



# RULES OF ENGAGEMENT

2018 Agent Handbook

Together, all the way.®



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This Rules of Engagement Handbook is a supplement to the Sales Agency Agreement for Cigna-HealthSpring Medicare Advantage & Prescription Drug Plans (“Agreement”) between Cigna-HealthSpring and Agent/Agency and shall be a part of the Agreement as if fully restated therein. In the event of any conflicting terms between this Amendment and the Agreement, this Amendment shall supersede and control.

This overview is for Agencies and Agents who are certified, licensed and appointed to sell Cigna-HealthSpring Medicare Advantage & Prescription Drug Plan products. Due to the high degree of compliance required and Medicare Advantage & Prescription Drug Plan products are governed by state and federal regulations, the Agency or Broker must fully comply with all applicable Cigna-HealthSpring policies and procedures, including, but not limited to, those those set forth below. The Rules of Engagement may be amended by Cigna-HealthSpring, at its sole discretion, upon thirty (30) days advance written notice to Agencies and Agents. Notwithstanding the foregoing, Cigna-HealthSpring may make any changes to the Rules of Engagement without advanced written notice if changes are necessary to comply with any law, rule, regulation or CMS instructions.

Agencies and Agents agree to comply with all state and federal rules and regulations, as well as all Cigna-HealthSpring policies and regulations as set forth and shall require each individual subordinate Agent affiliated with the Agency to likewise comply.

## KEY ACRONYMS

AEP	Annual Election Period
AOC	Assignments of Commissions
ASM	Agreement to Service the Member
CMS	Centers for Medicare and Medicaid Services
CTM	Medicare Complaints Tracking Module
DOB	Date of Birth
EFT	Electronic Funds Transfer
FMO	Field Marketing Organization
GA	General Agency
HAAL	Cigna-HealthSpring Agent Assistance Line
HPMS	Health Plan Management System
LIS	Low Income Subsidy
LMS	Learning Management System
MA/MAPD	Medicare Advantage/Medicare Advantage and Prescription Drug
MIPPA	Medicare Improvements for Patients and Providers Act
MGA	Managing General Agency
MLI	Multi-language Insert
MMG	Medicare Marketing Guidelines
NPN	National Producer Number
PDP	Medicare Part D Prescription Drug Plan
RFI	Request for Information
ROE	Rules of Engagement
SGA	Supervising General Agency
SNP	Special Needs Plan
SOA	Scope of Appointment
SSN	Social Security Number
“You”	Agents or Agencies (we will specify accordingly)

## SECTION I

**SALES DISTRIBUTION MANAGEMENT****Levels of Agencies**

There are five different levels of Agencies within the hierarchy structure at Cigna-HealthSpring (CHS):

- › Field Marketing Organization (FMO)
- › Supervising General Agency (SGA)
- › Managing General Agency (MGA)
- › General Agency (GA)
- › Agent

**Field Marketing Organization (FMO)**

FMO is an insurance Agency that may also contract with Independent Agent(s), GA(s), MGA(s), and/or SGA(s), as defined by Cigna-HealthSpring, that operates under a federal tax identification number, and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable state(s) in which FMO, SGA, MGA, or GA is appointed and in which Cigna-HealthSpring operates. FMO must meet or exceed the Cigna-HealthSpring engagement criteria as well as meet all applicable laws, rules, and regulations.

**Supervising General Agency (SGA)**

SGA is an insurance Agency that may also contract with Independent Agent(s), GA(s), and/or MGA(s), as defined by Cigna-HealthSpring, that operates under a federal tax identification number, and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable state(s) in which SGA, MGA, or GA is appointed and in which Cigna-HealthSpring operates. SGA must meet or exceed the Cigna-HealthSpring engagement criteria as well as meet all applicable laws, rules, and regulations.

**Managing General Agency (MGA)**

MGA is an insurance Agency that may also contract with Independent Agent(s) and/or GA(s), as defined by Cigna-HealthSpring, that operates under a federal tax identification number, and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable states in which MGA or GA is appointed and in which Cigna-HealthSpring operates. MGA must meet or exceed the Cigna-HealthSpring engagement criteria as well as meet all applicable laws, rules, and regulations.

**General Agency (GA)**

GA is an insurance Agency that may also contract with an Independent Agent(s) as defined by Cigna-HealthSpring, that operates under a federal tax identification number, and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable states in which GA/Agent is appointed and in which Cigna-HealthSpring operates. GA must meet or exceed the Cigna-HealthSpring engagement criteria as well as meet all applicable laws, rules, and regulations.

**Independent Agent/Broker**

Individual sales Agents/Brokers using their personal credentials (SSN, NPN, and licenses) to contract as writing Agents for Cigna-HealthSpring need to contract directly with Cigna-HealthSpring or contract through an upline Agency. Without Cigna-HealthSpring prior approval, Cigna-HealthSpring's directly contracted Agents are prohibited from contracting with a GA or FMO.

**Exclusive/Non-exclusive**

**Exclusive Agent/Agency** – Agent/Agency who is only licensed and appointed with Cigna-HealthSpring and represents only Cigna-HealthSpring's Medicare Advantage/Prescription Drug Plan products within a Cigna-HealthSpring geographic service area. Agent/Agency agrees not to represent or sell other entities' Medicare Advantage/Prescription Drug products including, but not limited to, HMO, PPO, Regional PPO, and PFFS plans.

**Non-exclusive Agent/Agency** – Agent/Agency who is licensed and appointed with Cigna-HealthSpring, but represents other Medicare Advantage/Prescription Drug health plans in addition to Cigna-HealthSpring within a Cigna-HealthSpring geographic service area.

**The Difference between an Agent/Broker and Agency**

**Agent/Broker** – An individual who is using his/her personal credentials (SSN, NPN, and Licenses) to contract as a writing Agent for Cigna-HealthSpring.

**Agency** – An organization (GA, MGA, SGA, or FMO) that is using its own unique credentials (Tax ID# – TIN, NPN, License) to contract as an Agency for Cigna-HealthSpring. Agencies are required to use their own credentials and will not be allowed to contract with Cigna-HealthSpring using an individual person/Agent credentials.

### Engagement criteria for each Agency level

To enter into an Agency Agreement, the Agency must have a minimum number of active Agents and annually meet or exceed the sales production requirements as outlined in the table below. Expansion market Agency targets may vary based on network and other factors at market launch.

Agency Level	Minimum number of active Agents	Minimum annual total of MA enrollment applications	Number of states required to be contracted
General Agency	3	150	-
Managing General Agency	5	300	-
Supervising General Agency	5	500	-
Field Marketing Organization	37	3,200	2

Agencies should work with their upline if there are questions or concerns related to meeting or maintaining the minimum Agent requirement. Cigna-HealthSpring reserves the right to review all Agency-level contracts from time to time to ensure the specific requirements are being met.

Agencies, and Cigna-HealthSpring will monitor production once annually and on a prorated basis, and will address hierarchy changes accordingly. Brand new Agencies have 60 days to contract and certify the required number of Agents, or the contract will be downgraded to the Agent level and the remaining Agents will be automatically tied to the next immediate upline.

### FMO production requirements

A FMO must be national in scope and therefore must write business in at least two states or more to maintain FMO status. To comply with the Cigna-HealthSpring engagement criteria, an FMO must produce at least 3,200 effective enrollments on an annual basis. The monthly production of an FMO will be tracked and Cigna-HealthSpring shall have the sole discretion to determine whether an FMO is on target to achieve the annual production requirement related to effective enrollments. During the calendar year in which this Agreement becomes effective, the production levels will be pro-rated for effective dates which do not coincide with a January 1 effective date. For example:

#### “XYZ” FMO production

Annual target	3,200 enrollments
XYZ’s January effectives production	2,100 enrollments
XYZ’s required production for the next 11 months	1,100 enrollments
XYZ’s prorated monthly production	100 enrollments

### Individual leads

Cigna-HealthSpring is not responsible for supporting the Agency with leads or financial support in their prospecting efforts. During a visit with the prospect, Agency or Subordinate Agency, Broker or Agent can present the Cigna-HealthSpring Medicare Advantage products with full disclosure and enroll the prospect. Referrals may only be sought in accordance with Cigna-HealthSpring policy and CMS guidelines. Agency or subordinate Agency, Brokers or Agents must follow all guidelines and regulations that govern the proper procedure for prospecting, and selling, Cigna-HealthSpring products including all requirements set forth under MIPPA and the CMS Medicare Marketing Guidelines.

## SECTION II

**CONTRACTING, LICENSING, AND TRAINING****Agent qualifications**

To be an authorized Cigna-HealthSpring Agent/Broker, you must:

- ✓ Complete Agent/Broker credentialing administered by Cigna-HealthSpring or its designee.
- ✓ Complete the Cigna-HealthSpring Agent/Broker certification training and pass the required certification examination.
- ✓ New or returning Agents (if previously terminated) are required to complete face-to-face Agent orientation training conducted by Cigna-HealthSpring sales management in the market(s) where the Agent intends to sell.
- ✓ Be a licensed health Agent in the Cigna-HealthSpring state(s) in which you intend to sell and submit applications to Cigna-HealthSpring, be in good standing, and supply Cigna-HealthSpring with a copy of the license upon request.
- ✓ Be appointed by Cigna-HealthSpring as an Agent in the states you intend to sell and submit applications to Cigna-HealthSpring, per state regulations.
- ✓ Have an executed agreement with FMO, SGA, MGA, GA or Cigna-HealthSpring.
- ✓ Comply with all legal, compliance and regulatory guidance in accordance with applicable state, federal law and Cigna-HealthSpring policies.
- ✓ Receive continuing education relative to the current Medicare Advantage/Prescription Drug Plan products and comply with any changes that occur relative to this program.
- ✓ Attend sales staff informational meetings in order to stay informed of compliance and regulatory changes, procedural changes, network changes, etc.
- ✓ Pass the annual recertification examination administered by Cigna-HealthSpring or its designee.
- ✓ Participate in integrity oversight evaluations and the Cigna-HealthSpring Sales Development Action Program as required by CMS and Cigna-HealthSpring.
- ✓ Have reasonable accessibility for receiving communications concerning immediate regulatory or network changes (i.e., phone, email, fax, pager, voicemail, etc.).
- ✓ Maintain a proficiency in, and knowledge of, Cigna-HealthSpring's Medicare Advantage/Prescription Drug Plan products as well as all necessary compliance requirements.
- ✓ Comply with Cigna-HealthSpring sales performance and disciplinary standards as set forth in Cigna-HealthSpring policies and procedures, herein incorporated by reference.
- ✓ Have an executed HIPAA Agreement for Agents affiliated with an Agency, or have a Business Associate Agreement for Agents directly contracted with Cigna-HealthSpring.



## Agent/Broker credentialing

Agents/Brokers must be properly licensed, contracted with Cigna-HealthSpring, appointed by Cigna-HealthSpring, and successfully complete annual certification before being able to sell any Cigna-HealthSpring products.

## Licensing

An Agent must be licensed and appointed in their primary state of residence and all other states the Agent will market and sell Cigna-HealthSpring products. The Agent must pass Cigna’s background check to sell any Cigna-HealthSpring products. The Agent is responsible for obtaining and keeping the appropriate license. Licensing rules vary by state. The Agent must contact their Topline or Local Market Manager for further details. The Agent must also be in good standing with Cigna-HealthSpring and supply Cigna-HealthSpring with a copy of the license upon request within seven calendar days.

Agencies must be licensed and appointed in all states they and their Agents sell and market products for Cigna-HealthSpring. Agencies must maintain the license and appointment to annually service customers in order to maintain renewal commissions.

An Agent must warrant and represent they are properly licensed, certified, and/or registered under applicable state laws to sell and/or market Medicare Advantage and/or Medicare Part D products in the state(s) where there is intent to sell and/or market Cigna-HealthSpring products. The Agency must further warrant and represent all of their individual Agents and downline subcontractors are also properly licensed, certified, and/or registered under applicable state laws to sell and/or market Medicare Advantage and/or Medicare Part D products in the state(s) where there is intent to sell and/or market Cigna-HealthSpring products.

The failure of an Agent/Agency to maintain the appropriate licensure, appointments, and certification, will result not only in the inability to sell the Cigna-HealthSpring product, but will also cease future renewals.

## Contracting

### Sales Agency Agreement

The Sales Agency Agreement is for Agencies and Agents who are directly contracted with Cigna-HealthSpring. The agreement establishes the terms and conditions under which the Sales Agency and

its downline Agencies and Agents are authorized to sell Medicare Advantage and Prescription Drug Plans offered by Cigna-HealthSpring including the compensation that Cigna-HealthSpring will pay Sales Agency and its downline sales Agencies and Agents for selling such health plans.

### Subordinate Agent Agreement

This Subordinate Agent Agreement is executed by and between Cigna-HealthSpring and a Subordinate Agent. This agreement states the Subordinate Agent agrees to be legally bound by the terms and conditions of the Sales Agency Agreement.

### Contracting process

An Agent must have an executed agreement with a FMO, SGA, MGA, GA or Cigna-HealthSpring, as applicable. External Topline Agencies are responsible for securing contracting paperwork and submitting onboarding and maintenance requests for their downline subagencies and Agents. The Cigna-HealthSpring Contracting Department is responsible for reviewing contracting paperwork, processing onboarding and maintenance requests, communicating to recruiters in regard to current status, activating Agents, and archiving contracting documentation.

An Agent’s first step in the onboarding process is to complete all required contracting paperwork for submission to Cigna-HealthSpring.

### Downline contracting packet

The completion and authorization of the following items is required:

- ✓ Agent Application
- ✓ Release Authorization and Fair Credit Reporting Act Disclosure
- ✓ Subordinate Agent Agreement – referenced above
- ✓ Assignment of Commissions Agreement Form (applicable if Agent is assigning commissions to their upline Agency)
  - Authorizes and empowers the Company to pay Assignee all compensation
- ✓ Hierarchy form
- ✓ Principal Designation form (applies to Agency only)
- ✓ EFT form (accompanied by voided check)
  - Complete this form if you would like Direct Deposit; if you do not complete this form, you will be mailed checks instead
- ✓ W-9

## Recruitment ethics

When recruiting new Agents as you build your Agency, it is often common to come across existing Cigna-HealthSpring Agents and Agencies. As a rule, you cannot contract with any current Cigna-HealthSpring directly contracted or employed Agents without written consent from Cigna-HealthSpring. The directly contracted or employed Agent can request release from their Broker Account Manager.

As a general guideline, we request you respectfully walk away from any current Cigna-HealthSpring Agent or Agency writing under an existing hierarchy.

In an effort to minimize running into existing Cigna-HealthSpring Agents, each local market can scrub your recruiting lists against active Cigna-HealthSpring Agents. Please submit to your local market manager before starting your mail or call campaign.

Cigna-HealthSpring looks forward to working with you as you grow your organization. We encourage all of our selling Agents/Agencies to maintain the highest levels of professionalism, courtesy and respect toward others.

### Contracting platform

Producer Express is the Cigna-HealthSpring data source for license and appointment information. Appointments are processed according to state licensure and appointment laws via the automated onboarding and appointment processing system.

## New Agency/Agent onboarding process

### Step one

New Agents and Agencies are onboarded via Producer Express.

- External Agents are onboarded by their respective Topline Agency recruiter(s).
- Directly contracted Agencies are onboarded by the Cigna-HealthSpring Contracting Department.

### Step two

Once onboarding is completed and submitted by the recruiter:

- A background check will be automatically initiated (only applicable to Agents) and the automated appointment processing with the National Insurance Producer Registry (NIPR) database will begin for states selected by the recruiter during onboarding.

- Background Check: If an Agent passes the background check, the contracting process will continue. If an Agent fails, they will receive an email with additional information regarding the appeals process. Background checks can take anywhere from five to 14 business days depending on the state.

### Step three

Once the background check is completed and at least one appointment is in place, a record for the Agent is established.

- The new Agent profile dictates the appropriate certification modules assigned in Cigna-HealthSpring Producers' University.

### Step four

An Agent/Agency is not activated to market and sell Cigna-HealthSpring Medicare Advantage plans until the following have been validated:

- There is at least one active license and appointment in place.
- The background check was successfully passed (only applicable to Agents).
- Successful completion of certification requirements.
  - Agencies are required to log in to Cigna-HealthSpring Producers' University and attest to the Policies and Procedures and Rules of Engagement.

Once certification is complete, the "Ready-to-Sell" email is sent to the Agent advising that he/she is ready to begin marketing and selling for Cigna-HealthSpring. The email identifies the state(s) in which the Agent is appointed and the Agent's writing number. An Agent is only approved to sell in the states listed in the email and no others. If the Agent intends to sell Cigna-HealthSpring products in additional state(s), they must inform their recruiter who will initiate the request with Cigna-HealthSpring contracting. The recruiter can contact contracting by emailing the contracting mailbox at **ContractingMailbox@HealthSpring.com** with the Agent ID and a request to be appointed. An Agent is not approved to begin selling in additional state(s) until they receive confirmation of their state appointment(s) from Cigna-HealthSpring.

If an Agent has any questions or needs assistance with any part of the onboarding process, please contact Cigna-HealthSpring Sales Operations at **ContractingMailbox@HealthSpring.com**.

## Contracting and changing hierarchies

Most contracted Agents who are appointed to sell for Cigna-HealthSpring, align under a company-approved and contracted General Agency or FMO. When an Agency/Agent changes hierarchies, residual override commissions are retained by the hierarchy structure and are subject to the contract terms in place at the time of the original sale.

If an Agent/Agency wishes to change hierarchies they must follow the steps below.

### Steps for an Agent/Agency to change hierarchies with a new GA or FMO

The Agent/Agency must be in good standing with Cigna-HealthSpring. The Agent/Agency cannot be under investigation internally or externally, must have acceptable compliance metrics, sufficient sales, not be in debt to Cigna-HealthSpring, not have third-party paper prohibiting a move in hierarchy, and must possess an active writing number with Cigna-HealthSpring.

An Agent/Agency must transfer to the same or lower contract level with the new FMO/Topline Agency. The Agent/Agency may only upgrade to a higher contract level after six months from the change date and if production requirements are met.

The Agent/Agency must be successfully released from the current FMO/Topline Agency before any move can be made to a new FMO/Topline Agency. A successful release can be accomplished in one of three ways:

1. Obtain a release letter signed by the current FMO/Topline Agency.
2. If the Agent has been continuously active under the same FMO/Topline Agency for at least the previous six months but has not produced any business during that time, no release is required to change hierarchies.
3. If the FMO/Topline Agency is unwilling to grant a release, and the Agent/Agency has produced business in that previous six months, the Agent/Agency can submit a signed and dated "Request for Release from FMO/Topline Form" to the Contracting Department via email (**ContractingMailbox@HealthSpring.com**). This will serve as the Agent's/Agency's intent to make a change to a new FMO/Topline Agency and will start the six-month waiting period to be eligible to switch hierarchies without a release. After the

initial acknowledgement of the change request, no additional notices or reminders will be sent from Cigna-HealthSpring regarding the eligibility date. At the end of that six-month period the Agent/Agency would be free to recontract under another FMO/Topline Agency regardless of any business written. The accepting FMO/Topline Agency is responsible for collecting the required paperwork and onboarding the Agent/Agency in Producer Express (Sircon).

Agents and other entities in the FMO hierarchy are permitted to change sales hierarchies no more than once per calendar year under the six-month notice scenario.

### Agency/Agent request to change hierarchies within the same FMO

The FMO/Topline Agency has discretion to move and change the level of Agents and solicitors within their hierarchy structure at a reasonable frequency.

The FMO/Topline Agency does not need the consent of the Agent or Agency to complete a move or downgrade within its own hierarchy. The FMO/Topline Agency does, however, need to notify the Agent/Agency of the move or downgrade. The FMO/Topline Agency will initiate/submit any move or downgrade requests to Cigna-HealthSpring Contracting. Residual override commissions are retained by the hierarchy structure and are subject to the contract terms in place at the time of the original sale.

When an Agent/Agency is moved, the contracted downline will move along with the Agent/Agency, unless other arrangements are requested by the FMO/Topline Agency and approved by Cigna-HealthSpring.

### Request for Release from FMO/Topline

The Agent must complete a Request for Release from FMO/Topline form to show intent to change sales hierarchies. The Agent can access the form in the Agent Resource Library of the Cigna-HealthSpring Producers' University or request the form from Cigna-HealthSpring contracting at **ContractingMailbox@HealthSpring.com**. The completed form should be returned to **ContractingMailbox@HealthSpring.com**. The Agent is then responsible for completing the required paperwork and providing it to their new FMO/Topline Agency for onboarding on or after the eligibility date.



The Agent must ensure Cigna-HealthSpring has received notification of the “Request for Release” and documented the date in the system to start the six-month waiting period to be eligible to switch hierarchies without a release. The six-month timeframe for a release officially begins on the day the Contracting email box receives the release form. After initial acknowledgement of the change request, no additional notices or reminders will be sent from Cigna-HealthSpring regarding the eligibility date. At the end of the six-month waiting period, the Agent will be free to onboard with the Agency of their choosing. Agents may continue to sell during the six months, but the business sold in that six-month timeframe remains under the hierarchy in place at the time the business is written.

## Errors and Omissions

Cigna-HealthSpring requires all Agencies to carry an Errors and Omissions (E&O) policy consistent with industry standards, but at least \$1,000,000 per occurrence and \$1,000,000 aggregate limit, with a reasonable deductible. The Agency is required to notify Cigna-HealthSpring of any reduction, modification, cancellation or termination of the Errors and Omissions insurance. The Agency and their Topline is required to promptly provide evidence to Cigna-HealthSpring such coverage is in force from time to time upon Cigna-HealthSpring’s request. The Agency and their Topline if applicable, are required to ensure all individuals employed by or contracted by the Agency, including Subordinate Brokers or Agents, shall maintain Errors and Omissions Insurance in amounts consistent with industry standards, but at least \$250,000 per occurrence and \$250,000 aggregate limit, with a reasonable deductible, or the applicable state required coverage amounts, and to provide evidence of such coverage upon request by Cigna-HealthSpring. Failure to maintain adequate Errors and Omissions insurance in accordance with this Agreement is considered a breach of the Agreement and may be cause for termination of the Agreement. Failure to maintain Errors and Omissions insurance will lead to disciplinary actions up to and including immediate termination in accordance with Cigna-HealthSpring policies and procedures.

## Agent/Broker training and certification at Cigna-HealthSpring

Cigna-HealthSpring approaches training as a tool to help our Agents become successful. To this end, we offer a variety of performance-focused training and ongoing learning opportunities for all our new and existing Agents.

Training and certification can be accessed through Producers’ University at

**CignaHealthSpringProducers.com.**

### Training requirements

- ▶ Certification is required upon contracting as an Agent/Broker and annually thereafter.
- ▶ Agents are required to:
  - Complete certification prior to selling any of our products
  - Complete certification to remain active and qualify for renewals and service existing customers
  - Pass each course with a minimum score of 85%
  - Pass each course in no more than three attempts
- ▶ Certification includes standard Medicare training, referred to as “universal” training and Cigna-HealthSpring specific courses.
- ▶ Agents are required to complete universal training in addition to the Cigna-HealthSpring core certification courses. Agents may choose to complete the required External (universal) Medicare and Fraud Waste and Abuse Training provided by any of the following companies.
  - AHIP  
**www.AHIPMedicareTraining.com**
  - Gorman Health  
**http://www.medicaresalestraining.com**
  - Pinpoint Global  
**https://medicareonlinecertification.com**

Both AHIP and Pinpoint Global certifications can be accessed directly from the Producers’ University.

- ▶ For reasons of emphasis, clarity or CMS directives, Cigna-HealthSpring’s certification courses may repeat certain topics that Agents may have covered in the external training.

**Cigna-HealthSpring Certification Curriculum\***

<b>Course name</b>	<b>Key focus</b>
<b>Selling with Integrity**</b>	Our selling process How to sell consultatively and compliantly in one-on-one setting and telephonically Our value proposition
<b>Products and Benefits Overview</b>	Line of products and features Model of care Eligibility Snapshot of all plans and the key benefits
<b>Our Compliance Program</b>	Key requirements of our Compliance Program HIPAA and Compliance culture Agents role in our Compliance Program Reporting violations
<b>New Agent Training***</b>	Doing business with Cigna-HealthSpring; Tools, processes, key requirements and our value proposition
<b>Attestations</b>	Review and attestation of Rules of Engagement, Policies & Procedures, Social Media and Privacy
<b>Cigna-HealthSpring Rx (PDP)</b>	Our stand-alone Part D product

\*The curriculum and content may change slightly from year to year.

\*\*Selling with Integrity is offered in three different versions: Field, Telesales and Combined Field and Telesales Agents. Agents will be assigned one based on their contract or their upline’s contract with us. If an Agent changes their selling method (i.e., Field to Telesales) the agent will be required to complete the appropriate Selling with Integrity course in order to continue selling via the new method.

\*\*\*New Agent Training is required for all newly contracted Field Agents and may be online, or instructor led (face-to-face).

**Remediation training**

This training is focused on helping Agents improve compliance performance and satisfy Sales Development Action Committee (SDAC) violation requirements. SDAC is Cigna-HealthSpring’s sales development (and disciplinary) action program.

- Remediation courses are assigned as needed
- Agents are required to complete (usually within 10 business days) to continue to be in good standing with Cigna-HealthSpring
- A coaching session with a Cigna-HealthSpring employee may be a required component of the remediation training

**Invitation only**

Certain training courses and events are invitation only. When applicable, Agents will be invited to register for the training and attend online or in person. An example of this is our Sales Event Training for Agents that have been handpicked to conduct sales events on behalf of Cigna-HealthSpring.

### Accessing training

Most courses are offered as self-paced eLearning on Cigna-HealthSpring Producers' University. Courses are available at **CignaHealthSpringProducers.com**. This system allows Agents to have easy access to training and learn at their own pace. A few other courses are instructor-led (face-to-face) or virtual instructor-led (webinars). Some may also be offered as blended learning incorporating both eLearning and instructor-led content.

- In order to access the Producers' University and any of our eLearning content including certification and other courses, Agents will need to complete registration on the site, first as a new Agent and then, annually. Only Agents who have been fully onboarded in Producer's Express and set up in our Pivotal system may register and access the Producers' University. These systems feed user information to the Producers' University to enable an Agent to register and prevent an unauthorized access. An Agent's username on Producers' University is usually his or her National Producer Number (NPN). Agents will need to create a secure password to go with the username. Agents can access their learning or training track upon logging in to Producers' University. Agents can also register for instructor-led training using the Training Calendar available on the site.
- The Resource Library page of the Producers' University contains several downloadable job aids and reference materials on an abundance of topics that Agents can find useful before, during and after the sale.

### Inactive Agents

Agents who no longer have an active agreement with Cigna-HealthSpring are not allowed to access any of our training. Inactive Agents will need to complete the recontracting process in order to access training.

### Training Steps:

1. Go to Producers' University
2. Log in with the username and password previously sent via email
3. Click "My Learning" to see tracks
4. Select any course to start. Agents have three attempts to pass each course

5. Launch and complete AHIP or Pinpoint Medicare Training or upload a valid certificate from AHIP, Pinpoint or Gorman Health
6. Attend face-to-face training if required

Cigna-HealthSpring ensures that our training and testing programs are designed and implemented in a way that maintains the integrity of the training and testing in order to ensure each individual is taking the test independently. Cigna-HealthSpring maintains evidence of the training tools, training exams and documentation demonstrating evidence of completion and can provide this information to CMS upon request.

### Annual attestation

Agencies are required to review and abide by the Cigna-HealthSpring Policies and Procedures, Rules of Engagement, and Social Media and consent through electronic attestation.

### Product knowledge

Agents must maintain a proficiency in, and knowledge of, Cigna-HealthSpring's Medicare Advantage/ Prescription Drug Plan products as well as all necessary compliance requirements.

### Policies and Procedures

Agents must comply with Cigna-HealthSpring sales performance and disciplinary standards as set forth in Cigna-HealthSpring Policies and Procedures. Agents can find additional information about Cigna-HealthSpring's Sales Policies and Procedures in the Resource Library within Producers' University.

### Welcome email

Once an Agent is fully contracted and successfully certified and trained, he or she will receive a welcome email containing an Agent writing number. Agents should not begin marketing Cigna-HealthSpring plans until they have received a Welcome/Ready-to-Sell notification email. This email will contain the Agent writing number and list of approved states in which the Agent can sell Cigna-HealthSpring products.

## SECTION III

## SUSPENSION AND TERMINATION

### Suspension of sales and marketing

Cigna-HealthSpring expects you to comply with all Centers for Medicare & Medicaid Services (CMS) regulations, state and federal laws, guidelines, and Cigna-HealthSpring rules, policies, and procedures.

- › If at any time your performance or action damages or threatens to damage any Medicare beneficiary or the reputation of Cigna-HealthSpring or does not meet the Cigna-HealthSpring's standards, Cigna-HealthSpring can, at its discretion, initiate suspension of your sales and marketing activities.
- › A determination to suspend can also be based on the severity of an allegation(s), the number of pending complaints or investigations, the nature and credibility of information initially provided, and/or the number of customers or beneficiaries affected, and can be based on other oversight criteria. In such cases, suspension is effective until the investigation is completed and a final disciplinary recommendation has been made.
- › Cigna-HealthSpring may be required to report the suspension to the applicable state or government Agency.

### Suspension process

- › When a recommendation to suspend your sales and marketing activities is made, you will be mailed a suspension notification via certified mail from Cigna-HealthSpring Contracting with a copy, sent via email, to your FMO or upline.
- › You are not to solicit or sell Cigna-HealthSpring products while on a suspension status.
- › New business written during the suspension period will not be eligible for commission and would be a significant violation.
- › Cigna-HealthSpring will satisfy state department of Agency suspension reporting requirements with notification to the appropriate state Agencies.

### Temporary hold status

Depending on the circumstances, an Agent may be placed on "temporary hold." The status of "temporary hold" means:

- › You are not to solicit or sell Cigna-HealthSpring products while on a temporary hold status.

- › Any outstanding commissions will continue to be paid during this period.
- › We are not obligated to report your status to a government Agency unless further action is required.

### Agent termination: not-for-cause and for-cause

All contract and appointment terminations are classified not-for-cause or for-cause. Termination of appointment may be recommended by Cigna-HealthSpring, the Field Marketing Organization (FMO), the General Agency (GA), a regulatory Agency, state Department of Insurance, or an Agent may request a voluntary termination or an alteration to the FMO hierarchy.

### Not-for-cause termination (Agent/Agency)

A not-for-cause termination can be initiated by your FMO, GA, Cigna-HealthSpring, or you, for any reason including, but not limited to, relocation, expired license, expired Errors and Omissions insurance coverage. The following process is followed when a not-for-cause termination is requested.

- › Termination requests may be submitted to Contracting at **ContractingMailbox@HealthSpring.com**, subject line: "Termination."
- › The terminated Agent/Agency will be mailed a termination notification via certified mail which will identify the effective termination date.
- › State level appointments will be terminated in conjunction with federal and state requirements.
- › When an Agency is terminated: Any downline Agents/Agencies will be moved under the next highest entity in the hierarchy.
- › Termination will cease payment of commissions.

### AGENT

If you are terminated by your FMO/Topline Agency and are in good standing with Cigna-HealthSpring, (i.e., not under investigation internally or externally, have acceptable compliance metrics, sufficient sales, not in debt to Cigna-HealthSpring and/or current upline, do not have third-party paper prohibiting a move in hierarchy), you may re-contract under a new hierarchy or direct to Cigna-HealthSpring. If recontracting, onboarding,

certification, and activation are complete within 30 days of the termination date, commissions and renewals may be restored. Certification after termination will include a face-to-face workshop requirement if this has not been done within the prior 12 months.

### AGENCY

If an Agency is terminated by its FMO and is in good standing with Cigna-HealthSpring, the Agency may recontract under a new hierarchy or direct to Cigna-HealthSpring.

### For-cause termination

A for-cause termination can be initiated by Cigna-HealthSpring or by an external regulatory Agency.

- › A for-cause termination notification letter, detailing the offense, termination effective date, and the appeal process, is sent to you via certified mail.
- › Your FMO or upline is emailed a copy of your notification letter.
- › State level appointments will be terminated in conjunction with federal and state requirements. Communication to any state in which the Agent/Agency is appointed will be made in accordance with all federal and state requirements.
- › When an Agency is terminated, any active downline Agents/Agencies will be moved under the next highest entity in the hierarchy.
- › Termination will result in the Agent/Agency being ineligible to receive any further commission payments.
- › In some cases, as directed by the Cigna-HealthSpring Sales Development Action Committee your profile in the contracting systems could also be marked as “Do Not Recontract”.
- › If you are terminated for cause due to compliance and/or other disciplinary reason, per our policy, you must wait at least one year before applying for reinstatement.

### “Do Not Recontract” reconsideration process

If you are flagged “Do Not Recontract,” you may not contract with any Cigna company or its affiliates, including, but not limited to, all Cigna-HealthSpring and commercial products.

The following is the process by which you may request reconsideration of your “Do Not Recontract” status:

- › When you receive your termination letter, you have ten (10) business days to appeal by submitting the Request for Reconsideration of Appointment to the Contracting inbox. Please send it via email to **ContractingMailbox@HealthSpring.com**.
- › If there are no open violations against you, the request will be considered at the next Sales Development Action Committee (SDAC) meeting. If there are open violations, the appropriate sales leader and you will be notified via email or telephone that the reconsideration request will not go to the committee until the open violation(s) have been closed.
- › The reconsideration request, along with any pertinent new information, is reviewed by the SDAC. When the committee has made a determination, the outcome will be documented in your Agent file and you will be notified in writing with an electronic copy to your FMO.
- › If you are approved for reinstatement, you will be required to recontract by submitting a new contracting packet.
- › If you are not approved for reinstatement, you must wait at least one year before submitting any additional request for reconsideration.



## SECTION IV

## COMMISSIONS

The information contained in this section provides a general summary of the Compensation Rules of Engagement and the Medicare Advantage Prescription Drug Compensation Schedule. Please refer to each respective document for additional details. The Medicare Advantage Prescription Drug Compensation Schedule and the Compensation Rules of Engagement shall supersede in the event of a conflict with this Section IV.

### Compensation overview

Cigna-HealthSpring annually publishes the Medicare Advantage Prescription Drug Compensation Schedule and Rules of Engagement which provides additional details pertaining to our commission processing. The Compensation Rules of Engagement can be found on Cigna-HealthSpring Producers' University.

Per CMS guidelines, Cigna-HealthSpring defines a compensation year as January–December (a normal calendar year). Cigna-HealthSpring is required to pay Agents at the compensation rates filed and attested annually with CMS. Agents with an Assignment of Commission (AOC) must also be paid at these compensation rates by the assignee unless a compliant compensation plan is submitted with documented approval from Cigna-HealthSpring. These rates and additional information can be found in the Cigna-HealthSpring Compensation Rules of Engagement.

### Commissions – individual sales

Enrollments must be a result of the direct contact between the Agent/Broker and the individual prospect. Cigna-HealthSpring will pay a commission for each individual whom Agents/Brokers enroll in a Cigna-HealthSpring Medicare Advantage Prescription Drug Plan. Commissions for new applications are paid per the current commission schedule set forth annually located on Cigna-HealthSpring Producers' University. Commissions will be paid during the normal commission payment schedule as set forth by Cigna-HealthSpring policy unless otherwise agreed between the parties.

### Assignments of Commissions (AOC)

Definition: A document which defines how an Agent commission is paid at the time a member is enrolled, and for all future payments on that enrollee, should the

customer remain on the books with Cigna-HealthSpring. The AOC directs current and renewal Agent commissions related to the specific customer to the direct upline Agency (Assignee). The AOC only pertains to business written as of the day the agreement is signed forward.

### Agreement to Service the Member (ASM)

Definition: An executed document between the Assignee Agency and Cigna-HealthSpring whereby the Assignee agrees to properly service the Cigna-HealthSpring customer in the event of a Subagent becoming inactive, terminated from the hierarchy, or from Cigna-HealthSpring. Termination may be due to a variety of reasons including failure to certify, cancelled/expired licensure, death, retirement, etc.

CMS only allows Cigna-HealthSpring to release Agent level commission payments if the Agent is actively licensed, appointed and certified. In the case of an AOC, the AOC demonstrates that there is a new Agent within the Assignee Agency's organization dedicated to the service of that customer (Agent of Record or AOR). An AOC must be in place for the ASM to be valid. Rules and requirements surrounding the ASM document can be found in the Cigna-HealthSpring Compensation Rules of Engagement.

### New application commission payments

In order to be eligible to receive a commission payment from Cigna-HealthSpring, both the Agent and Agency should be properly contracted, licensed, and appointed (based on each state's regulations) prior to making a sale. Agents must also complete annual training/certification requirements prior to making a sale, per CMS. If the writing Agent is noncompliant, a commission payment will not be administered to any and all parties, including hierarchy, for the applicable enrollment. In the event an Agency is noncompliant the specific Agency will not receive commission payment, but all other compliant entities in the hierarchy will receive payment. Cigna-HealthSpring commission payments on new applications are made per the schedule provided and located on Cigna-HealthSpring Producers' University. Payment schedules may be changed annually and/or at the discretion of Cigna-HealthSpring.

## Commission Department services

The Commission Department exists to process new applications, chargeback, CMS reconciliation and renewal commission payments, as well as to provide service to the Agent and Agency partners surrounding these payments. Any inquiries to the Commission Department should be sent from the Broker partner through secure messaging via Cigna-HealthSpring's secure web portal or another secure portal utilized by the Broker partner. Inquiries are very important to the Commission Department and all inquiries will receive a response within two business days of receipt, except during high-volume periods such as following the January renewal payment and the 1/1 new sales cycles. All commission inquiries should be made to **Commissions@HealthSpring.com**.

## Commission statements

During pay periods in which an Agent or Agency has transactions (new application, chargeback, CMS reconciliation or renewal records), a commission statement will be generated. Cigna-HealthSpring statements are emailed to all producers via secure email from the Commission Department and registration to this site (login and password) is required to access the statements. Arizona Agents/Agencies can access commission statements for business written under a legacy Cigna AZ contract within the Evolve portal. These statements are not emailed unless requested from Cigna Producer Commissions.

Currently, Cigna-HealthSpring uses Zix as the secure email site. Agents or Agencies who have trouble opening their statements through the secured Zix system should call the Cigna-HealthSpring Agent Assistance Line (HAAL) at **866.442.7516** or email HAAL at **HAAL@HealthSpring.com**.

HAAL's hours of operation are:

- October 1–December 7 (AEP): Monday–Saturday 7:00 am–9:00 pm CST and Sunday–9:30 am–6:00 pm CST
- December 8–September 30 (Lock-In): Monday–Friday 7:00 am–6:00 pm CST.

All commission statements outline the activity which has occurred within the given pay period for each producer.

## Selling an active commissionable book of business

Subject to CMS rules and regulations, as amended from time to time, and when approved by Cigna HealthSpring Producer Commissions management, Agents and Agencies may be permitted to transfer their active commissionable book of business (BoB) to another Agent or Agency in good standing with Cigna-HealthSpring if the transfer is the result of an acquisition, merger, sale, consolidation, or other legal transaction. Detailed rules and requirements for a Book of Business transfer can be found in the Cigna-HealthSpring Compensation Rules of Engagement.

## SECTION V

**OVERSIGHT****Compliance/oversight responsibility**

Cigna-HealthSpring annually publishes a FDR Oversight Program Guide which contains guidelines and resources for you to utilize when performing compliance and oversight activities. The Oversight Program Guide can be found on Cigna-HealthSpring Producers' University. Furthermore, the Delegated Services Agreement contains additional obligations for compliance and oversight activities by Agencies. The FDR Oversight Program Guide and the Delegated Services Agreement shall control in the event of a conflict with this Section V.

**This information provides high-level oversight guidance; refer to your DSA, FDR Oversight Program Guide, and training modules for additional information. The information below is not all-inclusive.**

The Agency agrees to regularly review the performance of its data, as well as its Agent's data and, if applicable, any subcontractor Agency and Agent data as part of its normal operations to confirm ongoing compliance and to ensure any identified corrective actions are undertaken and effective. While Cigna-HealthSpring is ultimately responsible to CMS for the sales and marketing activities of Agency, Agency acknowledges and agrees that Cigna-HealthSpring will oversee and hold Agency accountable for the functions and responsibilities described in the Medicare Advantage and Medicare Part D regulatory standards and the performance of all services. The Agency must maintain an effective Compliance Program and Standards of Conduct, and require its employees, Agents and all subcontractors to act in accordance with the requirements. The Agency will provide a copy of its current Compliance Program and Standards of Conduct annually or when revised.

Agents must actively participate in the Cigna-HealthSpring oversight program, the thresholds and standards of which may be changed or enforced in the sole discretion of Cigna-HealthSpring, and which may include, but is not limited to:

- a. Periodic review of Agent's contractual obligations to ensure Agent is meeting requirements;
- b. Participation in Cigna-HealthSpring's Ride Along Program which consists of a Cigna-HealthSpring

representative attending sales presentation(s) with the Agent to meet a potential customer, performing a mock review whereby no potential customer is present, or reviewing a telephone recording. Agents are evaluated to ensure their presentation meets Cigna-HealthSpring and CMS requirements and must receive a passing score.

- c. Participation in Cigna-HealthSpring's Secret Shopper Program which consists of a trained individual, with an outside vendor, actively approaching a sales event and/or scheduling a meeting with an Agent to ensure the Agent's presentation meets Cigna-HealthSpring and CMS requirements. Agent must receive a passing score.
- d. Review of applications to ensure they are completed per Cigna-HealthSpring and CMS standards.
- e. Review of Scope of Appointments to ensure they are obtained and completed per Cigna-HealthSpring and CMS standards.
- f. As applicable, ensure sales events are approved by Cigna-HealthSpring prior to event and within the CMS timeframe for submission.
- g. Regularly review Agent's rapid disenrollment rate to ensure it does not exceed acceptable thresholds.
- h. Ensure applications are submitted timely per Cigna-HealthSpring and CMS Policy.
- i. Regularly review Agent's complaint rate to ensure it does not exceed acceptable thresholds.
- j. Regularly review Agent's void rate to ensure it does not exceed acceptable thresholds.
- k. Periodic review of other Cigna-HealthSpring policies and procedures to ensure compliance.

Cigna-HealthSpring has implemented a disciplinary action program which is managed by the Sales Development Action Committee (SDAC). The SDAC is comprised of senior leadership within Cigna-HealthSpring and meets regularly to review potential Cigna-HealthSpring and CMS policy violations by the Agent. Policy violations may trigger a remediation/corrective action plan which the Agent must complete. Remediation/corrective action plans may include, but are not limited to:

- a. Retraining;
- b. Meeting w/a Cigna-HealthSpring representative to review the violation(s) and discuss policy requirement(s);
- c. Ride alongs;
- d. Secret shops;
- e. Formal audit;
- f. Financial penalties
- g. Suspension of selling activity which must be reported to state and federal Agencies;
- h. Temporary hold of selling activities;
- i. Termination of contract.

**Complaints (CTM)**

A CTM is a complaint that is received from the Centers for Medicare & Medicaid Services (CMS) that has been filed by a customer, a customer’s representative, a provider or a regulatory Agency (SSA, congressional office, etc.) on behalf of a customer and alleges a misrepresentation of the plan or plan benefits was made by the Agent.

Cigna-HealthSpring receives CTMs directly from the CMS’s Health Plan Management System (HPMS), Complaints Tracking Module (CTM), a database that assists CMS and its contracted plans in tracking and resolving complaints.

Each complaint received within the database is considered a “CTM” or CTM case.

A CTM can be filed against any Cigna-HealthSpring plan contracts (PDP and MAPD) and can be for any type of issue such as customer service, enrollment/disenrollment, copay/coinsurance, pricing/premium, claims, benefits, coverage determinations, organization determinations, appeals, etc. A CTM concerning the actions of any Agent can also be alleged.

Each CTM is assigned an issue level by CMS, which determines the due date of the CTM case. Our internal guidelines follow the CMS issue levels.

- ▶ Immediate Need CTM – two-day turnaround time
- ▶ Urgent CTM – seven-day turnaround time (internal goal five days)
- ▶ Regular CTM – 30-day turnaround time (internal goal 20 days)

Cigna-HealthSpring Agents must keep CTM complaints as low as possible.

**Reporting of identified compliance issues**

Agent/Agency will report potential issues which may be violations of CMS or plan policy requirements affecting his or her selling privileges to Cigna-HealthSpring upon discovery. Upon identification of issues which are violations of CMS or plan policy requirements, Agent and Agency agrees to cooperate with Cigna-HealthSpring by providing any and all documentation required to evaluate, correct and monitor the identified issue.

## SECTION VI

**TELESALES REQUIREMENTS****Establishing a Telesales Agency with Cigna-HealthSpring**

At Cigna-HealthSpring, we believe in providing quality care and responsive service to our customers when and where they need it. We are focused on putting our customers at the center of all we do and welcome Agencies who share this focus. These guidelines provide additional details on how to establish a compliant and customer-focused telesales Agency on behalf of Cigna-HealthSpring.

**2017 inbound Telesales Agency criteria**

All Medicare Marketing Guidelines as well as all Centers for Medicare & Medicaid Services (CMS) guidelines must be followed by any organization that will perform telephonic enrollment functions (telesales). The following minimum requirements outline what is necessary to implement and maintain telesales functions on behalf of Cigna-HealthSpring.

**Compliance requirements**

- › Telesales Agencies are required to adhere to the telesales setup criteria, the Telesales Addendum in the Delegated Services Agreement, and telesales policies and procedures.
- › If the organization does not adhere to the telesales requirements, and if appropriate remediation action is not taken within 72 hours of written notice, the organization may be subject to immediate termination.
- › The telesales function will be evaluated on an annual basis to ensure compliance with CMS guidelines, Cigna-HealthSpring policies and contract adherence with regards to telesales production.
- › The Agency must create and maintain all applicable policies and procedures to support the telesales functions, which include both technical and administrative safeguards.

Any violation of Cigna-HealthSpring and/or CMS policies may result in disciplinary action up to and including termination of the Cigna-HealthSpring contract.

**Organizational structure**

- › Prior to startup, the Agency will determine if they will operate year-round or only during AEP.

- › Agency should notify their Client Service Manager in writing, 30 days prior to making changes to their operating duration (days of operation, operation hours or closing of telesales operations). Changes cannot be made until written approval is received from Cigna-HealthSpring.
- › The telesales Agency should have a point of contact for daily management as well as escalation issues.

**Production requirements**

- › There is a 12-month ramp-up period for new telesales Agencies to meet production requirements.
- › Production requirements must be met at the Agency contract level.
- › Failure to meet production targets for two consecutive months may result in termination of the telesales portion of the contract with 30-day notice.

**Licensure**

- › All Agents are required to complete the appropriate licensing and Agent requirements in all states the Agency sells the Cigna-HealthSpring product. This includes AHIP training as well as additional required training modules.
- › Once all training is complete, the Agent will be made “active.” The Agent will then be assigned a writing number and Agent ID to access the Cigna-HealthSpring enrollment platform. Agents will only be ready to sell after they receive their Cigna-HealthSpring “Welcome Letter,” listing the states and appointments in which they are permitted to sell.
- › Cigna-HealthSpring will appoint and/or terminate all Agents processing telephonic enrollments.
- › All Agents must comply with any additional training requirements identified during the term of the agreement with Cigna-HealthSpring.
- › Telesales training will occur between September 1 and October 15 each year. Onsite and/or webinar training may be provided by Cigna-HealthSpring at the time of initial set-up, and annually thereafter.

**Initial setup of new Telesales Agency**

- › An Agency site visit must occur prior to proceeding with implementation.



- › Site visits will involve a complete assessment, which may include, but is not limited to, telesales operations, technical capabilities and compliance oversight.
- › Any deficiencies identified during the site visit will be communicated to the Agency with required remediation. Timeframes for completing remediation work will be agreed upon by both the Agency and Cigna-HealthSpring. If remediation deadlines are not met, telephonic enrollment capability will not be granted.
- › The Agency will be provided with copies of all applicable guidance (marketing, sales, etc.) that will need to be captured in policies and procedures.
- › Agency will have to complete a Cigna-HealthSpring IT review, also known as the External Service Provider Questionnaire (ESPQ Review)

### Telephonic systems

- › An Agency must have a telephone system that can accurately route prospective customers to trained and qualified individual employees who can appropriately handle their call.
- › The telephone system must be able to transfer calls to a particular Agent as requested or needed. Live demonstration may be required during site visit.
- › The telephone system should have the capability to do either silent or side-by-side monitoring of live calls. Live demonstration may be required during site visit.

Examples of currently approved systems for telesales:

- Recording systems:
  - Mitel
  - Versadial
  - Spitfire Dialer
  - Oaisys
  - Filezilla
  - MXIE
  - Velocity
- Telephone systems:
  - Mitel
  - Versadial

- Spitfire Dialer
- Filezilla
- Five 9
- Velocity
- Lead management systems:
  - Zoho
  - Redtail
- › The telephone system must also have voicemail capability or administrative support to answer calls when a licensed Agent is not available. Agency must return the call within one business day. Live demonstration may be required during site visit.
- › An Agency must be able to record all telephonic sales presentations and enrollments for the duration of the call, including internal transfers.
- › An Agency must successfully complete testing prior to going live. Testing would include recording calls and successfully retrieving the stored data. Live demonstration may be required during site visit.
- › An Agency must be able to save recordings in a .WAV or .MP3 file using the following naming convention (Live demonstration may be required during site visit):
  - Application calls should be saved as:
    - Customer’s name\_Agent’s name\_YYYYMMDD\_carrier name
  - Fact finding calls (includes needs assessment and/or presale call) should be saved as:
    - Customer’s name\_Agent’s name\_YYYYMMDD\_carrier name\_FF Part 1
    - Customer’s name\_Agent’s name\_YYYYMMDD\_carrier name\_FF Part 2
    - Customer’s name\_Agent’s name\_YYYYMMDD\_carrier name\_FF Part 3
  - Rewritten Application calls should be saved as:
    - Customer’s name\_Agent’s name\_YYYYMMDD\_carrier name\_re-enroll

## Telesales recording transfer and storage requirements

- › Cigna-HealthSpring has two options available for providing recorded telesales calls. The telesales call recording (“Recording”) is to include the presale/sales presentation and the enrollment process. Failure to meet the outlined requirements may result in disciplinary or remediation actions.

### Option one (standard):

- › 100% of all Recordings must be posted to the Cigna-HealthSpring secure FTP site within five (5) business days or seven (7) calendar days.
- › Cigna-HealthSpring will ensure the Recordings are stored for 10 years per CMS requirements.

### Option two (requires approval):

- › Agency is required to provide five (5) Recordings for the first week of Annual Enrollment Period (AEP).
  - Recordings must be uploaded to the Cigna-HealthSpring secure FTP site within five (5) business days or seven (7) calendar days from the date of enrollment.
- › Agency is required to provide Recordings as requested by Cigna-HealthSpring for Quality Audits. The Cigna-HealthSpring Integrity team will identify the number of Recordings to be provided quarterly.
  - Agency will receive an email from the Client Service Manager, outlining the Recordings to be provided.
  - Recordings are to be uploaded to the secure FTP site within five (5) business days or seven (7) calendar days of the request. Failure to provide the complete calls within the required timeframe may result in Agency SDAC violation (Sales Development Action Committee violation. Refer to Rules of Engagement for additional details) and remediation requirements.
- › For Agent complaints, CMS/Compliance requests, Agency is required to provide the Recording, to Cigna-HealthSpring via the secure FTP within the following timeframes:
  - Urgent/immediate need CMS requests within 24 hours
  - Standard request within five business days or seven calendar days

- Agency must have and provide a contact that will provide Recordings, and respond to urgent/immediate need CMS requests within 24 hours, seven days a week.
- › Agency is required to provide Recordings as requested for Virtual Ride Along reviews.
  - Agency is required to provide Recordings as requested by the Cigna-HealthSpring Compliance team.
  - Agency will receive an email from the Client Service Manager outlining the Recordings to be uploaded to the secure FTP site.
  - Recordings are to be uploaded to the secure FTP site within five (5) business days or seven (7) calendar days of the request. Failure to provide the complete calls within the required timeframe may result in Agency SDAC and remediation requirements.
- › Agency is required to maintain all Recordings in accordance with the CMS records retention guideline (minimum of 10 years).
- › Agency is required to conduct self-audits to ensure 100% of telesales enrollments have Recordings on file. Agency must immediately report any reconciliation discrepancies to Cigna-HealthSpring.
- › Two failures to provide Recordings, based on the above requirements, may result in revocation of option two.

## Remote Telesales Agency

- › A determination will be made by Cigna-HealthSpring to allow Agencies to have remote telesales Agents.
- › Remote telesales Agencies/Agents must meet the same requirements outlined for in-house telesales Agencies/Agents.
- › Remote telesales Agents must use the same technology as in-house telesales Agents.
- › Agencies must demonstrate a robust training program tailored to Agents in a remote environment.
  - Remote telesales Agents should train with seasoned telesales Agents using side-by-side listening sessions and role plays.
  - Agents must complete an actual telephonic enrollment without assistance before moving to a remote environment.

- Remote telesales is recommended for seasoned or proven Agents with a clean compliance record.
  - Agents must have a clear understanding of how to sell telephonically before they can sell in a remote environment.
  - Agency must have the ability to listen to live calls and coach Agents when needed.
- It is recommended for Agency to have stand-alone supervisor or team lead available to remote telesales Agents by phone and/or instant messaging
- Remote telesales Agents should not have print capability or be able to store any PHI in their home office.
- If Agents have print capability, they should have a locking file cabinet for storage and shredder for destruction of PHI items.



## SECTION VII

## OPERATIONAL REQUIREMENTS

### Marketing materials and scripts

Any branded marketing materials, or materials which disclose Cigna-HealthSpring benefits including, but not limited to, letters, brochures, and advertisements mailed or distributed to Cigna-HealthSpring customers and potential enrollees, telemarketing scripts, and packaging prepared or produced by Agent must be submitted to Cigna-HealthSpring for review and approval prior to use to ensure compliance with federal and state laws, rules, regulations, CMS guidance, and Cigna-HealthSpring requirements. Only Cigna-HealthSpring and CMS-approved materials can be used with regard to inbound/outbound call scripts, advertising via any media (including, but not limited to, direct mail, newspaper/magazine ads, TV commercials, radio ads, etc.).

Any and all outbound scripts utilized by the Agency, its Agents and/or subcontractors, to contact beneficiaries on behalf of Cigna-HealthSpring, must be submitted to Cigna-HealthSpring prior to use. Scripts will ultimately be submitted to CMS for review and approval prior to use in the marketplace. In addition, when conducting outbound calls, the Agency, its Agents and/or subcontractors must ensure the scripts include a privacy statement clarifying the beneficiary is not required to provide any health related information to Cigna-HealthSpring or Agent and that the information provided will in no way affect the beneficiary's membership in the Medicare Advantage and/or Part D Plan. Please refer to Cigna-HealthSpring policy for additional guidance.

Agents are required to adhere to the CMS Medicare Marketing Guidelines (MMG). The MMG provide information pertaining to, but not limited to, marketing, material types, disclaimers, promotional events, rewards, review processes, scripts, and oversight responsibilities.

Agents/Agencies are required to comply with the new ACA Section 1557 regulations as of July 18, 2016. This prohibits Agent/Agencies from discriminating on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive federal financial assistance, or are administered by an Executive Agency or any entity established under Title 1 of Affordable Care Act (ACA).

As part of the ACA, the multi-language insert (MLI), and the nondiscrimination notice and statement are required with all marketing materials.

The multi-language insert (MLI) provides taglines in the top 15 non-English languages spoken by individuals in the states Cigna-HealthSpring have MAPD and the PDP plan. The nondiscrimination statement and notices are also required.

Agents/Agencies must also include the required MLIs and the non-discrimination notice and statement on any public-facing website (a website which does not require one to log in with credentials), which displays the Cigna-HealthSpring name or logo, regardless if plan benefits are discussed.

For more information please contact your Topline or Broker Account Manager.

### Scope of Appointment

All Agents conducting one-on-one appointments with beneficiaries, regardless of the venue (e.g., in home, by phone, or at a library), must follow the scope of appointment guidance. A Scope of Appointment can be submitted telephonically or by paper. Refer to the FDR Oversight Program Guide located on the Cigna-HealthSpring Producers' University for additional requirements.

### TeleScope line

TeleScope is the convenient Cigna-HealthSpring alternative to completing a paper SOA form. The customer calls the TeleScope line to record the SOA. Cigna-HealthSpring suggests Agents use the TeleScope line to record the SOA. After an appointment is set up with the beneficiary, please call the TeleScope line. A three-way call with the Agent, the beneficiary, and our TeleScope Agent is often recommended.



Agents can reach the Cigna-HealthSpring TeleScope Line at **866.398.6055**. The beneficiary (or their Authorized Representative) must provide the following information:

- ✓ Customer's first and last name
- ✓ Customer's address and phone number
- ✓ Time and date of upcoming appointment
- ✓ Agent's first and last name
- ✓ Agent ID (your writing number)
- ✓ Your initial method of contact

Cigna-HealthSpring's TeleScope Agent will then give the Agent or customer a confirmation number to confirm the SOA has been recorded. The confirmation number will also be emailed to the Agent's email address on file.

The Agent will need to enter this confirmation number in the Scope of Appointment ID number field on the enrollment form before faxing or electronically submitting the new customer's application. The Agent should not go on the appointment unless they have received the recorded permission from the TeleScope line.

### **Paper Scope of Appointment form**

An Agent should use a paper SOA if an advance call to the TeleScope line is unreasonable. Use a paper SOA form in these situations:

The beneficiary:

- Attends your Seminar or Sales Meeting and wants a presentation right after.
- Walks into your office.
- Needs a presentation immediately to make the end-of-the-month deadline.
- Have children who need to be involved, but they are only available today.
- Is leaving for an extended time and needs to see the presentation immediately.

### **Enrollment applications**

It is important to fill out the enrollment application completely and accurately in order to avoid processing delays and possible rejection of the enrollment. There are multiple methods Agents/Brokers can use to submit enrollment requests to Cigna-HealthSpring. Below are the three submission methods supplied by Cigna-HealthSpring.

#### **1. Paper application**

Upon receipt from the customer, an Agent or Broker signs and dates the completed approved MA/MAPD paper enrollment request and faxes it to the appropriate Cigna-HealthSpring regional enrollment fax number along with the Sales Application Cover Sheet and Scope of Appointment.

Agents have the option to complete a paper enrollment application during a meeting with a customer. In order for the enrollment to be processed, the Agent is expected to fax the completed and signed application to the enrollment team and ensure their receipt of enrollment within two calendar days. The Agent must fax the completed enrollment form to Cigna-HealthSpring, using the fax number listed for the market on the Application Cover Sheet. When faxing several applications at one time, please include a cover sheet as the first page of each application. If the customer chooses to send the application directly to Cigna-HealthSpring by mail or fax, then the date we receive the forms is the official application receipt date. For Telephonic enrollments, it is the date of the call. To confirm receipt of faxed applications, an Agent can use eAgent or call HAAL.

#### **2. eEnrollment**

The Cigna-HealthSpring eEnrollment form is a paperless electronic application accessible via <https://broker.hsconnectonline.com/>.

The eEnrollment form:

- Is available via laptop and tablet browsers
- Is an internet application accessed through a web browser
- Creates a complete application that can be verified and signed before submission
- Allows the Agent/customer to submit a completed application immediately for processing.

All eEnrollment applications must be accompanied by a valid Scope of Appointment or TeleScope in order for the writing Agent to receive commission.

#### **3. eAgent**

Contracted and approved telesales Agents may use the telephonic enrollment script on eAgent to submit enrollment requests.



## Supporting documentation

### Power of Attorney

When applicable, a customer may state on the election form they have a Power of Attorney. In order to accept “Power of Attorney” for a customer, copies of the executed legal document must be attached with the application. The Power of Attorney will state the person(s) name and may include relationship to customer. The Power of Attorney will be able to act on their behalf should they become incapacitated. The Power of Attorney document should indicate that it is for medical reasons.

Required documentation includes:

- › Name(s) of each Power of Attorney
- › Relationship to customer if known
- › Initials of person entering the data
- › Department of person entering data

### Request for Information (RFI) application

RFI applications are required when information is missing from an application. If an Agent is providing missing or requested information to fulfill the application, they will need to check the RFI box at the top of an application. There are many rules surrounding the deadlines for Requests for Information, but typically members have 21 days from the date of their Request for Information to send us the required information.

### Application submission policies/timeliness

CMS has strict regulations regarding the submission of enrollment applications. Per Cigna-HealthSpring policy, Agents have two calendar days to submit the completed application form to Cigna-HealthSpring. The two calendar day window is applicable regardless of the day of the week you accepted the completed form from the beneficiary. The two day rule applies for enrollments throughout the year, include AEP.

If the customer insists on sending the application via mail, the Agent should not sign or date the Agent portion of the application. The Agent should also inform the prospect not to fill in this section at any time.

Enrollments accepted over the phone must be accepted by approved telephonic enrollment mechanisms and follow the approved enrollment script. Telephonic applications must list the date of the call as the application date.

### Checklist for application process

Confirm eligibility requirements:

- › Customer must have Medicare Part A and Part B to join a Medicare Advantage plan
- › Customer must reside in an approved Service Area
- › Customer must not have end-stage renal disease (ESRD)

Please note that Agents are required to follow all CMS application requirements in the Medicare Marketing Guidelines. (Appendix 2: Summary of Data Elements Required for Plan Enrollment Mechanisms and Completed Enrollment Requests. Referenced in section(s): 20, 20.4, 40.2, 40.4.1)

**Application must include:**

- ✓ The customer's plan choice
- ✓ Medicare insurance information
- ✓ Customer's:
  - DOB
  - Gender
  - Phone number
  - Permanent address/mailling address
  - Email address
  - PCP full name
  - Emergency contact
- ✓ Premium payment option
- ✓ ESRD question
- ✓ Prescription drug coverage information
- ✓ Additional medical health coverage information
- ✓ Other prescription drug coverage question
- ✓ Long-term care facility question
- ✓ State Medicaid Program question
- ✓ Multi-language/print necessities
- ✓ Signature of applicant/customer/authorized representative
- ✓ Checklist for Special Enrollment Period eligibility

**Enrollment application cancellations or withdrawals**

If a customer wishes to cancel or withdraw an application, they must send a letter to Cigna-HealthSpring or call Customer Service prior to the effective date.

Please note cancellations must be completed before the effective date and disenrollment requests must be completed after the effective date with a written and valid reason for disenrollment.



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