
CARESOURCE PRODUCER'S GUIDE



CONTENTS

About CareSource	3
Doing Business With CareSource	4
Contracting	5
Licensing & Appointment	5
Certification	6
Broker Portal Users Guide	7
Commissions	9
Marketing Materials	10
Broker Service Department	10
Changing Agent of Record	10
Transfer FMO	11

ABOUT CARESOURCE

CareSource is nationally recognized for leading the government health programs industry in providing member-centric health care coverage. The company's managed care business model was founded in 1989, and today CareSource is one of the nation's largest Medicaid managed care plans. Headquartered in Dayton, Ohio, the company has built a legacy of providing quality health care coverage for Medicaid consumers. In addition to Medicaid coverage, CareSource has a diverse offering of insurance plans on the Health Insurance Marketplace. The company also offers Medicare plans that help consumers close the gap of coverage as they age. CareSource serves more than two million members across five states supported by a growing workforce of 4,500.

At CareSource, our mission is one we take to heart. In fact, we call our mission our "heartbeat." It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

Our Mission: *To make a lasting difference in our members' lives by improving their health and well-being.*

DOING BUSINESS WITH CARESOURCE



CONTRACTING

To get contracted to sell CareSource health plans, you must utilize one of our exclusive Managing General Agencies located conveniently across your state. [Learn more about our General Agencies here.](#)

To begin the process, please [apply to be a broker here.](#)

LICENSING & APPOINTMENT

Agents and agencies must be licensed in all states in which an appointment has been requested. Agents and agencies are responsible for maintaining an active license including all educational requirements. Sales Operations will verify license status using National Insurance Producer Registry (NIPR). Failure to maintain valid licensing may be grounds for disciplinary action up to and including a not-for-cause termination. Continuing Education may be required in some states to maintain the license, and it is the sole responsibility of the agent/agency to comply with all state requirements, including continuing education.

When all contracting and certification requirements have been met, Sales Operations will submit state appointment requests to each state requested (if applicable) based on the contracting case. Agent/agency must be appointed (if applicable) in the state(s) in which they intend to solicit and/or sell the CareSource portfolio of products. Agent/agencies are not considered Ready to Sell (RTS) in any state until CareSource has communicated that they are RTS in a specific state.

All levels of the hierarchy must be licensed and appointed (if applicable) in each state in which they or their downline represent CareSource in the marketing and/or sales of the CareSource portfolio of products.

Agents/agencies who are not appropriately credentialed to compliantly initiate a sale may be subject to corrective action up to and including termination. Uplines in the hierarchy who are not appropriately credentialed for a specific sale are not eligible to receive commission overrides on said sale.

CERTIFICATION

All agents, regardless of level, must successfully complete certification requirements before they are eligible to become appointed with CareSource.

The following guidelines apply:

30 calendar day requirement; A Medicare sales agent must successfully complete all required certifications within 30 calendar days of the signature date of the Agreement to move forward with the contracting process.

Medicare agents must provide a current year **America's Health Insurance Plans (AHIP) certificate** to contract with CareSource to sell a CareSource Medicare plan.

Agent must successfully complete all required **CareSource Medicare certifications** within five (5) attempts or fewer with a passing score of 85% or greater.

A Marketplace agent must have a current year **Federally Facilitated Marketplace (FFM) certificate** to contract with CareSource to sell a CareSource Marketplace plan.

A principal of an entity may certify on behalf of said entity. If the principal has successfully completed certifications, the entity is considered to have successfully completed certifications.

Failure to certify timely will result in Sales Operations terminating the contracting process. Agent may reapply by submitting a completed new contracting packet.

Agents/agencies who are not appropriately credentialed prior to a sale may be subject to corrective action up to and including termination.

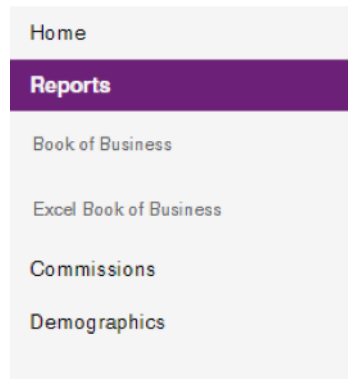
Agents/agencies who are not appropriately credentialed for a sale will not be paid commission on said sale.

In addition to onboarding certification requirements, each year, all active agents must successfully complete all required certifications for the new plan year. Incomplete certifications by December 31 may be subject to termination.

BROKER PORTAL USERS GUIDE

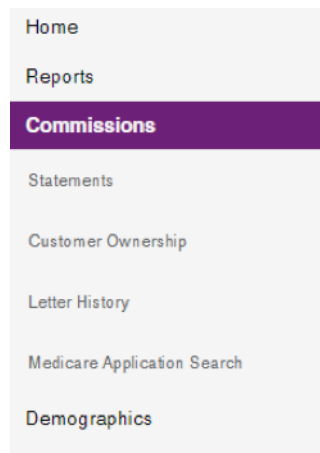
If you have never accessed the Broker Portal, your log on ID will be your NPN number. You will be requested to reset your password even if you have never previously logged in. After logging into the portal, you can view your book of business, statements and demographic information.

<https://caresource.callidusinsurance.net/ICM/FormActionServlet>



To view your book of business, navigate to **Reports > Book of Business**

Also, the **Excel Book of Business** option gives you a more detailed version and can be easily downloaded.

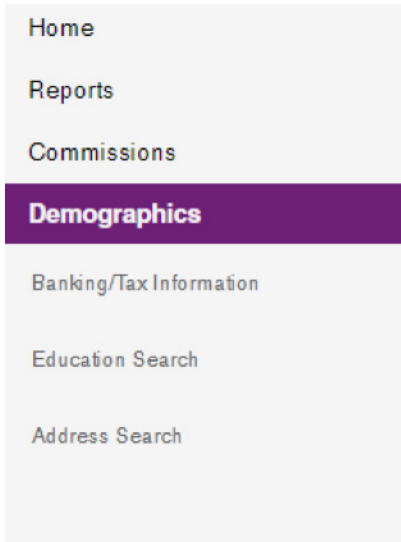


To view commission statements, navigate to **Commissions > Statements**

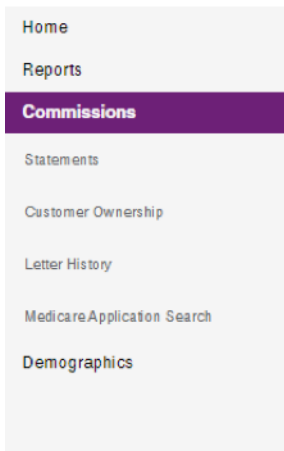
You can view all available statements. Just click on the statement you wish to view. You can then download it in Excel or pdf format.

A screenshot of the 'Statements' table in the Broker Portal. The table has a purple header and a grey background. It contains five rows of data, each with a checkbox, a statement ID, process month, process year, date generated, and three action links: Statement, Attachments, and Production.

<input type="checkbox"/>	StatementType Id	Process Month	Process Year	Date Generated			
<input type="checkbox"/>	Marketplace_Commis...	6	2020	06/10/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	5	2020	05/26/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	4	2020	04/27/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	3	2020	03/26/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	2	2020	02/25/2020	Statement	Attachments	Production



You can access any letters or notifications that we send to you. Additionally, from the **Demographics** tab, you can access your contact information such as address, phone numbers and email address.



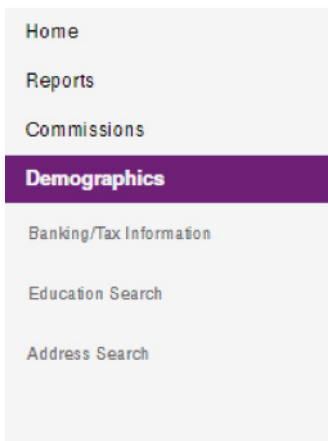
Commissions

Statements – commission statements

Customer Ownership – similar to book of business with less detail; shows customer ID and date span of that agent’s ownership

Letter History – history of correspondence sent from Sales Operations

Medicare Application Search – listing of Medicare applications under their hierarchy



Demographics

Banking/Tax Information – for that person/entity only

Education Search – provides listing of education for each agent (sort by License Type ID/Education Status/Producer ID)

Address Search – agent demographic information

Agent and Broker Compensation Disclosure

The Consolidated Appropriations Act was signed into law by the president on December 27, 2020. This act stipulates multiple mandates to provide greater transparency related to health care cost information, including agent and broker compensation.

CareSource Management Services LLC, on behalf of itself and its Affiliates (“CareSource”) will comply with the Consolidated Appropriations Act requirements for agent and broker compensation disclosure.

Beginning January 1, 2022 all agents and brokers contracted to sell CareSource plans are required to disclose direct and indirect compensation information to consumers. **DIRECT** compensation is commission payable/directly attributable for the sale of such plans. **INDIRECT** compensation is payment by CareSource to agents or brokers, other than for commissions. For example, this type of compensation includes service fees, consulting fees, awards, prizes, incentives or other non-monetary forms of compensations.

2022 AGENT AND BROKER COMPENSATION SCHEDULE

2022 Medicare Advantage	Agent Initial Year	Agent Renewal
Annually Per Policy	\$573	\$287

2022 Marketplace Plans		
State	Agent Initial Commission Per Member Per Month	Agent Renewal Commission Per Member Per Month
GA, IN, KY, OH	\$573	\$287
WV	\$573	\$287
Enhanced Benefit Plan (Plans with Dental, Fitness and Vision)	\$573	\$287

Marketplace New Business Annual Bonus Structure							
Total of 2022 New Member Sales + 85% Retention of Existing Membership = Bonus Amount Per Member (PM)							
Bonus for 2022 New Member Sales	Plus 85% Retention of Existing Membership 100 - 199	Plus 85% Retention of Existing Membership 200 - 499	Plus 85% Retention of Existing Membership 500 - 999	Plus 85% Retention of Existing Membership 1,000 - 2,499	Plus 85% Retention of Existing Membership 2,500 - 4,999	Plus 85% Retention of Existing Membership 5,000 - 9,999	Plus 85% Retention of Existing Membership 10,000+
25 – 49 members \$25 PM	\$26.50 PM	\$27.50 PM	\$30 PM	\$32.50 PM	\$35 PM	\$37.50 PM	\$40 PM
50 – 99 members \$50 PM	\$52.50 PM	\$55 PM	\$60 PM	\$65 PM	\$70 PM	\$75 PM	\$80 PM
100+ members \$100 PM	\$105 PM	\$110 PM	\$120 PM	\$130 PM	\$140 PM	\$150 PM	\$160 PM

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MARKETING MATERIALS

Printed marketing materials are available for order at no cost to you from our online print shop, [PrintSource](#). After you complete contracting, you should receive an email from our PrintSource system with an invitation to login and create a password.

Digital marketing materials are available to download in the [Producer's section of CareSource.com](#).

BROKER SERVICE DEPARTMENT

CareSource has a dedicated Broker Services department to support our contracted individual producers throughout the agent life cycle.

We facilitate the CareSource/producer contracting process and verify credentials in order to submit a state appointment and make sure you're ready to sell.

We also manage the payment of commissions and investigate situations of non-payment.

If you have questions about contracting with CareSource or need help, you can reach out to us via email at salessupport@caresource.com or by calling (833) 230-2002.

CHANGING AGENT OF RECORD

For a member to change their Agent of Record, the member must complete and sign a **Producer of Record Transfer Form** which may be requested from and emailed to salessupport@caresource.com.

TRANSFERRING FMO

Please note transfers are not permitted from September 1 – December 31.

Option A – Transfer with a signed release

- 1) You must have been under your current top of hierarchy for at least three consecutive months.
- 2) Print the “Notice of Intent – Transfer Release Form” and complete the **Transfer Release** portion.
- 3) Obtain signatures from your immediate upline and *the principal* of your top of hierarchy (if different) to authorize release. Signatures must be within 30 calendar days from date of submission to CareSource.
- 4) Request your new upline. Submit an onboarding request to **CareSource Sales Operations** at salesupport@caresource.com including the completed Notice of Intent – Transfer Release Form. Signatures must be within 30 calendar days from date of submission to CareSource.

Option B – Notice of Intent to Transfer

- 1) You must have been under your current top of hierarchy for at least three consecutive months.
- 2) Print the “Notice of Intent – Transfer Release Form” and complete the **Notice of Intent to Transfer** portion and submit it via email to your current top of hierarchy with a carbon copy (CC) to salessupport@caresource.com.
- 3) 90 calendar days after completion of step #2, request your new upline. Submit an onboarding request to *CareSource Sales Operations* at salessupport@caresource.com, including the original email from step 2, and completed Notice of Intent – Transfer Release Form.

If this option is chosen, the following rules apply:

- You may only transfer at your current contract level. Once you are approved under your new upline, you must remain at the same level for a minimum of three months. Then, provided you meet the appropriate criteria and there is room to move upward, you will be considered eligible for advancement to the next contract level.
 - **Exception:** Licensed-Only Agents (LOAs) have the option to transfer at the Agent level.
- You must remain under the new hierarchy for a minimum of one year.
 - All agency downline agents will move with a transferring agency. However, after the move has been completed, those downline agents are not required to stay under the new top of hierarchy for one year. They may request release or submit their own *Notice of Intent to Transfer*.

Non-Discrimination Notice

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

The CareSource Compliance Detection Team is reviewing the federal requirements regarding non-discrimination and meaningful access to information in accordance with Sections 504-508 of the Rehabilitation Act of 1973. As an Agent, you are required under our Agreement to comply with all applicable federal regulations and are required to ensure that Medicare health information is available and accessible to persons with disabilities in accordance with Sections 504-508 of the Rehabilitation Act of 1973.

Please be aware that as an Agent selling Medicare Products on behalf of CareSource, you are required to ensure that you are in compliance with all requirements of the Rehabilitation Act of 1973. Failure to comply with applicable federal regulations may result in termination of your Agreement with CareSource.

Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. To ensure Medicare Health information is available and accessible to persons with disabilities, plans must abide by the relevant sections of the Rehabilitation Act of 1973 and subsequent amendments. Specifically, Section 504 of the Rehabilitation Act of 1973 (Section 504) and its amendments state: "No otherwise qualified individual with a disability . . . shall, solely by the reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency"

Section 508 of the Rehabilitation Act of 1973 (29 USC § 794d) requires that when U.S. Federal government agencies develop, procure, or maintain, information and communication technology (ICT), that it is accessible to persons with disabilities.