Medicare Producer Guide

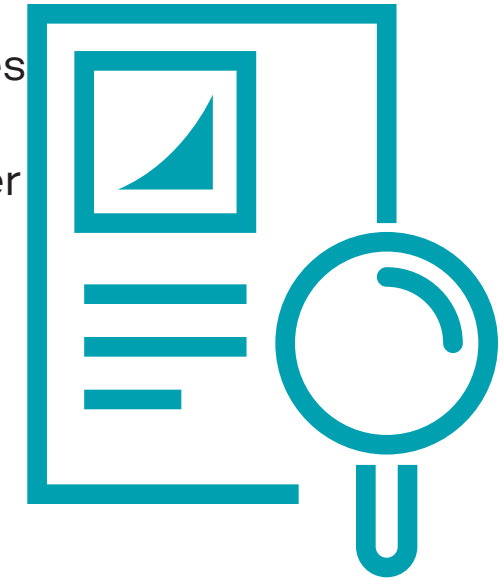
Revised 11.1.2024

MOLINA® HEALTHCARE

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.

MOLINA® HEALTHCARE

Table of Contents

	Pages
❖ Introduction	5 - 8
❖ Products to Grow Your Business	9 - 18
❖ Key Connections	19 - 26
❖ Online Tools	27 - 29
❖ Ready to Sell Requirements	30 - 43
❖ Compensation	44 - 50
❖ Agency Compliance & Producer Oversight	51 - 56
❖ Enrollment Process	57 - 60
❖ Marketing Overview	61 - 64
❖ Expense Credit	65 - 66
❖ Health Risk Assessment Completion Process	67 - 68
❖ Glossary	69 - 71
❖ Forms/Appendix	72 - 73

MOLINA® HEALTHCARE

Introduction

MOLINA® HEALTHCARE

Dear Valued Partners,

Welcome to Molina Healthcare's Medicare Advantage Producer Guide. We are honored to have you as an essential part of our mission to deliver high-quality healthcare to our members. Your partnership and dedication are instrumental in helping us achieve our vision of distinguishing ourselves as the most effective and reliable health plan in the industry.

At Molina, we are deeply committed to providing best-in-class healthcare. Our focus on Dual Eligible Special Needs Plans and Medicare Advantage Prescription Drug Plans is designed to meet the diverse needs of our members, ensuring they receive comprehensive, affordable, and high-quality care.

Our mission to improve the health and lives of our members is reflected in every aspect of our work. We uphold our core values of integrity, accountability, teamwork, and honest communication, all while maintaining a strong member and community focus. Your expertise and efforts are crucial to delivering on this promise, and we are excited to continue growing and succeeding together.

Thank you for your unwavering commitment and for choosing to partner with Molina Healthcare. Together, we will continue to make a meaningful impact in the lives of our members, providing them with the best possible healthcare experience.

Warm regards,

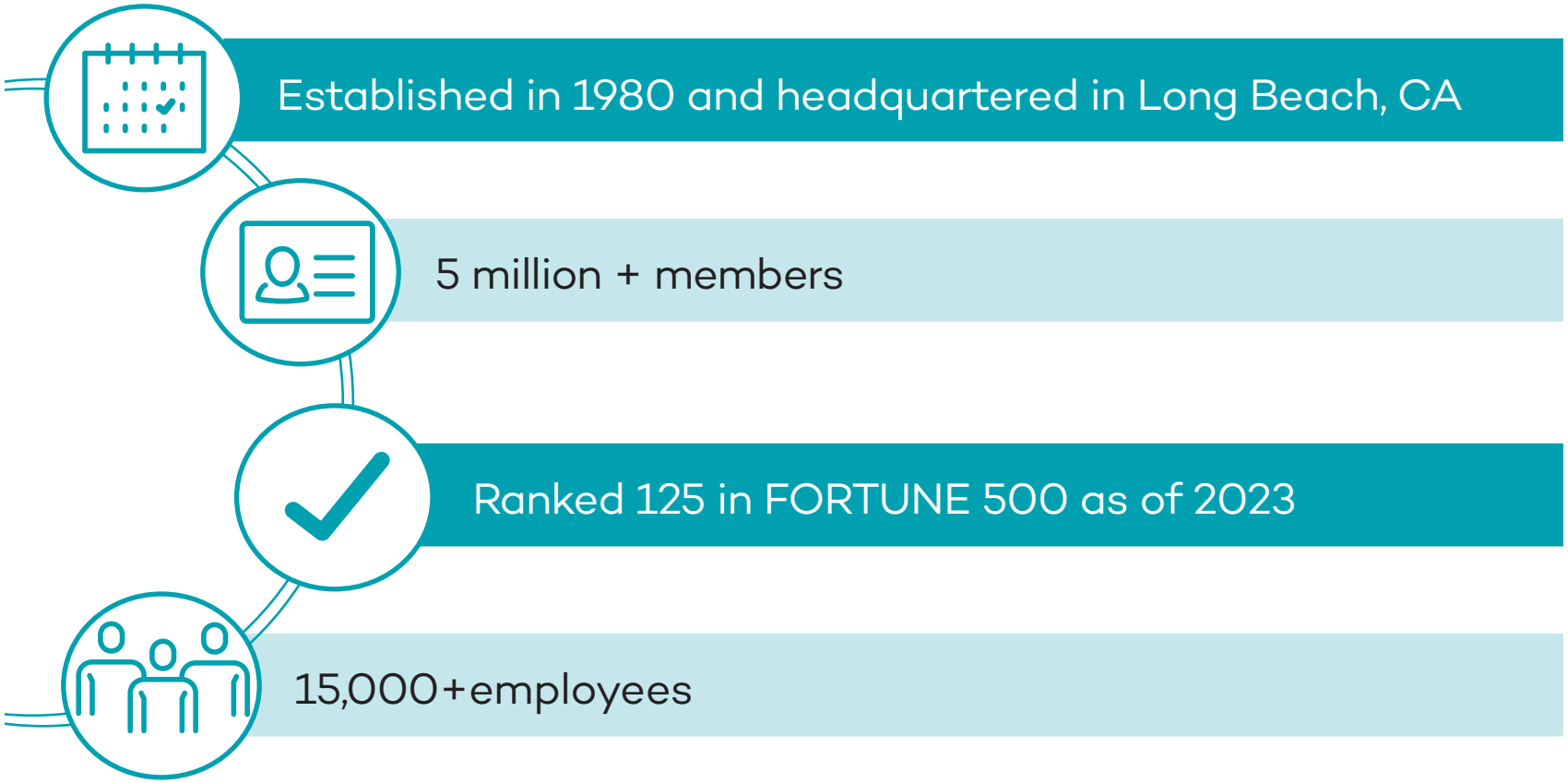
Michael A. Gonzalez
Vice President, Medicare Sales



MOLINA® HEALTHCARE

About Us

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



MOLINA® HEALTHCARE

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

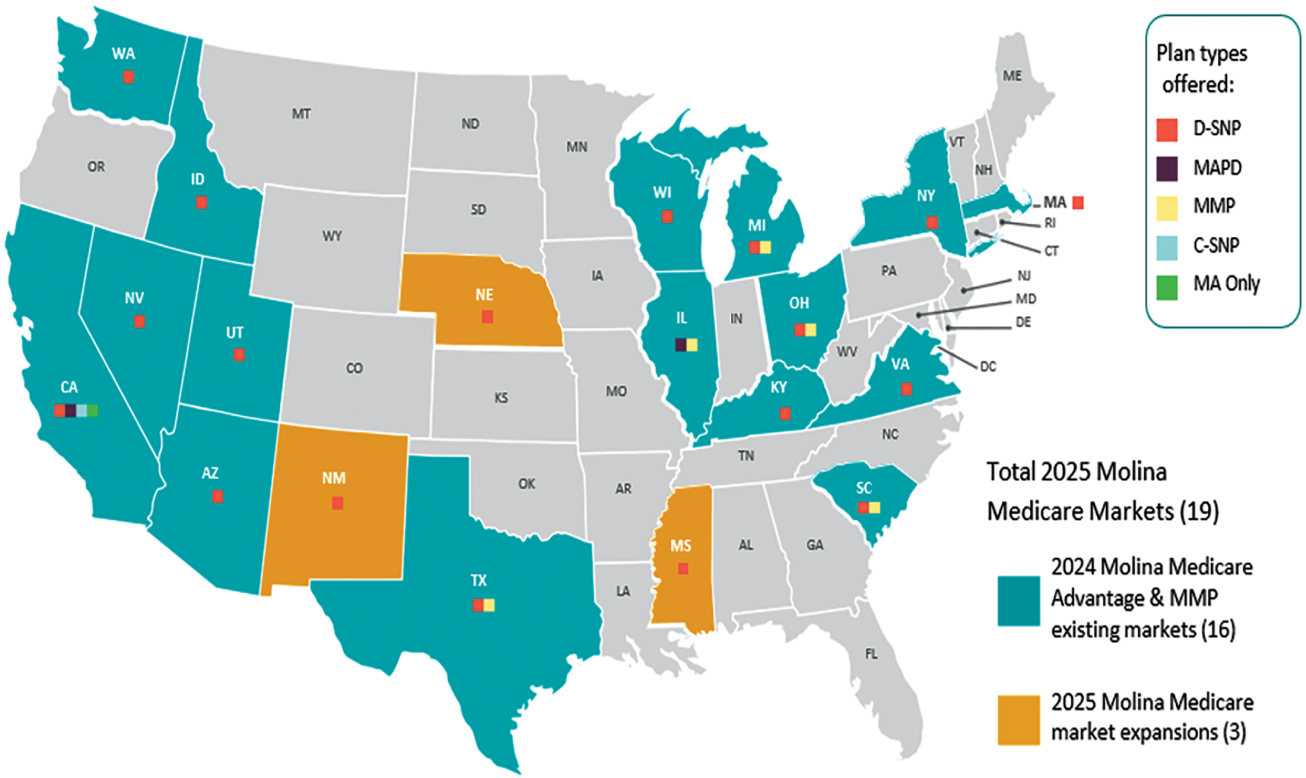
Local state leadership and strong community support to help Molina partners as well as member specific needs.

MOLINA® HEALTHCARE

Products to Grow Your Business

MOLINA® HEALTHCARE

2025 Portfolio of States and Plans



State	2024 Counties	New 2025 Counties	Total
AZ	3		3
CA	5	18	23
ID	22	12	34
IL	46	0	46
KY	75		75
MA	8		8
MI	60		60
MS	0	8	8
NE	0	56	56
NV	2	5	7
NM	0	32	32
NY	9		9
OH	83	5	88
SC	45	1	46
TX	84	3	87
UT	10	14	23
VA	133		133
WA	39		39
WI	36		32
Total	660	154	809

MOLINA® HEALTHCARE

State Coverage

State	Plan Type	Plan Names	Counties
AZ	HMO D-SNP	Molina Medicare Complete Care H8845-001	Gila, Maricopa, Pinal
CA	HMO D-SNP	Molina Medicare Complete Care Plus H3038-003	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego
	HMO D-SNP	Central Health Medi-Medi Plan I H5649-002	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego
	HMO C-SNP	Central Health Embrace Care Plan H5649-025-002	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo
	HMO C-SNP	Central Health Embrace Choice Plan H5649-026-002	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo
	HMO C-SNP	Central Health Focus Plan H5649-006	Alameda, Contra Costa, Fresno, Los Angeles, Orange, San Bernardino, San Joaquin, Santa Clara
	HMO C-SNP	Central Health Embrace Care Plan H5649-025-001	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego
	HMO C-SNP	Central Health Embrace Choice Plan H5649-026-001	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego
	HMO C-SNP	Central Health Embrace Care Plan H5649-025-002	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo

MOLINA® HEALTHCARE

State	Plan Type	Plan Names	Counties
	HMO C-SNP	Central Health Embrace Choice Plan H5649-026-002	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo
	HMO MA	Central Health Valor Care Plan H5649-030	Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare
	HMO MAPD	Molina Medicare Choice Care H5810-014	Los Angeles, Imperial, Riverside, San Bernardino, San Diego
	HMO MAPD	Central Health San Mateo Medicar Plan H5649-018	San Mateo
	HMO MAPD	Central Health Premier Plan I H5649-023	Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Solano
	HMO MAPD	Central Health Classic Care Plan II H5649-028	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo
	HMO MAPD	Central Health Medicare Plan H5649-001	Los Angeles, Orange, Riverside, San Bernardino
	HMO MAPD	Central Health Savings Plan H5649-019	Los Angeles, Orange, Riverside, San Bernardino
	HMO MAPD	Central Health Venture Medicare Plan H5649-008	Ventura
	HMO MAPD	Central Health Jade Plan H5649-022	Los Angeles

MOLINA® HEALTHCARE

State	Plan Type	Plan Names	Counties
	HMO MAPD	Central Health Classic Care Plan I H5649-027	Los Angeles, Orange, Riverside, San Bernardino, San Diego
		Central Health Part B Savings Plan H5649-029	Los Angeles, Orange, Riverside, San Bernardino, San Diego
	HMO MAPD	Central Health Classic Care Plan II H5649-028	Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo
ID	HMO D-SNP	Molina Medicare Complete Care H5628-008	Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington
	HMO D-SNP	Molina Medicare Complete Care Select H5628-011	Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington
IL	HMO MAPD	Molina Medicare Choice Care H2715-003	
KY	HMO D-SNP	Passport Advantage H1799-003-001	Bullitt, Hardin, Henry, Jefferson, Meade, Nelson, Oldham, Shelby, Spencer

MOLINA® HEALTHCARE

State	Plan Type	Plan Names	Counties
	HMO D-SNP	Passport Advantage H1799-003-002	Adair, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breathitt, Breckinridge, Butler, Carroll, Carter, Casey, Clark, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Hancock, Harrison, Hart, Jackson, Jessamine, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Ohio, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Trimble, Union, Washington, Wayne, Webster, Wolfe, Woodford
MA	HMO D-SNP	Senior Whole Health H2224-001	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
	HMO D-SNP	Senior Whole Health NHC H2224-003	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
MI	HMO D-SNP	Molina Medicare Complete Care H5926-001	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Wexford

MOLINA® HEALTHCARE

State	Plan Type	Plan Names	Counties
	HMO D-SNP	Molina Medicare Complete Care Select H5926-005	Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Wexford
MS	HMO D-SNP	Molina Medicare Complete Care H8845-004	Hinds, Madison, Rankin
	HMO D-SNP	Molina Medicare Complete Care H8845-005	George, Hancock, Harrison, Pearl River, Stone
NE	HMO D-SNP	Molina Medicare Complete Care Plus H2715-005	Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Furnas, Gage, Hall, Hamilton, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, York

State	Plan Type	Plan Names	Counties
NM	HMO D-SNP	Molina Medicare Complete Care H8845-006	Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, Sandoval, San Juan, San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Valencia
NV	HMO D-SNP	Molina Medicare Complete Care H2478-001	Carson City, Clark, Douglas, Lyon, Nye, Storey, Washoe
NY	HMO D-SNP	Senior Whole Health of New York NHC H5992-007	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester
	HMO D-SNP	Senior Whole Health Medicare Complete Care H5992-009-001	Bronx, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester
	HMO D-SNP	Senior Whole Health Medicare Complete Care H5992-009-002	Kings
OH	HMO D-SNP	Molina Medicare Complete Care H9955-006-001	Butler, Clark, Clermont, Cuyahoga, Delaware, Franklin, Greene, Hamilton, Lorain, Lucas, Madison, Mahoning, Montgomery, Pickaway, Stark, Union, Warren

State	Plan Type	Plan Names	Counties
	HMO D-SNP	Molina Medicare Complete Care H9955-006-002	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot
SC	HMO D-SNP	Molina Medicare Complete Care H8176-001	Statewide
TX	HMO D-SNP	Molina Medicare Complete Care H2715-002	Bowie, Newton, Sabine
	HMO D-SNP	Molina Medicare Complete Care H7678-001	Anderson, Angelina, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Franklin, Galveston, Grayson, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montague, Montgomery, Morris, Nacogdoches, Navarro, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata

MOLINA® HEALTHCARE

State	Plan Type	Plan Names	Counties
UT	HMO D-SNP	Molina Medicare Complete Care Select H5628-012	Beaver, Box Elder, Cache, Davis, Duchesne, Emery, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Tooele, Utah, Wasatch, Washington, Wayne, Weber
	HMO D-SNP	Molina Medicare Complete Care H5628-001	Beaver, Box Elder, Cache, Davis, Duchesne, Emery, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Tooele, Utah, Wasatch, Washington, Wayne, Weber
VA	HMO D-SNP	Molina Medicare Complete Care Select H7559-002	Statewide
	HMO D-SNP	Molina Medicare Complete Care H7550-001	Statewide
WA	HMO D-SNP	Molina Medicare Complete Care H5823-006	Statewide
	HMO D-SNP	Molina Medicare Complete Care Select H5823-010	Statewide

Key Connections

MOLINA® HEALTHCARE

Key Connections

National Distribution Leaders

Matt Saenz, AVP
Matt.Saenz@MolinaHealthcare.com

State Leaders

National Distribution

James Spencer, Director
James.Spencer@MolinaHealthcare.com

- Eric Smith, Sr. Account Manager
  Eric.Smith@MolinaHealthcare.com
- Joseph Lukasik, Sr. Account Manager
  Joseph.Lukasik@MolinaHealthcare.com
- Lenny Scroggins, Sr. Account Manager
  Lenny.Scroggins@MolinaHealthcare.com
- Lytoria Whitfield, Sr. Account Manager
  Lytoria.Whitfield@MolinaHealthcare.com

Strategic Distribution

Ralph Taylor, Director
Ralph.Taylor@MolinaHealthcare.com

- Jennifer Williams, Account Manager
  Jennifer.Williams@MolinaHealthcare.com
- Sharon Allen, Account Manager
  Sharon.Allen@MolinaHealthcare.com

State Leadership

- **AZ** – Contact Matt Saenz
- **NM** - Raul Miramontes – SW Regional Senior Manager, Agency Development
  Raul.Miramontes@MolinaHealthcare.com
- **TX -** Carolina Cisneros – TX Broker Channel Manager
  Carolina.Cisneros@MolinaHealthcare.com
- **TX** - Maria Abukhurma – TX Broker Channel Manager
  Maria.Abukhurma@MolinaHealthcare.com

MOLINA® HEALTHCARE

Regional and State Leadership - Eastern

Rob Call, AVP
Rob.Call@MolinaHealthcare.com

Michael Cain – NE Regional Sales Director
Michael.Cain@MolinaHealthcare.com

- **MA** - Bill Karger,
  Broker Channel Manager
  William.Karger@MolinaHealthcare.com
- **MI -** Jevon Jackson,
  Broker Channel Manager
  Jevon.Jackson@MolinaHealthcare.com
- **MI -** Jonathan Roldan –
  Broker Channel Manager
  Jonathan.Roldan@MolinaHealthcare.com

Robert Freeman – SE Regional Sales Director
Robert.Freeman@MolinaHealthcare.com

- **MS -** LaTonya Lyles,
  Broker Channel Manager
  LaTonya.Lyles@MolinaHealthcare.com
- **VA -** Scott Herrmann –
  Broker Channel Manager
  Scott.Herrmann@MolinaHealthcare.com

States: *KY, OH, SC – Contact Robert Freeman*

Regional and State Leadership – Northwest (ID, NE, NV, UT, WA)

Rob Call, AVP
Rob.Call@MolinaHealthcare.com

Kim Modrow –
NW Regional Sales Director
Kimberlee.Modrow@MolinaHealthcare.com

- **ID** - Luisa Dailey -
  Broker Channel Manager
  Luisa.Dailey@MolinaHealthcare.com
- **NE** and **NV** – *Contact Kim Modrow*

- **UT** - Jen Pjeter –
  NW Regional Senior Manager,
  Agency Development
  Jennifer.Pjeter@MolinaHealthcare.com
- **WA** - Mireya Borunda,
  Broker Channel Manager
  Mireya.Borunda@MolinaHealthcare.com
- **WA** - Yesica Garcia Arciga, Broker Channel Manager
  Yesica.GarciaArciga@MolinaHealthcare.com

MOLINA® HEALTHCARE

State Leadership – California

Shaina Popkin, AVP
Shaina.Popkin@MolinaHealthcare.com

Troy Dixon – SW Regional Sales Director
Troy.Dixon@MolinaHealthcare.com

- **LA and Orange** - Jojo Morales, Broker Channel Manager Jojo.Morales@MolinaHealthcare.com
- **LA and Orange** - Gary Chua, Broker Channel Manager Gary.Chua@MolinaHealthcare.com
- **LA and Orange** - Sam Han, Broker Channel Manager Sam.Han@MolinaHealthcare.com
- **LA and Orange** - Renee Szafirowski, Broker Channel Manager Renee.Szafirowski@MolinaHealthcare.com
- **San Diego and Imperial** - Rebeca.Aspe, Broker Channel Manager Rebeca.Aspe@MolinaHealthcare.com
- **Ventura and Inland Empire** – Liset Tran, Broker Channel Manager Liset.Tran@MolinaHealthcare.com
- **Inland Empire** – Josie Cortez, Broker Channel Manager Josie.Cortez@MolinaHealthcare.com
- **Northen CA** - Sheri Hernandez – Broker Channel Manager Sheri.Hernandez@MolinaHealthcare.com
- **Central CA -** Margarita Garcia – Broker Channel Manager Margarita.Garcia@MolinaHealthcare.com

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.



*Subject to change due to business need during AEP.

Standard Hours of Operation*

Monday through Friday
6 A.M. 6 P.M. Mountain Time
(866) 440-9788

Rhonda Clarke,
Director Broker Services
Rhonda.Clarke@MolinaHealthcare.com

Ronda Ward, Manager
Ronda.Ward@MolinaHealthcare.com

Sandy Bedoy, Manager
Sandy.Bedoy@MolinaHealthcare.com

Nancy Recinos, Supervisor
Nancy.Recinos@MolinaHealthcare.com

Heidi Whitney, Supervisor
Heidi.Whitney@MolinaHealthcare.com

MOLINA® HEALTHCARE

Broker Services (con't)

Inquiry	Phone#	Option	Email Address
Contracting • **Licenses, E&O's** • **Release Letters/ Transfer Request and Assessment Forms** • **RTS Request/Status Updates** • **Appointment/ Terminations**	(866) 440-9788	**Option 1**	MCRBrokerContracting@MolinaHealthcare.com
Commissions • **Payment Research** • **Payee forms/ Banking Information and Returned Check** • **Producer of Record (POR) Changes**	(866) 440-9788	**Option 1**	MCRBrokerCommissioninquiry @MolinaHealthcare.com
General Questions **CARE Team** • **PCP Updates** • **ID Card Request** • **Claims Issues** • **Member Demographics**	(866) 440-9788	**Option 2**	Broker@MolinaHealthcare.com

MOLINA® HEALTHCARE

Broker Services (con't)

Inquiry	Phone#	Option	Email Address
Enrollment • **Enrollment Status** • **DRX Issues (System issues: Access Failure)** • **Power of Attorney Forms**	(866) 440-9788	**Option2**	MCREnrollment@MolinaHealthcare.com
Health Risk Assessment (HRA) Inquires	(866) 440-9788	**Option2**	MCRCommissioninquiry@MolinaHealthcare.com
Marketing Events Submission & Approval • **CMS Marketing Events** • **CVS Marketing Events**	(866) 440-9788	**Option2**	
Request for Information (RFI) Support • **RFI Status Notifications** • **RFI Resolutions**	(866) 440-9788	**Option2**	MCR_RFI_Info@Molinahealthcare.com
Scope of Appointment	(844) 885-3948	**N/A**	N/A

MOLINA® HEALTHCARE

Producer Communications

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

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.

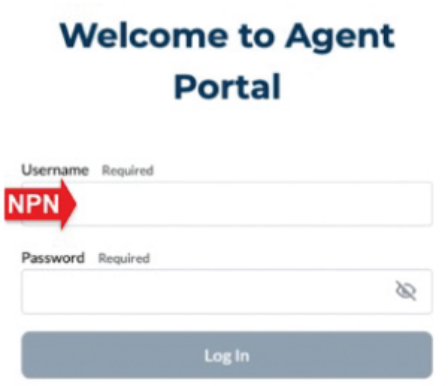
It is your responsibility to ensure we have a valid address on file, please add our send address to your email contact list or address book: Broker@MolinaHealthcare.com

MOLINA® HEALTHCARE

Online Tools

MOLINA® HEALTHCARE

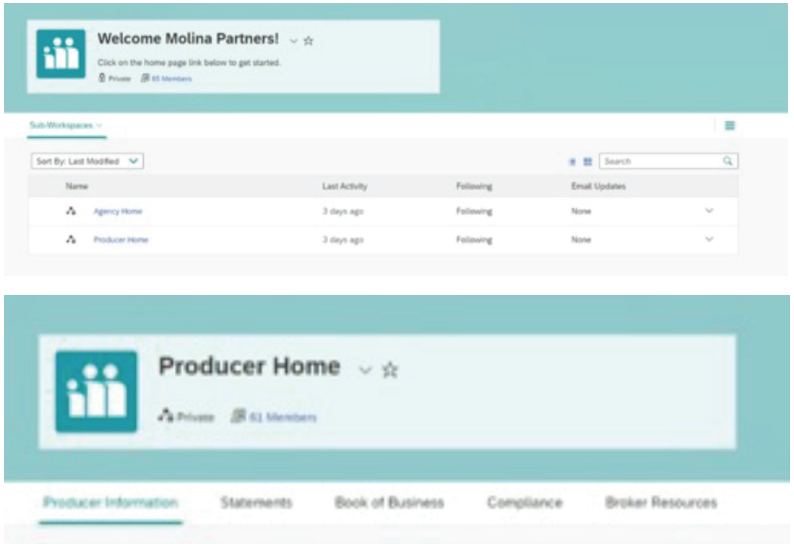
Molina Broker Portal



- 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

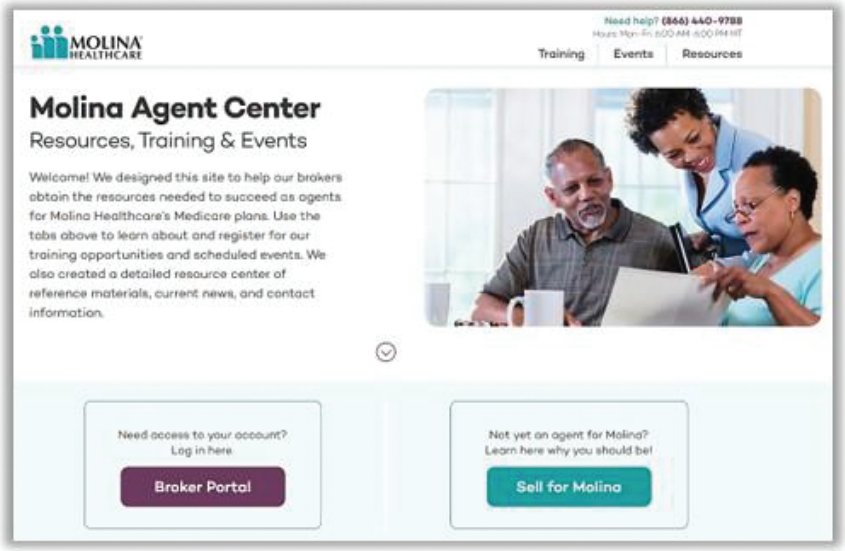
- Commissions Statements
- Book of Business Reports
- Enrollment Application Statuses
- HRA Reports
- Examples of Welcome Kits
- Ready to Sell Status by State



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.



- Molinaagentcenter.com/.

MOLINA HEALTHCARE

Ready to Sell Requirements

MOLINA® HEALTHCARE

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.
- You must have successfully completed the current selling year Molina certification process at the time you write the policy.
- We will also conduct background checks every two years for agents with active enrollments.
- 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, MS, NE, NM, NV, SC, TX & VA. 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.

MOLINA® HEALTHCARE

Agency Contracting Process

Top of Hierarchy

- Broker Services will send an invitation for agency via Workflow to complete contracting and onboarding for Agency and Principal.
- Broker Services will send a Welcome letter email to Agency and Principal.

Participating Producer

- Agency sends the invitation to Participating Producer to complete contract.
- Agent logs into Workflow and complete onboarding and annual certification.
- Broker Services will send Welcome Letter email with writing number and contracted state(s).

LOA Licensed only & Telebroker Agent (Participating Producer)

- Agency sends the invitation to LOA or Telebroker Agent to complete onboarding.
- Agent logs into Workflow and completes onboarding and annual certification.
- Broker Services will send Welcome Letter email with writing number and contracted state(s).
- A Contract is not required to be executed.

MOLINA® HEALTHCARE

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 six agency hierarchy upline contract levels which are as follows:



MOLINA® HEALTHCARE

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

Required Activity	NMO	FMO2	FMO	SGA	MGA	GA
Compliance						
Designated Compliance Officer who is responsible for assuring compliance and developing policies and procedures.	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
Implementing written policies, procedures, and standards of conducts	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
Enforce standards through well-publicized disciplinary guidelines	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
Responsible for responding to sales allegation inquiries in timely manner	X	X	X	X	X	X
Responsible for promptly responding to detected offenses and undertaking corrective action.	X	X	X	X	X	X

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

Required Activity	NMO	FMO2	FMO	SGA	MGA	GA
Agent Recruiting						
Identify and prequalify Participating Producers and Participating Producers LOA's for selling with Molina	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
Assist Participating Producers and Participating Producers LOA's with appointment efforts between upline and Molina.	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
Manage telephonic marketing in compliance with the terms of your agreement, including CMS rules regarding unsolicited telephone calls.	X	X	X	X	X	X

MOLINA® HEALTHCARE

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

Required Activity	NMO	FMO2	FMO	SGA	MGA	GA
Office Administrative Requirements Contd.						
Responsible for agent record-keeping of Scope of Appointment and related enrollment materials.	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
Ensure Molina Medicare annual certification is completed as part of Ready to Sell	X	X	X	X	X	X
Support agent awareness and implementation of the Molina Producer Guide	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

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

Required Activity	NMO	FMO2	FMO	SGA	MGA	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
Ensure all third-party sites upline uses to generate leads follow all Molina and CMS regulations	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
Ensure compliance with CMS and Molina third party website requirements for uplines and agents using public-facing websites	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 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.

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

- 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 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.

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

Requesting Appointments and Adding States (con't)

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. Molinaagentcenter.com/

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 time frame rules. Note: JIT appointments cannot be requested. The appointment will automatically appoint in that state upon effectuation of enrollment.

  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 $1,000,000 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.

MOLINA® HEALTHCARE

Certification Requirements

Log into Onboarding/Workflow

social.webcomserver.com/wpm/userHome.do?&tenantName=MolinaHealthcareinc

1. Complete your annual AHIP certification

2. If Molina is the carrier which was indicated on AHIP, not necessary to upload. If not indicated, Agent to upload.

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.

MOLINA® HEALTHCARE

Compensation

MOLINA® HEALTHCARE

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-2025.

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 is a 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 through Checkr 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.

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: 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.

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

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.

Scenario	PORScenarios 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. Molinaagentcenter.com/	A POR Change Request form must be completed by the member and submitted to Molina Broker Services.

MOLINA® HEALTHCARE

Agency Compliance & Producer Oversight

MOLINA® HEALTHCARE

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

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: **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 MS (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'sapplicable 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 **MCRMarketingEvents@Molinahealthcare.com**.

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: **MCRMarketingEvents@MolinaHealthcare.com**

Additional information regarding Events and Forms can be found on the MAC: **Molinaagentcenter.com/**

Enrollment Processes

MOLINA® HEALTHCARE

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.

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.

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.

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.

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.
- Cancellations must be submitted before the last day of the month prior to the effective date (i.e., expiration effective 02/1/2025 must be received by 01/31/2025). If submitted after the member becomes effective, it will then become a disenrollment.
- 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

MOLINA® HEALTHCARE

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.

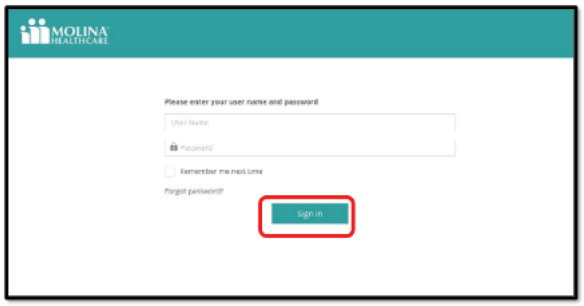
Logo Request

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 Sales Materials

Access to the Molina Marketing site is sent to all agents Ready To Sell (RTS). Receipt of email will be sent 48 hours after you received the Welcome email deeming RTS. An agent will receive a Welcome Email from noreply@theygsgroup.com. The email will contain a link to the site, along with a login ID and a temporary password molinamarketingstore.com/UserJStart.aspx. Once logged into the system, an agent can reset password, update their profile and add their headshot and company logo.



Access to this portal is also available through the Molina Agent Center (MAC).

Approved sales printed sales materials are available for purchase or use of expense credit. Specific materials are available at no charge based on quantity request.

Promotional Materials

Request for promotional materials can be requested through your Broker Channel Manager.

Expense Credit

MOLINA HEALTHCARE

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

MOLINA® HEALTHCARE

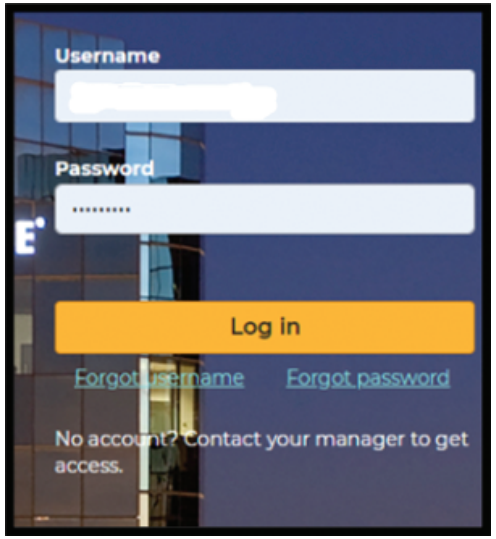
What is a Health Risk Assessment (HRA)?

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

How are HRA's submitted to Molina?

HRAs can only be submitted for D-SNP and C-SNP plans in California using Connecture.

- The HRA form will be available on the Connecture/DRX platform via the **Broker Link**.
- For agents who do not use Connecture/DRX for enrollments, the standalone HRA link will be available in your **Broker Portal**.



For all other States, HRA's can be submitted though any of the following paths:

Welcome Packet – The member will receive a welcome packet containing a paper HRA. Members are encouraged to submit a completed HRA for 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).

Connect with Molina's Member Concierge team during a welcome call.

Have the member contact Molina Care Connections **after** their effective date.

The phone number is: (844) 491-4763

For agents in California enrolling individuals into either a selected D-SNP or C-SNP plans, you will be able to do this upon enrollment in the Connecture system. However, there is no compensation to the agent for the submission.

Providing this information to the member is a value to them by obtaining all the benefits available by the plan.

MOLINA® HEALTHCARE

Glossary

MOLINA® HEALTHCARE

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)	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. 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.
Fraud, Waste, & Abuse (FWA)	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. 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. 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.

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.
MedicareAdvantageOnly Plan (MA)	Medicare plan that only includes medical benefits.
Medicare Advantage Prescription Drug (MAPD)	Medicare plan that only includes medical 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

MOLINA® HEALTHCARE

Forms

The following forms can be found on the MAC Molinaagentcenter.com/

- 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