

Medicare Producer Guide

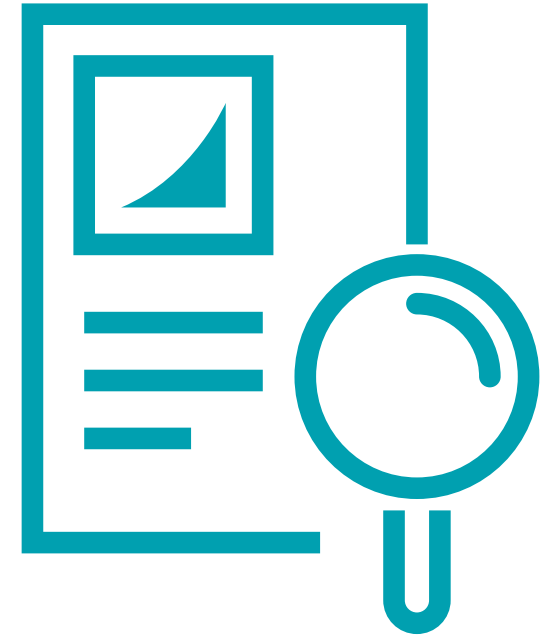
Revised 3.1.2026



How to Use this Guide

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

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



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

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Introduction



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.

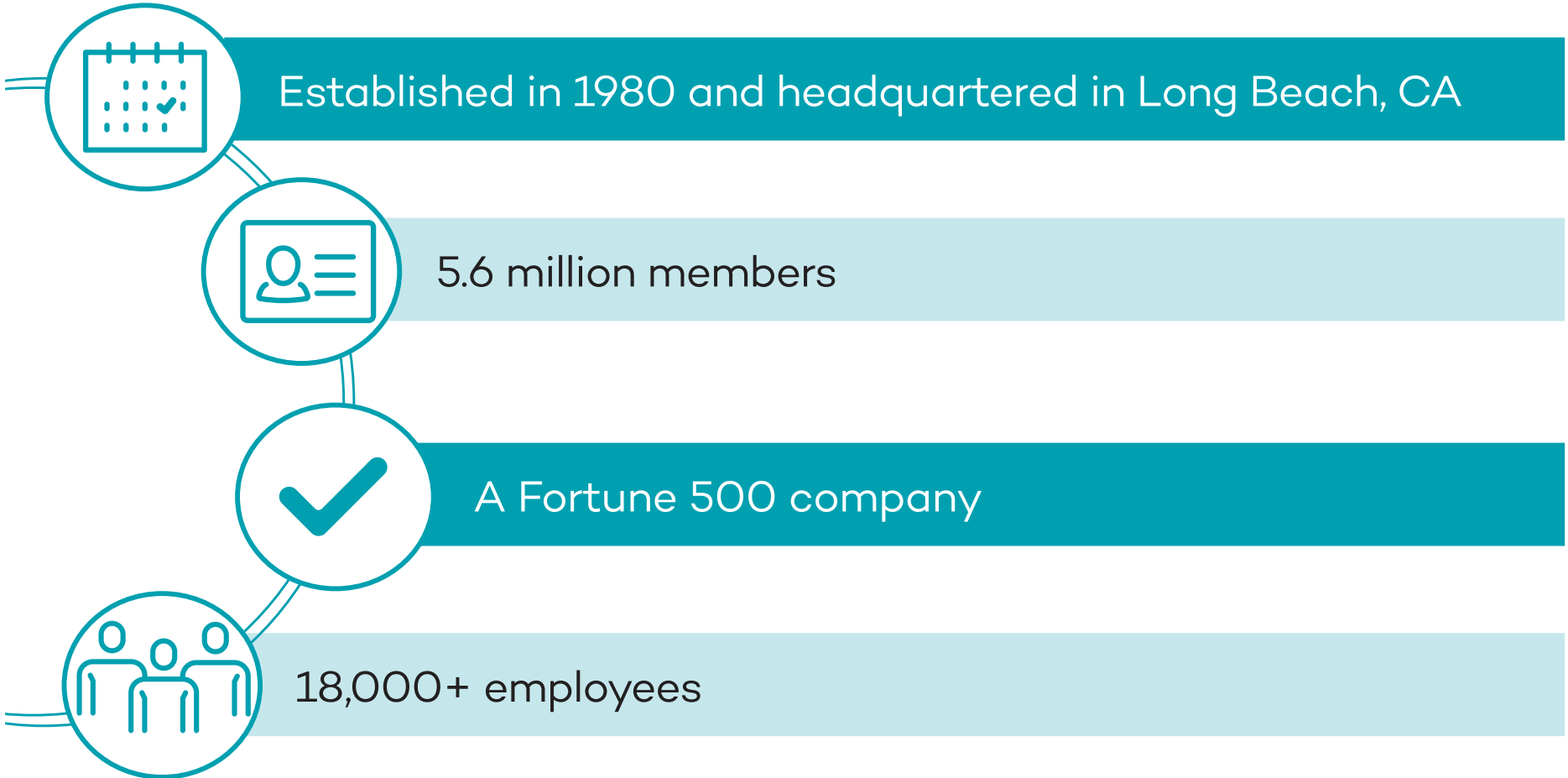
Warm regards,

Michael A. Gonzalez
Vice President, Medicare Sales



About Us

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



Why Sell Molina Healthcare?

Our Portfolio Approach

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

Market Support

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

Broker Experience

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

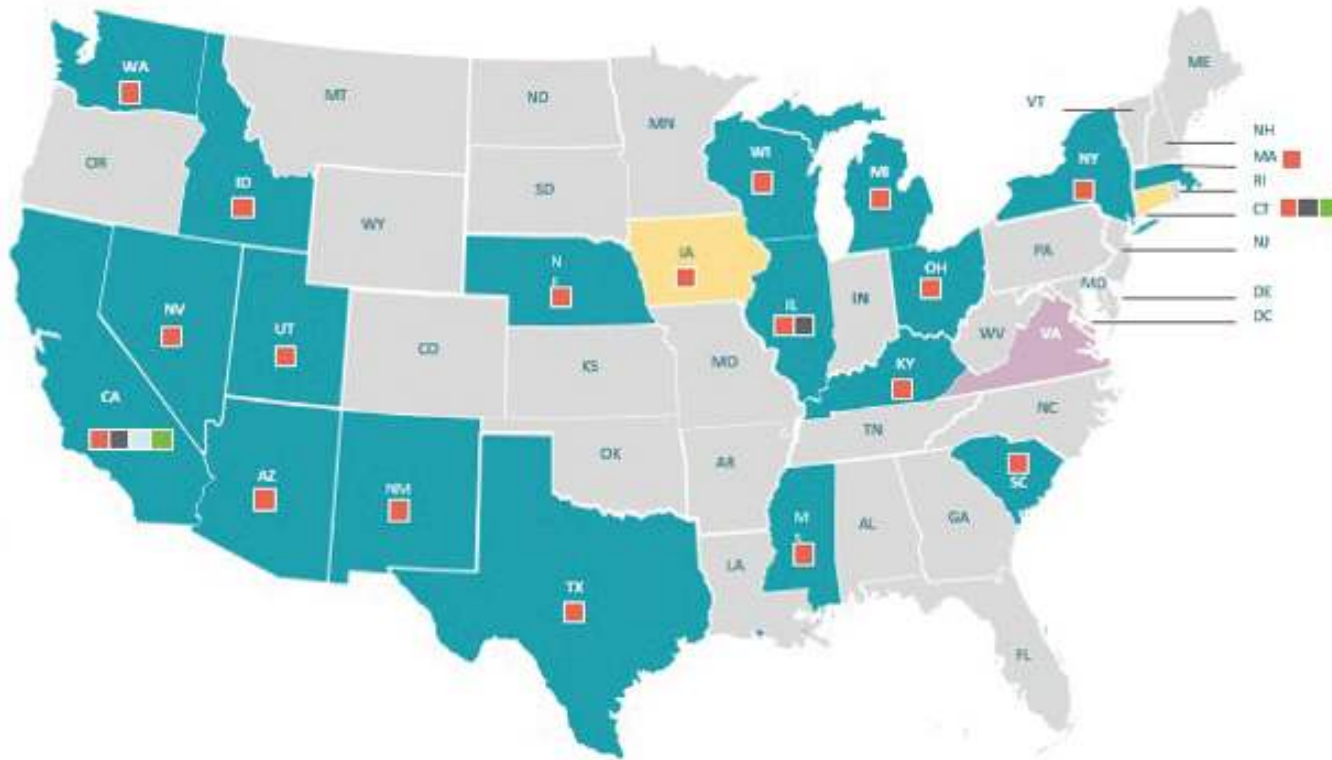
Community Approach

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

Products to Grow Your Business



2026 National Map



Plan types offered:

- Red square: D-SNP (20 markets)
- Black square: MAPD (3 markets)
- Light blue square: C-SNP (1 market)
- Green square: MA only (2 market)

2025 Molina Medicare existing markets (19)

- Purple square: 2026 Medicare market exits (1) (midyear exit 6/30/25)
- Yellow square: 2026 Molina Medicare market expansions (2)
- Total 2026 Molina Medicare markets (20)

New markets: Iowa (following Medicaid footprint)

Acquisition: Connecticut (ConnectiCare)

Please note: In 2025, we had six MMP plans in five states: IL, MI, OH, SC, TX (transition to D-SNP plans in 2026)

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 H3038-002 | Imperial |
| | HMO D-SNP | Molina Medicare Complete Care Plus H3038-004 | Los Angeles, Riverside, Sacramento, San Bernardino, San Diego |
| | HMO | Central Health Medicare Plan H5649-001 | Los Angeles, Orange, Riverside, San Bernardino |
| | HMO D-SNP | Central Health Medi-Medi Plan II H5649-009 | Ventura |
| | HMO | Central Health Classic Care Plan IV H5649-018 | San Francisco, San Mateo |
| | HMO | Central Health Jade Plan H5649-022 | Los Angeles |
| | HMO | Central Health Classic Care Plan III H5649-023 | Placer, Sacramento, San Joaquin, Santa Clara, Solano, Stanislaus, Yolo |
| | HMO D-SNP | Central Health Dual Access Plan H5649-024 | Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Orange, Placer, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo |
| | HMO C-SNP | Central Health Embrace Care Plan H5649-025 | Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo |

| State | Plan Type | Plan Names | Counties |
|-----------|------------------|--|--|
| | HMO C-SNP | Central Health Embrace Choice Plan H5649-026 | Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo |
| | HMO | Central Health Classic Care Plan I H5649-027 | Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego |
| | HMO | Central Health Classic Care Plan II H5649-028 | Fresno, Imperial, Kings, Madera, Tulare, Ventura |
| | HMO | Central Health Part B Savings Plan H5649-029 | Los Angeles, Orange, Riverside, San Bernardino, San Diego |
| | HMO | 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 | Molina Medicare Choice Care H5810-014 | Imperial, Los Angeles, Riverside, San Bernardino, San Diego |
| CT | HMO-POS D-SNP | ConnectiCare Choice Dual H3276-001 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| | HMO-POS | ConnectiCare Choice Plan 2 H3528-003 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| | HMO-POS | ConnectiCare Passage Plan 1 H3528-010 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| | HMO-POS | ConnectiCare Flex Plan 3 H3528-011 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| | HMO-POS | ConnectiCare Choice Plan 3 H3528-014 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| | HMO-POS | ConnectiCare Flex Plan 2 H3528-015 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|--|---|
| | HMO-POS | ConnectiCare Choice Plan 1 H3528-016 | Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham |
| ID | HMO D-SNP | Molina Medicare Complete Care H5628-013 | Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington |
| | HMO D-SNP | Molina Medicare Complete Care Select H5628-014 | Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington |
| IL | HMO | Molina Medicare Choice Care H2715-003 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Clinton, Cook, De Witt, Douglas, DuPage, Fayette, Ford, Greene, Hancock, Iroquois, Kane, Kendall, Lee, Livingston, Logan, Macoupin, Madison, Marshall, McDonough, McLean, Menard, Monroe, Montgomery, Moultrie, Ogle, Piatt, Pike, Putnam, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Washington, Will, Winnebago, Woodford |
| | HMO D-SNP | Molina Medicare Complete Care Plus H3093-001 | Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, Jo Daviess, Knox, La Salle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, Woodford |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|---|---|
| | HMO D-SNP | Molina Medicare Complete Care Plus H3093-002 | Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, De Witt, Douglas, Edgar, Ford, Greene, Hancock, Iroquois, Jersey, Livingston, Logan, Macon, Macoupin, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, Vermilion |
| | HMO D-SNP | Molina Medicare Complete Care Plus H3093-003 | Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson |
| | HMO D-SNP | Molina Medicare Complete Care Plus H3093-004 | Cook |
| | HMO D-SNP | Molina Medicare Complete Care Plus H3093-005 | DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will |
| IA | HMO D-SNP | Molina Medicare Complete Care H1799-004 | Linn, Polk, Scott |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|--|---|
| | HMO D-SNP | Molina Medicare Complete Care H1799-005 | Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Ringgold, Sac, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury, Wright |
| KY | HMO D-SNP | Passport Advantage H1799-003 | Adair, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breckinridge, Breathitt, Bullitt, Butler, Carroll, Carter, Casey, Clark, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Hancock, Hardin, Harrison, Hart, Henry, Jackson, Jefferson, Jessamine, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, Meade, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Union, Washington, Wayne, Webster, Wolfe, Woodford |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|--|---|
| MA | HMO D-SNP | Senior Whole Health SCO H2224-001 | Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester |
| | HMO D-SNP | Senior Whole Health SCO NHC H2224-003 | Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester |
| | HMO D-SNP | Molina One Care H4371-001 | Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester |
| MI | HMO D-SNP | Molina Medicare Complete Care H5926-001 | Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Isabella, Jackson, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, 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, Wexford |
| | HMO D-SNP | Molina Dual MI Coordinated Health H5926-008 | Macomb, Wayne |
| | HMO D-SNP | Molina Dual MI Coordinated Health H5926-009 | Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Van Buren |
| MS | HMO D-SNP | Molina Medicare Complete Care H8845-004 | Copiah, Hinds, Issaquena, Leake, Madison, Rankin, Scott, Sharkey , Simpson, Yazoo |
| | HMO D-SNP | Molina Medicare Complete Care H8845-005 | George, Hancock, Harrison , Pearl River, Stone |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|--|--|
| NE | HMO D-SNP | Molina Medicare Complete Care H2715-006 | 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 |
| NM | HMO D-SNP | Molina Medicare Complete Care H8845-007 | 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, Union, 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 H5992-010 | Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester |

| State | Plan Type | Plan Names | Counties |
|-------|--------------|--|--|
| OH | HMO D-SNP | Molina Medicare Complete Care H9955-007 | Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Coshocton, Crawford, Darke, Defiance, Erie, Fairfield, Fayette, Gallia, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Marion, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Paulding, Perry, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Van Wert, Vinton, Washington, Williams, Wyandot |
| | HMO D-SNP | Molina Complete Care for MyCare Ohio H9955-008 | Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Montgomery, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|---|---|
| SC | HMO D-SNP | Molina Medicare Complete Care Plus H8176-004 | Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York |
| TX | HMO D-SNP | Molina Medicare Complete Care Plus H6515-001 | Bexar |
| | HMO D-SNP | Molina Medicare Complete Care Plus H6515-002 | Dallas |
| | HMO D-SNP | Molina Medicare Complete Care Plus H6515-003 | El Paso |
| | HMO D-SNP | Molina Medicare Complete Care Plus H6515-004 | Harris |
| | HMO D-SNP | Molina Medicare Complete Care Plus H6515-005 | Hidalgo |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|--|--|
| | HMO D-SNP | Molina Medicare Complete Care H7678-006 | Anderson, Angelina, Atascosa, Austin, Bandera, Bowie, Brazoria, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Delta, Denton, Duval, Ellis, Fannin, Fort Bend, Franklin, Galveston, Grayson, Gregg, Guadalupe, Hardin, Harrison, Henderson, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montague, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata |
| UT | 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, Sevier, Sanpete, Tooele, Utah, Wasatch, Washington, Wayne, Weber |
| | 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, Sevier, Sanpete, Tooele, Utah, Wasatch, Washington, Wayne, Weber |
| WA | HMO D-SNP | Molina Medicare Complete Care H5823-013 | Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima |

| State | Plan Type | Plan Names | Counties |
|-----------|--------------|---|--|
| | HMO D-SNP | Molina Medicare Complete Care Select H5823-010 | Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima |
| WI | HMO D-SNP | My Choice Wisconsin Partnership Plan H5209-005 | Adams, Brown, Buffalo, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Manitowoc, Marquette, Milwaukee, Monroe, Ozaukee, Pepin, Richland, Rock, Sauk, Trempealeau, Vernon, Washington, Waukesha, Waushara, Winnebago |
| | HMO D-SNP | My Choice Wisconsin Medicare Dual Advantage Plan H5209-006 | Adams, Brown, Buffalo, Calumet, Columbia, Crawford, Dane, Dodge, Door, Florence, Fond du Lac, Green, Green Lake, Grant, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Manitowoc, Marinette, Marquette, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Pepin, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago |

Key Connections



Key Connections

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| National Distribution | Strategic Distribution | State Leadership |
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Regional and State Leadership - Eastern

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- **MI** - Jevon Jackson,
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- **CT, KY, MS NY, OH and SC** –
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Regional and State Leadership – Northwest (IA, ID, NE, NV, UT, WA)

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- **Inland Empire** - Jaime Vasquez,
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- **Northern CA and Central CA** - Margarita Garcia,
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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

Jennifer Brown,
Director Broker Services

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Ronda Ward, Manager

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Sandy Bedoy, Manager

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Nancy Recinos, Supervisor

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Heidi Whitney, Supervisor

Heidi.Whitney@MolinaHealthcare.com

Broker Services (continued)

Contracting Question

(866) 440-9788, Option 1

MCRBrokerContracting@MolinaHealthcare.com

- Licenses
- AHIP certification
- Release letters / transfer requests
- RTS requests / status updates
- Appointments
- Terminations
- Book of Business (BOB) transfers
- Agency Buyout

Commissions Questions

(866) 440-9788, Option 1

MCRCommissioninquiry@MolinHealthcare.com

- Commissions Payment
- Payee forms / banking information
- Producer of Record (POR) changes

General Questions

(866) 440-9788, Option 2

Broker@MolinaHealthcare.com

- Log in request (broker portal, onboarding, workflow, DRX, etc.)
- Broker demographic change (name changes, address updates, etc.)
- Eligibility verification

Enrollment Inquiries

(866) 440-9788, Option 2

MCREnrollment@MolinaHealthcare.com

- Please note that this function focuses on issues specific to broker submitted enrollments, ***we are not the Molina Enrollment department***
- Enrollment status (was my app accepted?)
- Producer of Record (POR) check
- Power of Attorney (POA) forms
- Enrollment cancellations

Broker Services (continued)

Care Team Inquiries

(866) 440-9788, Option 2

MedicareBrokerCareTeam@MolinaHealthcare.com

- This function focuses on resolving member issues that are escalated to us via the broker
 - ***We are not a replacement for Member Services, but understand that brokers have a unique relationship with their members***
- PCP updates
- ID card requests
- Claims issues
- Member demographic updates (address, phone number, etc..)

Request for Information (RFI) Questions

(866) 440-9788, Option 2

MCR_RFI_Info@MolinaHealthcare.com

- RFI status notifications
- RFI resolution (example: proof of Medicaid and/or Medicare)

Marketing Events Questions

(866) 440-9788, Option 2

MCRMarketingEvents@MolinaHealthcare.com

- Molina marketing events
- CVS marketing events

Producer Communications

Stay up to date with any changes, events, and new information with our 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.

Communications are sent to the email provided when first contracted. To begin receiving our communications at a new email address, please call or email Broker Services to update your account.

Please ensure we have a valid address on file. Contact BSU at Broker@MolinaHealthcare.com with any updates to your address or email contact list.

Online Tools



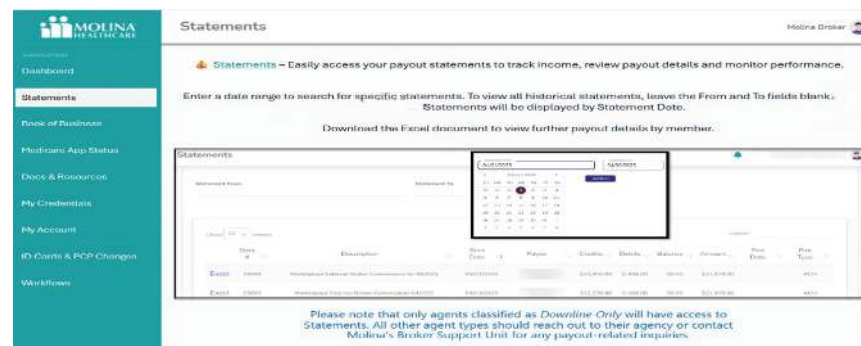
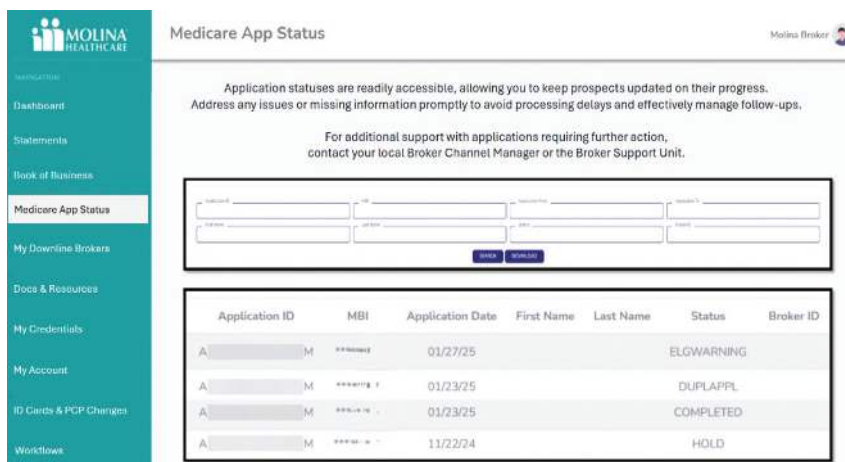
Molina Broker Portal



- This is your login screen to access the Molina Broker Portal.
- Access the portal using: Molina.EvolveNXT.com
- You will receive an initial onboarding email invite from donotreplyMolina@EvolveNXT.com. This will contain your username and initial password.

Features

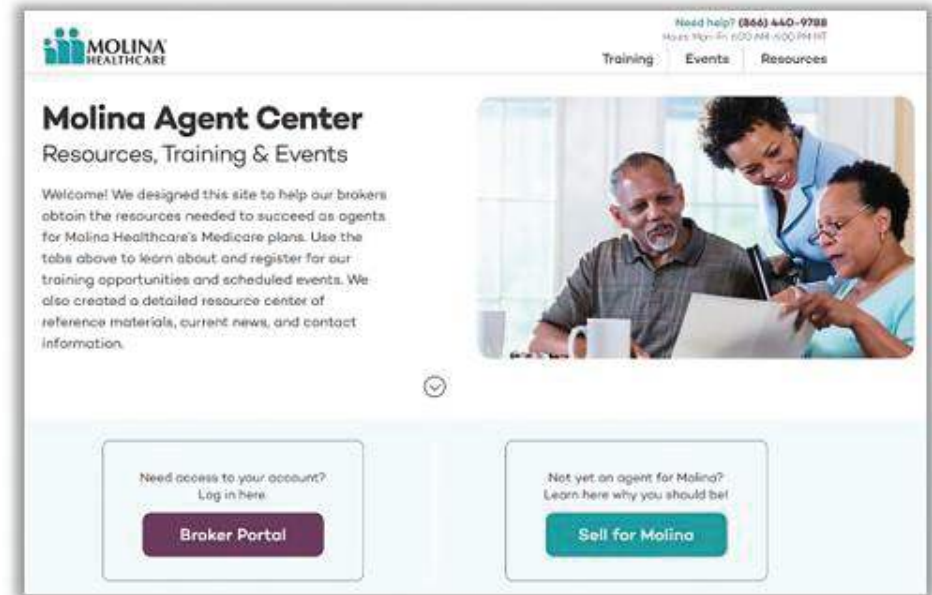
- Commissions Statements
- Book of Business Reports
- Enrollment Application Statuses



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, 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

Ready to Sell Requirements

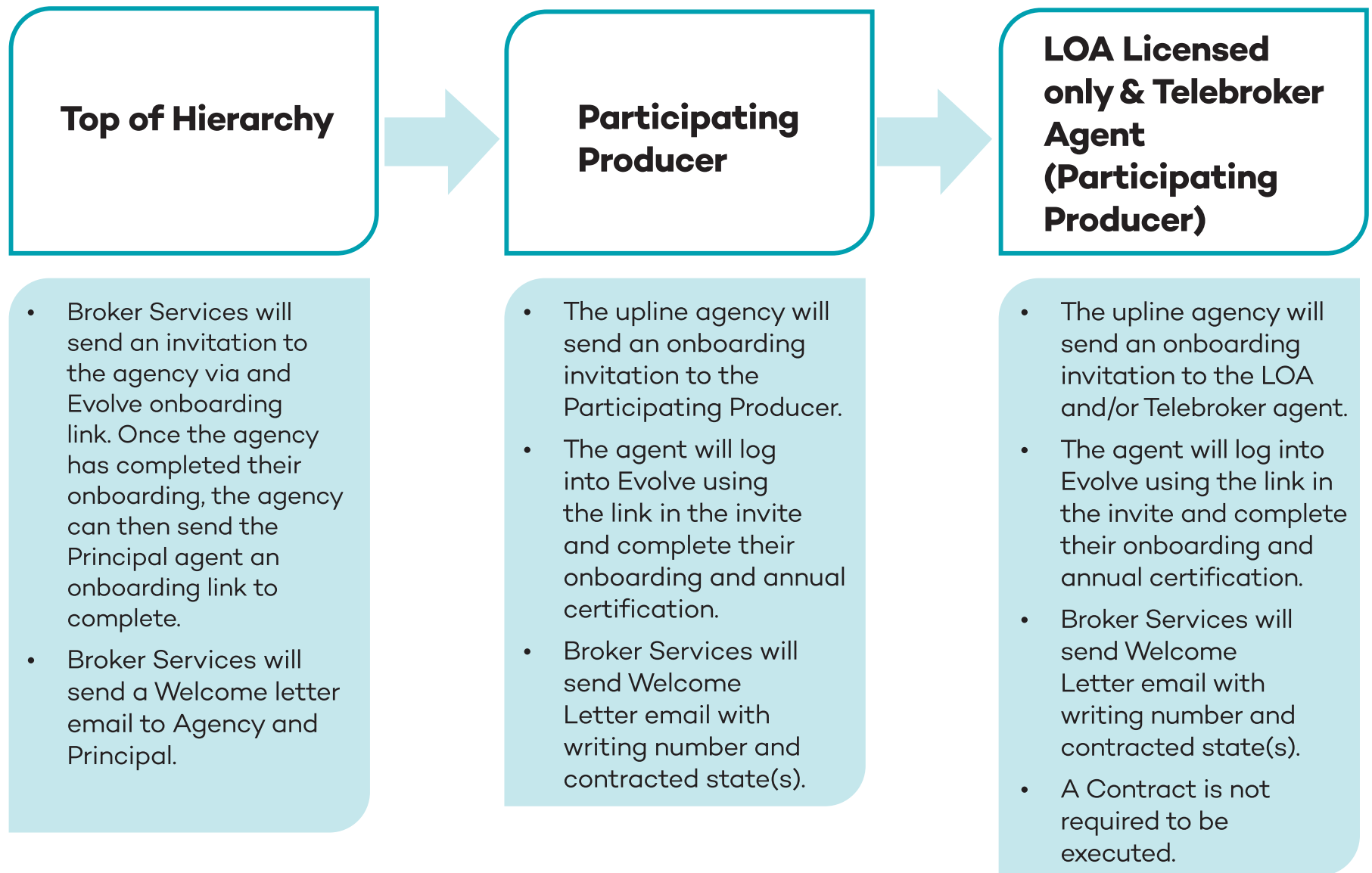


Ready to Sell Requirements

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

- All Principals must be certified, licensed and properly appointed in all states and markets where their Participating Producers intend to sell.
- All Participating Producers must be certified, licensed and properly appointed in all states and markets where they 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:** IA, ID, CT, MI, MS, NE, NM, NV, SC & TX. 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.

Agency Contracting Process



Agency Buyout

As set forth under the assignment provision in your agency agreement with Molina Healthcare, Agency shall not assign, sell or transfer any interest, in whole or in part, without the prior written consent of Molina Healthcare. Any unauthorized assignment or transfer of the agreement shall be null and void.

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 and licensed only agent commissions.

Send all documentation via email to:

MCRBrokerContracting@MolinaHealthcare.com

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 portion of the compensation move to the new agency and the new Producer of Record (assuming the new agent is downline to a different agency) following the timelines listed above. Once the

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

new POR has been tied to the member, the agent and agency compensation will be pro-rated for the duration they remain the POR. Initial year the compensation will be based on months in the plan with the POR. (If the POR is made in June, the new agent and agency will receive compensation for months June - December and the original writing agent and agency will receive compensation for January – May and will see a clawback for months June- December)

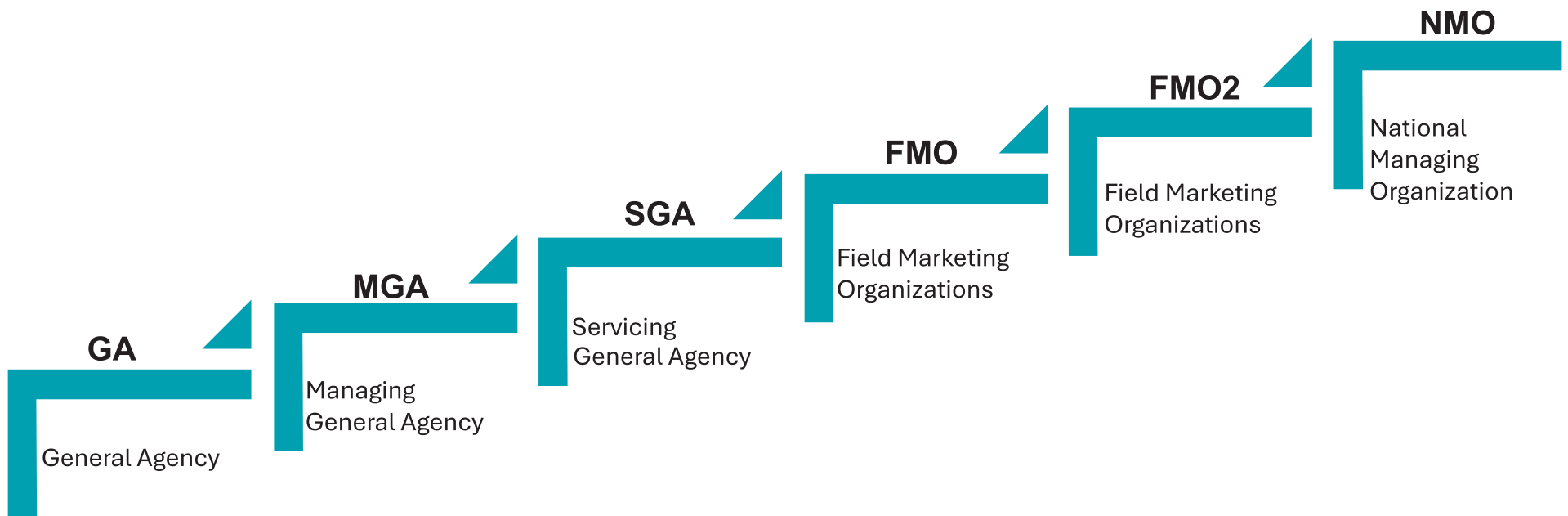
Note: This practice will be followed unless there is an existing Participating Producer/Agency agreement that prohibits such practice.

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

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

Medicare Hierarchy Levels

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



Upline Administrative Services, Duties, Obligations and Required Activities

| 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 |

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 CMS Medicare Communications and Marketing Guidelines and other related guidance | X | X | X | X | X | X |
| Ensure all third-party sites upline uses to generate leads follow all Molina and CMS regulations and other related guidance | 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 and other related guidance | X | X | X | X | X | X |
| Ensure compliance with CMS and Molina third party website requirements for uplines and agents using public-facing websites and other related guidance | 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 an electronic 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 and Constructive Releases will no longer be accepted in written form. All Immediate and Constructive Release requests must be submitted through the EvolveNXT portal.
- Agents may request a hierarchy change by logging into their broker portal and navigating to [My Account > My Hierarchy Info > Select Change](#), then following the on-screen process.

Constructive Release:

If an Immediate Release request is denied by the current agency, the request will automatically be processed as a Constructive Release within the EvolveNXT portal.

- The Constructive Release will be effective on the 91st day 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 | NE – Accident and Health |
| CA – Accident and Health | NM – Health |
| CT – Accident & Health or Sickness | NV – Health |
| IA – 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 | WA – Disability |
| MS – Accident and Health | WI – Accident and Health |

Requesting Appointments and Adding States (con't)

Step 3:

Agents and agencies login into the Molina EvolveNXT portal.

Step 4:

Please select My Credentials/My Status and Credentials/Sales States & Licenses/Manage My Licenses.

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 submission 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.

The screenshot shows the 'My Status & Credentials' page in the Molina EvolveNXT portal. The 'Sales States & Licenses' tab is active. Below the navigation tabs, a text block states: 'The below table lists the Line of Business and states where you have declared sales intent, as well as your license status in each of those states. You can declare additional sales states in [Manage My Licenses](#).' A red box highlights the 'Manage My Licenses' link. Below this is a search bar. The main content is a table with the following data:

| LOB | State | Resident | License Number | License Class Name | LOA Name | Start Date | End Date | License Status | State Sales Status |
|-----|-------|----------|----------------|--------------------------|-------------------------------|------------|------------|----------------|--------------------|
| MA | AZ | No | | Insurance Producer | Accident & Health or Sickness | 04-25-2002 | 04-30-2026 | Active | Active/Certified |
| MA | CA | No | | Insurance Producer | Accident & Health or Sickness | 12-02-2002 | 12-31-2026 | Active | Active/Certified |
| MA | CT | No | | Insurance Producer | Accident & Health or Sickness | 05-07-2008 | 01-31-2026 | Active | Active/Certified |
| MA | IA | No | | Business Entity Producer | Determined by Affiliated Prod | 03-11-2011 | 02-28-2026 | Active | Active/Certified |
| MA | ID | No | | Insurance Producer | Accident & Health or Sickness | 12-14-2011 | 12-31-2025 | Active | Active/Certified |

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.

Annual Certification Requirements

Log into Evolve My Onboarding Case Link

account.evolvevxt.com/

1. Complete your annual AHIP certification

2. Transmit your AHIP certificate to Molina Healthcare after you complete your annual certification. If you completed AHIP through another carrier, log into Molina Healthcare AHIP site to transmit your certificate. ahipmedicaretraining.com/clients/molina

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

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

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

Compensation



How We Pay

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

- Compensations pay out on the first and third Friday of the month.
- Initials, replacements, and renewals are paid out on the first Friday.
- True up and adjustments as needed are paid out on the third Friday.
- Compensation Payment Process: Producers who are paid directly by Molina can access their compensations statements in Evolve at molina.evolve.com.
 - Compensation year is January 1 through December 31.
 - Compensation schedules are outlined in your contract under Exhibit D-2026.

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 Interstate Background Research, Inc. (IBR) 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 molina.evolverxt.com.

Agency Compliance & Producer Oversight



The Seven Elements of a Compliance Program

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

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

Why Compliance is Important

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

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

Molina Healthcare Code of Business Conduct and Ethics

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

Reporting Fraud Waste & Abuse and Compliance Concerns

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

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

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

To report an issue online visit: 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.
- Must provide lead generator names.
- Must provide lead generator websites.

TPMO Disclaimer:

- Verbally conveyed within the first minute of a sales call.
- Electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means of communication.
- Prominently displayed on TPMO websites.
- Included in any marketing materials, including print materials and television advertisements, developed, used or distributed by the TPMO.
- If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

“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](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.” If the TPMO sells for all MA organizations 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](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.” The MA organization must ensure that the disclaimer is as follows:

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's applicable requirements. CMS requires that First Tier, Downstream & Related Entities (FDR):

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

FDR Oversight Program

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

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

Educational vs. Marketing/Sales Events

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

The following requirements apply:

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

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

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

Sales Events Notifications and Changes

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



What You Need to Know

Electronic Enrollment – Connecture/DRX

After receiving your welcome letter email from Molina's Broker Portal, Evolve, you will receive access to our electronic enrollment system, Connecture DRX, within 2 business days. More information on regarding enrollment instructional resources are located on the [MAC](#).

Paper Based Enrollment – Using the Molina Medicare Enrollment Guide

Molina Healthcare, Inc. prefers that all enrollments be completed electronically through Connecture. However, we understand that certain circumstances may require the use of a paper application. If a paper application is necessary, please ensure that you use the most current enrollment form from the applicable year's Enrollment Guide for each potential member you meet with.

The Enrollment Guide includes the 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

Existing Molina members can also log in to the [Member Portal](#) to conveniently review their plan benefits, check claims, and manage pharmacy information.

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 with a cover sheet 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.

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 02/1/2026 must be received by 01/31/2026). 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).
- Contact Member Services to request disenrollment.
- Calling 1-800-Medicare.

Expense Reimbursement

Third Party and Agency Marketing

Event Sponsorships



For all marketing expenses, Agents and Agencies must follow the following policies and procedures outlined in each section below. Copies of Policies and procedures are accessible via HighSpot repository through designated Broker Channel or Account Manager.

Expense Reimbursement

Molina may reimburse Agencies for fair market value for legitimate Communications and Marketing expenses (so called “co-op” payments) incurred by Agencies. “Communications” and “Marketing” shall have definitions used at 42 CFR § 422.2260 and 423.2260. Such reimbursement will adhere to all applicable laws and regulations, including CMS guidance and regulations and Anti-Kickback Laws. Before payment, all Reimbursement Procedures as outlined in Molina Policy and Procedure for Agency Communications and Marketing Expense Reimbursement No. MHI-MR-SALES-400.76 and MHI-MR-SALES-400-76.01.

Qualifying expenses for Communications and Marketing can include direct mail; digital advertisement (including radio, television, social media, or internet marketing); call center telemarketing outreach to potential enrollees; purchase of sales lead data; and printed advertising such as newspaper ads, banners, billboards, or brochures.

Third Party and Agency Marketing Event Sponsorships

One to One Consent:

Beginning October 1, 2024, personal beneficiary data collected by a TPMO for marketing or enrolling them into an MA plan may only be shared with another TPMO when prior express written consent is given by the beneficiary.

Prior express written consent from the beneficiary to share the data and be contacted for marketing or enrollment purposes must be obtained through a clear and conspicuous disclosure that lists each entity receiving the data and allows the beneficiary to consent or reject to the sharing of their data with each individual TPMO.

Request and submission of all documentation for Third Party and Agency Marketing Event Sponsorships must meet criteria established in Molina Policy and Procedure entitled Third Party and Agency Marketing Event Sponsorships No. MHI-MR-SALES-400.79 and MHI-MR-SALES 400.79.01.

Molina may provide Sponsorships to Agencies and Third Parties hosting Marketing Events so long as those Sponsorships are compliant with this policy and procedure and all applicable laws and regulations, including CMS guidance and regulations, Anti-Kickback Laws, and Molina policies and procedures.

All requests are subject to review by the Broker Channel Manager and Regional Director and must receive final approval from the Marketing Expense Committee prior to engagement to disbursement of funds.

Enlisting Events

As outlined in Molina Policy MHI-MR-SALES-400.81 entitled Agency Enlisting Event Sponsorship, Molina may provide Sponsorships hosted by Agencies. Such Sponsorships will adhere to all applicable laws and regulations, including CMS guidance and regulations and Anti-Kickback Laws. Sponsorship of Enlisting events must follow the outlined procedure for submission and approval of documentation. Procedure No. MHI-MR-SALES.400.81.01. In addition, the Enlisting Event must be compliant with the Agency Meals, Gifts, and Entertainment Policy No. MHI-MR-Sales-400.80 In order for Molina participation of said event.

Request for Enlisting Event Sponsorships must be submitted and approved by the Marketing Expense Committee.

Agency Meals, Gifts, and Entertainment

To ensure compliance with the applicable regulations and laws, including regulations issued by CMS, Molina and its employees and representatives who request any funds or participation in any event will adhere to Policy No. MHI-MR-SALES-400.80 entitled Agency Meals, Gifts and Entertainment.

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 1 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 1.

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](https://www.medicare.gov) or 1-800-MEDICARE to get information on all your plan options.**"

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.

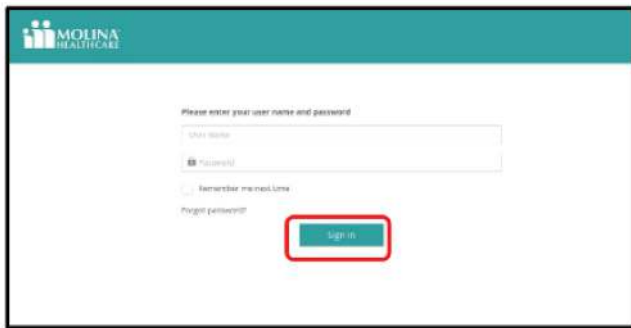
To request authorization to use a Company Logo, send the Molina Logo Request Form to:

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

Printed 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).

Promotional Materials

Molina Healthcare offers agents promotional items for use when promoting Molina's Medicare products at public events. Request for promotional materials can be requested through your Broker Channel Manager.

Health Risk Assessment Completion Process



What is a Health Risk Assessment (HRA)?

The Health Risk Assessment (HRA) consists of a standard list of questions that provides 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 through 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.

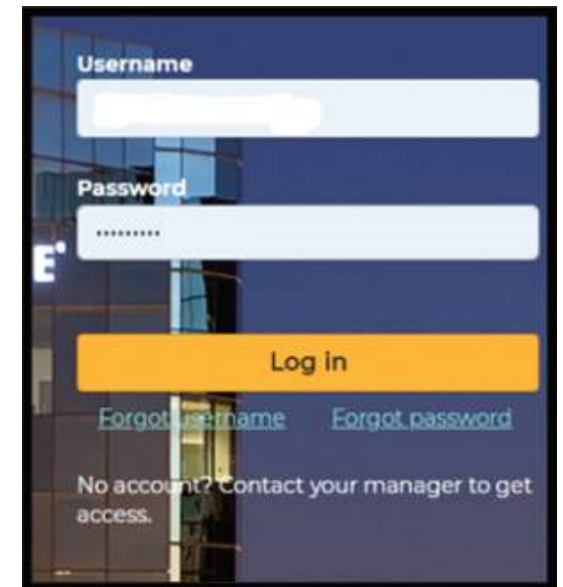
Have the member contact Molina Care Connections **after** their effective date.

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.

**Please note: Molina does not pay compensation for Health Risk Assessments.



Glossary



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

| Term | Definition |
|--|--|
| Health Maintenance Organization (HMO) | A Health Maintenance Organization or HMO, is a health insurance plan that provides health services through a network of physicians who work for or contract with the HMO. |
| Immediate Release | An Electronic authorization from Agency that authorizes Molina Healthcare to release the Participating Producer from the Agency's contract with Molina Healthcare |
| Just in Time (JIT) | Just-in-Time appointments legally give insurance carriers the ability to delay appointing a producer (and paying the associated fees) until the producer begins writing business for that carrier in the states that allow JIT appointments. |
| Licensed-Only Agent (LOA) | Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline. |
| Medicare Advantage Only Plan (MA) | Medicare plan that only includes medical benefits. |
| Medicare Advantage Prescription Drug (MAPD) | Medicare plan that 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



Forms

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

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