

2014

PRODUCER GUIDE



for medicare
advantage
products



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ABOUT CIGNA-HEALTHSPRING



Cigna-HealthSpring is proud to be one of the leading US health plans focused on caring for the senior population, mainly through Medicare Advantage and other Medicare and Medicaid products. Through our deep understanding of the needs and challenges facing both patients and physicians, we developed a collaborative model that provides more access to high-quality preventive care for our members, while supplying physicians what they need to deliver that care.

Specifically, Cigna-HealthSpring recognizes and rewards physicians for quality over quantity of care. We provide extra nurse and technology resources so physicians can devote more time and attention to their patients. The result? Healthier members with lower medical costs. It's a common-sense model, but an uncommon practice.

We aim to continually create extraordinary value for our customers. With our unmatched commitment to service and quality, and with your help, we expect to be the preferred healthcare choice in each of the communities we serve.

To date, Cigna-HealthSpring, operates Medicare Advantage plans in Alabama, Arizona, Atlanta, Delaware, Florida, Georgia, Illinois, Maryland, Mississippi, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, D.C. We also offer a stand-alone Medicare prescription drug plan in all 50 states. All in all, we touch over one million lives throughout the nation.

Specifically, Cigna-HealthSpring recognizes and rewards physicians for quality over quantity of care.

- Because Cigna-HealthSpring focuses on designing and operating Medicare Advantage Health Plans, we truly understand the complexities of the Medicare program.
- We reward physicians for quality over quantity of care, providing extra nurse and technology resources so physicians can devote more time to their patients.
- We are a leading presence in attractive, **underpenetrated** markets, which provide significant opportunities for continued membership growth within those areas.

Cigna-HealthSpring is currently serving over 1.6 million members. Our MA/MAPD membership totals 440,000, while our National PDP membership is over 1.2 million. As of April 2013, Cigna's Medicare Supplement business totaled 94,882 policyholders.

- We have competitive plans with rich benefits that can be sold **year round**.
- Cigna-HealthSpring offers a broad portfolio of products for your eligible clients in selected markets.
- Producer writing numbers are available within one week of successful completion of Cigna-HealthSpring's certification requirements.
- Cigna-HealthSpring pays annual lump sum renewal payments.
- A dedicated Cigna-HealthSpring Agent

Assistance Line (HAAL) is provided as a resource to each contracted agent in all markets.

- Our extensive training programs give you the tools you need to be successful.
- Cigna-HealthSpring will furnish customizable marketing tools to help you build your business.
- Every month, you'll receive a newsletter which equips you with updated industry information and valuable communications from Cigna-HealthSpring.
- We employ Local Market Managers in each market to service our contracted agents.
- Cigna-HealthSpring continues to build Provider commitment by creating collaborative and mutually beneficial partnerships. Each market's Network Operations Department is dedicated to recruiting new physicians and providing service to our existing physicians.



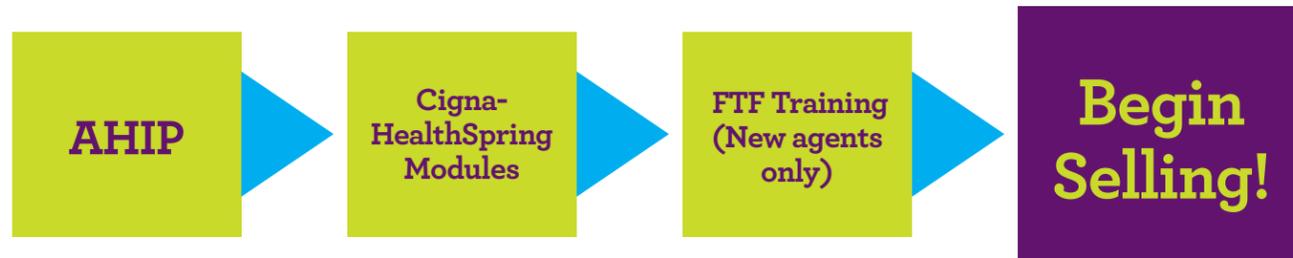
Licensing

You must be licensed in the applicant's primary state of residence and pass Cigna-HealthSpring's background check to sell any of our products. Licensing rules vary by state. Contact your FMO or your Local Market Manager for further details.

Contracting and Certification

To be authorized to sell Cigna-HealthSpring products, you must first be fully contracted and certified for the products you wish to sell.

- 1 Choose to contract directly with Cigna-HealthSpring or through one of our contracted agencies.
- 2 To become certified, you'll need to complete all certification requirements and pass your AHIP exam with a score of 90% or better. You'll also need to complete the Cigna-HealthSpring certification courses with a passing score of 85% or better.



Our Expectations

Cigna-HealthSpring requires that you agree to the following:

- You will adhere to all CMS and MIPPA regulations.
- You will carry a valid health insurance license and Errors & Omissions insurance in the amount of \$250,000/\$250,000 for brokers and \$1,000,000/\$1,000,000 for all agency levels.
- You will use approved Cigna-HealthSpring materials when presenting our plans. The flipbook presentation, the summary of benefits and the formulary should be presented in their entirety during each appointment.
- All Scope of Appointment requirements must be met.
- You won't solicit any non-healthcare products or services during the appointment in which Cigna-HealthSpring Medicare Advantage products are being discussed with prospective policyholders.

Please contact your FMO or your Local Market Manager for further details.

Appointment

Once you are fully contracted and successfully certified, you'll receive a welcome email containing your agent writing number. Now you can begin selling!



Cigna-HealthSpring, like all Medicare Advantage plans, is regulated by CMS and follows compliant sales practices.

For our part, we pledge to be diligent in providing all the training and support necessary for you to complete a compliant sales presentation.

For your part, we ask that you agree not to participate in any inappropriate sales and marketing activities, including but not limited to:

- Claiming endorsement by Centers for Medicare & Medicaid Services (CMS)
- Claiming to be a representative of CMS
- Offering gifts over \$15
- Using materials that include Cigna-HealthSpring's name but were not provided by Cigna-HealthSpring
- Using materials not approved by CMS
- Engaging in high pressure sales tactics, such as requiring an in-home appointment
- Conducting sales and marketing activities or accepting plan applications at educational events
- Violating the scope of appointment guidelines
- Making unsolicited contacts
- Providing meals regardless of value at sales events
- Using providers or provider groups to distribute printed information comparing benefits of different health plans, (unless the materials have received prior approval from CMS and the concurrence of all Medicare Advantage Organizations involved)
- Making statements that conflict with material previously approved by CMS
- Accepting plan applications where healthcare is delivered
- Marketing non-health related products to prospective enrollees during any MA, MAPD, PDP sales activities or presentations
- Offering gifts or payment as inducement to enroll in the plan
- Offering cash gifts—including gift cards and gift certificates—or charitable contributions made on behalf of people attending a marketing presentation
- Engaging in any discriminatory marketing practices
- Conducting door-to-door solicitation of Medicare beneficiaries
- Having unsolicited contact with beneficiaries, such as sending unsolicited emails
- Buying or renting email lists to distribute information about MA



To enroll in Cigna-HealthSpring Medicare Advantage plans, your client:

1. Must be entitled to Medicare Part A and enrolled in Medicare Part B.
2. Must permanently reside in the Service Area as defined in the Medicare & You Guide.
3. Must complete and sign an Individual Enrollment Application. If another person assists an applicant in completing the Individual Enrollment Application, that person must also sign the form and state his or her relationship to the enrollee/member.

4. Must not currently have end-stage renal disease (ESRD) or receive routine kidney dialysis.

However, if either of these conditions should apply, here are some instances where your client may still enroll:

- › Your client developed ESRD while a member of a Cigna-HealthSpring Medicare Advantage plan.
- › Your client received a transplant that has restored kidney function and no longer requires a regular course of dialysis. In this case, they are not considered to have ESRD and are eligible to enroll.
- › Your client with ESRD was affected by the non-renewal of another Medicare Advantage Organization. This individual may make one election to enroll in a different Medicare Advantage Organization.

**Your Compensation**

CMS has developed a compensation plan to reflect your hard work and Cigna-HealthSpring follows that compensation plan. Please contact your FMO or your Local Market Manager for detailed compensation information.

Tracking Business

To confirm receipt of your faxed applications, you can use the password-protected eAgent system. Alternatively, contact your FMO or your Local Market Manager.

Chargebacks

Chargebacks are administered per CMS guidelines.

We value our relationship with you.

New Sale Versus A Renewal Sale

The enrollment of a beneficiary who is new to Medicare Advantage is considered an “initial” enrollment and is eligible for the full commission amount. Any sale where a beneficiary is moving from one company’s Medicare Advantage plan to a Cigna-HealthSpring Medicare Advantage plan will be considered a “replacement” sale and is eligible for the renewal commission rate, which is half the rate of the initial enrollment rate. Regardless of the enrollment type (initial or replacement), Cigna-HealthSpring always pays the “replacement” rate for an application, and will make an adjustment to pay the remainder of the full commission amount if the beneficiary appears on the monthly CMS Reconciliation Report.

Renewal Payments

Agents are required to remain licensed, trained, contracted and appointed in order to receive their renewal payments.

(Renewal Payments, continued)

Renewal payments are paid on an annual basis in a lump sum amount on the 13th month following the original effective date. They apply to sales made for a specific effective month, which have remained on the books for one full enrollment year.

If the sale terminates by the last day of the full enrollment year (for example, a January 1, 2014 enrollment terminates on December 31, 2014), no renewal payment is due.

If the sale remains on the books through the full enrollment year, a renewal payment is paid to the entities who originally wrote the business.

If you happen to be carrying a negative commission balance, the renewal payment will be used to recoup your negative balance. Any remainder will then be paid to you.



Cigna-HealthSpring Agent Assistance Line (HAAL)

Open 8 a.m. - 7 p.m. EST, Monday - Friday

Bilingual reps on staff

HAAL@HealthSpring.com

Types of Inquiries include:

- Benefits
- Enrollment
- Application submission
- Licensing and Appointment
- Certification training
- Local market contacts
- User names & passwords
- Verify participating physicians
- Formulary verification

Additional Support Tools

Online Provider Look-up

eAgent, your client resource management tool

Marketing Support & Supplies

Cigna-HealthSpring provides first class sales and marketing materials.

- Sales Kits with Summary of Benefits, Formularies, a Flip Book (sales presentation) and applications
- Broker Marketing pieces such as BRC's, letters and flyers
- Newspaper or print ads
- Signs
- Cigna-HealthSpring-branded giveaways

Supplies can be obtained through your FMO offices or Local Market Manager.

Local Staff

Cigna-HealthSpring has local offices and local staff in each of the areas we serve.

We'll help you with:

- Selling
- Obtaining supplies
- Fielding eligibility questions
- Training
- Monitoring compliance

Monthly Newsletter

An informative monthly newsletter is sent electronically to every Contracted Sales Agent.

TeleScope Line

To capture your Scope of Appointment compliantly with a live customer service representative, you can call in your SOA every day of the year.

Other Resources

1-800-MEDICARE

www.medicare.gov

www.cms.gov

For all information regarding Cigna-HealthSpring, you may contact us at: www.HealthSpring.com or even better, call your Local Market Manager.





**CIGNA-HEALTHSPRING USES A
COLLABORATIVE, COMMON-SENSE
MODEL THAT PROVIDES MORE ACCESS TO
HIGH-QUALITY PREVENTIVE CARE
FOR OUR MEMBERS, WHILE SUPPLYING
PHYSICIANS WHAT THEY NEED
TO DELIVER THAT CARE.**