### **SCOPE:**

Unless specifically stated, this policy applies to all contracted Sales Entities and Agents/Brokers who are authorized to sell Centene Medicare products, whether employed or contracted (directly or via an affiliated Sales Entity). Hereafter, in this document, all selling individuals will be referred to as “Agents.” The term “Sales Entity” refers to any Centene contracted sales organization, including Agencies.

**POLICY:**

Centene requires all Agents and Sales Entities to comply with Centene’s Business Ethics and Conduct policy, federal and state laws, CMS regulations and guidance, and all other regulatory requirements related to sales activities. Centene expects that Agents will assist each Medicare beneficiary to obtain Medicare coverage that best meets the beneficiary’s specific needs.

Centene performs regular oversight and monitoring of Agent activities to prevent, detect, and correct compliance deficiencies with Centene policies, federal and state laws, CMS regulations, and other regulatory requirements. When potential non-compliance is detected or reported, Centene will investigate, correct, and monitor to ensure that appropriate corrective actions are undertaken and effective.

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| Agents and Sales Entities are responsible for cooperating with Centene’s oversight and monitoring activities, including compliance with all corrective or disciplinary actions that are deemed appropriate by Centene’s Agent Broker Oversight Committee. Corrective Action Plans (CAPs) are developed and documented by Sales leadership and Sales Compliance to address specific sales agent performance issues, misconduct or other areas of non-compliance. CAPs must contain a detailed explanation of the issue, root cause and specific actions/timeframes necessary to correct the deficiency. Corrective actions may include, but are not limited to:* Counseling
* Retraining
* Warnings
* Suspension
* Agent/Sales Entity termination that may including reporting to CMS or other state and federal regulatory agencies

CAPs are tracked to completion by Sales Compliance. Failure to complete the required corrective actions may result in further disciplinary action, up to and including termination. **Broker Contracting**Before an agent may market or sell any of Centene’s Medicare products, all Centene’s Medicare contracting requirements must be completed, including: * Maintain an active health insurance agent license (for each state in which Centene products will be sold).
* Complete annual AHIP National Medicare Certification with Fraud, Waste and Abuse training and successfully pass the exam.
* Complete annual Centene Medicare Product and Certification training and testing (for each state in which Centene products will be sold).
* Complete contracting documentation.
* Be appointed by Centene pursuant to state law.

For more information about Centene’s contracting requirements, refer to the *Medicare Agent Broker Certification and Contracting* policy. **Lead Management**Agents must obtain permission from a beneficiary prior to contacting them to schedule a sales or marketing appointment. Permission may be obtained via a “Permission to Contact” Card, also commonly referred to as a Lead Card or Business Reply Card (BRC). Beneficiaries may also provide consent via a sign-in sheet at sales events which allows the agent to follow-up with them after the event. Agents must advise beneficiaries that filling out sign-in sheets is optional.When permission to contact is given by a beneficiary, such permission applies:* Only to the agent or sales entity from which the individual requested contact.
* For the duration of that transaction.
* For the scope of products previously discussed or specified.

Permission to contact may not be treated as open-ended permission for future contact Unsolicited, direct contact of beneficiaries is strictly prohibited, including, but not limited to:* Door-to-door solicitation.
* Telephonic solicitation.
* Text messaging and other forms of electronic direct messaging (e.g., social media platforms).
* Distribution of information at a residence or car.
* Approaching beneficiaries in common areas.

Electronic communications (emails) are not considered unsolicited direct contact of beneficiaries; however, CMS requires that all emails to potential enrollees include an opt-out process. Any marketing done via this method requires **prior content approval by Centene**.Prohibited telephonic activities include: * Calls to beneficiaries based on leads obtained from other sources.
* Bait-and-Switch strategies - making unsolicited calls about other business as a means of generating leads for Medicare plans.
* Calls to a sales event attendee, unless the attendee gave specific written permission at the event for a follow-up call.
* Calls based on referrals.
* Calls to former enrollees who have disenrolled, or to current enrollees who are in the process of voluntarily disenrolling.
* Calls to beneficiaries to confirm receipt of mailed information.

**Event Management**Educational and Marketing/Sales Events must be conducted in accordance with CMS’s Medicare Communication and Marketing Guidelines (MCMG), which specifies requirements related to sales and marketing activities, including event locations, materials, and gifts/promotional items. **Event Reporting**Centene requires all Agents who conduct educational or marketing events to notify Centene in advance of the event. Notifications are expected by the 10th of the month preceding the event. Agents unable to submit by this time frame may request an exception from their Account Executive but are expected to provide notification no later than 5 days prior to the event date. Reporting of sales events should be submitted via Centene’s Event Submission Template which can be obtained from the assigned Account Executive (AE), Market Manager (MM), Regional Sales Manager (RSM) or Regional Sales Director (RSD). When an agent reports a sales event to Centene, a Centene plan must be presented at that specific event. Cancellations and changes to sales events should be submitted to Centene at least 48 hours prior to the event’s scheduled date. In the event that 48 hours advance notice cannot be provided, coordinate with your AE, MM, RSM or RSD to have a representative present at the event location at least 15 minutes prior to, through 15 minutes after the scheduled start time to inform beneficiaries of the cancellation or change.If the event was cancelled due to inclement weather, a representative is not required to be present at the site. However, notification to the AE, MM, RSM, or RSD must include a brief explanation of the cancellation reason.**Managing Events**Centene strongly recommends that Agents implement the following event management practices: * Arrive at least 15 minutes early.
* Ensure the meeting room is clearly identified and easy to locate. If the event location has a lobby or general reception area, inform the desk attendant so that attendees can be directed accordingly.
* Use only Centene/CMS approved materials.

Centene allows the use of Permission to Contact cards and/or optional sign in sheets at sales events as a mechanism for a beneficiary to voluntarily provide contact information. This allows the Agent to follow-up with the beneficiary after the sales event. Agents must clearly inform beneficiaries that providing contact information is optional. Agents must not pressure or coerce a beneficiary to provide contact information.**Educational Events**Agents are permitted to host educational events provide the following criteria are met:* Centene’s Non-Discrimination Notice must be posted in a prominent location.
* Must be explicitly advertised as educational.
* Must not include marketing or sales activities or distribution of marketing materials or enrollment forms.
* Agents may not conduct a marketing or sales event immediately following an educational event at the same location.

The following are acceptable practices at educational events* Distributing communication (non marketing) materials.
* Answering beneficiary initiated questions.
* Setting up future marketing appointments.
* Distribute business cards.
* Distributing and accepting Scope of Appointment forms and permission to call cards
* Provision of meals are acceptable at educational events.

**Marketing/Sales Events**Marketing/Sales Events are designed to steer or attempt to steer potential enrollees, or the retention of current enrollees, toward a plan or limited set of plans. The following apply to all marketing/sales events:* Centene’s Non-Discrimination Notice must be posted in a prominent location.
* Sign in sheets must be clearly labeled as optional.
* Agents may not require attendees to provide contact information as a prerequisite for attending an event.
* Agents should announce their name, the company they represent and all plans to be discussed during the presentation’s introduction.
* Agents may only use Centene/CMS approved sales presentations .
* Agents may not provide meals at sales/marketing events (refreshments or light snacks are acceptable).

Centene has developed a Sales Event Checklist to assist agents in conducting compliant and effective sales presentations. The checklist is available on the health plan website within the *For Brokers* section.**Non-Discrimination Requirements*** Centene prohibits discrimination by reason of race, creed, color, sex, age, disability, national origin or any other basis prohibited by law.
* Centene’s Non-Discrimination Notice and foreign language taglines must be posted in a prominent location at all sales and marketing events.
* All event facilities must be accessible in accordance with the Americans with Disabilities Act (ADA).
* Attendees who do not speak or understand the language spoken at the event may be referred to contact the phone number on the taglines document for language assistance.

**Gifts and Promotional Items**Gifts and promotional items may be offered during the course of sales and marketing activities provided that they do not exceed the allowed maximum of $15 per person or an aggregate of $75 per person per year. If a nominal gift is a chance to receive one large gift or a communal experience (e.g., a concert, raffle, drawing), the total fair market value must not exceed the nominal per person value based on anticipated attendance. Gifts and promotional items must be offered to all potential enrollees, regardless of enrollment and without discrimination. Gifts and Promotional items may not consist of cash or other monetary rebates.**Scope of Appointment (SOA)** CMS’s MCMG requires that a documented Scope of Appointment (SOA) be completed **prior** to any personal/individual marketing appointment. SOAs are required for all marketing appointments regardless of whether or not the appointment results in an enrollment and regardless of venue (e.g. in-home, telephonic, library, or walk-ins to an agent office). All SOA forms must be retained for at least 10 years regardless of the enrollment outcome.Scope of appointment forms are permitted to be accepted during educational and marketing events or any time prior to a personal sales appointment.Centene requires a completed SOA form to be submitted with all agent assisted paper and online enrollments. Beneficiary initiated telephonic enrollments do not require a completed Scope of Appointment. **SOAs must contain the following:*** Indication of the product type(s) (e.g. MA, PDP) to discuss during the appointment.
* Date of appointment.
* Beneficiary and Agent contact information (e.g. name, address, telephone number).
* Beneficiary or authorized representative’s signature.
* Agent signature and date.
* A statement clarifying that: beneficiaries are not obligated to enroll in a plan; their current or future Medicare enrollment status will not be impacted; and the beneficiary is not automatically enrolled in the plan(s) discussed.

If an agent conducts a personal appointment with more than one Medicare eligible beneficiary, then the Agent must obtain a signed and completed SOA for each individual. During an appointment, if a beneficiary would like to discuss additional product types not agreed to in advance, the agent must document a 2nd SOA prior to continuing the appointment.**Personal/Individual Appointments**When conducting personal/individual marketing appointments, agents may only discuss plan options that were agreed to in advance by the beneficiary and documented on the Scope of Appointment form. Agents are prohibited from marketing non-healthcare products (such as annuities or life insurance). Agents should use Centene’s Medicare Sales Appointment Checklist to ensure sure all appropriate topics are covered. The checklist is available on the health plan website within the *For Brokers* section, Examples of items on the Producer Sales Appointment Checklist include:* Provide a business card at the beginning of every appointment.
* Announce agent’s name, the company represented, and all plan types that will be discussed (as indicated on the SOA).
* If the beneficiary has a legal representative who assists with healthcare decisions (e.g. Power of Attorney, Conservator, or other state- appointed guardian), make sure the legal representative attends the appointment.
* Ask about current health coverage.
* Clearly explain the benefits, copays, and deductibles.
* Clearly communicate to the beneficiary what to expect when changing from his/her current coverage to a new plan.
* Clearly explain the provider network and use Centene’s on-line provider search tool to confirm if the beneficiary’s desired Primary Care Provider (PCP), Physician of Choice (POC), and/or specialist(s) is within the plan’s network.
* Clearly explain prescription drug coverage.
* Clearly communicate to the beneficiary what to expect when changing from his/her current coverage to a new plan.
* Ensure that the beneficiary receives a copy of the Pre-Enrollment Kit and all other necessary and required materials.
* Remind the beneficiary that he/she will receive a welcome packet in the mail and an Outbound Enrollment Verification (OEV) letter that confirms their plan selection.
* At the end of the appointment, encourage the beneficiary to contact you with any additional questions or concerns.
* Centene’s Sales Compliance team will investigate any reported instances of non-compliance or inappropriate conduct to determine if corrective actions are necessary.

**Marketing in Healthcare Settings** CMS regulations prohibit sales activities in any healthcare setting where patients primarily receive, or are waiting to receive, health care services. Providing plan information to beneficiaries on a frequently scheduled basis at provider offices are not considered walk-in appointments and must be reported to Centene as marketing events.Agents may not conduct any Sales/Marketing activities in healthcare settings except in common areas. Common areas are locations only accessible to the public. Conducting sales presentations, distributing and accepting enrollment applications, and soliciting beneficiaries is prohibited in areas where individuals primarily receive health care services. Examples of acceptable and prohibited healthcare settings include:

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| Acceptable | Prohibited |
| Conference rooms | Exam rooms |
| Cafeterias | Doctors’ private offices |
| Recreation rooms | Treatment areas |
| Community rooms | Patient rooms |
| Common entryway | Pharmacy counter areas |
| Waiting Rooms |  |

**Enrollment Applications** Timely and accurate submission of enrollment applications is critical to ensuring that beneficiaries receive the benefits they expect and that Centene is able to meet CMS requirements. Centene requires agents to submit enrollment applications and SOAs to Centene’s Membership Services department no later than one (1) calendar day after the agent receives the enrollment applicationfrom the beneficiary. Failure to submit timely applications may result in processing delays, which may impact enrollees’ requested coverage date and/or commission payments. Authorized agents affiliated with a Centene contracted sales entity may submit applications to their respective sales entities. In such cases, the agent and sales entity are responsible for timely submission, ensuring Centene receives the application no later than one (1) calendar day after receipt from the beneficiary.***Note: Sharing beneficiary or application information with an individual or sales entity outside of a Centene contracting agreement is a violation of HIPAA privacy guidelines.*** Mailed applications must be sent by overnight mail on the same day as received from the beneficiary. Hand delivered applications must be received by a Centene Medicare department associate the same day as received from the beneficiaryAgents may assist beneficiaries with completing enrollment applications; however, only the beneficiary or his/her legal representative (as recognized by state law) may sign an enrollment request. Agents must:* Review the Pre-Enrollment Checklist with the beneficiary which includes important disclaimers plan rules. The checklist is included in the pre-enrollment kit.
* Sign, date, and submit all applications upon receipt from the beneficiary (in the “Office Use Only” section).
* “Receipt Date” must accurately reflect the date on which the application was received by the Agent or Sales Entity (via mail, by fax, or in person).
* Use the correct enrollment application for the specific plan year in which enrollment is desired.
* Not solicit or accept enrollment applications for a January 1st effective date prior to the start of the Annual Enrollment Period (AEP) on October 15th of each year (unless the beneficiary is new to Medicare on the basis of age or disability, or they qualify for a special election period).
* Include a completed Scope of Appointment form when submitting a paper or online enrollment application.

*Note: All corrections and amendments made on an application must be initialed and dated by the individual making the changes. This includes corrections made in the “Office Use Only” section.* Best practices when obtaining enrollment applications include:* Confirm beneficiary contact information is current (address and phone number).
* Always verify basic eligibility by asking to see the beneficiary’s Medicare card.
* Verify D-SNP Eligibility by asking to see the beneficiary’s Medicaid card.
* Provide preferred language materials when available – Enrollment kits and forms in other languages (e.g. Spanish and Chinese) are readily available in certain geographic areas.
* Make sure that the beneficiary’s permanent residence is within the county where the plan is offered.
* Explain the available methods for premium payment and ensure the beneficiary selects the best option based on their needs and situation.
	+ **Social Security Withhold** – The plan premium will be deducted from the members’ monthly Social Security check to pay their monthly plan premiums. Members should continue to pay premiums directly until the setup is complete.
	+ **Direct Bill** – Members will receive a monthly invoice for payment.
		- Electronic payments may be set up for those on Direct Bill by contacting Member Services or visiting the online Member Portal – Centene will continue to issue monthly invoices for members set up with electronic payment.
* Confirm that the beneficiary has an understanding of Medicare’s Part D Late Enrollment Penalty and what their options and timeframes are if they are assessed a penalty.
* Complete the appropriate “Office Use Only” section with legible information; including National Producer Number & Plan assigned Agent ID# (if applicable) and any up-line contracting information (if included in the contracting agreement).
* Indicate where the application was completed in the Application Receipt Location section.
* Verify and document the selected physician’s National Provider Identification number, ensuring the NPI matches the number on the online provider search tool.
* If the physician is part of a provider or medical group, document the group name and ID ensuring it matches the online provider search tool.
* Incorrect or illegible information may result in delays of commission payment and/or Agent of Record issues.
* For Chronic Special Needs Plans (C-SNPs):
	+ Enrollment Applications for C-SNP plans should be submitted with a member completed Pre-enrollment Qualification Assessment Tool.
	+ Ensure that the beneficiary indicates his/her qualifying chronic condition(s) on the form.
	+ Ensure that the beneficiary lists one or two health care providers who can verify the beneficiary’s chronic condition(s).

**Agent Assisted Electronic** **Enrollments**Agents may assist beneficiaries in submitting electronic enrollment using Centene’s Medicare Online Enrollment (MOE) which is available on the plan website or the Ascend electronic enrollment tool. When submitting an electronic enrollment, the beneficiary or legal representative must be the individual to consent to (click) the final agreement and submission. **Ascend**The Ascend electronic enrollment solution allows agents to quickly and easily assist beneficiaries with submitting electronic enrollment requests. Agents must receive access and approval from Centene prior to submitting enrollments via Ascend. For availability and information, agents should contact their AE, MM or RSD or Broker Services.**Value Based Enrollments**Agents who use the Ascend enrollment tool are eligible to receive an administration fee that is distinctly separate from producer compensation. This fee is for the submission of Value Based Enrollments (VBEs) which allows the agent to help gather health-related information and provide a smooth transition of care to Medicare beneficiaries.  Only approved agents who use Allwell’s online Ascend technology platform can facilitate a VBE. Paper enrollment forms are ineligible for the VBE program and may not be entered by the agent into Ascend to qualify for the administration fee.**Telephonic Enrollments**Telephonic enrollments may be accepted by agents within Centene’s employed or contracted Telesales team, Agents within a contracted Sales entity with approval to conduct telephonic enrollments, or agents using the Remote Access Telephonic Enrollment (RATE) feature within Ascend. The following requirements must be met for all telephonic enrollments* Enrollment requests for existing Centene MA and non-MA members may be accepted during outbound calls when providing information about Centene’s Medicare plans.
* Telephonic enrolments must follow a Centene and CMS approved enrollment script.
* The telephonic enrollment request must be effectuated entirely by the beneficiary or his or her authorized representative.
* Individuals must be advised that they are completing an enrollment request.
* Each telephonic enrollment request must be recorded (audio) and include a statement of the individual’s agreement to be recorded, all required elements necessary to complete the enrollment and a verbal attestation of the intent to enroll. If the request is made by someone other than the beneficiary, the recording must include the attestation regarding the individual’s authority under State law to complete the request, in addition to the required contact information.
* All telephonic enrollment recordings must be reproducible and retained for at least 10 years.
* Must include a tracking mechanism to provide the individual with evidence that the telephonic enrollment request was received (e.g. a confirmation number).

**Sales Allegations**A “sales allegation” is a type of complaint which involves potential marketing misrepresentation or non-compliant conduct by an Agent. Sales Allegations are typically filed by a beneficiary (or an authorized representative) and may be received by Centene directly, as a complaint filed with CMS through the Complaint Tracking Module (CTM), or via other regulatory agencies. Agents will be notified of any allegations against them by Sales Compliance and must provide a detailed response by the due date specified on the notification. Responses should address all Agent related issues expressed in the beneficiary’s complaint. Additionally, the following information should be included in the Agent response to provide context: * Date and time of the appointment (or event).
* Source of the lead.
* Information about others present at the appointment and relationship to the beneficiary (if known).
* Any concerns expressed by the beneficiary during the appointment.
* Description of any follow-up contact with the beneficiary.

Note: During the time a sales allegation is under review, it is prohibited for Medicare Sales Management, sales entities, and/or the sales agent to contact the beneficiary. Sales Compliance and Sales Management will review each case on its own merits – including the beneficiary’s complaint statement, the Agent’s response, and all other pertinent documents– in order recommend a determination with a severity level and identify corrective actions, if necessary. **Rapid Disenrollment**A “rapid disenrollment” is when an enrollee moves from one Parent Organization to another Parent Organization, or when an enrollee moves from one plan to another plan within the same Parent Organization, within the first three months of enrollment Certain disenrollments that occur within the first three months of enrollment are excluded from Centene’s rapid disenrollment reporting, as specified by CMS in the Medicare Marketing Guidelines. Centene encourages all agents to prevent rapid disenrollments by striving to enroll each beneficiary into a plan that best meets his/her particular needs and ensuring that all plan features, benefits, provider network restrictions, etc. are clearly explained.Centene follows CMS rules related to compensation recovery and will chargeback any compensation paid to an Agent for an enrollment which results in a rapid disenrollment.**Broker Compensation**In order to receive initial and renewal sales commissions, Agents must continue to be fully licensed and appointed, as required by CMS and state law. Additionally, both initial and renewal sales commissions are dependent on Agents completing annual Medicare training, testing and certification, as well as all required Centene product and compliance trainings. Compensation is recovered for all disenrollments as required by CMS. Chargebacks occur on a pro-rated basis, equal to the number of months that the beneficiary was not enrolled, *unless* recovery in full is required due to a rapid disenrollment.**Marketing Materials**All advertising, sales presentations, marketing, and enrollment materials including third party websites and electronic marketing communications must be approved for use by Centene and CMS prior to use if one or more of the below applies:* Contains content intended to draw a beneficiary’s attention to a MA plan or plans and to influence a beneficiaries decision making process when selecting a MA plan.
* Mentions seminars where sales representatives are present.

Marketing material content and/or required disclaimers may change based on regulatory requirements or plan design changes. Agents using Centene created materials are expected to validate that only the most recently published versions (as available on the Broker Portal) are used for marketing purposes. Custom marketing materials must be submitted to Centene annually and approved prior to use for the upcoming contract year. New and modified materials must be submitted for review and approval prior to use.Contact your AE, MM or Broker Services for additional information**Third Party Websites**Companies that are contracted with Centene must obtain Centene and CMS approval for websites that meet any of the criteria listed in the Marketing Materials section above or obtain beneficiary information for the purposes of marketing and /or enrollment into a Centene plan. All third party marketing websites must include a valid CMS material ID indicating acceptance or approval.Websites used to market MA/MAPD **and** Medicare Supplement plans, should ensure that there is an explanation that advises beneficiaries that information which is required to provide rates for some Med Supplement plans will not be used when providing plan and premium info for MA/MAPD or Part D plans.Agents and Sales Entities that operate websites for marketing purposes must submit their websites to Centene for approval and submission to CMS. Contact your AE, MM or Broker Services for additional information. |
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## REVISION LOG

###### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a signature.