify yourself and the purpose of your call.

The TPMO CMS disclaimer requirement mandates that all agents make the following statement within the first minute of a sales phone call.

“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.”

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-approved presentation/script, including the following, as applicable:

- Go over the enrollment kit materials, including the entire 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 disclaimer requirement applies to and must be used when communicating in person.

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

- Go over the enrollment kit materials, including the entire 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 most Medicaid states, digital SOAs, 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 can find the [personalized shopping link](#) in the account overview section. 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.

In-person

The paper enrollment forms are found in the back of each enrollment kit. The Scope of Appointment form should already have been completed and dated in the 48-hour window before in-person enrollment. Confirm proof of their Medicaid eligibility (if applicable). An Authorization of Representative (AOR) form should be completed, if necessary. Upload documents to Connecture for quick enrollment processing and to proactively avoid request for information (RFIs) scenarios.

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 who are contracted and ready to sell for 2025 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.

For 2025, only those agents selling C-SNP and D-SNP plans in California may complete and submit an HRA on behalf of a member.

How to Submit an HRA

Utilize the electronic HRA platform to quickly capture electronic HRAs and submit on behalf of the beneficiary.

- For 2024 Effectives/Enrollments
 - Central Health Plan: No changes to current HRA process; agents will submit through Connecture/DRX
 - Molina Healthcare: No changes to current HRA process; agents will submit through Icaro platform
- For 2025 Effectives/CA SNP Enrollments Only
 - CA SNP Enrollments Only – Complete HRA through [Connecture/DRX](#)
 - If sales agent utilizes another OEC platform, they will find the California standalone SNP HRA form link in their broker portal.

The HRA option is only available for new 2025 effective CA SNP (DSNP & CSNP) enrollments. We strongly encourage HRA completion at time of enrollment. Ensure you complete the HRA in its entirety and submit it before the beneficiary's effective date to qualify for payment.

For more information, please refer to the [Molina Agent Center](#).

How else can the beneficiary complete an HRA with Molina?

- During their Welcome Call with the Medicare Concierge Team
 - Q4: Welcome Call Scheduler Tool. The tool will allow sales agents to schedule a Welcome Call at the point of sale for a date and time that works best for the beneficiary
- At the time of Care Connections (in-person or telephonic) visit
- During their call with the Molina Care Manager

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.
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 mailed with 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 (2) calendar days of the application signing date. Enrollment applications must be fully completed, including signatures and dates.

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.

- 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.



Informational Resources

These are available immediately for members to watch to help answer any questions about how Molina and Medicare work. Visit our Medicare Videos homepage to see these videos and many more at: www.molinahealthcare.com/members/common/Medicare-Videos.aspx. Members can also find the videos in the MyVideos section of the MyMolina member portal.

| Member Videos | Helpful Websites |
|--|---|
| Molina Medicare: Medicaid Dual Eligible - How to begin using your plan | Molina Healthcare YouTube Channel |
| Molina Medicare Advantage: How to begin using your plan | Molina Staying Healthy |
| Molina Medicare Advantage: Getting Started | Be Prepared for a Disaster |

| | |
|---|---------------------------------------|
| New My Molina Portal Overview | Molina Help Finder |
| Care Connections | Managing Hypertension |
| Molina Medicare: Health Insurance Terms | |
| Molina Medicare: Parts A, B, C, D | |
| Molina Medicare Advantage: Getting Started | |
| Molina Caregiving for Medicare | |
| MyMolina App | |
| Member Testimonials | |
| New How Do I Series: How Do I Access Care? How Do I Read My Formulary? How Do I DME? How Do I Prior Authorization (PA)? | |

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, including:

- Onboarding Team Introduction
- Wellness Incentives Information
- Overview of Trusted Partners (e.g., Silver & Fit, Nations, etc.)
- Mail Order Script Enrollment Page

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/Healthy You card. Please be sure your enrollee knows which way to expect their dental benefits.

MyChoice/Healthy You Flexible Debit Card*

All members receive this debit card, automatically loaded 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.

MyMolina Member Portal

Important upgrades were made to the [MyMolina](#) member portal this year. The enhanced portal includes single-sign-on to CVS to improve ease of accessing drug plan information and to the Nations portal to improve ease of accessing supplemental benefit information. The MyMolina portal also contains important health plan documents, claim status updates, and a MyVideos section.

Members can access rewards available to plan holders as well as information on how to receive these.

Welcome Call

New members will receive a welcome call from the Member Concierge Team. During the New Member Welcome Call, the Member Concierge Team will:

- Review health plan benefits and explain how to use them
 - Examples: Dental, vision, debit card, over the counter (OTC) catalog, transportation, and Silver & Fit
- Confirm member's PCP and other providers

- Review current prescription medications to ease the transition to Molina
- Discuss how to use food and produce benefits and review eligibility requirements
- Explain how to earn wellness incentives for completing healthy activities
- Explain how to use the MyMolina Portal & mobile application to improve access to information 24/7
- Set up a Care Connections appointment with Nurse Practitioners

FOR TX, WA, MI ONLY: Members can expect a call from the Concierge Team to be welcomed. If they prefer to schedule their Welcome Call, they can reach out to our Concierge Team by calling (855) 596-5682, (TTY: 711).

Care Connections

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

- Review medical history
- Conduct an Annual Wellness Visit and preventative health services
- Create an access plan for the care and services they need
- Find members a new PCP (if needed)
- Schedule a PCP appointment & arrange transportation
- Share Care Connections visit information with their doctor to ensure care coordination

REMINDERS

Ready to Sell

All agents must be licensed and appointed, per applicable state guidelines, and successfully completed all trainings prior to marketing Molina Medicare products.

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 2025 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.*

***If an agent's name is on that application under either circumstance, that agent will be investigated, per CMS guidelines.**

Submissions

Applications must be submitted within two (2) calendar days. Applications received at the end of the month – 28, 29, or 30 – must be submitted before or on the last day of the month.

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 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)
- CMS Federal and State Regulations

As an agency and agent 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.

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

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Medicare Broker Services Unit (BSU)

(866) 440-9788

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MCREnrollment@MolinaHealthcare.com

