

MEDICA®



Broker Manual

Medicare Plans | Individual & Family Plans

Table of Contents

About Medica	3	Medicare Enrollment	22
Our Company.....	3	Enrollment Guidelines.....	22
Medicare Plans	4	Enrollment Materials.....	22
Medica Prime Solution.....	4	Enrollment Options.....	22
Medica Signature Solution.....	4	Tracking Issues.....	22
Medica Advantage Solution.....	5	Cancellations.....	22
Medica Individual and Family Plans	6	IFB Enrollment	23
Inspire by Medica.....	6	Enrollment Guidelines.....	23
Medica Insure.....	6	Enrollment Materials.....	23
Medica with CHI Health.....	6	Policy Activation.....	23
Medica Connect.....	7	Enrollment Options.....	23
Select by Medica.....	7	Payment Options.....	24
Medica Applause.....	7	IFB Terminations	25
North Memorial Acclaim by Medica.....	8	Terminations.....	25
Altru Prime by Medica.....	8	Direct Sales.....	25
Engage by Medica.....	8	MNSure & the FFM.....	26
Medica Individual Choice.....	9	IFB Cancellations	27
Selling Medica	10	Cancellations.....	27
Licensing, Contracting & Appointment.....	10	Direct Sales.....	27
Medicare Training & Certification.....	10	MNSure.....	27
IFB Certification.....	11	FFM.....	27
Compensation.....	12	Medicare Member Resources	28
IFB Initial Agent of Record Designations.....	13	Medica Member Services.....	28
Medicare and IFB Agent of Record		Medica Billing Member Services.....	28
Change Requests.....	13	Centers for Medicare & Medicaid Services (CMS).....	28
Book of Business Transfers.....	14	Social Security Administration.....	28
Secure Access to Online Information.....	14	mymedica.com.....	28
Agent Terminations.....	14	Mobile App.....	28
Medicare Marketing Opportunities.....	15	Find a Physician or Facility.....	28
Medicare Sales Tools.....	15	Health Advocate & NurseLine.....	29
Medica Brand Name & Logo Guidelines.....	16	SilverSneakers.....	29
Communication.....	16	Senior LinkAge Line.....	29
Compliance & Sales Oversight	17	<i>Take Charge of Your Health</i> Brochure.....	29
Medicare and IFB Business Associate		<i>Medica Magazine</i>	29
Requirements.....	17	Social & Mainstream Media.....	29
Medicare Regulatory Requirements.....	17	IFB Member Resources	30
IFB Qualified Health Plan (QHP) Regulatory		Member Services.....	30
Requirements.....	17	Health Advocate & NurseLine.....	30
Regulatory Requirements:		Broker Services Team.....	31
Fraud, Waste and Abuse.....	18	Sales Team.....	32
MIPPA Guidelines & Rules.....	19	Field Marketing Organizations.....	32
Medicare Agent Oversight.....	20		

Using the Broker Manual

We update the Broker Manual throughout the year. Please access the manual from medica.com instead of printing a hard copy. This will ensure you always have current and accurate information.

- Use the quick links on this page to jump to specific sections. Use the Table of Contents link at the top of each page to return to this page.
- To quickly find information in the manual, press [Ctrl]+[F] and enter a word or phrase in the Find bar.
- You may need to log into the Broker Portal to access some documents that are referred to in the manual.
- The Broker Manual is intended for brokers and agents to use. It is not intended for distribution to Medicare beneficiaries.

About Medica

Our Company

Medica is a health services company headquartered in Minnetonka, Minnesota. We are a non-profit company and provide health care coverage in the Employer Group, Individual & Family, Medicaid, Medicare and Medicare Part D markets.

The organization that became Medica emerged more than 40 years ago when Physicians Health Plan (PHP) was founded with startup funds from Hennepin County Medical Society. It was the first open-access health plan in the state. In 1991, PHP merged with Share to become Medica. And in 1994, Medica merged with HealthSpan to form Allina Health System, an integrated organization offering both health care coverage and medical services. Medica became an independent health plan in 2001.

Mission

To be the trusted health plan of choice for customers, members, partners and our employees.

Vision

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.

Values

Customer Focus
 Excellence
 Stewardship
 Integrity
 Diversity

Membership

Medica serves approximately 1.7 million members in Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota and Wisconsin.

Medica also offers national network coverage to employers who have employees outside the Medica regional network, in addition to serving individual and family members in Iowa, Kansas and Nebraska.

Provider Network

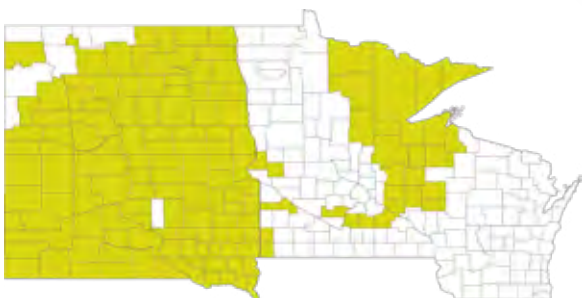
Medica plans offer a large network of trusted doctors, clinics and hospitals, and no referrals are needed.

Medicare Plans

Medica offers different types of Medicare plans and coverage levels to meet individual needs and preferences.

Medica Prime Solution® (Cost)

Prime Solution provides a broad range of



coverage options so members can personalize their coverage to fit their needs and budget. It's available as medical coverage alone or they can add Part D prescription drug coverage to their medical plan.

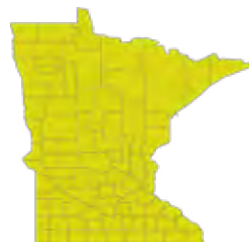
Key features:

- A variety of plan options available
- \$0 to low copays for doctor visits
- No medical deductible for most plan options
- Maximum out-of-pocket limit between \$3,000–\$6,700

- Large network of doctors, clinics and hospitals
- Optional Part D drug coverage with access to more than 64,000 pharmacies nationwide
- Travel and “snowbird” coverage
- Worldwide emergency care
- Free SilverSneakers® membership

Medica Signature Solution® (Medicare Supplement)

Signature Solution provides our most comprehensive coverage with little out-of-pocket expense. Members can use any provider that accepts Medicare, so this is a good option for people who want to choose providers without the network limitations.



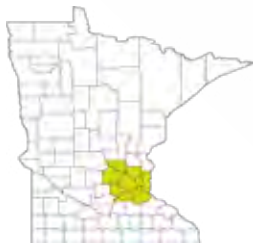
Key features:

- Two plan options — Basic and Extended Basic. The Basic plan has up to four optional riders for coverage:
 1. Part A deductible
 2. Part B deductible

3. Part D excess charges
 4. Up to \$120 non-Medicare covered preventive care annually
- \$0 copays for most medical services
 - Access to any provider in the U.S. that accepts Medicare
 - Coverage that goes with you - travel or move anywhere in the U.S.
 - Worldwide emergency care
 - Discounts on products and services like hearing aids and LASIK vision correction
 - Free SilverSneakers® membership

Medica Advantage Solution® (HMO-POS)

Advantage Solution is a Medicare Advantage plan that combines medical and Part D prescription drug coverage in one plan with one low monthly premium.



Key features:

- One plan options with a low \$64.40 premium for both medical and Part D prescription drug coverage
- Affordable copays/coinsurance for medical and Part D
- No medical deductible in network
- Maximum out-of-pocket limit of \$5,900 in network
- Large provider network in Twin Cities metro and surrounding communities
- Part D drug coverage with access to more than 64,000 pharmacies nationwide
- Out-of-network coverage for most services with any provider that accepts Medicare
- Worldwide emergency care
- Free SilverSneakers® membership



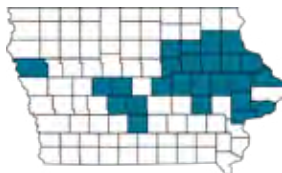
Medica Individual and Family Plans

Medica offers a wide variety of plan options at different coverage levels to fit unique needs of individuals. Where a person resides determines what's available to them.

Inspire by MedicaSM

Available in select Iowa counties

A large care system-based network that provides access to UnityPoint Health doctors and hospitals, plus others across Iowa.



Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- Access to the University of Iowa Hospital and Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Medica InsureSM

Available in most of Iowa and throughout Nebraska



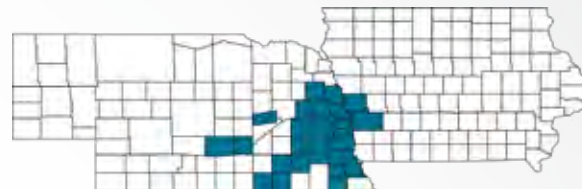
A broad tiered provider network — access to most doctors and hospitals throughout Iowa and Nebraska.

Key features:

- Nationwide coverage when you travel
- Access to the expertise and resources of Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Medica with CHI HealthSM

Available in eastern Nebraska and Harrison or Pottawattamie counties in Iowa



A large care system-based network that provides access to CHI Health doctors and hospitals, plus others in Iowa and Nebraska.

Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- Access to the expertise and resources of Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Medica ConnectSM

Available in Kansas, except Johnson and Wyandotte counties

A broad tiered provider network — access to most doctors and hospitals throughout Kansas.



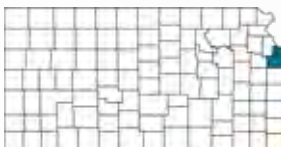
Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- Access to the expertise and resources of Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Select by MedicaSM

Available in Johnson and Wyandotte counties in Kansas

A large care system-based network that provides access to Saint Luke's Health System doctors and hospitals, plus friends.



Key features:

- Nationwide coverage when you travel
- Care anytime, anywhere with Saint Luke's 24/7 app
- Access to the expertise and resources of Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Medica[®] Applause[®]

Available in Minnesota

A broad provider network — access to a number of health care systems and hospitals throughout the state.



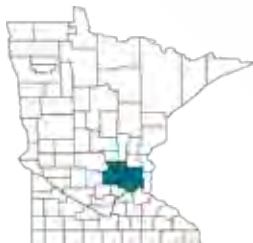
Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

North Memorial Acclaim by MedicaSM

Available in the Twin Cities metro area

A large care system-based network that provides access to North Memorial Health System doctors and hospitals, plus friends.

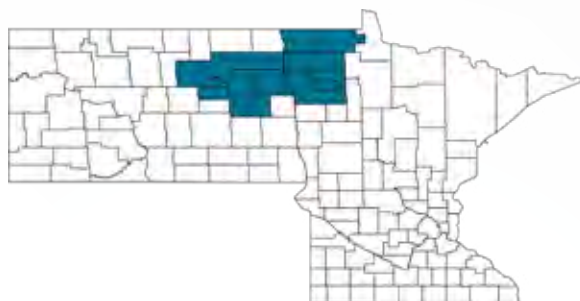


Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- Online access to health information
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Altru Prime by MedicaSM

Available in select counties in Minnesota and North Dakota



A large care system-based network that provides access to Altru Health System doctors and hospitals, plus friends in northwestern Minnesota and northeastern North Dakota.

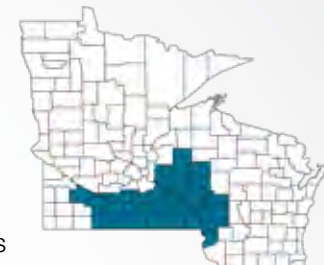
Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- Access to the expertise and resources of Mayo Clinic through the Centers of Excellence program
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Engage by MedicaSM

Available in select counties in Minnesota and Wisconsin

A large care system-based network that provides access to Mayo Clinic Health System doctors and hospitals, plus friends across northern Iowa, southern Minnesota and western Wisconsin.

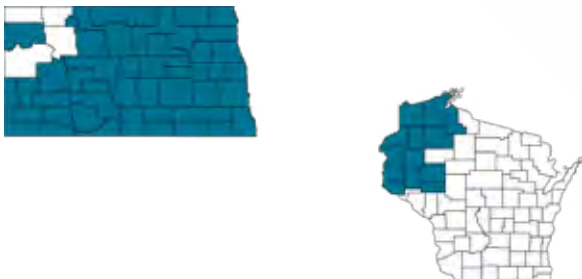


Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options

Medica Individual ChoiceSM

Available in select counties in Wisconsin and throughout North Dakota



A broad open access provider network — access to doctors and hospitals throughout Minnesota, North Dakota, South Dakota and western Wisconsin.

Key features:

- Nationwide coverage when you travel
- Access to quick, convenient 24/7 online care
- 100% coverage of routine preventive exams
- Gold, silver and bronze metal level plan options
- Copay, copay plus, HSA-compatible or catastrophic plan options



Selling Medica

Licensing, Contracting & Appointment

Before marketing and selling Medica plans, you must be licensed in the state where you intend to sell, properly appointed and certified under the Medica Medicare annual certification process. To sell Individual & Family policies on the exchanges, you must annually complete the required training/certifications for either MNsure and/or Federally Facilitate Marketplace (FFM).

There are two ways to become contracted with Medica – through a Field Marketing Organization or directly with Medica.

Field Marketing Organization

At Medica, we're committed to your success and to helping you grow your business. In order to successfully support our agents, we've partnered with a number of Field Marketing Organizations (FMOs) throughout our service area.

An FMO helps a carrier market and distribute their products to agents and brokers. FMOs are experts in their field and each can offer a

different level of support based on your needs. At a minimum, FMOs can support you with the following:

- Marketing
- Training
- Medicare Workshops
- Service
- Co-op Advertising
- Sales Material

If you would like to become appointed with Medica, you can do so by contacting an [FMO](#) who will walk you through the appointment process. Your Medica book of business always stays under the agent or agency. You can switch FMOs once a year in April.

[> View our FMO partners](#)

Medica Agency Partner

The Medica Agency Partner (MAP) program recognizes an agency's commitment to Medica. Through the MAP program, agencies that have a significant book of business with Medica may choose to directly contract with Medica or roll up to an FMO. Agencies that qualify for

the MAP program also receive an additional level of support through marketing of Medicare workshops, co-op dollars for marketing, etc. If you want to learn more about the MAP program, please contact your sales relationship manager, [SRM](#) or your [FMO](#).

Medicare Training & Certification

Medica provides opportunities for learning and development. Medica offers annual Medicare Certification, webinars, recorded webinars, job aids, events and e-learning courses. Medicare Certification is required, while the webinars, recorded webinars, job aids and e-learning courses are optional but strongly encouraged. These courses can be found in the Training & Events section on the Broker Portal.

Training & Events Site Access

Access to the Training & Events section is available to agents currently contracted with Medica. If you are not able to access the section, confirm that your paperwork with Medica is current – this includes contracting, licensing and Errors & Omissions (E&O) Insurance. If this information is not current, you will not have access. To update this information, contact CHACContractingCreden@medica.com.

Medicare Certification

CMS requires all agents and brokers be trained and tested annually on Medicare rules and regulations and details specific to the Medicare plans they sell. Medica provides web-based training* for certification.

- 2018 Medicare National Training
- 2018 Medica's Medicare Products
- 2018 Enrollment and Application

You may complete Medicare National Training through our partnership with Pinpoint Global at a discounted rate. If you have completed your Medicare certification through AHIP, you must provide documentation for the external certification training to receive credit.

In addition to Medicare National Training, you must complete two Medica-specific training modules — Medica's Medicare Products and Enrollment and Application. These two modules have an exam at the end of each course. You must score 85% or better to pass each module. You can retake the module and exam as many times as necessary.

*If you require special accommodations, please contact the [Broker Services](#) team.

IFB Certification

Federal Marketplace Certification

CMS requires all agents and brokers to be certified prior to selling plans through the Federally Facilitated Marketplace (FFM). To gain certification you must complete the required training and you'll receive a Marketplace Registration Completion Certificate; please retain a copy. The deadline to complete training is mid-fall of the current year in order to sell plans for the next year. To become certified or for more information, visit the Marketplace Learning Management System (MLMS).

› [CMS Enterprise Portal](#)

(click on the MLMS tab)

MNsure (Minnesota State Exchange) Certification

Brokers and agents who want to sell plans available through MNsure must agree to the Certification Agreement and complete the certification coursework and annual data security courses. Annual Certification begins in late summer.

› [MNsure Training](#)

IFB Agent Resources

› [MNsure Assistors](#)

› [Federally Facilitated Marketplaces](#)

Annual Fall Forums

Medica's annual broker forums are typically in early fall, leading up to the open enrollment periods for both Medicare and our Individual & Family businesses. The forums are a good way to learn about product changes for the upcoming year and also give you the opportunity to hear from our leadership team about any industry updates. Medica announces broker forum information via our *Broker Update*, and registration is available in the Training & Events section on the Broker Portal.

Compensation

Medica offers competitive compensation amounts for Medicare and Individual & Family (IFB) business. Our compensation structure allows brokers to be rewarded for their hard work and commitment to Medica.

Commission Payments

- In order to receive commission payments, brokers and writing agents must have all of the following items completed and current with Medica:
 - Errors & Omissions (E&O) Insurance, declaration page – Medicare and IFB segments
 - Medica Agreement – Medicare and IFB segments
 - Medicare Certification
 - Federal or MNSure Marketplace Certification (when selling through an exchange) – IFB segment
 - You must be certified by the Federal marketplace or MNSure at the time the sale is made in order to receive compensation – IFB segment

- State License – the state or states in which you will sell our Medicare and IFB products

- Commissions for IFB policies are paid per subscription, per month that the member satisfies the full premium due.
- Commissions are paid 45 days in arrears; e.g., January commissions are paid on or around February 15.
- Rapid Disenrollments from Medicare. Per CMS, when a disenrollment occurs within the first three months of a policy's effective date (except AEP – 10/1, 11/1 or 12/1 dates) Medica must recover all commission payments.
- Commissions are paid directly to broker or agency via ACH or check
- A subscription is no longer eligible for a commission payment after the date the policy is terminated or canceled.
- Discrepancies must be brought to Medica's attention within 90 days from the date of payment. Commissions on any discrepancies will be reprocessed retroactively up to 90 days.
- When a broker's credentials are not valid or

[> ACH Form](#)

currently contracted at the time of a sale, commissions are held for up to 90 days. If Medica determines that credentials are not current, commissions will be forfeited.

- CMS dictates the Medicare membership and cycle year (first versus renewal status).

[> 2018 IFB and Medicare Commissions Calendar](#)

Taxes

Medica pays agencies and agents to either Federal Tax ID Number (TIN) or an agent's Social Security Number (SSN). An agency or agent designates the payment entity (TIN or SSN) on the W9 form submitted with paperwork during the initial appointment setup. Each year Medica sends a 1099 to an agency or agent based upon how they have been paid in the previous calendar year. 1099s are generated only when more than \$600 was paid in commissions during the previous calendar year and sent via mail, postmarked by January 31.

[> W9 Form](#)

IFB Initial Agent of Record Designations

When submitting an off-exchange online Medica enrollment, you must be licensed in the state in which the sale is taking place and be in good standing. There are two pathways to becoming the agent of record (AOR) for online enrollment submissions:

1. Use a Medica provided personal URL or PURL with your members. You can access your PURL via the broker portal and email it to potential members or use it on your website. You will be the AOR for any enrollment submitted to Medica via your PURL.
2. Members can also use Medica's general quoting tool found on medica.com. Once a member selects a plan and completes an application, they can include the broker's name in the application and we will assign the selected broker as the AOR.
3. IFB sales through MNsure.

A new servicing agent must log onto the MNsure Assister/Broker Portal to become connected with a new client. MNsure will validate state licensure and appointment with the appropriate carrier before informing the carrier.

› [MNsure Broker One Stop](#)

4. IFB Sales through the Federal Marketplace. Please consult the CMS CCIIO Resource page for Agents and Brokers in the Health Insurance Marketplaces.

› [Resource page for Agents and Brokers](#)

Medicare and IFB Agent of Record Change Requests

Member Requests an Agent of Record (AOR) Change

– Direct IFB and Medicare Sales

A member may contact Medica to request an AOR change for his or her Medica policy. AOR changes can be made one of two ways – Agent to Agent or Agent to Medica.

1. Agent to Agent

A member requests a new agent. Medica will only approve an AOR change request when the current agent agrees to release the business to the new agent. For Medicare and IFB policies, Medica will only approve an AOR change request when the current agent agrees to release the business to the new agent. Marketplace applicants must contact the Marketplace directly to make this change in AOR. Members must contact the

exchange to update the AOR, then it will flow to Medica on an electronic file.

2. Agent to Medica

– House Account or Servicing Agent

A member may directly contact Medica if he or she does not want the existing agent to be associated with his or her policy. Marketplace applicants must contact the Marketplace directly to make this change in AOR. When a member calls Medica to complain about an agent or report an issue with the agent, a member services representative completes a Complaint About an Agent form, submits it to the compliance team and advises the member that the policy is a House Account and he or she may directly contact Medica member services instead of the current agent. In the event the member prefers to work with a new agent, he or she must complete and submit an Authorized Representative form. Once the request is approved and processed, Medica recognizes the new agent as a non-commissioned servicing agent, and he or she can contact Medica on the member's behalf.

› [Authorized Representative Form](#)

Broker Requests an Agent of Record (AOR) Change

For IFB, off exchange only

If the policy is through the Marketplace, applicants must contact the Marketplace directly to make this change in AOR. A broker may contact Medica to request an AOR change for a member. Medica will only process an AOR change for a member if the current agent of record sends Medica a written request or email stating he or she approves the release of the business.

All requests must include:

- Member Name
- Member ID or SSN
- Effective Date of Release
- Name of New Agent

Send written requests to Medica CP320, P.O. Box 9310, Minneapolis, MN 55440 or via email to CHACContractingCreden@medica.com. Once the request is validated and processed, the policy is assigned to the new agent and commissions are adjusted as necessary.

Book of Business Transfers

Medica allows the transfer of a Book of Business. In order for this type of transfer to be completed, we must receive a signed letter or email message from the original agent. This notification must include: the new agent name and effective date of the change. All book of business changes are made on a go-forward basis; Medica does not change back a book of business change.

In the event you retire, notify Medica of your retirement date and the name of the agency or agent to whom you want your business transferred. In the case of an agent passing away, the business can be transferred to another agent; however, the agent must be appointed with Medica.

Secure Access to Online Information

All Medica-appointed brokers can securely and easily manage their Medica business via the [Broker Portal](#).

- Book of Business
- Credentialing and Certification Details
- Held Commissions

- Monthly Statements
- New Business
- Termed Business
- Training
- Reporting

Agent Terminations

Medica may terminate this Agreement without cause upon thirty (30) days prior written notice to the other party. We're required by CMS to report the termination of any agent and the reasons for the termination to the state where the agent is appointed and to CMS, where required. The same applies for all contracted distribution partners. When a Medica agent is terminated, the agent cannot market our products. If a terminated agent attempts to sell, the Federal and MNsure Marketplace can decertify agents and commissions will be forfeited.

Medicare Marketing Opportunities

Take advantage of Medica's marketing support to grow your book of business. We provide ways to advertise and promote your agency by providing leads (when available), custom marketing material, co-op dollars, Medica-sponsored workshops and more.

Leads

When available, brokers may have access to age-in leads based on their location.

Custom Marketing Materials

Medica provides CMS-approved marketing templates on the Medicare Interactive Toolkit. However, we understand that your agency may want to produce special or custom materials. If you are interested in custom marketing, please reach out to your [FMO](#) or [SRM](#).

Learn more about customizable marketing materials available on the Interactive Toolkit in the Sales Tools section.

Co-op

If you choose to advertise with Medica, we may be able to help your advertising costs with co-

op dollars. Please work with your FMO or SRM to learn more about co-op availability. Policy: Medica will not pay co-op on noncompliant materials. The use of noncompliant materials will negate any co-op advertising agreements made with Medica and agents will be responsible for the full amount of advertising costs.

› [Co-op Advertising Policy](#)

› [Co-op Reimbursement Policy](#)

Medica-Sponsored Medicare Workshops

Medicare workshops are a great way to grow your book of business and increase your visibility within our community. Workshops are a way to attract and enroll those new to Medicare. They can also help build your sales pipeline throughout the year leading into the Annual Enrollment Period.

If you're interested in discussing the possibility of presenting Medica-sponsored Medicare workshops, please contact your [FMO](#) or [SRM](#).

Once you've received the green light to present workshops, Medica can help your workshop be a successful one by providing you with a sales presentation, newspaper ads and/or direct mail materials, like a postcard. All of these materials are CMS-approved and are readily available.

Before conducting any workshops, you must sign the Medica Medicare Workshop agreement and complete our Workshop Compliance training.

Medicare Sales Tools

Medica is committed to supporting your marketing efforts and helping you grow your business. We'll keep you in the know with timely and relevant communication and quick to market with print-on-demand technology.

Interactive Toolkit

Medica's [Interactive Toolkit](#) allows you to easily create customized marketing materials and helps you be quick-to-market and compliant. Take advantage of our in-house print-on-demand and mail service using a credit card.

- Medicare messages include AEP, New to Medicare, product-specific, MADP, Referrals, Retention, Medigap and more
- IFB messages include OEP, Special Enrollment, state-specific. More materials being developed for IFB
- Materials include print ads, fliers, letters, postcards, posters and more
- Include your photo or logo on materials

Client Referral Program

Referrals are a powerful selling tool, and every one of your clients has the potential to connect you to dozens of others. Getting a referral is the highest compliment you can receive. A Program Guide and a variety of tools to help you ask for referrals are available on the Interactive Toolkit.

Medica Brand Name & Logo Guidelines

The *Brand Name & Logo Guidelines* were designed to provide consistent usage guidelines to help you communicate the Medica brand through visual design and style elements. If you or your agency creates marketing materials, please take seriously your obligation to follow these guidelines and trademark protocols in every instance.

You can download Medica logos at [medica.com](https://www.medica.com). If you have questions or need assistance, please contact your [FMO](#) or [SRM](#).

› [Brand Name & Logo Guidelines](#)

Communication

We primarily communicate relevant and timely information with you via email. Your feedback is important to us, so let us know what topics are important, interesting and useful to you.

- *Broker Update* – monthly
- *Broker Alert* – as necessary

We use the email address you provide during the contracting process. It's your responsibility to make sure we have a valid email address on file. If you need to change your email address, please contact Broker Services. Ensure you receive our emails by adding our *BrokerServices@medica.com* to your email contacts.

Compliance & Sales Oversight

We all know the importance of compliance. At Medica, we are committed to providing resources and offering support and to help you be confident that you are compliant in every sales activity you do. Whenever you need information or have questions, please contact our [Broker Services](#) team, your [FMO](#) or [SRM](#) — they can help you get to the right resources and answers.

Medicare and IFB Business Associate Requirements

The Privacy Rule from the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), requires that health plans as covered entities obtain satisfactory assurances from their business associates to ensure that protected health information (PHI) is used only for its intended purposes and is adequately protected in accordance with law.

Brokers typically receive PHI from health plans and perform services on behalf of health plans. To that extent, they meet the definition of Business Associate and must comply with the following business associate requirements.

› [Business Associate Requirements](#)

Medicare Regulatory Requirements

Medicare regulatory requirements apply to Medica's Medicare products to the extent required by federal and/or state law, Medica's contracts with the Centers for Medicare and Medicaid Services (CMS) or CMS instructions.

› [Medicare Regulatory Requirements](#)

IFB Qualified Health Plan (QHP) Regulatory Requirements

Federally Facilitate Marketplace (FFM)

Brokers and agents are subject to compliance with 45 CFR 155.220, a federal regulation which authorizes agents and brokers to assist consumers with selecting and enrolling in QHPs offered through the FFM and to assist individuals in applying for advance payments of the premium tax credit and cost-sharing reduction. Agents must also comply with the privacy and security standards related to the collection and use of personally identifiable information, adopted consistent with 45 CFR 155.260. To better understand the standards under

45 CFR 155.220 and 45 CFR 155.260, review the guidance on CMS' Agents and Brokers Resources webpage. Medica requires brokers to comply with 45 CFR 156.340(a)(3) applicable FFM registration and training requirements, and maintain licensure and good standing in each state in which the agent/broker operates.

› [CMS' Agents and Brokers Resources Webpage](#)

MNsure

To gain and maintain MNsure certification, brokers and agents must comply with the MNsure certification Chapter 7700 requirements of the Minnesota Administrative Rules, Minn. Stat. § 62V.05, Subd. 3, and Federal law outlined in 45 CFR 155.220.

There are five primary requirements to maintain agent/broker certification to sell through MNsure. Visit MNsure's Broker One Stop page to review the MNsure Broker Manual for the current plan year.

› [MNsure's Broker One Stop](#)

Regulatory Requirements: Fraud, Waste and Abuse

Standards of Conduct

We conduct business with the highest ethical standards, and our compliance program supports this. We've created the Medica Standards of Conduct to assist in understanding expectations for how we do business and to outline your responsibilities as a Broker that provides services to Medica members.

As a Minnesota Department of Human Services (DHS) and a Centers for Medicare and Medicaid Services (CMS) contracted organization, we apply these Standards of Conduct to our first-tier and downstream entities.

› [Medica Standards of Conduct](#)

Medicare Annual Training for Compliance and Fraud, Waste and Abuse

Consistent with the Centers for Medicare and Medicaid Services (CMS) regulations and regulatory guidance, Medica requires its first-tier, downstream and related entities (FDRs) engaged in providing services to Medicare-eligible individuals to complete:

1. Annual General Compliance Training (including training regarding our Standards of Conduct and compliance policies); and

2. Fraud, Waste and Abuse Training

All of your organization's employees (including temporary workers and volunteers), board members and employees and board members of your downstream entities, must complete CMS General Compliance Training and the CMS or Medica Fraud, Waste and Abuse Training.

CMS also expects that first-tier, downstream and related entities comply with our Standards of Conduct and Compliance Policies that articulate a commitment to comply with all applicable state and federal standards or similar Standards of Conduct and policies that meet the CMS requirements, upon contract and annually thereafter.

The following training presentation is a copy of the training documents available on the Medicare Learning Network, available from CMS.

› [Complete the Compliance and Fraud, Waste and Abuse Awareness Training](#)

IFB Only Brokers: If you are appointed to sell only IFB plans, completion of this training is voluntary, and not required at this time.

Medicare Retention Policy for Training Documentation

Your organization should keep a copy of all documentation related to the Compliance and Fraud, Waste and Abuse Awareness Training for the required record retention period of 10 years. Records should include training dates, methods of training, training materials and training logs identifying employees who received training. Medica, CMS or agents of CMS may request such records to verify that training occurred.

Medicare Attestation Form

An attestation is required confirming that training was administered to your organizations and their downstream entity employees (including temporary workers and volunteers) and board members. Please print the Attestation Form, sign it and return a copy to Medica.

› [Medicare Attestation Form](#)

IFB Retention Policies

Medica requires that IFB enrollment application data and other data related to assisting clients must be kept by the assigned agent or broker for a minimum of 10 years.

Medicare and IFB Reporting Policy

Under our Compliance Program, Agents are required to promptly report any good-faith belief of any suspected or known violation of the laws and regulations that govern our business, our Standards of Conduct, financial reporting and standards, or our Corporate Compliance Program and Medicare Compliance Program, including our Privacy or Security Programs.

There are ways to report suspected or potential compliance, fraud, waste and abuse and privacy issues:

5. Make an anonymous call to Medica's Integrity Line 1-866-595-8495, 24/7

› [Reporting Policy for Compliance, Fraud, Waste and Abuse and Privacy](#)

MIPPA Guidelines & Rules

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) is federal legislation that was passed to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics.

Scope of Appointment Form and Phone Script

A Scope of Appointment form must be used any time you are marketing to a beneficiary. Agents are required to have a beneficiary sign prior to conducting appointments — for example, when a current member comes to your office for a plan review. A Scope of Appointment form does not need to be used when a current member comes in with questions about a bill from a provider. A Scope of Appointment form must be retained on file for 10 years. When conducting a Scope of Appointment via telephone, use the CMS-approved script to document a verbal agreement.

› [Scope of Appointment Form](#)

› [Scope of Appointment Phone Script](#)

Cross-Selling

This guidance prohibits cross-selling of non-health care related products (such as annuities or life insurance) during any sales activity or presentation.

› [Guidelines for Cross-Selling to Medicare Beneficiaries](#)

Unsolicited Contacts — Phone, In Person, Electronic

Agents may not contact a beneficiary unsolicited via telephone or in person.

› [Guidelines for Contacting Medicare Beneficiaries](#)

Agents may not contact a beneficiary unsolicited via email, text or voicemail.

- Beneficiary must agree to be contacted and provide contact information
- Always provide an “opt out” mechanism
- Do not rent or purchase email lists

Best Practice: Keep a record of the method of the initial contact in your files.

Employer Groups

MIPPA provides guidance that applies to employer and union group plans.

› [Guidelines for Employer and Union Group Plans](#)

Medicare Agent Oversight

The Medica sales oversight team is responsible for preventing, detecting and correcting noncompliant sales activities. This segment has been designed to provide better visibility to the Medicare sales-related quality controls and monitoring activities.

Sales Events

Ongoing monitoring is conducted by Sales Oversight. Monthly sales-event audits are performed, and coaching and feedback is provided to the agent and their SRM and or their FMO. If an agent scores lower than 80%, he or she may be placed on a Corrective Action Plan. Presenting agents must be licensed, completed Medica Medicare certification and attend Compliant Workshop training.

Marketing Material Review

Agents may create their own custom materials, but they must be approved prior to publishing. Medica marketing and compliance team members will review materials and determine if the message is compliant and/or when CMS filing is necessary. After messages have been reviewed and approved by compliance and/or submitted to CMS, they may be used. It is important that once materials are approved, they may not be altered in any way. Any alteration will make them noncompliant.

Your requirements:

- You must follow Medica and CMS marketing requirements.
- You may only use CMS- and Medica-approved marketing materials when discussing Medica Medicare plans. You may only use materials that have been created by our marketing team, approved by our legal and compliance teams and filed with CMS by us.
- You may not alter CMS-approved materials in any way, other than to add personal information like agent name, phone number, email or event date where permitted.

› [CMS Medicare Marketing Guidelines](#)

Medica provides CMS-approved marketing templates on the Interactive Toolkit, and these materials do not require additional review. If you want to make edits to any of the materials (e.g., move your photo, add your agency logo, etc.), please reach out to your [FMO](#) or [SRM](#).

Learn more about the [Interactive Toolkit](#) in the Sales Tools section.

Website Review

Agents who market Medica or Medica Medicare products on their website must submit their website to MedicaMarketing@medica.com for review and approval. Marketing and compliance team members will review the site and determine when CMS filing is necessary and/or if the site is compliant. Whenever you make changes to the site, please contact Medica to review your site again.

We recommend linking to Medica product pages instead of posting a PDF or publishing product information on your sites. This ensures that you always have current information available on your site.

Social Media Review

Agents may use social media as a marketing vehicle, but messages must be approved prior to publishing. Please send approval requests to *MedicaMarketing@medica.com*. Medica marketing and compliance team members will review messages and determine when CMS filing is necessary and/or if the message is compliant. After messages have been reviewed and submitted to CMS and/or approved by compliance, they may be posted. It is important that once a message is approved, it may not be altered in any way. Any alteration will make a message noncompliant.

Medicare Quick Fact

Any mention of product benefits and sales events requires a CMS filing. Specific disclaimers are also required in these instances.



Medicare Enrollment

Enrollment Guidelines

Per CMS, all enrollments with an effective date on or after January 1, 2016, must be processed in accordance with the revised guidance requirements, including new model enrollment forms and notices, as appropriate.

› [Medicare Enrollment Guidelines](#)

Enrollment Materials

Agents can find Medica enrollment materials available on the [Broker Portal](#) > Sales Materials.

Enrollment Options

Medica accepts a variety of enrollment methods:

- [Online Enrollment Tool](#)
- [Online Change Tool](#)
- [Secure Upload](#)
- Mail: Medica Medicare Solutions
P.O. Box 6300
Eau Claire, WI 54702-9713
- Fax: 1-855-250-2166

Tracking Issues

In the event there is an issue with an application you have submitted, Medica will alert you via email. Typically, we need additional information to process the application. Send an email to [Broker Services](#) and reference the issue number included in the email we sent, and we will work to resolve the issue with you. You can also log into the [Broker Portal](#) and resolve the issue through the Lead and Member Management section.

Cancellations

If for some reason your client wants to cancel his or her application before the effective date, it can be done a few ways.

Prior to start date of the plan:

- Applicant can call Customer Service at 1-800-234-8755 to request the policy be canceled prior to the effective date. This is the most efficient way to cancel the policy.

- Applicant can send in a written, signed request to Enrollment to cancel the application.
 - Medica Medicare Solutions
P.O. Box 6300
Eau Claire, WI 54702-9713
 - Fax: 1-855-250-2166

After the policy is in effect:

- Member must send or fax a written, signed request to cancel the policy.
 - Medica Medicare Solutions
P.O. Box 6300
Eau Claire, WI 54702-9713
 - Fax: 1-855-250-2166

IFB Enrollment

Enrollment Guidelines

Open Enrollment Period

To ensure your clients have coverage on January 1, enroll them no later than December 15 for coverage to start January 1. Open enrollment generally begins fourth quarter of the previous year. If you want specific dates on the upcoming open enrollment period, contact your [SRM](#). Most enrollments occur during the open enrollment period.

Special Enrollment Period

To obtain coverage outside of open enrollment, clients must have a qualifying life event and be able to supply documentation of that life event. Generally clients can apply as early as 60 days prior to the event and 60 days following the event. Common qualified life events:

- Having a baby or adopting a child
- Change in marital status
- Involuntary loss of Minimum Essential Coverage
Permanent move that provides access to a new Qualified Health Plan

Enrollment Materials

Agents can find Medica enrollment materials on the [Broker Portal](#) > Sales Materials > 2017 Forms

Policy Activation

Policies will not be put into force until the first month's payment (binder payment) has been received, applied, and cleared through Medica's bank.

Once the policy is activated, the client will receive a Welcome Kit and ID card. Applicants have 30 days from the date Medica receives the application or the transaction from the exchange in order to pay the binder payment. This is referred to as binder payment grace period. If the policy is not activated, it will be canceled back to the original effective date.

Enrollment Options

For state-specific enrollment options, please contact your [FMO](#) or [SRM](#).

Medica accepts a variety of enrollment methods:

- Online enrollment tool
- Paper application e-submission tool

If you cannot use the online enrollment tool or paper application e-submission tool, please contact your [FMO](#) or [SRM](#) for alternate submission options.

Payment Options

First Month's Premium (Binder Payment) Payment Options

Clients can use a credit card, checking/savings account, money order, prepaid debit or a check. They must complete the premium payment form available on the [Broker Portal](#) > Quick Links > Premium payment options.

Ongoing Premium Payment Options

1. Clients can pay their premium bill using a checking/savings account by logging onto medica.com/member.
1. New: medicamember.com also allows ACH sign up.
2. Clients can send payments by mail to:

Medica
P.O. Box 856523
Minneapolis, MN 55485-6523

Note: Members cannot use a credit card for ongoing payments.

Premium payments are due on the first of each month, regardless of when an invoice might have been received by the member.



IFB Terminations

Terminations

A Termination is the bringing of a health insurance subscription or policy to an end after having a period of coverage. Voluntary termination occurs at the member's request (a member's death or a member becomes ineligible), or for non-payment of premiums. When a member terminates their coverage with Medica, either voluntarily or due to non-payment of premiums, the subscription is no longer eligible for a commission payment after the termination date.

IFB Sales — 10-day Free Look

Clients who purchase a policy have a 10-day span after their initial effective date when they can terminate their policy back to the original effective date and receive a full refund of their first month's premium payment. Applicable to Direct, MNsure and FFM sales.

Direct Sales

For coverage purchased directly from Medica.

Voluntary

A member may initiate a request to discontinue the policy. The coverage will be terminated at the end of the month following the date the member requests that the coverage end.

Non-Payment of Premiums

A member's coverage will be terminated for non-payment of premiums at the end of the month for which the member last paid the premium due. **Grace Period:** A non-subsidized (no APTC) policy will terminate for non-payment when a member has exhausted their state-specified 31-day grace period.

MNsure & the FFM

MNsure and the FFM communicate with Medica through electronic processes to instruct Medica to terminate a policy at the member's request.

The member should contact their respective enrollment channel to initiate termination.

Voluntary

Coverage will terminate on the date on which the member requests termination when the member has given at least 14 days advance notice before the requested termination date. When the member has not given at least 14 days advance notice, the termination will be effective 14 days after notice is received by MNsure or the FFM.

Non-Payment of Premiums

A member's coverage will be terminated for non-payment of premiums at the end of the month for which the member last paid the premium due. **Grace Period:** A non-subsidized or no Advanced Premium Tax Credit (APTC) policy will terminate for non-payment when members have exhausted their state-specified 31-day grace period.

Grace Period for Advanced Premium Tax Credit Recipients

When members qualify for an APTC, their policy will terminate after they have exhausted their three-consecutive-month grace period. However, coverage will end at the end of the first month for which subscriber failed to pay the premium. Paying only a portion of the total outstanding premium for all months will not remove or reset the grace period. When a member terminates coverage with Medica either voluntarily or due to non-payment of premiums, commission payments will stop after the last month paid for that subscription.

IFB Cancellations

Cancellations

A cancellation is when a health insurance subscription is cancelled back to the policy's original effective date or start date, as if coverage was never in force, thus having no period of coverage. Policies may also be cancelled when the first month's payment (binder payment) is not received and the effective date of coverage and/or the binder payment grace period has passed.

Applicants have 30 days from the date Medica receives the application or the transaction from MNsure or the FFM in order to pay the binder payment; this is referred to as the binder payment grace period. If a member cancels their coverage with Medica either voluntarily or due to non-payment of binder payment, the subscription is not eligible for a commission payment.

Direct Sales

To cancel a policy purchased directly from Medica, contact Medica's Broker Services at 952-992-2280 or 866-752-0945.

Monday through Thursday, 8 a.m. — 5 p.m. Friday, 9 a.m. — 5 p.m.

MNsure

To cancel a member's coverage purchased through MNsure, please call the MNsure Broker Service Line at 1-844-520-8695.

[› MNsure Broker One Stop](#)

FFM

To cancel a member's coverage purchased through the FFM:

Call the Agent and Broker Call Center at 1-855-CMS-1515 (855-267-1515)

Send an email to the [FFM Producer and Assister Help Desk](#)

Medicare Member Resources

Medica Member Services

Our local, friendly team focuses their time on serving members, so members are free to spend time on what matters most to them.

Call toll-free at 1-800-234-8755 or 952-992-2300 (TTY: 711)

October 1 – February 14: 8 a.m. to 8 p.m. CT, 7 days a week

February 15 – September 30: 8 a.m. to 8 p.m. CT, Monday–Friday

Members will speak with a live representative when they call during our business hours unless we are closed for a holiday or we are not open for business. Voicemail messages will be returned within one business day.

Email: CHAWrittenTeam@medica.com

Visit: medica.com/Medicare

Medica Billing Member Services

Call toll-free at 1-800-424-1316 (TTY: 711)
7 a.m. to 6 p.m. CT, Monday–Friday

Centers for Medicare & Medicaid Services (CMS)

Call toll-free at 1-800-MEDICARE (1-800-633-4227) (TTY: 711)

24 hours a day, 7 days a week

Visit: medicare.gov

Social Security Administration

Call toll-free at 1-800-772-1213 (TTY: 711)
7 a.m. to 7 p.m., Monday–Friday

Visit: ssa.gov

mymedica.com

mymedica.com provides secure online access to members' health plan information 24/7. They can view medical claims, order a new ID card, view pharmacy claims, check account balances and more.

› [Registration Instructions](#)

› [Understanding Your EOB](#)

Mobile App

Medica members have access to a mobile app powered by CVS Caremark™, the administrator of our pharmacy program. This app is easy to use with features that make managing their prescription benefit easier than ever.

- Check Drug Costs
- Check Drug Interactions
- Identify Pills (Drug dictionary/lookup)
- Pharmacy Locator
- View Temporary ID card (Part D coverage)

Members must be registered for mymedica.com. They can download the CVS Caremark app, by Caremark, LLC from the Apple App Store or Google Play.

Find a Physician or Facility

Prospects and members can find doctors, care providers or facilities.

› [Find a Physician or Facility](#)

Health Advocate™ & NurseLine™

Health Advocate helps members navigate the often complex health care system in a number of unique ways. Health Advocate is available to all members at no extra cost.

Call toll-free 1-866-668-6548 (TTY: 711) 24/7

Email: answers@HealthAdvocate.com

Visit: HealthAdvocate.com/MedicaMedicare

SilverSneakers®

SilverSneakers promotes greater health engagement and accountability by providing members with regular exercise (strength training, aerobics, flexibility) and social opportunities at more than 13,000 locations nationwide. SilverSneakers is available at no cost to members with all plans except Prime Solution Thrift.

Call toll free: 1-877-871-7053 (TTY/TDD 711)

Hours of Operation: 7 a.m. to 7 p.m. Central, Monday-Friday

Visit: SilverSneakers.com

› [Find A Fitness Facility](#)

Senior LinkAge Line®

Senior LinkAge Line is a free information and assistance service that makes it easy for seniors and their families to find community services. Senior LinkAge Line is a service of the Minnesota Board on Aging and the Minnesota Area Agencies on Aging. In addition, their staff has special knowledge in Medicare, prescription drug expense assistance, long-term care insurance and more.

Call toll-free at 1-800-333-2433

8 a.m. to 4:30 p.m., weekdays. Messages can be left 24 hours a day

Email: senior.linkage@state.mn.us

Visit: metroaging.org/help-information/senior-linkage-line

Take Charge of Your Health Brochure

This brochure gives members information on how they can take actionable steps to better health and on working with doctors and care teams. It also includes a form to complete to help them prepare for their next doctor appointment.

› [Take Charge of Your Health Brochure](#)

Medica Magazine

Published three times per year for our Prime, Advantage and DUAL Solution members, it provides member stories; health, wellness and prevention information; and helps members get the most from their benefits.

Social & Mainstream Media

Medica connects with members via social media by posting relevant messages that inform, inspire and occasionally entertain.

› [Medica4Me on Facebook](#)

› [@Medica4Me on Twitter](#)

IFB Member Resources

Member Services

Members can call a health plan specialist to discuss eligibility, benefits and billing. This will also connect members to Health Management.

Call: 1-888-592-8211

8 a.m. to 6 p.m. Central, Monday–Wednesday and Friday, 9 a.m. to 6 p.m. Thursdays

Member Plan Hub

Members will find all the essential information they need to help them maximize coverage, get quality care and live a healthy lifestyle.

- A summary of benefits, covered individuals, deductible and out-of-pocket amounts
- A listing of providers and pharmacies in a members network
- Information on various health topics

[› Member Plan Hub](#)

Find Preferred Drugs & Pharmacies

Prospects and members can find network pharmacies, learn about ways to save, and find the best prices for their prescriptions.

[› Pharmacies and Prescriptions](#)

Find Physicians & Facilities

Prospects and members can find doctors, pharmacies, care providers and facilities in their network with Medica's search tool.

[› Physicians and Facilities > Individual and Family](#)

Medica Member Secure Portal

Members can access a secure site that provides personalized information. With their member ID, members can log in to view important details about their health insurance, including claims, benefits and letters or notices from Medica. Members can also make premium payments through Medica Member

[› Medica Member](#)

Healthy Living with Medica

Personalized health and well-being programs, gym membership discounts, special offers for personal trainer sessions, and rewards for making healthy choices.

[› Healthy Living with Medica](#)

Health Advocate™ & NurseLine™

Health Advocate helps members navigate the often complex health care system in a number of unique ways. Health Advocate is available to all members at no extra cost.

Call: 1-866-668-6548 (TTY: 711) 24/7

Email: answers@HealthAdvocate.com

[› HealthAdvocate.com/Medica](#)

Other Health & Wellness Services

Learn more about programs and resources that support members in improving their health and making the most of their benefits.

[› Health and Wellness](#)

Medica Monthly E-Newsletter

Published monthly, Medica Monthly is an interactive electronic newsletter providing IFB members with concise information on wellness and prevention, and helpful information on how to get the most from their benefits. Medica Monthly helps connect members via videos, tip sheets and web links.

Broker Support

Broker Services Team

We are committed to continuing Medica's tradition of outstanding service, and we value our relationship with you every step of the way. The Broker Services team is here to support you by giving you the right answers and the resources you need to be successful. When you need the right answers fast, we're ready to help:

- Enrollment
- Products
- Commissions
- Certification
- Material orders
- Customer service

Call 952-992-2280 or call toll-free at 1-866-752-0945.

Monday–Thursday, 8 a.m. to 5 p.m.

Friday, 9 a.m. to 5 p.m.

Closed daily from noon to 1 p.m.

Email: BrokerServices@medica.com

Fax: 952-992-3636

Sales Team

Our team of sales relationship managers has an impressive combined 40 years of experience at Medica.



Denise DeKoter

Sales Relationship Manager

952-992-2602

denise.dekoter@medica.com



Becky Taylor

Sales Relationship Manager

952-992-3686

becky.taylor@medica.com



Jerry Melgar

Manager, Broker Sales

952-992-3615

jerry.melgar@medica.com



Tom Evans

Sales Relationship Manager

402-344-1413

thomas.evans@medica.com



Michelle Wood

Sales Relationship Manager

952-992-2608

michelle.wood@medica.com

Field Marketing Organizations

Selling Medica products can help you grow your business with our innovative health plans that fit every stage of life. We are an agent-friendly company that is reinventing the individual business market through our unique and affordable product offerings. To learn more, contact one of our Field Management Organizations today.

[> FMOs by State](#)



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