

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

aetna®

# Aetna Medicare Producer Handbook

Your how-to guide to empowering  
healthier lives and stronger returns  
in the booming Medicare marketplace

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# Aetna Medicare Producer Handbook

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Dear Producer,

Thank you for representing Aetna Medicare products. We're excited to have you onboard! You've got one of the most innovative and responsive teams behind you every step of the way – ready to help you turn any challenge into an opportunity.

### **Our commitment to our members**

As a broker, it's likely that you know Aetna serves more than 36.7 million people – and over 1.5 million Medicare members<sup>1</sup>. But did you know we paid the industry's first Medicare claim in 1966?<sup>2</sup>

Today, we continue to innovate with best-in-class member tools and cost-saving plan options, plus we offer access to over 379,000 primary care doctors and specialists, and more than 2,100 hospitals in the Aetna Medicare network. Your clients also can have greater peace of mind knowing that Aetna Life Insurance Company is an A-rated company by Standard & Poor's, Moody's Fitch and A.M. Best.<sup>3</sup>

### **The power behind our commitment to you**

Your success is the reason we're here. This year you can count on us more than ever, with a Broker Support Unit that's committed to one-call resolution, and faster, smarter connections to the resources you and your clients need – on iPad, smartphone and online. Plus you'll benefit from increased local support to help ensure you get valuable competitive insights.

In the following pages, you'll find information and resources to help you excel. With over 14 million boomers joining Medicare before 2020<sup>4</sup>, there's never been a better time to power up with Aetna Medicare.

Sincerely,

David Firestone

Head of Distribution and Channel Management, Aetna Medicare

<sup>1</sup>Medicare membership (includes Medicare Advantage, Medicare PDP and Medicare Supplement) as of May 2013.

<sup>2</sup>Source: The CT Mirror, "With future uncertain, Hartford celebrates Medicare's birthday," July 29, 2011.

<sup>3</sup>As of June 18, 2013.

<sup>4</sup>Source: 2000, U.S. Census Bureau, 2001, Table PCT12; 2010 to 2050, U.S. Census Bureau, 2004.



## The Aetna advantage

In today's changing Medicare landscape, the peace of mind your clients enjoy — knowing they have the right plan with a leading national carrier — is more important than ever. As a producer, you'll enjoy a greater level of confidence as well, knowing Aetna brings 163 years of insurance expertise with the product options and cost-saving benefits your clients want most.

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# The Aetna brand

Aetna is one of the nation's leading diversified health care benefits companies, serving approximately 36.7 million people with information and resources to help them make better-informed decisions and get the health care they need to live healthier lives. Our company's mission, values and goals are expressed through The Aetna Way — encompassing our shared sense of purpose as we pursue our operational and strategic goals.

## Why we exist: The Aetna mission

Aetna is dedicated to helping people achieve health and financial security by providing easy access to safe, cost-effective, high-quality health care and protecting their finances against health-related risks. Building on our 163-year heritage, Aetna is a leader cooperating with doctors and hospitals, employers, patients, public officials and others to build a stronger, more effective health care system.

## Our values

“Everything we do at Aetna starts with our values — a clear, strongly held set of core beliefs that reflect who we are and what you can expect from us. We created our core values together, as one company with more than 30,000 individual voices, and with guidance from our customers. Our values carry through our thoughts and actions every day, inspire innovation in our products and services, and drive our commitment to excellence in all we do.”

— Mark Bertolini, CEO



# Product portfolio

Aetna Individual Medicare offers a comprehensive product portfolio that includes Medicare Advantage (MA), Medicare Advantage Prescription Drug (MAPD), Prescription Drug Plans (PDP), Medicare Supplement and complementary products (including Final Expense, Cancer Care, Nursing Facility Care Indemnity, Home Care, Continental Care Hospital Indemnity) to meet the varied needs of your clients.

Aetna offers these products\* under multiple, respected brands — brands your clients can trust.

- Aetna MA/MAPD plans are available in 20 states plus D.C.
- We have standalone Medicare PDP options in all 50 states.
- Our Medicare Supplement plans are in 43 states and growing.
- Our complementary products are available in 28 states and growing.

\*Product availability varies by state. Not all products are available in every state.

## Respected brands your clients can trust



### Medicare Advantage/Medicare Advantage Prescription Drug Plans

- HMO plans
- PPO plans



### Standalone Prescription Drug Plans

- Aetna CVS/pharmacy Prescription Drug Plan (PDP)
- Aetna Medicare Rx Premier (PDP)



**American Continental Insurance Company**  
An Aetna Company

**Continental Life Insurance Company Of Brentwood, Tennessee**  
An Aetna Company

**Aetna Health and Life Insurance Company**  
An Aetna Company

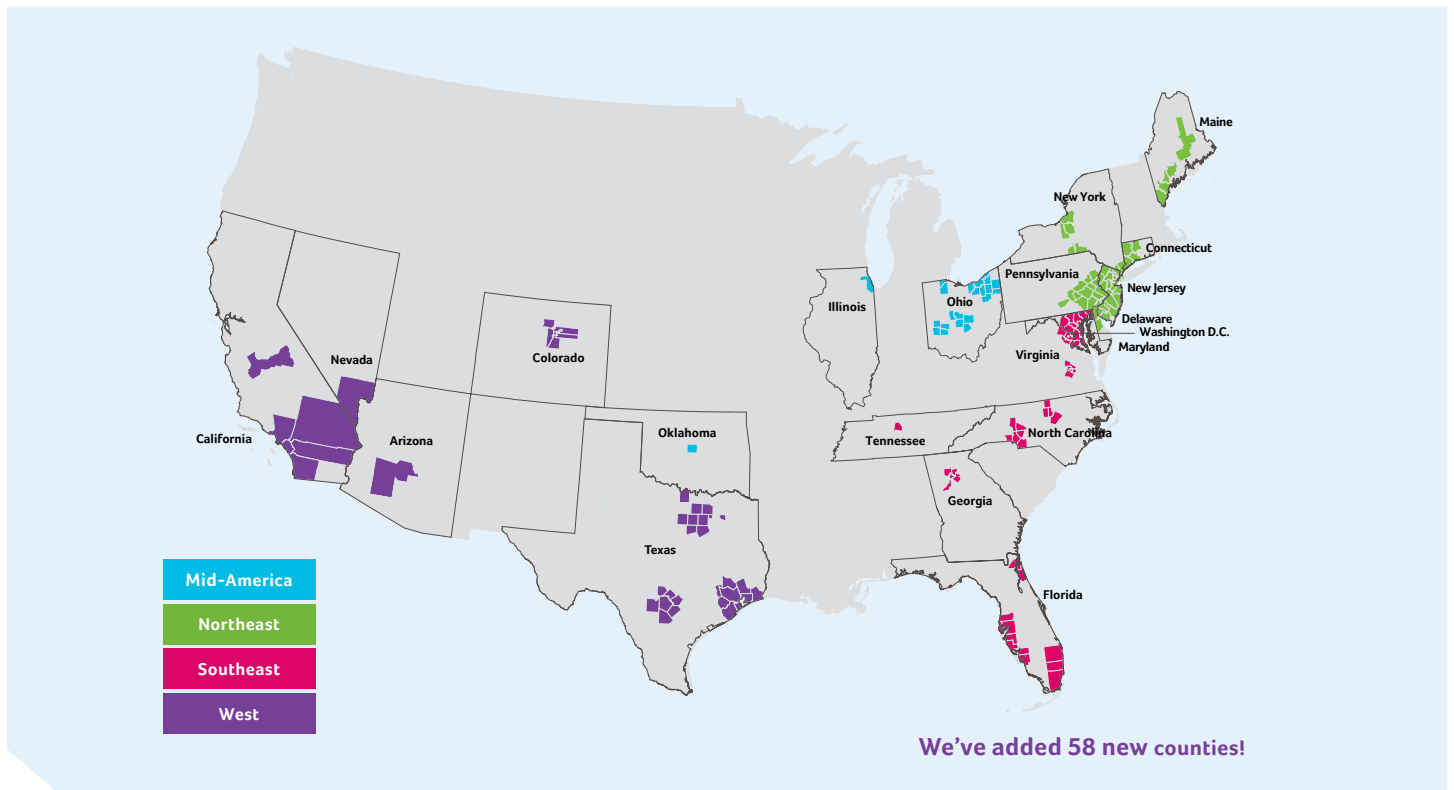
### Medicare Supplement Plans

- Individual Medicare Supplement plans offered through Aetna Life Insurance Company (ALIC), American Continental Insurance Company (ACI) and Continental Life Insurance Company of Brentwood, Tennessee (CLI), and Aetna Health and Life Insurance Company (AHLIC)

### Additional Products

- Final Expense (Whole Life) Insurance from ACI
- Cancer Plus (First Occurrence Cancer) from CLI
- Nursing Facility (Care Indemnity) from CLI
- Home Care from CLI
- Continental Care (Hospital Indemnity) from CLI

# 2014 Individual Medicare Advantage product offering



## Mid-America

### Illinois

Cook

### Ohio

Butler

Clark

Clermont

Cuyahoga

Delaware

Fairfield

Franklin

Geauga

Greene

Hamilton

Lake

Licking

Lorain

Lucas

Mahoning

Medina

Miami

Montgomery

Portage

Stark

Summit

Trumbull

Union

Warren

Wood

### Oklahoma

Oklahoma

## Northeast

### Connecticut

Fairfield

Hartford

Litchfield

New Haven

### Delaware

Kent

New Castle

### Maine

### Androscoggin

Cumberland

### Kennebec

Penobscot

York

### New Jersey

Atlantic

Bergen

Burlington

Camden

Cumberland

Essex

Gloucester

Hudson

### Hunterdon

Mercer

Middlesex

Monmouth

Morris

Ocean

Passaic

Salem

## Somerset

Sussex

Union

### Warren

### New York

Bronx

Broome

Cayuga

Kings

New York

Onondaga

Oswego

Queens

Richmond

Rockland

Tioga

Westchester

### Pennsylvania

Berks

Bucks

Carbon

Chester

Cumberland

Dauphin

Delaware

Lancaster

Lebanon

Lehigh

Monroe

Montgomery

Northampton

Philadelphia

Schuylkill

## Southeast

### District of Columbia

District of Columbia

### Florida

Broward

Charlotte

Duval

Hillsborough

Lee

Manatee

Miami-Dade

Palm Beach

Pasco

Pinellas

Saint Johns

Sarasota

### Georgia

Cherokee

Cobb

Dekalb

Forsyth

Fulton

Gwinnett

### Maryland

Anne Arundel

Baltimore

Baltimore City

Calvert

Carroll

Cecil

Charles

Frederick

Harford

Howard

Montgomery

Prince George's

### North Carolina

**Cabarrus**

**Durham**

**Gaston**

**Iredell**

**Mecklenburg**

**Orange**

**Person**

**Rowan**

**Union**

**Wake**

### Tennessee

Davidson

### Virginia

Alexandria City

Arlington

**Chesterfield**

Fairfax

Fairfax City

Falls Church City

**Hanover**

**Henrico**

Loudoun

Manassas City

Manassas Park City

Prince William

**Richmond City**

## West

### Arizona

Maricopa

### California

Fresno

Kern

Los Angeles

Orange

Riverside

San Bernardino

San Diego

### Colorado

Adams

Arapahoe

Boulder

Broomfield

Denver

Douglas

Jefferson

### Nevada

Clark

### Texas

**Atascosa**

Bexar

**Brazoria**

**Chambers**

Collin

Comal

Dallas

Denton

**Ellis**

**Fort Bend**

## Galveston

Guadalupe

Harris

**Jefferson**

**Johnson**

**Kendall**

**Liberty**

**Medina**

**Montague**

Montgomery

**Parker**

**Rains**

**Rockwall**

**San Jacinto**

Tarrant

**Waller**

**Wilson**

# Competitive Medicare Advantage plans in expanded service areas!

**20**  
states plus D.C.

**58**  
new counties

**132**  
counties with

**\$0**  
premium plans

For the first time since 2010, Aetna has expanded its Individual Medicare Advantage product offering.

Here are some highlights:

- We've added 58 new counties; 54 of them will have \$0 premium plans\*
- We have more \$0 premium plans than ever before – 132 out of 183 counties have \$0 premium plan options
- Coverage for a free membership to a fitness facility for all plans
- Travel Advantage benefit available for all HMO plans (in-network coverage that travels with the member) – PPO members also have access to the National Aetna MA network at in-network costs
- \$0 copays for Select Care Tier drugs that help manage high blood pressure, high cholesterol and diabetes, with many plans having coverage in the gap
- Free annual routine physical

\* Member is still responsible for the Part B premium in addition to the monthly plan premium.

## 2014 Open Access plans

Contract	PBP	Medical Plan Name	State
H1109	001	Aetna Medicare Premier Plan (HMO)	GA
H1109	005	Aetna Medicare Select Plan (HMO)	GA
H3152	045	Aetna Medicare Basic Plan (HMO)	NJ
H3152	048	Aetna Medicare Premier Plan (HMO)	NJ
H3312	002	Aetna Medicare Select Plan (HMO)	NY
H3312	018	Aetna Medicare Value Plan (HMO)	NY
H3312	048	Aetna Medicare Value Plan (HMO)	NY
H3312	060	Aetna Medicare Value Plan (HMO)	NY
H3312	061	Aetna Medicare Value Plan (HMO)	NY
H3597	001	Aetna Medicare Value Plan (HMO)	ME
H3597	002	Aetna Medicare Standard Plan (HMO)	ME
H4523	005	Aetna Medicare Premier Plan (HMO)	TX
H4523	017	Aetna Medicare Select Plan (HMO)	TX
H4523	019	Aetna Medicare Select Plan (HMO)	TX
H5793	001	Aetna Medicare Value Plan (HMO)	CT
H5793	008	Aetna Medicare Standard Plan (HMO)	CT



# 2014 Individual Medicare Prescription Drug Plan product offering

For 2014, Aetna is offering two PDP options.<sup>1</sup> Please note that only the **Aetna Medicare Rx Premier (PDP)**<sup>2</sup> is eligible for new business and renewal commissions in 2014. The **Aetna CVS/pharmacy Prescription Drug Plan (PDP)**<sup>3</sup> is NOT eligible for new business commissions in 2014. However, commissions will be paid for renewals on previously sold plans.

Aetna recently completed our acquisition of **Coventry Health Care**, giving our PDP product portfolio added strength. Coventry is offering these two PDP options<sup>1</sup>: **First Health Part D Essentials (PDP)**<sup>4</sup> and **First Health Part D Premier Plus (PDP)**<sup>4</sup>. Both plans are eligible for new business and renewal commissions in 2014.

If you are interested in learning more about PDP products offered through Coventry Health Care, please visit the [Coventry Health Care Medicare Broker Portal](#). Producers must be certified, licensed and appointed separately with Coventry Health Care to sell Coventry products.

<sup>1</sup> Premiums, copays and/or coinsurance may vary by region

<sup>2</sup> Available in all states except for HA, ME, NH

<sup>3</sup> Available in all states except for AK, AR, CO, ID, OR, UT, WA. This plan is branded Aetna Medicare Rx Essentials in these seven states.

<sup>4</sup> Available in all 50 states and D.C.

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## Learn more about Aetna MA/MAPD and PDP plans

For a complete listing of MA/MAPD and PDP plan options by state, see the [2014 Aetna Individual Medicare Broker Plan Booklet](#) on [Producer World](#)<sup>®</sup>.

## Aetna Senior Supplemental Insurance, including Medicare Supplement

To learn about our ACI, CLI and AHLIC Medicare Supplement products, please login to [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com), or call 1-888-624-6290, Monday through Friday from 8 a.m. to 8 p.m., CST.

# Member benefits

## Silver & Fit® Gym Membership

All MA and MAPD plans will include a fitness benefit, which allows members to get a free fitness facility membership at participating locations. For a list of participating Silver & Fit fitness facilities, see <http://www.silverandfit.com/ProviderSearch/default.aspx>. All PDP plan members will have access to Silver & Fit Affinity program, which is not a free fitness facility membership but a discount program for PDP members in all states. For more information, members can call Aetna Member Services at 1-800-282-5366 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

## Transportation to medical visits\*\*

Free 24 one-way trips to plan-approved locations each year. Members receive wheelchair, taxi or sedan transportation to and from non-emergency medical visits within 60 miles of the provider's location. Trips must be scheduled at least 72 hours prior to appointment. Cancellation must be made more than 2 hours in advance or trip will be deducted from remaining trips available. Member will contact the vendor Access2Care to schedule their transportation at 1-855-814-1699 (TTY: 1-866-849-2060), Monday through Friday, from 8 a.m. to 8 p.m., all time zones.

\*\*Member eligibility confirmation required. Benefit only available for MAPD plans in select markets (see list below).

CMS ID	State	Plan Type
H1109-005	GA	HMO
H3931-081	NC	HMO
H3931-082	NC	HMO

## U.S. Travel Advantage/emergency coverage worldwide

### (MA and MAPD plans only)

Members are covered at home and away — with the same benefits — wherever they travel in our network. The member must be traveling to another Medicare Advantage HMO service area for a period not exceeding 12 months. If they fit the requirements for U.S. Travel Advantage, activating this program will allow them to access full coverage out of their home area (instead of urgent/emergent care only), and it will provide them with an extension to the six-month out-of-area disenrollment requirement. Members must call Aetna Member Services at 1-800-282-5366 (TTY: 711) to register for our U.S. Travel Advantage benefit. Our plans also offer worldwide coverage for medical emergencies.

## Aetna Compassionate Care<sup>SM</sup> Program

When facing an advanced or life-limiting illness, it's comforting to know you can turn to people who care. Along with loving support from family and friends, the Aetna Compassionate Care Program provides members with access to experienced case managers who will better prepare them for the physical and emotional challenges and decisions ahead. When facing difficult decisions about a serious illness, our trained and experienced case managers can help members and families make truly informed choices while providing helpful advice and support. For more information about Aetna's Compassionate Care Program, including guidance on advance directives/living wills, visit [www.aetnacompassionatecare.com](http://www.aetnacompassionatecare.com) or members can call Aetna Member Services at 1-800-282-5366 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

## Vision and hearing exams

MA and MAPD plan members can receive one free annual vision exam and one free annual hearing exam.

## Aetna Rx Home Delivery<sup>®</sup>

### (MAPD and PDP plans only)

With Aetna Rx Home Delivery<sup>®</sup>, our mail-order prescription drug program, members could save money with a three-month supply. They'll also enjoy the convenience of having their medication delivered directly to them, and standard shipping is free. Members can sign up for Aetna Rx Home Delivery by calling 1-866-612-3862 (TTY/TDD: 1-800-201-9457). Customer service representatives are available Monday through Friday from 7 a.m. to 11 p.m., Saturday from 7 a.m. to 9:30 p.m., and Sunday from 8 a.m. to 5:30 p.m., EST.

# Extra-value discounts\*

## Fitness discounts

Discounts on gym memberships\*\* and name-brand home fitness and nutrition products that support a healthy lifestyle with services provided by GlobalFit®

\*\* Participation is for new gym members only. If a member belongs to a gym now or belonged recently, the member should call GlobalFit to see if a discount applies.

## Weight management discounts

Discounts on the CalorieKing® Program and products, Jenny Craig® weight-loss programs and Nutrisystem® weight-loss meal plans

## Vision discounts

Discounts on eye exams, eyeglasses, frames and lenses, contact lenses and solutions, prescription and non-prescription sunglasses, LASIK surgery and more from EyeMed Vision Care

## Hearing discounts

Discounts on hearing exams, hearing aids, batteries, repairs and other hearing aid services from Hear PO® (MA and MAPD plans only) and Hearing Care Solutions (MA, MAPD and PDP plans)

## Natural products and services discounts

Members can save on standard charges for acupuncture, chiropractic, massage therapy and nutrition services through the ChooseHealthy®\*\* program. Members can also get a discount on a wide variety of health and wellness products at [www.choosehealthy.com](http://www.choosehealthy.com).

Through Vital Health Network, members can save on online consultations and alternative remedies provided by naturopathic or integrated medicine physicians for a variety of conditions.

\*\* The ChooseHealthy program is made available through American Specialty Health Systems, Inc. (ASH Systems), a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

## Book discounts

Discounts on books, CDs, DVDs and more from the American Cancer Society Bookstore, the Mayo Clinic Bookstore and, for yoga-related titles, Pranamaya

## At home products discounts

Discount on the Omron 7 Series™ Upper Arm Blood Pressure Monitor

## Oral health care discounts

- Discounts on Epic Dental cavity-fighting products such as gum, mints, mouthwash and toothpaste

## LifeStation® discount

Discount on monthly cost of a medical alert system, which includes a medical alert console and wireless help button. In the event of an emergency, members press the help button and are immediately connected with Care Specialists at LifeStation's UL Listed Monitoring Center, who will assess the situation and contact EMS and members' emergency contact list, if necessary.

## Aging with Grace, LLC (AWG) discount

Savings on yearly membership to join a program that helps members care for their aging parents, so they can understand their options; find and coordinate in-home care; and get discounts on needed services and more

For details on these and all of our Aetna extra-value discount programs, visit [www.aetnamedicare.com/member](http://www.aetnamedicare.com/member) and then select "Save Money," or members can call Aetna Member Services at 1-800-282-5366 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

\* Discount offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. The member is responsible for the full cost of the discounted services. Availability varies by plan. Aetna may receive a percentage of the fee paid to a discount vendor.



## Ready to sell

Our success depends on yours. That's why we're committed to providing the best training and support to help you be more successful as an Aetna Medicare certified producer. You'll also find flexible access and more competitive commissions ready to take you further when appointed.

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# Onboarding

Producers must be licensed in the states where they sell, appointed by Aetna, certified under the Aetna Individual Medicare Producer Certification Program and trained prior to marketing or selling Aetna Individual Medicare products (MA, MAPD, PDP).



## Certification

The first step to becoming an Aetna Medicare producer is to complete Aetna Individual Medicare producer certification on the Aetna Medicare certification portal:

<https://aetna.cmpsystm.com/ext/ahip/login.php>

Certification is an annual requirement to market Aetna Individual Medicare plans during Annual Election Period for January 1 effective dates and throughout the year.

In addition, producers must complete certification annually to receive renewal compensation for existing business.

Additional training and development may be needed for Aetna Medicare producers if there are significant benefit or regulatory changes.

### Certification components and requirements

Aetna offers two certification tracks: Individual Medicare and Group Medicare. This section focuses on the Individual Medicare track, which contains the following components:

**1. Aetna Fraud, Waste and Abuse tutorial:** Consists of one module with multiple topics and a mastery test, which requires a passing score of 90% or better. Producers are also required to read, and attest that they understand, the Aetna Code of Conduct as part of this tutorial.

### 2. AHIP training: “Marketing Medicare Advantage and Part D Prescription Drug Plans: Understand Medicare Basics, Plan Options, and Marketing and Enrollment Requirements”:

Required by CMS to ensure producers who want to sell individual Medicare products (MA, MAPD, PDP) also have federal Medicare foundation training. This course consists of five modules, each with multiple topics and a mastery test, which requires a passing score of 90% or better.

- The cost of the AHIP exam through Aetna’s website is \$100 (exception: For Front Runner producers, the cost is free). AHIP offers Continuing Education credits for an additional charge to the producer; the credit amounts are listed within the AHIP site. For more information see the AHIP site at [www.AHIP.org](http://www.AHIP.org).
- Recertifying producers who completed the previous year’s AHIP requirements have the option of following a recertification process, consisting of modules 4 and 5 only. It is recommended that producers re-familiarize themselves with modules 1–3. The AHIP mastery test covers all five modules.

**3. Aetna Individual Medicare Product tutorial:** Provides a high-level look at Aetna’s Individual Medicare suite of MA and PDP products to satisfy the annual CMS certification requirements. This course consists of a single module with multiple topics and a mastery test, which requires a passing score of 90% or better.

### Certification reminders

- **Three attempts...** Producers have three attempts to pass the mastery test for each online tutorial. Failure to achieve the minimum passing score on any of the mastery tests after three attempts will result in the producer’s ineligibility to sell Aetna Medicare products for the upcoming selling season.
- **Courses must be taken in order...** The tracking system requires the producer to complete each part of the Individual Medicare certification before moving to the next requirement in the certification sequence.
- **Take and pass modules on your own...** All producers are required to take and pass the certification program modules on their own behalf. A producer cannot use any outside aid or assistance on any modules or exams. This includes, but is not limited to, sharing/comparing answers, taking the exam as a part of a group and using answer keys. Producers found to have used outside aid or assistance will be subject to discipline up to and including termination of their Aetna agreement.

# Certification

## Can AHIP certification be transferred to Aetna?

Yes, as long as the producer earns a score of 90% or higher on the assessment in three or less attempts. Producers will still need to complete the other Aetna-specific requirements to finish their Aetna Individual Medicare producer certification. Those who transfer their AHIP certification to Aetna do not have to pay the \$100 AHIP registration fee. Producers can transfer their existing AHIP completions to Aetna through the certification site.

When the producer has successfully completed all of the requirements, the portal automatically transmits a certification completion indicator to Aetna's licensing and appointment department and the producer's record is updated in the Aetna producer directory system and can be viewed on Producer World in the "ready to sell" report or via the Licensing and Appointment Lookup Tool.

## Certification tracking and reporting

Aetna's certification portal allows producers to see a producer's certification history. Certificates can be viewed and printed from the producer's transcript page. Producers may also view their progress in each course.

## Local market product training requirement

The event calendar lists local regional product training sessions hosted by an Aetna producer sales representative. The producer may search within a 250 mile radius of their location for a convenient training session. Producers may enroll into the session by clicking on the desired date and then "enroll." An email is then sent to the producer with the details of the session. The local product training is an Aetna requirement. All producers should attend a training session for comprehensive training of benefit-level details on all plans available in their area.

## Certification support

Producers may request information about the certification process by contacting the Aetna Medicare Broker Support Unit at 1-888-247-1050 option 3, or [BrokerService-MedicareTeam@aetna.com](mailto:BrokerService-MedicareTeam@aetna.com).

## Certification portal tips

- Site is compatible on most browsers and mobile devices. However, Mozilla Firefox and Google Chrome are preferred. Please update your browser as needed.
- Screen resolution may differ on mobile devices.
- Turn off pop-up blockers. (From the "Tools" menu on Internet Explorer, hover cursor over "Pop-up Blocker" and select "Turn off pop-up blocker.")
- Producers are encouraged to print or save the course content as it may be used for review purposes and reference material when completing the final assessments.
- It typically takes 4-8 hours to complete Individual Medicare certification. If a producer is recertifying with Aetna, it will take less time.

# Licensing and appointment

In addition to completing the annual certification and training requirements, prior to selling Aetna Medicare products, producers must also be licensed in the applicable states and appointed with Aetna.

Aetna offers contracting opportunities for qualifying distribution partners. Please contact the local field office sales manager or Broker Support Unit at 1-888-247-1050 to inquire about applying for a General Agent contract. Each distribution partner must have a contractual or direct relationship with producers. There is no additional mutual agreement between the producers and Aetna other than the Producer Agreement, which can be found at <http://www.aetna.com/insurance-producer/producer-network.html>.

## Contract types and requirements

### Independent producers/firm agencies

- An independent producer is an individually certified, licensed and appointed producer who sells directly with Aetna.
- A firm/agency is required to get licensed and appointed (where applicable by law) along with its principal and every producer engaging in any sales activities and in every state where these activities are taking place.

### Distribution partners

- Distribution partners must have down-line producers who are also individually certified, licensed and appointed with Aetna.
- Distribution partners involved in the negotiation, sale or marketing of Aetna Medicare products must have an insurance license (Health or Accident & Health, Disability, etc. as determined by each state's Department of Insurance), and line of authority to be appointed in their state of residence and in any state where they perform sales activities.

## The appointment process

### For producers new to Aetna

After completing certification, producers who are new to Aetna can apply for appointment. To access the online application, visit [Aetna.com/Producer](https://pangea.geninfo.com/Aetna/Apply/Default.aspx) or go to <https://pangea.geninfo.com/Aetna/Apply/Default.aspx>. The website guides producers through the application for appointment. It also allows producers to request appointment for multiple products.

**Process communications:** Producers applying for appointment will receive an email notification when the following actions occur:

- After creating a username and password
- After submitting the application for appointment
- When your appointment application is being processed
- When the appointment is approved or declined
- Welcome letter with confirmation of the appointment by state and legal entities, as well as a link to Producer World and producer liaison contact information

### For producers already appointed

Producers already actively appointed with Aetna do not need to complete the online application for appointment again. After completing all certification requirements, these producers just need to verify their own appointment records on Producer World.

### Adding states

If additional appointments need to be added for states not shown in the Producer World profile, producers can submit copies of the licenses to [LAUMedicare@aetna.com](mailto:LAUMedicare@aetna.com). Once the additional appointments have been processed, producers will receive a welcome letter stating the added appointments.

# Licensing and appointment

## Ready to Sell Checklist

To be classified as “Ready to Sell,” please ensure each step is completed in its entirety.

### 1. Complete certification:

<https://aetna.cmpsystem.com/ext/ahip/login.php>

- AHIP course
- Aetna Individual Medicare product training
- Aetna Fraud, Waste and Abuse tutorial

Certification will only be considered complete once a final exam for all modules has been passed with a minimum of 90 score. All modules must be completed within three attempts.

### 2.a. If new to Aetna: After completing certification, apply online for appointment with Aetna:

<https://pangea.geninfo.com/Aetna/Apply/Default.aspx>

- Complete the online application in its entirety. Missing information will slow the license background check and delay the appointment process.
- Aetna requires an active E&O policy of at least \$1,000,000 per claim and/or \$1,000,000 aggregate.  
Retrieve and confirm producer NIPR Data, select the states in which the producer will actively market Aetna Individual Medicare plans.
- Complete an electronic W-9 with Aetna (only for the entity which will receive commissions directly from Aetna).

### 2.b. Existing producers already appointed with Aetna:

- After completing certification, log on to Producer World and verify the appropriate certification indicator is displayed.
- Verify existing state appointments.
- Request additional appointments if needed by submitting license copies for needed appointments to [LAAUMedicare@aetna.com](mailto:LAAUMedicare@aetna.com). In lieu of license copies, Aetna will also accept NIPR (PDB) print outs or state department of insurance web prints. Please ensure that the web prints include the licensee’s name, license number, effective date, expiration date (when applicable) and lines of insurance for which qualified.

### 3. Attend local/regional product training

All producers need to attend a local/regional product training session (in-person or online) for comprehensive training of benefit-level details on all plans available in their area.

- To find and register for an upcoming local/regional product training session, login to [Aetna's certification portal](#).

## Producer terminations

Aetna is required by CMS to report the termination of any producers, and the reasons for the termination, to the state where the producer has been appointed. The same applies for all contracted distribution partners, including the reason for termination. Once the appointment is terminated, producers cannot market Aetna plans.



# Broker of record

Broker of record changes are permitted when existing members request a plan change during the Annual Election Period (AEP) or a Special Election Period (SEP). To change the broker of record on their policy, the member will need to indicate the new broker of record on their enrollment application. Aetna will validate that the new broker of record is properly certified, licensed and appointed before making the change.

If a member chooses to move to a new plan by calling our Aetna telesales number, by enrolling with an Aetna representative, or by submitting a new enrollment form directly, the member will remain associated with the existing broker of record. No special action is required by the producer.

Broker of record change requests received outside of AEP or an SEP will be reviewed by the Broker Support Unit (BSU) to determine eligibility of the the new requesting broker of record.

1. To change the broker of record outside of AEP or an SEP, the member (not the broker) must submit a written request via email to [BrokerService-MedicareTeam@aetna.com](mailto:BrokerService-MedicareTeam@aetna.com). Requests must include the member's name and member ID, as well as the new broker's name, address and NPN.
2. We will notify the original broker of record about the change if he or she is still actively licensed with Aetna.
3. All requests are subject to review before approval is granted.

Aetna will validate that the new broker of record was properly certified, licensed and appointed (ready to sell) as of the original policy effective date (not the date of the change), before commissions are released. Once all validations are satisfied, commissions will be paid in the following pay period. It may take up to three weeks before compensation is paid.

# Producer hierarchy

## Establishing new hierarchy

Aetna maintains a two-tier hierarchy. New distribution partners should submit a hierarchy list to their General Agent Manager upon execution of their contract. All brokers included on the hierarchy will be validated to ensure each broker is "ready to sell" prior to October 15.

## Joining a hierarchy

Direct brokers (those who are not associated with a contracted GA or FMO) can request to be added to a hierarchy at any time during the year by submitting a hierarchy relationship form.

## Changing hierarchy

Hierarchy changes are not accepted from October 1-January 1. Outside of this period, we accept hierarchy change requests when submitted with a completed [hierarchy relationship form](#). The form is available on Producer World.

The form must be signed by both the old and new distribution partners. Brokers must follow the release policy of the distribution partner they are affiliated with.

## Process for changing hierarchy

1. The distribution partner should email the completed hierarchy relationship form to the BSU at [Hierarchytransfer@aetna.com](mailto:Hierarchytransfer@aetna.com).
2. The form should be signed by the new distribution partners.
3. When brokers submit a hierarchy relationship form directly to the BSU, the broker must attest they have no new production within the previous six months to transfer to the distribution partner. If production occurred within the previous six months, the broker is required to obtain release signatures on the hierarchy relationship form from both distribution partners. A review of eligibility for the hierarchy transfer will be confirmed before the transfer is completed.

# Compensation

## Overview of commission payment process

Important note: The commission amounts shown in the examples below are for example purposes only. Please see our 2014 commission flyer on Producer World for the specific commission rates for your state.

### New business

For new business members – those who are newly eligible for Medicare – we pay commissions in advance for the first policy year after CMS validates that the member is new to Medicare.

We initially pay 50% of the new business commission amount based on the expected months of enrollment for new business HMO/PPO and PDP plans. After CMS confirms the enrolling member is new to Medicare, we pay the full new business amount. (On commission statements, you'll see a deduction for the initial 50% commission payment and then a payment for the full new business amount.)

For example:

- For new business effective January 1, we initially pay \$212.50. After CMS validates that the member is new to Medicare, an additional \$212.50 is paid to net the full new business amount of \$425.
- For new business effective March 1, we initially pay the pro-rated amount of \$177.08. After CMS validates that the member is new to Medicare, we pay the additional \$247.92 to net the full new business amount of \$425.

Requirements: All producers associated with the sale of a new business enrollment must pass all licensing, appointment and training certification requirements. If one of the producers fails one of the required validations, none of the producers related to the policy will be paid.

### Replacement business

For “replacement business” – that is, for beneficiaries enrolling with Aetna for the first time but who were previously enrolled in a Medicare plan elsewhere – we pay renewal commission in advance for the expected months of enrollment for the year.

For example:

- For replacement business effective January 1, we initially pay \$212.50, which is 50% of the new business commission amount. CMS confirms the enrolling member is not new to Medicare. Since the full-year renewal commission amount, \$212.50, has already been paid, no additional commission is sent.
- For replacement business effective after January 1: A producer enrolls a beneficiary during a Special Election Period for a February 1 effective date. Renewal commission is calculated and paid in advance for the expected months of enrollment for the year. In this case, the producer will be paid in advance for 11 months of enrollment, at the renewal commission rate.

$(\$212.50 \text{ full-year renewal commission} \div 12 \text{ months}) \times 11 \text{ months of enrollment} = \$194.79 \text{ net advanced commission}$

## Rapid disenrollments

If a new business or replacement member disenrolls during their first plan year within three months of coverage, this is considered a rapid disenrollment. We will charge back for 100% of the commissions paid for this policy.

For example:

- For new business effective June 1, we initially pay \$212.50. After CMS validates that the member is new to Medicare, an additional \$212.50 is paid to net the full new business amount of \$425. The member disenrolls effective August 1. This is considered a rapid disenrollment. We will charge back \$425.

If a beneficiary enrolls in a new plan October - December and then disenrolls after three months, this is not a rapid disenrollment because the member is no longer in their first plan year; a new policy year begins January 1.

For example:

- For new business effective November 1, we initially pay \$35.42. After CMS validates that the member is new to Medicare, an additional \$389.58 is paid to net the full new business amount of \$425. The member disenrolls effective February 1.

This is not a rapid disenrollment (since the member is no longer in their first plan year; a new policy year started January 1), so we will not charge back for commissions. However, the monthly renewal commission payments, which began on January 1, will stop. The net renewal commission will be one month renewal commission, or \$17.71.

$(\$212.50 \text{ full-year renewal commission} \div 12 \text{ months}) \times 1 \text{ month of enrollment} = \$17.71 \text{ net renewal commission}$

## Pro-rated disenrollments

If a member on a new business or replacement plan disenrolls after three months, we will charge back the amount paid for months the member is not enrolled.

For example:

- For new business effective January 1, we initially pay \$212.50. After CMS validates that the member is new to Medicare, an additional \$212.50 is paid to net the full new business commission rate of \$425. The member disenrolls effective September 1. We charge back \$106.25 for the four months the member is not enrolled. So the net commission amount for this member for the year will be \$283.33.

$(\$425 \text{ full-year new business commission} \div 12 \text{ months}) \times 4 \text{ months member is not enrolled} = \$141.67 \text{ chargeback amount}$

$(\$425 \text{ full-year new business commission} \div 12 \text{ months}) \times 8 \text{ months of enrollment} = \$283.33 \text{ net commission}$

If a member disenrolls after their first plan year, monthly renewal commission payments stop.

## Renewing business

For the purposes of calculating commission, a member's first policy year ends December 31, regardless of the policy effective date. The second policy year begins January 1. As a result, all policies begin generating renewal commission starting January 1 after their effective date.

Renewal commission for MA and MAPD plans is paid in monthly installments upon confirmation of the producer's training certification for that calendar year. Renewal commission for standalone PDP plans is paid once a year, during the first quarter of the year.

We pay lifetime renewal commission on individual policies for as long as the member remains continuously enrolled in an Aetna plan. To receive renewal commission, producers must complete certification annually and maintain current state licenses and active appointment with Aetna.

If the producer completes certification after the first renewal commission check run, the producer will receive the next month renewal commission on the following renewal check run.

If new business commission is not paid on a member due to failed licensing/appointment/training certification, no renewal commission will be paid.

## Payment information and resources

- Payments are issued weekly.
- The 2014 Individual Medicare payment schedule is located on [Producer World](#).
- Payments are issued via check or direct deposit. Commission statements can be accessed online via Producer World by clicking "Compensation & Book of Business" and then "Compensation Statements."
- Although payments are issued weekly, commission is paid after processing of enrollments is completed. If there is a delay in processing an application, there will be a delay in the commission payment.
- Sign up for direct deposit of compensation payments through Producer World. Click "Compensation & Book of Business" and then "Compensation Schedules, Forms & Policies."

## Tax information

Commission is reported via the Internal Revenue Service 1099 process in the year of payment. 1099s will be mailed to the address we have on file in the commission system.

## Garnishments

Commission payments will be withheld upon receipt of notification of garnishment. Garnished amounts will be paid to the appropriate agency as compensation and will be paid based on requirements noted in document received.

## Terminology

**New business** – A member who is newly eligible for Medicare.

**New business renewal payment** – Initial payment made to the producer before CMS verifies the member is new to Medicare.

**CMS Trueup Reversal** – Reversal of initial payment once CMS verifies member is new to Medicare.

**CMS True Up** – New business payment after CMS verifies member is new to Medicare.

**Rapid disenrollment** – When a member disenrolls during their first plan year within three months of coverage. We charge back 100% of commissions paid for policies that result in rapid disenrollment.

**Pro-rated disenrollment** – Commission adjustment when member disenrolls in the first plan year after three months of coverage.

**Up sell** – When a member changes to an MA only or MAPD plan from a PDP plan.

**Renewal** – Payments made to producer after initial year of plan.

## Compensation contacts

Phone: 1-800-622-3435

Email: [BrokerComm@aetna.com](mailto:BrokerComm@aetna.com)

# Front Runner Program

The Aetna Medicare Front Runner Program is a rewards program exclusively for Aetna's "best of the best" producers. It's designed to give top producers a competitive edge so they can reach even higher levels of success.

## Front Runner rewards include:

- First-to-know communications with important news about Aetna and our industry
- Invitations to special events, including webinars on today's most important issues
- Priority ordering of enrollment kits before AEP and a higher enrollment kit ordering limit during AEP
- Signage announcing Front Runner status
- Free Aetna Individual Medicare certification (includes AHIP training)
- Complimentary marketing materials
- Discounts on online purchases from Staples®
- A discounted rate on Kaplan Insurance Continuing Education Courses online for one year, and more

## Eligibility guidelines

Producers can qualify for Aetna's Front Runner Program by selling 10 MA/MAPD and PDP applications during AEP.

- Producers must re-qualify for Front Runner status each year.
- If you sell through a GA or FMO, please contact your GA or FMO directly for eligibility.

For more info on how to become a Front Runner, contact your local Aetna broker representative.





## Sales support

We believe there's nothing more important than making sure you have the tools and resources you need, when you need them, to sell our Individual Medicare products and build your business.

Aetna offers a variety of marketing and sales support tools to help you sell our Individual Medicare products, and streamline client enrollment.

[Sales support materials](#)

[Marketing policy](#)

[Enrollment resources](#)

# Sales support materials

## Producer World

For quick access, all Aetna marketing and producer support materials are downloadable 24/7 in the Individual Medicare section of Producer World. (To register for Producer World, go to [www.aetna.com/producers](http://www.aetna.com/producers).)

In addition, personalized and print-on-demand materials are available to order from the [Aetna Medicare Marketing Print Portal](#).

## Enrollment kits

### Requirements to order enrollment kits

Producers must be licensed in the applicable state, appointed by Aetna, and certified under Aetna's Producer Certification Program to order enrollment kits. Orders from producers who are not licensed, appointed and certified will be rejected.

### Enrollment kit description

- Enrollment kits are product-specific
- Can be personalized with your name and contact information
- Kit folders contain space to include your business card

### How to order:

1. Log in to [Producer World](#).
2. Click "Individual Medicare" in the top navigation bar.
3. Find and click the Enrollment Materials drop-down menu and then click "Order Enrollment Kits."
4. Review instructions for ordering kits and then click "Access Enrollment Kit Order Form."
5. Next, the order form will appear. Fill out all required fields and press "Submit." Kit availability Enrollment kits are available for Medicare Advantage (MA/MAPD) and Prescription Drug Plans (PDP) on a state, market and county basis. Simply enter the quantity of kits you require for each state/county/market field.

## Kit availability

Enrollment kits are available for Medicare Advantage (MA/MAPD) and Prescription Drug Plans (PDP) on a state, market and county basis. Simply enter the quantity of kits you require for each state/county/market field.

Enrollment kit request form on Producer World

State	Market	Counties	Kit Quantities by Product		
			MAPD	PDP	Med Supp
AK			N/A	<input type="checkbox"/>	N/A
AL			N/A	<input type="checkbox"/>	N/A
AR			N/A	<input type="checkbox"/>	N/A
AZ	Arizona	Maricopa	<input type="checkbox"/>	<input type="checkbox"/>	N/A
CA	Central Valley	Fresno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Central Valley	Kern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inland Empire	Riverside, San Bernardino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Los Angeles	Los Angeles, Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	San Diego	San Diego	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ventura	Ventura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO	Colorado	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	N/A
CT	Connecticut	Fairfield, Hartford, Litchfield, New Haven	<input type="checkbox"/>	<input type="checkbox"/>	N/A
DC	Washington, D.C.	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	N/A
DE	Delaware	New Castle	<input type="checkbox"/>	<input type="checkbox"/>	N/A
FL	Northeast/Southeast	Duval, Saint Johns, Broward, Miami-Dade, Palm Beach	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	Hillsboro, Lee, Pasco, Pinellas	Hillsboro, Lee, Pasco, Pinellas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Charlotte, Manatee, Sarasota	Charlotte, Manatee, Sarasota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Kit personalization

Aetna provides free personalization of enrollment kits for producers. On the kit order form, enter the personalization specifications on the lines available. Personalization is limited to 35 characters per line. Kits with personalization will be delivered within 10–14 business days.

## Order confirmation and processing

After submitting an order, producers will see a confirmation screen. They will receive a confirmation email when their order is processed (please allow 48 hours for processing) and when the order is shipped.

## Delivery

After an order is processed, enrollment kits are typically delivered within 7–10 business days. Kits with personalization will be delivered within 10–14 business days.

All items are shipped UPS Ground. Overnight shipping and shipping to P.O. Boxes are unavailable.

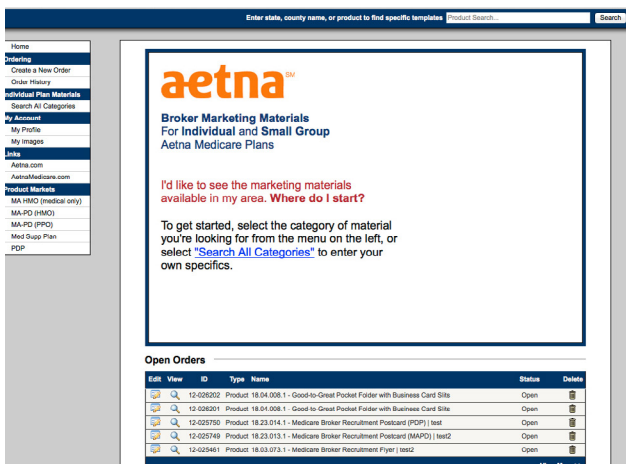
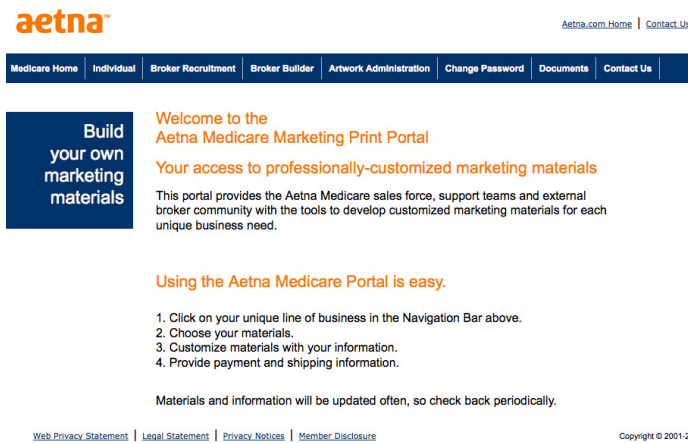
# Sales support materials

## Aetna Medicare Marketing Print Portal

The [Aetna Medicare Marketing Print Portal](#) allows producers to purchase print-on-demand marketing materials including fliers, brochures and postcards — many of which can be customized with a producer's contact information.

### How to order

1. Click "Broker Builder" in the top navigation bar.
2. A new window opens showing all categories of materials available. Choose your materials.
3. Follow prompts to place an order. If applicable, customize the items with your contact information.
4. Provide payment and shipping information.



### Requesting access

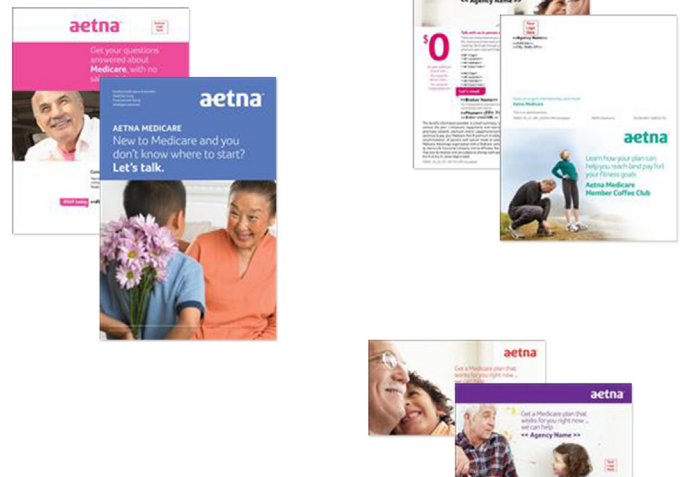
To gain access to the portal, send an email request to your regional producer support team:

- Mid America Region states: [MidAmericaBLUnit@aetna.com](mailto:MidAmericaBLUnit@aetna.com)
- Northeast Region states: [MedicareMidAtlanticBL@aetna.com](mailto:MedicareMidAtlanticBL@aetna.com)
- Southeast Region states: [CssoutheastBL@aetna.com](mailto:CssoutheastBL@aetna.com)
- West Region states: [BrokerLiaisonUnitWE@aetna.com](mailto:BrokerLiaisonUnitWE@aetna.com)

New users will receive their username and password via email in about five business days.

### Types of materials available

- Aetna-branded and CMS-approved fliers
- postcards
- letters
- brochures
- signs
- print ads
- free-standings ads
- member materials
- educational materials
- Spanish items and more



## Quick reference chart

Description	Location	Version
Brochures	<a href="#">Print Portal</a>	
Educational Items	<a href="#">Print Portal</a>	
Flyers	<a href="#">Print Portal</a>	
Free-standing Inserts	<a href="#">Print Portal</a>	
<a href="#">"I Sell Medicare" Banners</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials	Vertical banner (160 x 600 pixels) Horizontal banner 1 (728 x 90 pixels) Horizontal banner 2 (300 x 250 pixels)
<a href="#">"I Sell Medicare" Emails</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials	Short email Long email Generic email
"I Sell Medicare" Letters	<a href="#">Print Portal</a>	Short letter Long letter Generic letter
<a href="#">Medicare 101 Presentation</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Educational Presentations	Presentation and talking points, Available in English and Spanish
<a href="#">Member Presentation</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Member Presentation	Presentation and talking points
<a href="#">Online Enrollment Instructions Form</a>	<a href="#">Producer World</a> > Individual Medicare > Enrollment Materials	
<a href="#">Permission-to-Contact Form</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Permission-to-Contact Form	Available in English and Spanish
Postcards	<a href="#">Print Portal</a>	
Posters	<a href="#">Print Portal</a>	
Print Ads	<a href="#">Print Portal</a>	
<a href="#">Sales Presentation Video</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > MAPD Sales Presentation Video	
<a href="#">Sales Presentations</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Sales Presentations	Sales Presentation and Talking Points MAPD, PDP and MAPD-Spanish versions
<a href="#">Scope of Appointment Form</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Scope of Appointment Form	Available in English and Spanish
<a href="#">Seminar Attendance Form</a>	<a href="#">Producer World</a> > Individual Medicare > Marketing Materials > Seminar Attendance Form	Available in English and Spanish
Signs	<a href="#">Print Portal</a>	
Spanish Items	<a href="#">Print Portal</a>	



# Marketing policy

## Producer marketing policy: Overview

Producers must be licensed in the applicable state, appointed by Aetna, certified under the Producer Certification Program prior and trained to marketing or selling an Aetna Individual Medicare product.

Only Aetna-branded, CMS-approved marketing materials may be used with beneficiaries when discussing Aetna Medicare plans. Approved marketing materials for beneficiaries are available on [Producer World](#) and the [Aetna Medicare Marketing Print Portal](#).

Please see the Winning with Integrity section of this document for marketing rules and requirements regarding the Scope of Appointment form, Permission-to-Contact Form, sales presentations, and other items.

Specific questions regarding a marketing material or marketing practice should be directed to your Aetna representative.

### What marketing materials can be used?

Producers must use ONLY those materials that have been created by marketing and/or passed through Compliance review, and then filed with CMS by the health plan.

Because we file the materials with CMS, it is critical that producers not change or alter them in any way outside of information that is permissible to be populated later (i.e., agent contact information or an event date).

Remember, materials MUST be used as intended. For example, producers cannot copy a newspaper ad to mail to beneficiaries. The reason for this is because newspaper ads are filed with CMS specifically for that purpose and not for use as a direct mail piece. CMS has different requirements for content, depending on the type of material and how it will be used or delivered.

### Referencing “Aetna Medicare”

Producers may reference Aetna Medicare in electronic communications so long as the item is first reviewed for accuracy by their Aetna representative (Aetna Broker Sales Representative or Aetna General Agent Manager), and does not show the Aetna logo, Aetna branding elements, or any product-specific information.

The following is permitted:

- Electronic communications for downstream producers that mention Aetna Medicare but do not include any plan-specific information (e.g., information about benefits, premiums, copays, deductible, benefits, how to enroll, networks). References to Aetna Medicare must first be approved by your Aetna representative.
- Producer recruitment and training documents (e.g., emails, fliers). References to Aetna Medicare must first be approved by your Aetna representative.

- Materials that only indicate the products a producer, GA or FMO sells (e.g., HMO, PPO or PDP). References to Aetna Medicare must first be approved by your Aetna representative.

### Using the Aetna logo

Before using the Aetna logo, a producer must first request permission and agree to abide by the terms of use. A producer must also submit a sample of the intended use of the Aetna logo for approval and must get an approval before creating any materials with the Aetna logo.

**Step 1:** Request permission to use the Aetna logo by completing this form **each time** you wish to use the logo: [https://www.aetna.com/about-aetna-insurance/contact-us/forms/logo-aetna\\_logo\\_use.html](https://www.aetna.com/about-aetna-insurance/contact-us/forms/logo-aetna_logo_use.html).

**Step 2:** Acknowledge and agree to abide by the terms of use, which include:

- to use the Aetna logo solely for the specific purpose indicated in the request
- not to modify, distort or alter the Aetna logo, except to proportionately scale the Aetna logo to desired size
- not to display the Aetna logo as the most prominent feature on a website
- not to incorporate "Aetna" into an Internet or Intranet address, or use "Aetna" in any metatags or other hidden text
- not to use the Aetna logo in a manner that would disparage Aetna or its products or services
- not to use the Aetna logo in a manner that would be likely to cause confusion among consumers
- to space the Aetna logo at sufficient distance from other design elements in all directions so as not to appear combined
- not to display the Aetna logo in a manner that implies a sponsorship, or affiliation with or endorsement by Aetna
- to obtain prior written approval from Aetna before using the Aetna logo in any fashion other than as indicated in the request
- to cease use of the Aetna logo immediately upon notice by Aetna or upon termination of my current relationship with Aetna

**Step 3:** Submit a sample of your intended use of the Aetna logo for us to review. Fax samples to 1-860-273-7764. Or email them as an attachment to [LogoLicenseRequestBox@aetna.com](mailto:LogoLicenseRequestBox@aetna.com). Please put your company name in the subject line.

**Step 4:** Approximate turnaround time for approval is 1–3 business days. Comments or approval will be provided via email.

### Marketing materials for special circumstances

If a unique marketing item is needed for a special situation, producers should contact their Aetna representative. If appropriate, the Aetna representative will need to submit a marketing project request form. Aetna’s marketing team will then review the request to determine the best course of action. Please allow at least 4–6 weeks for concept, development and approval.

# Enrollment resources

## Overview

In today's increasingly complex marketplace, your clients are facing one of the most difficult, yet important decisions in their lives. At Aetna, we work every day to ensure the power of health is in their hands with convenient tools and resources that streamline the process and fit their comfort level.

Whether your clients prefer paper (mail, fax, email), or more interactive options on their desktop, laptop or iPad, you'll find the resources and tools your clients need to enroll with confidence.

[Interactive enrollment tools](#)

[Traditional paper methods](#)

[Enrollment learning center](#)

## Interactive enrollment tools

### Aetna iPad mobile field enrollment app

Aetna's iPad enrollment app is designed specifically for iPad technology. Writing producers can use the application while connected to the Internet or offline to capture secure enrollments. Once connectivity is established (within 24 hours) the enrollment is automatically transmitted to Aetna. To download the app, producers should contact their Aetna relationship manager. Producers will then be provided with a link to download to their iPad.

Utilizing an electronic enrollment method provides these benefits:

- Simplifies and accelerates new business enrollment.
- Available for all MA plans and PDP plans.
- Immediately detects input errors and missing information.
- Promotes 48-hour submission.
- Writing producers and consumers receive an enrollment confirmation email with plan selection and effective date.
- Ability to trace information and resolve problems more quickly.
- Expedites commission processing.

### Aetna's Producer Online Enrollment Tool (POET)

POET is a web-based enrollment tool accessible through any PC, laptop or tablet with an Internet connection. Like the iPad mobile field enrollment app, POET promotes 48-hour submission, reduces paperwork, expedites commission and simplifies the enrollment process.

Producers can request access to POET completing an online request form on Producer World. [https://www.aetna.com/producer/forms/poet\\_access\\_request\\_form.html](https://www.aetna.com/producer/forms/poet_access_request_form.html)

Note: If using POET, producers must obtain a signed [Online Enrollment Authorization Form](#) and provide a signed hard copy

to the beneficiary and to Aetna. The form is available on Producer World.

## Traditional paper methods

An electronic method of enrollment application submission should be utilized whenever possible to maximize efficiency.

If for some reason that's not possible, there are three ways to submit a paper enrollment application once the hard copy is received.

Choose only one of the following submission options:

- Fax: 1-866-441-2341
- Email: [MedicareEnrollmentTransactions@aetna.com](mailto:MedicareEnrollmentTransactions@aetna.com)
- Mail:  
Aetna Medicare  
PO Box 14088  
Lexington, KY 40512-4088

If you have any questions, please call 1-800-832-2640 (TTY/TDD: 1-888-760-4748), 8 a.m. to 8 p.m., 7 days a week.

For additional information about using electronic enrollment capability, please contact your Aetna representative.

## How does the email enrollment option work?

It's easy. Just send paper applications and any required paperwork (i.e., the Scope of Appointment form when applicable) to [MedicareEnrollmentTransactions@Aetna.com](mailto:MedicareEnrollmentTransactions@Aetna.com).

## Email requirements

1. Producers must send applications one at a time; one application per email.
2. All email attachments (i.e., the application and any other paperwork) must be sent in an approved format. Approved formats include: .bmp, .csv, .doc, .docm, .docx, .htm, .html, .jpg, .mdi, .msg, .pdf, .ppt, .pptm, .pptx, .rtf, .tif, .xls, .xslm, .xlsx, .xps, .zip.
3. Email attachments may not exceed seven pages.
4. Email submissions cannot contain any embedded images within the email body. If your email signature contains an image, graphic or logo, make sure you delete it before pressing send.

There are no requirements for the email subject line; it can be left blank or filled in. If needed, a message can be included in the email body; otherwise, it can be left blank.

Please send emails securely, if this option is available.

## Receive immediate confirmation

After emailing an application, producers will receive an immediate email that either confirms the application was received or indicates the application must be resent due to a formatting or file-size issue.

If the latter occurs, producers must quickly correct the issue and resend the application so that we receive it within 48 hours of completing it with the beneficiary, as required.

# Enrollment resources

## Enrollment learning center

Knowledge is power. Especially today as your clients are trying to navigate the shifting waters of the Affordable Care Act. Be sure you know the key facts and finer points of election periods, requirements, and the process for Aetna products today. It will lead to healthier choices, and relationships, with your clients.

**Remember:** All enrollment applications must be submitted promptly to Aetna. Enrollment applications must be received by Aetna's enrollment department within 48 hours of the writing producer signature date.

[Election periods](#)

[Enrollment process](#)

[Post enrollment](#)

[Cancellations](#)

[Customer service resources](#)

## Election periods

For a more detailed explanation and examples of all election periods, number of elections, what to select when completing an application, election period codes, and more, please see our 2014 Election Period Booklet located on [Producer World](#).

### Election periods available to medicare consumers

There are specified election periods available for Medicare-eligible consumers. The election periods include an Annual Election Period (AEP), Medicare Advantage Disenrollment Period (MADP), an Initial Coverage Election Period (ICEP), Initial Election Period (IEP), or a Special Election Period (SEP) based on specific eligibility criteria. Note: Medicare Supplement products are not restricted to the Centers for Medicare & Medicaid Services (CMS) election periods and may be enrolled throughout the year.

## Election Periods for 2014 Enrollments

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>IEP</b>	7-month cycles throughout the year for those turning 65.											
<b>Annual Election Period (AEP)</b>	During the AEP, consumer can make a new plan choice. Any type of plan can be selected.										AEP 10/15/13 – 12/7/13	
<b>Medicare Advantage Disenrollment Period (MADP)</b>	MADP 1/1/14 – 2/14/14	During this time period, members can disenroll from their MA/MAPD plan and return to Original Medicare. A consumer can also elect to enroll in a PDP plan during this period if they elect to disenroll from their MA/MAPD* plan. *Note: MA/MAPD members would be automatically disenrolled from their current plan when the PDP application is processed and do not need to submit a disenrollment request to their plan.										
<b>Remain with last plan choice</b>	2/15/14 – 12/31/14											
<b>Make changes at any time</b>	Changes generally allowed only for Special Election Periods.											
	Special Election Periods (SEP), Newly Eligible (ICEP/IEP), & Institutionalized 1/1/14 – 12/31/14											
	Qualifying member can make changes outside of the AEP time frame in accordance with applicable requirements.											

# Enrollment resources

## Annual Election Period (AEP)

AEP, which runs from October 15 through December 7, enables consumers to change or add Prescription Drug Plans (PDPs), change Medicare Advantage plans, return to Original Medicare, or enroll in an MA plan for the first time even if they did not enroll during their Initial Election Period.

## Medicare Advantage Disenrollment Period (MADP)

MADP, which occurs between January 1 and February 14, gives consumers an annual opportunity to disenroll from their MA plan and return to Original Medicare. Regardless of whether the MA plan included Part D drug coverage, consumers using the MADP to disenroll from their plan are eligible for a coordinating Part D SEP, which allows them to enroll in a PDP during the same time frame.

## Initial Coverage Election Period (ICEP) and Initial Election Period (IEP)

ICEP and IEP occur when consumers first become eligible for Medicare. These periods are for all consumers becoming eligible for Medicare whether it is due to turning 65 or by becoming eligible due to a qualifying disability. Eligible consumers can enroll into a MA plan of their choosing, including a Medicare Advantage Prescription Drug Plan (MAPD). Those already enrolled into Medicare due to disability have a second IEP upon turning 65. Note: Based upon specific eligibility criteria and election choices, ICEP and IEP may occur together or may occur separately.

## Special Election Period (SEP)

An SEP allows consumers to make an election change in accordance with applicable requirements anytime during the year, including during the period outside of the AEP. The SEPs vary in the qualifications to use them as well as the types of elections allowed. Situations such as dual-eligible status and institutionalization provide the ability to switch plans at any time during the year. All SEPs are determined and announced by CMS.

See the Special Election Period Quick Reference Guide on Producer World: <http://www.aetna.com/insurance-producer/index.html>.

## Enrollment process — Medicare Advantage products

The enrollment application should be completed only after the producer has thoroughly explained to the consumer the plan benefits and rules, confirmed eligibility, disclosed producer- and product-specific disclaimers, and the consumer agrees to proceed with enrollment.

Incomplete, incorrect, or illegible enrollment applications delay or prevent processing and may result in membership in an incorrect plan and/or the inability to pay the producer commission for the sale.

## Confirm eligibility

The producer must verify and document the consumer's coverage of Medicare Part A and Part B.

- To be eligible to elect an MA plan, a consumer must be entitled to Medicare Part A and enrolled in Part B, and continue to pay their Part B premium. The consumer must be entitled to Medicare Part A and Part B benefits as of the effective date of coverage under the plan. Exceptions for a Part B-only grandfathered consumer are outlined in the CMS Medicare Managed Care Manual. Part B-only consumers currently enrolled in a plan created under section 1833 or 1876 of the Social Security Act are not considered to be grandfathered consumers, and must purchase Medicare Part A through the Social Security Administration to become eligible to enroll in an MA plan.
- The consumer must have Medicare Parts A and B at the time they enroll in an MA plan. As a best practice, the producer should verify the consumer having Parts A and B. The following are examples of acceptable proof of eligibility:
  - Copy of Medicare card
  - Social Security Administration award notice
  - Railroad Retirement Board letter of verification
  - Statement from the Social Security Administration or Railroad Retirement Board verifying the consumer's Medicare eligibility
  - Agents can verify consumers' eligibility for the IEP or ICEP by reviewing a Social Security Administration acceptance letter showing the effective date for both Medicare Parts A and B, or the Medicare red, white and blue card

## Explain benefits, rules, and member rights

The producer must provide and explain all plan benefits, limitations, and rules thoroughly as outlined in the Summary of Benefits (SB) and Statement of Understanding, including how to access their prescription benefits (where applicable), and all

# Enrollment resources

required plan-specific disclaimers. For PPO products, in- and out-of-network benefits must be fully described.

- To be eligible to elect an MA plan, a consumer must be fully informed of and agree to abide by the rules of the plan that are provided during the enrollment process.
- The Statement of Understanding provides the consumer with the plan rules. The Statement of Understanding for the applicable plan year must be acknowledged, without modification, by the consumer/authorized representative and attached to the election form.

## Enrollment application

The producer will proceed with enrollment only after thoroughly explaining all plan benefits, limitations, and rules to the consumer and receiving consent from them.

- The producer will ensure that all required information is provided on the enrollment application.
- The producer will determine the proposed effective date based on the election period and the effective date rules. The proposed effective date will be explained and entered on the enrollment application. A confirmation/acknowledgement letter will be sent 10 days within accepting enrollment and will contain the effective date.
- Once all required information has been entered onto the enrollment application and upon confirmation that the consumer fully understands all the details of the plan and has read the Statement of Understanding, the producer will ensure that the enrollment application is signed and dated by the consumer.
  - If the consumer is unable to sign their name due to blindness or illiteracy, the consumer may sign with a mark (e.g., "X"), if it is the consumer's intent that the mark be their signature.
  - If an authorized representative signs the enrollment application, the record of attestation of authority must be maintained as part of the record of the enrollment election and must include contact information.

## After completing the enrollment application

After completing the enrollment application for Medicare Advantage Plans, the producer should review the following steps with the consumer:

- Confirm the consumer's proposed effective date (typically the first day of the following month).
- Review the Outbound Enrollment Verification (OEV) process for all plans. Note: OEV calls will be made on 100% of all MA and Prescription Drug Plan enrollment applications. The producer should prepare the consumer for the OEV call and its purpose by explaining that:

- The call will be made by a vendor on behalf of Aetna.
- The vendor will make two attempts to call within 10 days of application for enrollment (regardless of enrollment status).
- If the consumer is not reached during the first attempt, a letter will be sent. Two more attempts to contact the consumer by telephone will be made.
- The consumer will be asked to verify they are the intended consumer by providing their date of birth. The consumer will be asked the following questions for all plans:
  - Did the sales agent explain that you would be receiving a call to verify your enrollment?
  - Do you understand you have applied for a Medicare Advantage plan?
  - Do you understand to enroll you must have Medicare Part A and Medicare Part B?
  - Did the sales agent fully explain your premium, benefits, copays, and coinsurances?
  - Did the sales agent review your provider information to make sure they were in-network?
  - Did the sales agent show you the Summary of Benefits (SB)?
  - Did the sales agent leave their contact information? (Name, telephone, or business card.)
  - Did the sales agent give you a receipt from the enrollment application?
- Additional questions will be asked depending upon the plan type:
  - HMO, HMO-POS, and PPO plans: Do you understand you must use a contracted provider to get the in-network cost shares?
  - HMO, HMO-POS, and PPO plans: Do you understand if you use out-of-network providers you will likely pay higher costs?
  - MAPD only: Did the sales agent explain the plan's drug formulary and drug tiers?
  - MAPD only: Did the sales agent explain the coverage gap/donut hole?
  - MAPD only: Do you understand you must use an Aetna contracted pharmacy?
- If the consumer does not recall enrolling or asks to disenroll, the vendor will attempt to transfer the consumer to customer service.
- If the consumer has questions about the plan, they will be given the number for customer service.

# Enrollment resources

- The enrollment team will validate all information and forward enrollment application to the Centers for Medicare & Medicaid Services (CMS).
- If the consumer provided an email address, we will notify them via email that we received their enrollment application and that it is pending CMS approval. Email notification includes the plan, effective date, etc. The producer also gets an email confirmation.
- Upon approval by CMS, the consumer will receive a confirmation letter.
- Upon approval by CMS, the consumer will receive a membership identification (ID) card and post-enrollment kit (two separate mailings). The post-enrollment kit includes:
  - Welcome Letter
  - Evidence of Coverage
  - Schedule of Benefits
- To see a doctor prior to receiving an ID card, the consumer can provide one of the following to the physician:
  - Confirmation letter
  - Copy of completed enrollment application

## Enrollment denials

If CMS is unable to approve the MA enrollment application, a letter of denial is sent to the consumer.

## New member welcome call

The producer is encouraged to follow up with new members after enrollment by placing a welcome call. This provides the producer with an opportunity to help prevent rapid disenrollment and continue to provide exceptional service to members.

- Make an outbound call to all new Aetna members within two to three weeks after the member's effective date.
- Confirm that the member received a member ID card and Welcome Kit.
- Allow the new member to ask any additional questions and address any key satisfaction drivers.
- Provide the member with customer service numbers and contact information as needed.
- Ask the new member to give your contact information to their friends and relatives so you can help them the same way you helped the new member.

This outbound call cannot be used to sell products. If the member wishes to discuss alternative plan options, another call would have to be made. If the member states they wish to disenroll during the call, the producer should instruct the consumer to call the customer service number on the back of

their member ID card to disenroll from their plan. In a professional manner, the producer should close the call.

## Enrollment application cancellation, withdrawal, or disenrollment requests for CMS regulated plans

A consumer or legal representative may request, for any reason, to cancel, after submission to Centers for Medicare & Medicaid Services (CMS), or withdraw, prior to submission to CMS, their enrollment application prior to the effective date of coverage. A consumer's enrollment can only be canceled or withdrawn if the request is made (based on the date the telephone call or written notification is received by Aetna or representative) prior to the effective date of the enrollment. Cancellations are permitted after the members' effective date only when it's the result of an OEV and is within seven days of that call.

In addition, the member or legal representative may request to terminate their enrollment in a plan after the effective date.

If a consumer requests to withdraw their enrollment application prior to the producer submitting the enrollment application, the producer must return the enrollment application to the consumer.

A Field Marketing Organization (FMO), agency, or producer is not permitted to accept any requests to cancel or withdraw an enrollment application or terminate enrollment in a plan once the enrollment application has been submitted. FMO producers must direct all requests to cancel or withdraw enrollment applications or terminate enrollment to Aetna Member Services (number located on the back of the member ID card).

A producer may neither verbally nor in writing, nor by any action or inaction, request or encourage any member to disenroll. Furthermore, a producer is not permitted to make additional contact with a member or legal representative who requests to cancel or withdraw their enrollment application or disenroll from the plan. Only Aetna Member Services is authorized to contact disenrolling consumers within the guidelines provided under the privacy regulations and policies.

## Customer service resources

For customer service needs of the member, the producer should refer the member to the contact information on the back of their membership identification (ID) card as telephone numbers and hours of service availability differ by plan.

### Customer service — Medicare Advantage HMO/PPO/PDP

Hours of operation: 8 a.m. to 8 p.m. CST, 7 days a week.

Telephone: Plan-specific numbers can be found on the back of the member's ID card.



## Winning with integrity

“Our values carry through our thoughts and actions every day. They inspire innovation in our products and services, and drive our commitment to excellence in all we do.”

— Chairman, CEO and President Mark Bertolini

Everything that we do at Aetna starts with our core values of excellence, caring, inspiration, and integrity. As you look closer at Aetna’s compliance and marketing standards, you’ll find we hold the same high standard of ethics and integrity for our Distribution Partners when representing Aetna and our products.

Not only is it essential when representing Aetna products, it’s vital to winning the trust and ongoing business with your clients.

[How to be compliant](#)

[Producer monitoring](#)

[Marketing dos and don'ts](#)

[Promotional activities](#)

[Scope of Appointment](#)

[Contact with Medicare beneficiaries](#)

[Telesales](#)

[FDR training and education](#)

# How to be compliant

All contracted producers must adhere to Centers for Medicare and Medicaid Services (CMS) regulations and marketing guidelines in the delivery of their day-to-day marketing activities. It's important to be familiar with these regulations and guidelines and understand how they govern a producers business and conduct. These guidelines apply to Medicare age-ins, as well as existing beneficiaries.

This section is designed to provide an overview of both Aetna's and CMS Medicare marketing guidelines. It is not intended to be all-inclusive.

You can learn more on Producer World at <http://www.aetna.com/insurance-producer/index.html>

## Who is CMS?

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that is responsible for the administration of Medicare, Medicaid, and other federal health programs ([www.cms.gov](http://www.cms.gov)).

## Producers responsibilities include:

- To adhere to CMS Medicare marketing guidelines and other CMS regulations. This includes, but is not limited to, all of the information presented in Aetna's Contract, America's Health Insurance Plan (AHIP) Certification and Product Training, Individual Medicare Broker Training Presentation, Aetna Medicare dos and don'ts, Producer Manual and other CMS guidance issued for producers.
- To comply with federal and state laws and regulations related to insurers and general agents/brokers, specific to Medicare Advantage (MA) and Medicare Prescription Drug Plans (PDP).
- To prevent fraud, waste and abuse, including, but not limited to, applicable provisions of federal criminal law and the False Claims Act.
- To comply with the Anti-Kickback Statute of the Social Security Act and the Civil Monetary Penalty prohibiting inducements to beneficiaries.
- To adhere to state license and appointment laws.

## Staying compliant with CMS marketing guidelines

- Follow the requirements as outlined under Chapter 2 and 3 of the Medicare marketing guidelines. They can be found on [Producer World](#) and [CMS](#), and [Aetna's Marketing dos and don'ts](#) that can be found on Producer World.
- Follow the complete CMS Medicare Marketing Guidelines (Rev. 98, issued 6/28/13) located at: <http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>
- Always use CMS-approved Aetna MAPD/PDP sales presentations and talking points, Medicare 101 presentation and talking points, and MAPD sales presentation video during all sales, events and presentations. These can be found on the Individual Medicare page of [Producer World](#) under Marketing Materials.
- Refer to Producer World for all selling tools and resources, including CMS-approved: Scope of Appointment forms, Permission-to-Contact forms, advertising materials, templates, forms, plan documents, formularies, etc.
- It is the producer's responsibility to make sure that all advertising material and correspondence contains the CMS-mandated specific disclaimers as outlined in the CMS marketing guidelines. To ensure compliance with CMS marketing rules and regulations, use only the Aetna/CMS-approved marketing materials available through **Aetna Medicare Print Portal**, which can be found on Producer World under Marketing Materials.

## Reporting of compliance questions and issues

**For general compliance-related questions please follow the guidelines below:**

1. Search the **Compliance Information** drop-down box on [Producer World](#) for resources, guidelines, and documents to assist with locating the answer.
2. Contact your Aetna Representative, Regional Broker Liaison, or the national Broker Support Unit. Contact information can be found under the Sales and Service Contacts.
3. For compliance or business-related questions, please email [medicare\\_operations\\_integrity@aetna.com](mailto:medicare_operations_integrity@aetna.com).

**To report compliance or fraud, waste and abuse (FWA) concerns:**

To report suspected or potential compliance or FWA issues, call AlertLine® at 1-888-891-8910 or visit AlertLine on the web at [aetna.alertline.com](http://aetna.alertline.com).



# Producer monitoring

## Additional resources

Producers are encouraged to continually access the following resources as well as contact their Aetna representative or relationship manager and compliance officers, for additional information.

## Training

- AHIP certification course (five sections)
- Aetna product training
- Aetna's Compliance Fraud, Waste and Abuse course
- Acknowledge both the Aetna and Medicare Code of Conduct
- Aetna regional broker sales training or webinars (includes in-depth compliance and product information specifically for their region)

## Top compliance-related documents on Producer World

- 2014 Products Overview tab:
  - [Individual Medicare Broker Training Presentation](#)
  - [Broker Plan Booklet](#)
- Compliance Information tab:
  - [Aetna Medicare Marketing dos and don'ts](#)
  - [Compliance 101 Presentation](#)
  - [Reporting of Compliance Issues & Concerns](#)
  - [CMS Medicare Marketing Guidelines](#)
  - [Aetna Medicare Marketing Standards of Conduct](#)
- Marketing Materials tab:
  - [Scope of Appointment](#)
  - [Permission-to-Contact Form](#)
  - [Seminar Attendance Form](#)
  - [Sales Presentations](#)

## Learn more

Medicare.gov: <http://www.medicare.gov/default.aspx>

CMS.gov: <http://www.cms.gov/>

2014 Medicare Marketing Guidelines:  
<http://www.cms.hhs.gov/ManagedCareMarketing/>

CMS Medicare Marketing Guidelines Training & Transcripts:  
[www.CMSDrugHealthPlanEvents.org](http://www.CMSDrugHealthPlanEvents.org)

## Producer monitoring

The goal of producer monitoring is to identify counseling and/or educational needs, and to ensure compliance with all CMS marketing guidelines, state requirements and Aetna internal policies. Throughout the Annual Election Period (AEP), Aetna and CMS will conduct routine audits of all producers through field evaluations of marketing/sales events or scheduled Personal/Individual Marketing Appointments, as well as review of administrative data. The evaluators are typically regional sales management or designated Aetna representatives, but also include CMS representatives monitoring marketing and sales activity as part of the CMS "Secret Shopper" program.

### Producers will be monitored in these areas:

- **Rapid Disenrollment:** Rapid Disenrollment is disenrollment occurring within 90 days of the member's effective date with the health plan, excluding disenrollments due to death, out-of-area moves, loss of Part A or loss of Part B.
- **48-Hour Enrollment Submission:** All applications must be received by Aetna within 48 hours of receipt by the producer
- **Producer Complaints:** A complaint is any expression of dissatisfaction to a Medicare health plan, provider, facility or Quality Improvement Organization (QIO) made orally or in writing, by an enrolled beneficiary. Complaints may include concerns about the service or general operations of providers and plan sponsors, including expressions of dissatisfaction with producer conduct.
- **Marketing/Sales Events & Personal/Individual Appointments:** External producer marketing/sales events and educational events must be evaluated quarterly.

## Marketing dos and Don'ts

**Marketing/Sales Events:** Marketing/sales events are events designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans.

At marketing/sales events, plan representatives may discuss plan/Part D-specific information like premium, cost sharing, or benefits and/or distribute or collect applications.

All one-on-one appointments with Medicare beneficiaries are considered by CMS as marketing/sales events. However, one-on-one appointments are not required to be reported to CMS.

If an event is scheduled as a marketing/sales event, then requirements for marketing/sales events must be met, even if only one person is in attendance at the event.

# Marketing dos and don'ts

Marketing/sales events must be open to the general public and all Medicare beneficiaries, which could include current members.

## **There are two main types of marketing/sales events — formal and informal:**

**Formal** marketing/sales events are typically structured in an audience/presenter style with a salesperson or plan representative formally providing specific Plan/Part D Sponsor information via a presentation on the products being offered.

**Informal** marketing/sales events are conducted with a less structured presentation or in a less formal environment. They typically utilize a table, kiosk or a recreational vehicle (RV) that is manned by a Plan/Part D Sponsor representative who can discuss the merits of the plan's products.

## **At marketing/sales events, Aetna producers MAY:**

- Discuss plan-specific information (e.g., premiums, cost sharing or benefits)
- Distribute health plan brochures and enrollment materials
- Accept and perform enrollments
- Formally present benefit information to the audience via a scripted talk, electronic slides, handouts, etc.
- Provide a scope of appointment form for a subsequent meeting. If a beneficiary requests a one-on-one meeting then the beneficiary must fill out a scope of appointment form
- Provide educational content to the audience or passersby
- Provide a nominal gift to attendees with no obligation. Note that the value of any giveaway, including entertainment, must be consistent with the CMS definition of nominal gift
- Contribute cash toward prize money to a foundation or another entity if the event is jointly sponsored. The plan cannot claim to be the sole donor of the prize and it must be clear that the prize is attached to the event and not the individual organization
- Provide refreshments and light snacks

## **At marketing/sales events, Aetna producers MUST:**

- Announce all products/plan types that will be covered during the presentation at the beginning of that presentation (e.g., HMO, PPO, PDP, Medicare Supplement, PFFS, MSA, etc.)
- Provide prospects with all required materials in the enrollment kit
- Only use CMS-approved sales scripts, presentations and other applicable marketing materials during the marketing/sales event. This includes talking points and/or anticipated questions and answers

## **At marketing/sales events, Aetna producers MAY NOT:**

- Conduct health screening or other like activities that could give the impression of “cherry picking”
- Require beneficiaries to provide any contact information as a prerequisite for attending the event. This includes requiring an email address or any other contact information as a condition to RSVP for an event online or through mail. Plans should clearly indicate on any sign-in sheets that completion of any contact information is optional
- Use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose
- Provide meals (or have meals subsidized)

# Marketing dos and don'ts

## Marketing/sales events checklist

- Aetna requires producers to **arrive 45 minutes prior** to the filed start time.
- The producers must present using the current **Aetna CMS filed and approved MAPD/PDP sales presentation**. (When possible display the presentation on a laptop, iPad, projector, or hand out copies for beneficiaries to follow along).
- The presenter must be the person that was submitted to CMS. If there is a change, please let Aetna know ASAP so that we can update with CMS.
- Do not make any absolute statements** without citing the source. It is the producer's responsibility to make sure the source is factual and correct. Example: "Aetna has the lowest out-of-pocket maximum in San Antonio..." In this case, the producer must add that, per the CMS plan finder, Aetna has the lowest out-of-pocket maximum in San Antonio. Producers may not use absolute superlatives (e.g., "the best," "highest ranked," "rated #1") unless they are substantiated with supporting data provided to CMS as a part of the marketing review process. For example, the producer may not say things like "It is unusual to find doctors who don't accept Aetna" or "Aetna's premiums are very, very consistent from year to year when compared with other plans. Other companies' premiums may yoyo." For more information, please review section [40.4 – Prohibited Terminology/Statements](#) of CMS' Medicare Marketing Guidelines.
- Every person at the event must be given a complete sales/enrollment kit. Producers cannot hand out only the benefits at a glance
- Only distribute CMS-approved materials.
- Part D must be covered, to include: cost share, coverage gap, how drugs are covered (tiers), how to look up a drug (plan formulary, [www.aetnamedicare.com](http://www.aetnamedicare.com) or [www.medicare.gov](http://www.medicare.gov)), Rx assistance and how to qualify (LIS).
- A [sign-in sheet](#) must be available for people to voluntarily complete (online in Producer World). Must state to the attendees that the sign-in sheet is optional.

## Marketing/sales event: Terminology

### Aetna producers **MAY**:

- State that Aetna is approved for participation in Medicare programs and/or that it is contracted to administer Medicare benefits
- Use the term "Medicare-approved" to describe their benefits and services within their marketing materials
- Use qualified superlatives (e.g., "one of the best," "among the highest rank")

### Aetna producers **MAY NOT**:

- Misrepresent themselves, their plans, or the benefits and services covered by their plans. Clearly state Medicare Advantage is NOT Medicare Supplement. Explain the difference
- Use absolute superlatives (e.g., "the best," "highest ranked," "rated number 1") unless they are substantiated with supporting data provided to CMS as a part of the marketing review process
- Claim within their marketing materials that they are recommended or endorsed by CMS, Medicare, or the Department of Health and Human Services (DHHS)
- Compare their organization/plan(s) to another organization/plan(s) by name unless they have written concurrence from all plan sponsors being compared

### Claim forms and paperwork terminology

Given the nature of the Part C and Part D program, it would be misleading to suggest that there are no forms or paperwork involved, such as "There are no claims or paperwork" or "There is no complicated paperwork." Plan representatives may indicate that their plan involves relatively little paperwork such as "virtually no paperwork" or "hardly any paperwork."

### Resources

- See section 70.9 — [Marketing/Sales Event in the CMS Medicare marketing guidelines](#)
  - See [Marketing dos and don'ts](#) document on Producer World
  - See "Tips to Help You Stay Compliant" section in the [2014 Broker Training Presentation](#) on Producer World
  - See the [Compliance 101 Training](#) on Producer World

# Marketing dos and don'ts

## Educational events:

With the new changes in the Affordable Care Act, it's never been more important to educate beneficiaries about their products. The goal of the following guidelines is to empower producers to do so, by ensuring all events advertised as “educational” comply with CMS requirements.

An educational event is an event designed to inform Medicare beneficiaries about Medicare Advantage, Prescription Drug or other Medicare programs and **does not** include marketing (i.e., the event sponsor does not steer, or attempt to steer, potential enrollees toward a specific plan or limited number of plans). Educational events may be hosted by the Plan/Part D Sponsor or an outside entity and are held in a public venue. These events cannot be held at in-home or one-on-one settings.

Educational events may not include any sales activities such as the distribution of marketing materials or the distribution or collection of plan applications. Educational events must be explicitly advertised as “educational,” otherwise, they will be considered by CMS as sales/marketing events. In other words, producers may provide education at a sales or marketing event, but they may not market or sell at an educational event.

Materials distributed or made available at an educational event must be free of plan-specific information (including plan-specific premiums, copayments, or contact information) and any bias toward one plan type over another.

### The following are examples of acceptable materials and activities by producers at an educational event:

- Show a banner with the plan name and/or logo displayed
- Make available promotional items, including those with plan name, logo, and toll-free customer service number and/or website. Promotional items must be free of benefit information and consistent with the CMS definition of nominal gift
- Respond to questions asked

### At educational events, Aetna producers **MAY NOT**:

- Discuss plan-specific premiums and/or benefits
- Distribute plan-specific materials
- Distribute or display business reply cards, scope of appointment forms, enrollment forms, or sign-up sheets
- Set up individual sales appointments or get permission for an outbound call to the beneficiary
- Attach business cards or plan/agent contact information to educational materials, unless requested by the beneficiary
- Advertise an educational event and then have a marketing/sales event immediately following in the same general location (e.g., same hotel)

NOTE: If producers hold member-only events, they may not conduct enrollment or sales activities at these events. Additionally, any marketing of these events must be done in a way that reasonably targets only existing members (e.g., direct mail fliers), and not the mass marketplace (e.g., radio or newspaper ad).

## More learning

- See section 70.8 — Educational Events in the [CMS Medicare marketing guidelines](#)
- See [Marketing dos and don'ts](#) document on Producer World
- See “Tips to Help You Stay Compliant” section in the [2014 Broker Training Presentation](#) on Producer World
- See the [Compliance 101 Training](#) on Producer World

## Guidelines for scheduling, changing or canceling marketing/sales and educational events

### Submission of event information

Producers are required to report to Aetna all marketing/sales events (excluding one-on-one home appointments) that promote Aetna Medicare products – as well as all educational events, health fairs and member meetings – so Aetna can report them to CMS. All events must be reported to Aetna prior to the events' scheduled date. See details below.

Producers also need to notify Aetna if an event is canceled or changed so Aetna can inform CMS.

### Reporting a scheduled event

**When: Notify Aetna by the 10th of the month for events planned for the following month.** For example, producers must submit June meetings to Aetna by May 10.

**Events that will be advertised must be submitted to Aetna 10 weeks before the month the event will occur.** For example, before advertising a July event, producers must notify Aetna by May 10. Please note: Producers cannot advertise an event until Aetna reports it to CMS.

**How:** Producers should submit events to their regional or state-specific contact using the submission form on [Producer World](#).

**If a producer lives in the following regions, they should email the form to their Broker Sales Representative or their General Agent Manager:**

Mid America Region (IA, IL, IN, KS, KY, MI, MO, MN, MT, ND, NE, OH, OK, SD, TX, WI, WY)

Northeast Region (CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT)

Southeast Region (AL, AR, DC, FL, GA, LA, MD, MS, NC, SC, TN, VA, WV)

# Marketing dos and don'ts

**If a producer lives in the West, they should email the form to [SalesAndMarketingEvents@aetna.com](mailto:SalesAndMarketingEvents@aetna.com).**

West Region (AK, AZ, CA, CO, HI, ID, NM, NV, OR, UT, WA)

## Reporting an event cancellation or change

**How:** Producers should contact their regional or state-specific contact listed above. Producers must also notify beneficiaries.

**When: If canceled or changed more than 48 hours in advance...** Producers must notify beneficiaries by the same means used to advertise the event. For example, if producers run an ad in a newspaper, they must issue a meeting cancellation notice in the same newspaper. A representative is not required to be present at the site.

## If canceled or changed less than 48 hours in advance...

A representative must be present at the site of the canceled event at the originally scheduled time, to inform attendees of the cancellation and distribute plan information. The representative must stay for 15 minutes. (Note: If the event is canceled due to inclement weather, a representative is not required to be present at the site.)

### Learn more

See section 70.9 — Marketing/Sales Event in the [CMS Medicare marketing guidelines](#)

## Promotional activities

CMS defines promotional activities as activities performed by a plan, or by an individual or organization on a plan's behalf, to inform current and potential enrollees of the products available. Promotional activities include nominal gifts and are designed to attract the attention of prospective members and/or encourage retention of current members.

Generally, promotional activities include nominal gifts and are designed to attract the attention of prospective members and/or encourage retention of current members. In addition to the guidance on nominal gifts, any promotional activities or items offered by producers should adhere to the following guidelines:

### Promotional items must:

- Be worth \$15 (based on the retail value of the item) or less with a maximum aggregate of \$50 per person, per year
- Be offered to all people regardless of enrollment and without discrimination
- Not be items that are considered a health benefit (e.g., a free checkup)
- Not inappropriately influence the beneficiary's selection of a provider, practitioner, or supplier of any item or service

- Not be tied directly or indirectly to the provision of any other covered item or service

### Learn more

See section 70.1 — Promotional Activities in the [CMS Medicare marketing guidelines](#)

See [Marketing dos and don'ts](#) document on Producer World under Compliance Information

## Member referral programs

- Producers can ask for referrals from members, including names and mailing addresses, but cannot request phone numbers or email addresses.
- Producers may use member-provided referral names and mailing addresses to solicit potential new members by conventional mail only.
- Any solicitation for leads, including letters sent from plan sponsors to members, cannot announce that a gift will be offered for a referral.
- Gifts must be of nominal value, as defined by CMS.

## Nominal gifts

You may offer gifts to potential enrollees as long as the gifts are of nominal value and provided regardless of enrollment.

### The following rules must be followed when providing gifts:

- If a nominal gift is one large gift that is enjoyed by all in attendance (e.g., a concert), the total retail value must be \$15 or less when it is divided by the estimated attendance. For planning purposes, anticipated attendance may be used, but must be based on venue size, response rate, or advertisement circulation.
- Nominal gifts **may not** be in the form of cash or other monetary rebates. Cash gifts are prohibited even if their worth is less than \$15.

Note: Cash gifts include charitable contributions made on behalf of potential enrollees, and those gift certificates and gift cards that can be readily converted to cash, regardless of dollar amount.

### Learn more

See section 70.1 — Nominal Gifts in the [CMS Medicare marketing guidelines](#)

See [Marketing dos and don'ts](#) document on Producer World

# Marketing dos and don'ts

## Nominal gifts: Exclusion of meals

Producers may not provide meals (or have meals subsidized) at sales/marketing events.

Producers are, however, allowed to provide refreshments and light snacks.

Producers must use their best judgment on the appropriateness of food products provided and must ensure that items provided could not be reasonably considered a meal and/or that multiple items are not being “bundled” and provided as if a meal.

Meals may be provided at educational events, provided the event meets CMS’ strict definition of an educational event, and complies with the nominal gift requirement.

### Learn more

See section 70.3 — Exclusion of Meals as a Nominal Gift in the [CMS Medicare marketing guidelines](#)

See [Marketing dos and don'ts](#) document on Producer World

## Personal/individual marketing appointments

Personal/individual marketing appointments are based on the comfort and familiarity of the appointment’s location or setting. They typically take place in the Medicare beneficiary’s home; however, these appointments can also take place in other venues such as a library or coffee shop, provided the appointment is set up in accordance with the “Scope of Appointment” (SOA).

### At personal/individual marketing appointments, Aetna producers **MAY**:

- Distribute plan materials (CMS encourages plans to provide the enrollment kit in one-on-one appointments. If not, then inform beneficiary on how to access the document through other means, e.g., mail, website)
- Discuss various plan options
- Provide educational content
- Provide and collect enrollment forms

### At personal/individual marketing appointments, Aetna producers **MAY NOT**:

- Discuss plan options that were NOT agreed to by the Medicare beneficiary (see scope of appointment information)
- Market non-health care related products (such as annuities, life insurance or VAIS)
- Ask a beneficiary for referrals
- Solicit/accept an enrollment request (application) for a January 1st effective date prior to the start of the Annual Election Period (AEP) unless the beneficiary is entitled to a Special Election Period (SEP) or within their initial coverage election period/initial enrollment period

### Learn more

See section 70.9.2 — Personal/Individual Marketing Appointments, and 70.9.4 —Beneficiary Walk-ins to a Plan or Agent/Broker Office

See [Marketing dos and don'ts](#) document on Producer World under Compliance Information

See “Tips to Help You Stay Compliant” section in the [2014 Broker Training Presentation](#) on Producer World

See the [Compliance 101 Training](#) on Producer World

# Scope of Appointment

When conducting marketing activities, producers may not market any health care related product during a marketing appointment beyond the scope agreed upon by the beneficiary before the face-to-face individual meeting.

Producers are required to collect a Scope of Appointment before meeting with a beneficiary for a face-to-face individual meeting to discuss MA/PDP products. A Scope of Appointment is a documented agreement between a beneficiary and a plan sponsor or producer, detailing which products may be discussed during a marketing appointment.

The **Scope of Appointment** documentation must be in writing, in the form of a signed agreement by the beneficiary. Aetna's [Scope of Appointment form](#) is available on Producer World. Note that a beneficiary cannot agree to the scope over the phone, unless it is recorded through a Plan Sponsor with an approved system such as Voice Vault. In conducting marketing activities for MA or Part D products, plan sponsors or an individual or organization on a plan sponsor's behalf, may not market any health care related product during a marketing appointment beyond the scope agreed upon by the beneficiary and documented by the plan or representatives of the plan, prior to the appointment (48 hours in advance when practicable)

**If the beneficiary chooses to enroll in an MA/PDP plan, the producer must submit the Scope of Appointment to Aetna along with the application. See below for instructions on submitting the Scope of Appointment for online enrollments to Aetna.**

## When is a Scope of Appointment form required?

- A Scope of Appointment is required before meeting with a beneficiary for a face-to-face individual meeting to discuss MA/PDP products.
- If a producer would like to discuss additional products during the appointment that the beneficiary did not agree to discuss in advance, they must document it 48 hours in advance, when practicable. If it is not practicable and the beneficiary requests to discuss other products, the producer must document a second scope of appointment for the additional product type to continue the marketing appointment.
- Producers do not need to collect a Scope of Appointment to speak with or enroll beneficiaries in a formal group setting, like an advertised meeting, or to discuss or enroll beneficiaries in a Medicare Supplement plan.
- A beneficiary may complete and sign a Scope of Appointment at a marketing/sales event for a future appointment.
- In instances where a beneficiary visits a producer's office on his/her own accord, the producer must document the Scope of Appointment prior to discussing MA or PDP products.

Producers should note on the Scope of Appointment form that the beneficiary was a walk-in.

## Other Scope of Appointment guidance

- Producers cannot agree to the Scope of Appointment on behalf of the beneficiary but can confirm the appointment
- Securing a completed Scope of Appointment form from a beneficiary may not be treated as open-ended permission for future contact with the beneficiary, and is only valid for the duration of that transaction.
- Scope of Appointment form must be completed by the beneficiary and returned prior to the appointment. If it is not feasible for the Scope of Appointment form to be executed prior to the appointment, a producer may have the beneficiary sign the form at the beginning of the marketing appointment.

## How to submit the Scope of Appointment form to Aetna

As mentioned above, if a producer meets with a beneficiary one-on-one or during personal/individual appointment (i.e., not in a formal group setting such as an advertised meeting), the producer must capture a Scope of Appointment prior to the appointment. If the beneficiary chooses to enroll, the producer must submit the Scope of Appointment to Aetna along with the application as per the directions below.

(Exception: If WEST captures a Scope of Appointment for a personal/individual appointment, the producer **does not** need to obtain another Scope of Appointment prior to the appointment or submit the Scope of Appointment to Aetna with the application.)

- **When using paper applications:** Write the HICN in the "Plan Use Only" field of the Scope of Appointment prior to submitting the enrollment and Scope of Appointment to Aetna. Beneficiaries are not permitted to fill in the HICN on their own. If using Voice Vault: Obtain the Voice Vault Transaction ID (9-digit number) from the Scope of Appointment confirmation email and write that Transaction ID number next to the Broker/Agent Use Name on the paper enrollment application.
- **When using the iPad mobile enrollment app or POET:** Obtain a paper Scope of Appointment. Write the HICN in the "Plan Use Only" field of the Scope of Appointment before submitting the Scope of Appointment to Aetna. Beneficiaries are not permitted to fill in the HICN on their own. Fax the Scope of Appointment directly to Aetna at 1-866-441-2341. (If using Voice Vault: Obtain the Voice Vault Transaction ID and enter it in the Voice Vault ID field in the iPad app or in POET. This will automatically tie the telephonic Scope of Appointment captured in Voice Vault with the enrollment.)

# Scope of Appointment

## Learn more

See section 70.9.3 — Scope of Appointment in the [CMS Medicare marketing guidelines](#)

See [Scope of Appointment form](#) on Producer World

See [Marketing dos and don'ts](#) document on Producer World

See “Tips to Help You Stay Compliant” section in the [2014 Broker Training Presentation](#) on Producer World

See the [Compliance 101 Training](#) on Producer World

## Permission-to-Contact Form

- The Permission-to-Contact Form is used by Aetna sales representatives and external producers to contact beneficiaries. The Permission-to-Contact Form must be completed prior to conducting an outbound call to a prospect. It is a separate and distinct tool from the Scope of Appointment form and is required by CMS.
- If a prospect calls in to RSVP for a meeting, a Permission-to-Contact Form is not required for that meeting, but would be required for a rep to place a follow-up call to a meeting attendee
- Requests for identification numbers, bank or credit card information are prohibited

Calls or visits to beneficiaries who attended a sales event are prohibited, unless the beneficiary has given express permission at the event for a follow-up call (completed Permission-to-Contact Form) or visit (completed Scope of Appointment form).

CMS views beneficiary consent as limited in scope, and short-term, event-specific consent may not be treated as open-ended permission for future contacts. Aetna’s policy for short term and using good judgment is considered to be 90 days. The exception would be for leads received immediately prior to the beginning of the 10/15 AEP. In this case, producers could contact a prospect during the 10/15 – 12/7 AEP time frame.

## Learn more

Producers can access Aetna’s [Permission-to-Contact Form](#) on the Individual Medicare page of Producer World under Marketing Materials.

See section 70.5 — Marketing through Unsolicited Contacts and 70.6 Telephone Contacts in the [CMS Medicare marketing guidelines](#)

See [Marketing dos and don'ts](#) document on Producer World

See “Tips to Help You Stay Compliant” section in the [2014 Broker Training Presentation](#) on Producer World

See the [Compliance 101 Training](#) on Producer World



# Contact with Medicare beneficiaries

CMS makes a distinction between contact with beneficiaries to establish a new relationship with Aetna or independent sales agent, and contact that is with a plan member or a beneficiary where a business relationship already exists.

When contacting beneficiaries to establish new relationships, consent for future contact must be limited in scope, short-term, and event-specific. The consent to contact **MAY NOT** be treated as open-ended permission for future contacts. However, for producers who are contacting their own clients, or Aetna (or contracted agents) contacting their current members, consent for each specific contact is not required to discuss plan business.

If an individual expresses they are not yet eligible for Medicare or will be qualifying for an SEP at a later date, the producer should advise the individual to contact them again when they are in their IEP or eligible for SEP if they are interested in enrolling.

Clearly requesting the caller’s consent when advocating permission for a follow-up call is permissible if phrases such as “would you like” or “may we” are used when the Medicare beneficiary has a future effective date. Examples: “May we” follow up with you on (date), or “Would you like” for us to follow up with you on (date).

## Telephone contact

Producers may contact their own clients and Aetna may contact current members at any time to discuss plan business. Acceptable and unacceptable activities are listed in the chart below.

Acceptable	Unacceptable
Contact beneficiaries who submit enrollment applications to conduct quality control and agent/broker oversight activities	Bait-and-switch strategies — making unsolicited calls about other business as a means of generating leads for Medicare plans
Contact their members or use third parties to contact their current members	Calls based on referrals
Contact members to promote other plan types and discuss plan benefits	Calls to former members who have disenrolled, or to current members who are in the process of voluntarily disenrolling, to market plans or products
Contact their members to discuss educational events	Calls to beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call
Contact their members to conduct normal business related to enrollment in the plan	Calls to beneficiaries to confirm receipt of mailed information (except as permitted with “Acceptable” contact practices)
Call individuals who have expressly given permission for a plan or sales agent to contact them	
Contact their members via automated telephone notification to inform them about general information such as AEP dates, flu shots, upcoming plan changes, and other important information	

## Allowable outbound calls must comply with the following federal requirements:

- Federal Trade Commission’s Requirements for Sellers and Telemarketers
  - Federal Communications Commission rules and applicable state law
  - National Do-Not-Call Registry
- Additionally, producers must honor “do not call again” requests, and abide by federal and state calling hours.

## Learn more

See section 70.6 — Telephone Contact in the [CMS Medicare marketing guidelines](#)

# Contact with Medicare beneficiaries

## Telephone enrollment

### Telephone enrollment activities may not include:

- Conduct outbound telephone enrollment
- Transfer outbound calls to inbound lines for telephone enrollment
- Market or enroll other lines of business as part of the telephone enrollment script
- Request or collect credit card numbers or bank account information for any purpose during the telephone enrollment call
- Use language in outbound scripts that imply that they are endorsed by Medicare, calling on behalf of Medicare, or that Medicare asked them to call the member
- Allowing producers — including third-party plan comparisons and enrollment websites that function as brokers — to assist with telephonic enrollments is prohibited. Plan sponsors must ensure that telephonic enrollment requests are effectuated entirely by the beneficiary or his/her authorized representative and that the plan representative, sales agent, or broker is not physically present at the time of the request

Telephone enrollment must provide confirmation of having accepted the telephone enrollment request, such as a confirmation tracking number or other tracking mechanism. Beneficiaries must have access to enrollment materials either electronically or in hard copy to ensure this information is received prior to completion of the enrollment request.

## Marketing through unsolicited contacts

### Prohibited activities include:

- Door-to-door solicitation, including leaving information such as a leaflet or flier at a residence or car
- Approaching beneficiaries in common areas (e.g., parking lots, hallways, lobbies, sidewalks, etc.)
- Telephonic or electronic solicitation, including leaving electronic voicemail messages or text messaging

NOTE: Producers who have a prescheduled appointment that becomes a “no-show” may leave information at the no-show beneficiary’s residence.

The prohibition on marketing through unsolicited contacts does not extend to mail and other print media (e.g., advertisements, direct mail).

In addition, permission given to be called or otherwise contacted must be event-specific, and may not be treated as open-ended permission for future contacts.

### Learn more

See section 70.5 — Marketing Through Unsolicited Contacts in the [CMS Medicare marketing guidelines](#)

## Unsolicited email

### Prohibited activities include:

- Sending emails before an individual has agreed to receive those emails
- Renting and purchasing email lists to distribute information about MA, PDP, or section 1876 cost plans.
- Emailing individuals at email addresses obtained through friends or referrals

Producers must always provide an option to opt-out and no longer receive email communications

### Learn more

See section 70.4 — Unsolicited Email in the [CMS Medicare marketing guidelines](#)

## Telesales

When representing Aetna Medicare products, call centers must adhere to all applicable CMS regulations and all federal health care laws regarding the monitoring of all delegated enrollment activities.

## Audits

Prospective delegated call center vendors must complete the following:

- **Medicare Telesales Call Center Assessment** — Provided by their Aetna relationship manager.
- The Aetna NCO delegation audit team conducts a pre-assessment to evaluate the entity’s potential for meeting Aetna’s and CMS’ standards for the delegation of telephonic enrollment.
- Assessment will include a review ensuring all agents, including those discussing rates and benefits, are properly certified, licensed, appointed and Medicare-registered.
- **Aetna General Controls Information and Security Business Continuity/Disaster Backup and Recovery Assessment** — Sent to the Aetna delegation management general controls auditor.
- **Aetna offshore attestation form** — If offshore activities exist, the prospective delegated call center must complete this form, which is submitted to Aetna Medicare Compliance.

# Telesales

The results of the pre-assessment audits are documented and presented at the delegation oversight meeting and/or other appropriate body for review and approval.

Once delegated, the call center vendor must complete:

**A yearly Medicare telesales call center audit** — By the Aetna NCO delegation audit team.

**A yearly general controls audit** — By the Aetna delegation management general controls auditor.

All audits will be documented in a formal report and sent to the delegated call center and the appropriate Aetna sales representative.

## Contracting

In conjunction with these oversight activities, the FMO must have in place the correct contract for call center activities.

## Scripting

All delegated call centers must use a CMS-approved enrollment script and will be audited initially and ongoing to ensure proper use of CMS-approved scripts.

- If a call center vendor chooses to use their own script, they must produce that script to Aetna with proof of CMS approval. They can also choose to submit their scripts to CMS through Aetna for approval.
- Delegated call center vendors will be required to submit copies of call scripts used during each audit period.
- Delegated call centers must attest that CMS-approved scripts are implemented and used by staff.
- Delegated call centers must attest that staff are trained on the importance of reading, understanding and using the CMS-approved scripts.

## Producer licensing

As part of the pre-assessment indicated in the “Audits” section, all agents who are discussing rates and benefits must be properly certified, licensed, appointed and Medicare-registered to ensure required credentialing.

- Quarterly reviews of producer licensing will take place to capture any new agents, and expired or updated licenses.
- License reports are available to all call centers from Producer World. License reports are updated every day, with the exception of Sunday. Aetna sales staff will train the delegated call center to access and use the licensing report.

## Service reporting

Delegated call centers are required to produce monthly service reports. Key metrics include, but are not limited to:

- Total calls handled
- Abandoned calls
- Average handle time
- Average talk time
- Average hold time
- Average ring time
- Adherence %
- Quality

## Compliance

Aetna will monitor delegated call center vendors to ensure compliance when collecting Aetna Medicare Advantage and Aetna PDP plan enrollments.

As part of the Aetna NCO delegation validation audit process, 90 days after launch, a random sampling of 30 calls will be pulled from the enrollment roster and the distributor will be asked to produce the recording of each call. Each vendor will be reviewed for their ability to produce these calls as well as having the proper script in place. Calls will be organized and tracked internally on the oversight log.

- If the delegated call center passes the 30- to 60-day audit, the file will be noted as "Passed" and similar audits will continue every quarter to ensure compliance is maintained.
- If the delegated call center fails the audit, the file will be noted and the call center will be placed on weekly corrective action. During this time, five recorded calls will be pulled each week for a desk review. The call center will be required to train all staff with corrective actions being taken for staff members that are in violation of not reading the script. Any staff member that fails to read the script three times will forfeit their Aetna appointment at the request of the business owner.

In addition, delegated call centers will be required to disclose any compliance issues they have identified internally, as well as respond to any complaints that are received through Aetna.

# CMS requirements for First Tier, Downstream and Related Entities (“FDR”) training and education for broker organizations

**If you are a Broker Organization, you have additional training and education obligations beyond that of the aforementioned required individual producer training. This section explains those obligations.**

We are pleased to have the opportunity to work with you in delivering high value services to our customers. Our association, particularly in relation to our Medicare product lines, relies on a contracted relationship that establishes your entity as a first tier<sup>1</sup> or related entity<sup>2</sup>.

As a first tier entity, you are required to comply with several Medicare-related requirements. Some are based in federal law and some in federal regulations promulgated by the Centers for Medicare & Medicaid Services (“CMS”). You are also required to comply with requirements set forth in your contract with Aetna. One example is the Medicare Compliance program requirements established by CMS. Your organization and your downstream entities<sup>3</sup>, and your individual employees who perform work for Aetna’s Medicare Advantage and/or Medicare prescription drug products (“Medicare products”) must comply with a number of Medicare Compliance program requirements.

**For a complete list of Medicare Compliance program requirements applicable to your organization, as well as any of your downstream entity arrangements, you must access our “First Tier, Downstream, and Related Entities (“FDR”) Medicare Compliance Program Guide” (FDR Medicare Compliance Program Guide). The FDR Medicare Compliance Program Guide is available on [Producer World](#) on the Individual Medicare page under Helpful Links. It contains requirements pertaining to the following topics:**

1. General Compliance and Fraud, Waste and Abuse (“FWA”) Training
2. Code of Conduct/Compliance Policies
3. Reporting Mechanisms
4. Exclusion/Debarment
5. Offshore Operations
6. Downstream and Related Entity Oversight

**You must access complete information on these requirements in our FDR Medicare Compliance Program Guide available on [Producer World](#) on the Individual Medicare page under Helpful Links.**

Further, if your organization utilizes downstream entities to perform work for Aetna’s Medicare products or serve Aetna Medicare members, those entities are also responsible for compliance with all of the above Medicare Compliance program requirements. Due to the unique nature of the relationship between you and your downstream entities, your organization is required to ensure that your downstream entities receive these requirements.

Your organization is also responsible to maintain evidence of compliance with all of the Medicare Compliance program requirements for your organization and your downstream entities. This evidence may be in the form of attestations, training logs, or other means determined by you to best demonstrate fulfillment of your obligations.

Please be reminded that Aetna and CMS require records to be retained for a minimum period of ten years (as described in your contract with Aetna), and that your records must be available to Aetna and/or CMS upon request.

**We take these responsibilities very seriously. If you have any questions or concerns regarding these Medicare Compliance program requirements, or if you have difficulty accessing our FDR Medicare Compliance Program Guide on [Producer World](#), please contact your Aetna account manager or email [MedicareFDR@aetna.com](mailto:MedicareFDR@aetna.com).**

<sup>1</sup> A first tier entity is defined as any party that enters into a written arrangement acceptable to CMS with a Sponsor (i.e., Aetna) to provide administrative or health care services for a Medicare eligible individual under Part C or Part D.

<sup>2</sup> A related entity is defined as any entity that is related to the Sponsor by common ownership or control and a) performs some of the Sponsor’s management functions under contract or delegation; b) furnishes services to Medicare enrollees under an oral or written agreement, or c) leases real property or sells materials to the Sponsor at a cost of more than \$2500 during a contract period. 42 CFR 423.501

<sup>3</sup> A downstream entity is defined as any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between the Sponsor and the first tier entity. These written arrangements continue down to the level of provider of both health and administrative services.



## Your team

It's a fast-changing health care world. Selling today takes more than a trusted brand, savings and best-in-class service. It takes the right team, one that you can call on at any time, for strategic insights, the latest tools and faster resolution. With Aetna, you have a full range of responsive resources, tailored to your needs and those of your clients.

[Producer support](#)

[Online sales tools](#)

[Education resources](#)

# Producer support

## Aetna Medicare Broker Support Unit

The Aetna Medicare Broker Support Unit (BSU) is dedicated exclusively to Medicare producers. One phone number brings producers a team of broker liaisons trained to answer questions about Aetna Medicare products regarding:

- Products and benefits
- Commissions
- Licensing, appointment, certification
- Enrollment status
- Enrollment materials and more

### Contact information

Phone: 1-888-247-1050

Email: [Brokerservice-MedicareTeam@aetna.com](mailto:Brokerservice-MedicareTeam@aetna.com)

Hours: 8:30 a.m. – 5 p.m. local time, Monday through Friday

## Regional broker support teams

In addition to the national BSU, Aetna offers highly trained local broker support within each region. Comprised of broker sales representatives and broker liaisons, these regional broker support teams are available to answer producers' questions about Aetna Medicare products, benefits, resources, licensing and appointment, commissions, and enrollment materials. They can also provide sales tips, competition analysis, producer training and more.

### Contact information

Phone: 1-888-247-1050, prompt 4

Mid America Region: [MidAmericaBLUnit@aetna.com](mailto:MidAmericaBLUnit@aetna.com)

Northeast Region: [MedicareMidAtlanticBL@aetna.com](mailto:MedicareMidAtlanticBL@aetna.com)

Southeast Region: [CssoutheastBL@aetna.com](mailto:CssoutheastBL@aetna.com)

West Region: [BrokerLiaisonUnitWE@aetna.com](mailto:BrokerLiaisonUnitWE@aetna.com)

<b>Aetna Medicare Broker Support Unit</b>	1-888-247-1050 Monday – Friday, 8:30 a.m. – 5:00 p.m. local time <a href="mailto:brokerservice-medicareteam@aetna.com">brokerservice-medicareteam@aetna.com</a>
<b>Member Services</b>	MA/MAPD: 1-800-282-5366 Billing and enrollment: 866-772-3862 Standalone PDP: 877-238-6211 TTY/TDD: 711
<b>Commissions</b>	1-800-622-3435 Monday – Friday, 8 a.m. – 4:30 p.m. ET <a href="mailto:BrokerComm@aetna.com">BrokerComm@aetna.com</a>
<b>Licensing and Appointment</b>	1-866-511-2863 Monday – Friday, 7:30 a.m. – 4 p.m. CT Fax: 1-888-539-7601 or 1-281-637-3569 <a href="mailto:LAAUmedicare@aetna.com">LAAUmedicare@aetna.com</a>
<b>Regional Broker Support Teams</b>	1-888-247-1050, prompt 4 Mid America Region: <a href="mailto:MidAmericaBLUnit@aetna.com">MidAmericaBLUnit@aetna.com</a> Northeast Region: <a href="mailto:MedicareMidAtlanticBL@aetna.com">MedicareMidAtlanticBL@aetna.com</a> Southeast Region: <a href="mailto:CssoutheastBL@aetna.com">CssoutheastBL@aetna.com</a> West Region: <a href="mailto:BrokerLiaisonUnitWE@aetna.com">BrokerLiaisonUnitWE@aetna.com</a>
<b>Producer World</b>	Register or log in at: <a href="http://www.aetna.com/producer">www.aetna.com/producer</a> Registration assistance: 1-800-225-3375 Monday – Friday, 7 a.m. – 9 p.m.

# Online sales tools

## Producer World

Access [Producer World](#), Aetna's online service center for quick access to producer tools and services including:

- Commissions rates
- Compensation statements
- Compliance information
- Licensing information
- Medicare 101 presentation
- Marketing materials
- Permission-to-Contact Form
- Online enrollment authorization form
- Reports
- Sales presentations
- Scope of Appointment form
- Producer contact sheet
- Enrollment instructions flyer

### How to register

**Step 1:** Go to [www.aetna.com](http://www.aetna.com). Click “Producers” in the top navigation bar.

**Step 2:** Then click the link to register for Producer World. Or, here's a direct link to register: [https://www.aetna.com/producer\\_public/registration/info.html](https://www.aetna.com/producer_public/registration/info.html)

**Step 3:** Select the appropriate role. Need help with this step? Watch a video for help choosing a role and understanding the different access levels: <https://www.brainshark.com/aetna/PWRegistration?&r3f1>

### Access

Log in to Producer World: <https://www.aetna.com/producer/Login.do>. Click “Individual Medicare” in the top navigation bar for information about Aetna Individual MA, MAPD and PDP products.

## AetnaMedicare.com

[AetnaMedicare.com](#) is Aetna's consumer-facing website for information about Aetna Medicare Advantage plans, Aetna Medicare Supplement plans and Aetna Medicare Rx plans.

Once there, click “Help and Resources” to:

- Access plan documents, enrollment forms and our formularies
- Find out what plans are available in a beneficiary's area
- Compare plan costs
- Find out if a beneficiary's doctors, hospitals and prescriptions are covered

## Reporting

From the Individual Medicare page of [Producer World](#), producers can access a variety of book-of-business reports. The following reports are available:

- License reports
- Commission reports
- Monthly commission payment detailed report
- Year-to-date commission payment detailed report
- Monthly commission payment summary report
- Year-to-date commission payment summary report
- Enrollment reports
- Application pipeline status report
- Enrollment roster report

## Producer online tools and resources

Website	URL	What's Available
<b>Producer World</b>	Homepage: <a href="https://www.aetna.com/producer/Login.do">https://www.aetna.com/producer/Login.do</a> Individual Medicare page: <a href="https://www.aetna.com/producer/Medicare/medicare_individual.html">https://www.aetna.com/producer/Medicare/medicare_individual.html</a>	Product information Commissions information Reporting Licensing information Enrollment kits Marketing materials Scope of Appointment form Permission-to-Contact Form Online enrollment authorization form Sales presentations Compliance information Update agent profile information
<b>AetnaMedicare.com</b>	<a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>	Plan documents Enrollment forms Formularies Compare plans and costs
<b>DocFind (Aetna Medicare version)</b>	<a href="http://www.AetnaMedicareDocFind.com">www.AetnaMedicareDocFind.com</a>	Look up doctors/hospitals Look up pharmacies
<b>Aetna Medicare Marketing Print Portal</b>	<a href="http://www.workflowoneaccess.com/customers/aetna/Pages/MedicareHome.aspx">http://www.workflowoneaccess.com/customers/aetna/Pages/MedicareHome.aspx</a>	Postcards Flyers Brochures Mailers Posters Signs Print ads
<b>Producer certification</b>	<a href="https://aetna.cmpsystem.com/ext/ahip/login.php">https://aetna.cmpsystem.com/ext/ahip/login.php</a>	Complete AHIP and other Aetna-specific producer certification requirements
<b>Formulary finder</b>	<a href="http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions_2014.jsp">http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions_2014.jsp</a>	Check covered prescription drugs and costs
<b>Application for Appointment</b>	<a href="https://pangea.geninfo.com/Aetna/Apply/">https://pangea.geninfo.com/Aetna/Apply/</a>	Online application for appointment
<b>Producer Online Enrollment Tool (POET)</b>	POET for 2014 plans: <a href="https://rxtools.aetnamedicare.com/PlanCompare/professional2014/Login/Broker/BrokerLogin.aspx">https://rxtools.aetnamedicare.com/PlanCompare/professional2014/Login/Broker/BrokerLogin.aspx</a> Register for access: <a href="https://www.aetna.com/producer/forms/poet_access_request_form.html">https://www.aetna.com/producer/forms/poet_access_request_form.html</a> POET user guide: <a href="https://www.aetna.com/producer/Medicare/documents/poet_user_guide.pdf">https://www.aetna.com/producer/Medicare/documents/poet_user_guide.pdf</a>	Submit electronic enrollments for Aetna MA/MAPD and PDP products
<b>iPad mobile enrollment app</b>	Contact your Aetna rep or the Broker Support Unit to request access	Compatible with iPad 2 and 3. Allows enrollments in Aetna MA, MAPD and PDP plans
<b>Aetna Medicare Producer Contact Sheet</b>	On Producer World: <a href="https://www.aetna.com/producer/Medicare/documents/mdc_producer_contactsheet.pdf">https://www.aetna.com/producer/Medicare/documents/mdc_producer_contactsheet.pdf</a>	
<b>MA/MAPD/PDP Enrollment Instructions Flyer</b>	On Producer World: <a href="https://www.aetna.com/producer/Medicare/documents/2014_enrollment_instructions_flyer.pdf">https://www.aetna.com/producer/Medicare/documents/2014_enrollment_instructions_flyer.pdf</a>	
<b>Health Care Reform Connection</b>	<a href="http://www.aetna.com/health-reform-connection/index.html">http://www.aetna.com/health-reform-connection/index.html</a>	Q&As, tools and more
<b>Reporting</b>	On Producer World: <a href="https://www.aetna.com/producer/medicare_reports/ViewMedicareReports.do">https://www.aetna.com/producer/medicare_reports/ViewMedicareReports.do</a>	License reports Commission reports Enrollment reports
<b>National Insurance Producer Registry</b>	<a href="https://pdb.nipr.com/html/PacNpnSearch.html">https://pdb.nipr.com/html/PacNpnSearch.html</a>	Look up your National Producer Number



# Education resources

## Broker training presentation

View the Aetna Medicare broker training presentation on the Individual Medicare page of [Producer World](#), under the 2014 Product Overview drop-down menu. The presentation contains information on the following topics:

- Aetna's brand value
- Broker service
- Sales support tools
- Product choices and benefits by state/market
- Member extras and discounts

Here's a direct link to view the 2014 Individual Medicare Broker Training Presentation: [https://www.aetna.com/producer/Medicare/documents/2014\\_individual\\_medicare\\_broker\\_training\\_presentation.pdf](https://www.aetna.com/producer/Medicare/documents/2014_individual_medicare_broker_training_presentation.pdf)

## Broker alerts

We regularly communicate with producers via email (also known as "broker alerts"). As a result, it's important that producers provide a valid agent-specific email address to Aetna during the appointment process and also during the certification process. Agents are responsible for reading all communications provided by Aetna.

Through these emails, we provide information on:

- Products and benefits
- Updated marketing materials
- Compliance information
- Training opportunities and more

**Add us to your address book:** To help ensure you receive our emails, please add [ProducerNews@info.aetna.com](mailto:ProducerNews@info.aetna.com) to your email address book or contact list.

**Broker alert archives:** Producers can view past broker alerts on the Individual Medicare page of [Producer World](#) under Resources.

**Need to update your email address?** Please email your name, NPN/TIN and new email address to Aetna's License and Appointment department at [LAAUMedicare@aetna.com](mailto:LAAUMedicare@aetna.com).

## Other communications methods

- Training seminars and webinars
- Handbooks and best practice guides
- Mailings
- Meetings with Aetna personnel
- Outbound calls
- Sales tools
- Standard training (certification and product training)

# Aetna Medicare Producer Handbook

Not for distribution to Medicare beneficiaries. Producers must be licensed in the applicable state, appointed by Aetna, certified under the Producer Certification Program and trained prior to engaging in the sale of Aetna products. Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). For more information on Aetna products, refer to [www.AetnaMedicare.com](http://www.AetnaMedicare.com).

[www.aetnamedicare.com](http://www.aetnamedicare.com)

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