



Agency Partner Playbook

Get Started



2022

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Introduction

You are important to Humana. That's why we want to give you and all of our partners more of what you want and less of what you don't.

We've streamlined information you need to conduct your day-to-day business as you work toward long-range goals. And it's all right here in this all-new, interactive Partner Playbook. It accompanies our other partner tools, such as the Vantage portal.

The Playbook makes it easy to navigate through products and programs and learn what you need to know. And it helps you understand processes and policies so you know the *why* that goes with the *what*. It covers some of the most sought-after topics but when you need to go further, the built-in links take you to more information.

Simply put, you help us market Humana products and services. We appreciate that, and we are dedicated to helping you proceed as efficiently and effectively as possible.

**Please keep your Playbook secure and use it
for conducting Humana business only.**

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A Message to our Valued Partners

As we strive to serve you and your Agents better, we recognized we had an opportunity to ramp up the support we provide to you and your Agents as you help consumers navigate their health journeys.

To that end, we have organized our distribution team to meet the following objectives:

- ✓ Meeting Agents where they want and need to be met by offering multiple Humana contact opportunities
- ✓ Standardizing and aligning the level of support Agents receive across the country
- ✓ Enabling positive process and procedural changes for more effective Agents
- ✓ Establishing ongoing training opportunities and effective interaction points with Humana
- ✓ Providing proven opportunities for year-round growth of an Agent's MAPD Book of Business
- ✓ Promoting partner business growth by improving Agent support and resources

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Local Staffing Support

Market Leadership



Support and collaborate with Broker Relationship Manager and regional director to engage Agents to achieve sales/growth results as well as retention and operation goals.



Agents

Regional Director



Oversees Broker Relationship Managers and partner relationships while collaborating with the broker relationship, sales manager and account executives to drive sales/growth and achieve operational goals.



Agents



Partners

Broker Relationship Manager



Responsible for interacting and supporting all field sales resources (Agents/agencies) within their market/territory to achieve sales/growth results as well as retention and operational goals.



Agents



Partners

Broker Relationship Executive



Deepen and support field Agents' relationships with Humana telephonically and electronically within a given market to achieve sales/growth results as well as retention and operational goals.



Agents

Partner National Account Executive



Guides agency and partners through the sales lifecycle to achieve sales/growth results, providing ongoing assistance from an operations and retention perspective.



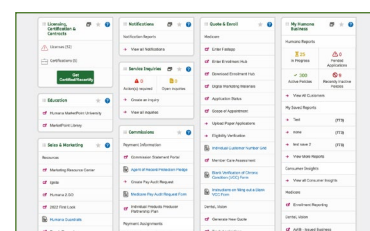
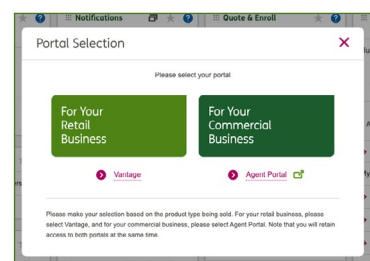
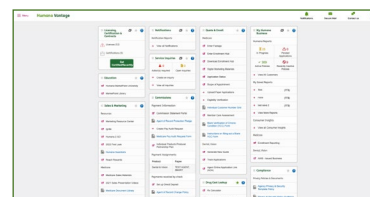
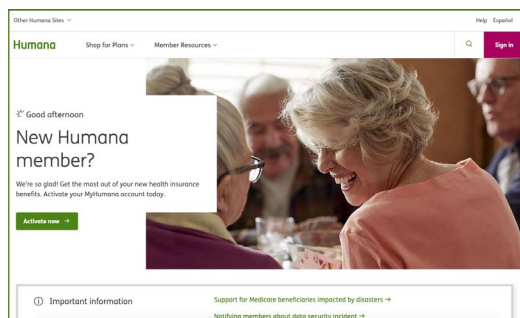
Partners

The Vantage Portal

Humana Vantage is a portal on Humana.com that offers single-point, streamlined access to a digital dashboard with customer-management sales tools and critical information to help you complete business tasks. There are separate views within Humana Vantage for Agents and agencies, and both provide access to items such as:

- ✓ Verification, quote and enroll systems
 - Medicare and DSNP Verification Tool
 - Enrollment Hub
 - FastApp
 - Digital Marketing Materials
- ✓ Doctor and pharmacy look-up tool
- ✓ Rx Calculator
- ✓ Commission information
- ✓ Contracting processes
- ✓ Marketing and sales materials
- ✓ Education and training

To access Humana Vantage, go to [Humana.com](https://www.humana.com) and click **Sign In**. Enter your Agent or agency's **User ID** and **password**. Click **For Your Retail Business—Vantage** and you will see the Humana Vantage home page.



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The Vantage Portal (continued)

Agent Capabilities Using Vantage

My Humana Business Center and Service Inquiries

In addition to helping Agents and agencies manage your Book of Business, Agents can use My Humana Business Center and Service Inquiries in Vantage to check their license(s) status, appointment and certification status. These tools also help you assist members with:

1 Ordering ID cards and resending fulfillment packets

- ☒ Agents can submit a customer service inquiry and have an ID card and/or fulfillment packet sent to the member's address on file.
- ☒ Required information for inquiry: member name, member ID, DOB and ZIP.

2 Changing a Primary Care Physician (PCP) at the member's request

Submit required information to Service Inquiry Tool located on the Humana Vantage Portal:

- ☒ Member name, member ID, DOB and ZIP
- ☒ PCP name and ID
- ☒ Effective date of change
- ☒ Agent name and Agent SAN

Member Communication for PCP Changes:

- HMO Plan: A new ID card with PCP will be sent to members.
- Non HMO plans: A letter will be sent to members, notifying them of the PCP change.

The Vantage Portal (continued)

3 Updating residential and mailing address within service area*

The Service Inquiry Tool will accept all mailing-address changes. They will also accept any residential address change that remains within the current service area. Required information for inquiry:

Member name, member ID, DOB and ZIP

New address

Type of address: mailing or residential

Agent name and agent SAN

Member Communication:

A letter will be sent to members notifying them of the address change.

Because your Agents interact with Humana members, they may ask your Agents how to change their primary care physician, how to request a new Humana ID card, how to get started with Go365 and other questions about their plans. For members, Humana offers MyHumana, a member self-serve tool that enables them to complete these and other common tasks themselves. If Agents want to learn more about how to help members access MyHumana, they can log in to Vantage and click Humana MarketPoint University on the Education Card.

MyHumana Member Self Service

Medicare and DSNP Verification Tool

Verify Medicare and/or Medicaid eligibility the easy way with Humana's Verification Tool.

Learn More

*Agents can use Humana.com to verify that the new residential address is within the current service area. If the new residential address is outside of the current service area, the Agent should notify the individual, who will need to search for and sign up for a new plan.

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The Vantage Portal (continued)

In-network providers and pharmacies

Find a Doctor tool with Care Highlight™

Humana does not provide healthcare services and does not practice medicine; physicians are solely responsible for medical treatments provided. Ratings do not guarantee the quality of healthcare services provided or the outcome of healthcare services. Ratings that state “not enough information to measure” do not indicate that the rated physician does not provide quality services. All physicians rated have met certain minimum requirements. Patients have access to all physicians in the Humana network regardless of whether a physician has received a Care Highlight™ rating.

[Download the playbook](#)

Preferred Cost-Sharing Pharmacies

Preferred cost-sharing pharmacies are pharmacies Humana has negotiated lower out-of-pocket costs with (often in the form of reduced copays) for certain prescription drugs. Agents should educate clients about the benefits of using preferred cost-sharing pharmacies such as potential savings. Some of the preferred cost-sharing pharmacies Humana works with include: Humana Pharmacy, Walmart, Sam's Club, Public, Kroger, Harris Teeter, HEB, Costco, PrescribeIT and Walgreens (on MAPD plans only not stand-alone PDP plans). Agents should check a plan's Provider Listing to confirm which pharmacies are preferred cost-sharing ones. For all Humana MAPD plans, all in-network pharmacies are preferred cost-sharing pharmacies.

*<https://press.humana.com/news/news-details/2021/Humana-Ranks-1-for-Customer-Satisfaction-for-Mail-Order-for-Four-Consecutive-Years-in-J.D.-Power-U.S.-Pharmacy-Study/default.aspx#gsc.tab=0>

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The Vantage Portal (continued)

Humana Pharmacy

Agents may discuss Humana Pharmacy with members if the member selects a plan where Humana Pharmacy is a preferred cost-share pharmacy or asks for more information about mail-order pharmacies or Humana Pharmacy. Agents can educate the member on the availability of this mail-order pharmacy and potential benefits, so the member can decide whether they would like to use this pharmacy. Members have the sole discretion to choose their pharmacy. Agents must be objective when advising members about their pharmacy choices and must inform them that other pharmacies are available in our network. Humana members should check their plan documents to verify their prescription benefits.

Humana Pharmacy is a preferred cost-sharing pharmacy on many Humana Plans. If it is included as a preferred cost-sharing pharmacy on a member's plan, Agents can let them know more information about what Humana Pharmacy offers including maintenance and specialty medications, low-cost generics and 90-day supplies shipped directly to their door. Humana Pharmacy uses an automated prescription-dispensing process with added accuracy and safety to limit unnecessary human handling. Humana Pharmacy has been ranked number one in customer satisfaction for mail-order pharmacies for four years in a row by [J.D. Power](#).

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Retail Products

Medicare Advantage plans—Many Humana Medicare Advantage plans come with added benefits and resources. Our members have access to services such as a mail-delivery prescription pharmacy and fitness programs.

Click the link below to find out about plans with their premiums, copays, benefits and participating doctors and pharmacies.

[Medicare Advantage plans](#)

Prescription drug plans—Humana offers several options for stand-alone prescription drug coverage to help meet the medication needs of your clients. Our plans vary based on deductibles, medications and copays.

- ✓ **Humana Walmart Value Rx Plan (PDP)**
Offers low monthly premium
- ✓ **Humana Premier Rx Plan (PDP)**
Rich formulary and benefits
- ✓ **Humana Basic Rx Plan (PDP)** Features low copays (after deductible) for most generic drugs at network pharmacies

[Prescription drug plans](#)

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Retail Products (continued)

Medicare Supplement Plans—The benefits from plan to plan are the same from every insurance company (some companies may offer innovative benefits), so a Plan C from one company has the same medical coverage as a Plan C from any other. The difference is in the company, the quality of service and the price. These features are what make Humana Medicare Supplement plans stand out from the rest.

Medicare Supplement plans

Humana Achieve Med Supp plans—In collaboration with Integrity Marketing Group, Achieve is distributed coast-to-coast through a strong network of FMOs and Agencies consisting of more than 200,000 participating Agents.

Humana Achieve offers the same value-added services including Well Dine, hearing, vision discounts and others with the exception of the Silver Sneakers® program.

The Achieve product aims to be among most competitive in each market. Visit www.humanaachieve.com or contact your Humana Account Executive today for more information.

Any dissemination of upcoming plan year benefits prior to 10/1 is strictly prohibited.

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Retail Products (continued)

Vision plans—Humana’s affordable vision coverage offers an annual routine eye exam for a low copayment, plus coverage for contact lenses or eyeglass lenses and frames and discounts on laser services, like Lasik.

[Humana’s vision plans](#)

Dental plans—Humana offers a variety of dental plans in many states.

- ✓ **Bright Plus** The Humana Bright Plus dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. The plan offers affordable coverage for preventive and basic services like routine cleanings and exams, fillings, extractions and a \$100 teeth-whitening allowance.
- ✓ **Complete Dental (PPO)** Individuals who want robust coverage. Richest benefits available immediately for those who provide proof of prior eligible dental coverage.
- ✓ **Loyalty Plus (PPO)** Individuals who want immediate coverage even if they haven’t had prior dental coverage.
- ✓ **Preventive Plus (PPO)** Individuals who know the importance of preventive dental care and want some coverage for unexpected dental needs. A great balance to maintain healthy teeth and gums.
- ✓ **New Preventive Value (PPO)** Budget-conscious individuals who know the importance of preventive dental care and appreciate a straightforward plan covering preventive and basic services.
- ✓ **Dental Value DHMO** Budget-conscious individuals who want comprehensive coverage and want to know their costs up front.
- ✓ **Dental Savings** For individuals who want some savings in dental care but don’t want to invest in dental insurance.

[Click for more information](#)

Any dissemination of upcoming plan year benefits prior to 10/1 is strictly prohibited.

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Humana First Look



Get ready to ignite your road to success with our Humana First Look. This guide provides Humana's network highlights, competitive advantages and value propositions for each market, helping you uncover new and unique ways to boost sales. This guide makes it easy for you to compare information such as premiums, copays and added benefits and services for Humana Medicare plans in your area.

[View Humana First Look](#)

As a reminder, Agents can access the current Humana First Look when they certify or recertify. CMS strictly prohibits the sharing of upcoming plan year information with beneficiaries prior to October 1.

Agent Contracting

Agency Partner Contract Types

In the Agency partner channel, Humana supports two types of agencies. Each type has specific Agent-contracting and commission-paying processes.

✓ **Strategic Alliances (SA)** consist of field agencies, call centers and e-vendors. The Agent contracts are held at the partner level, meaning Agents must first go through the partner to establish an agreement with Humana. Most often, Agents are considered employees of the SA agency, and the agency owns the block of business, receives Agent-level commissions and is responsible for compliance oversight, because the agency also receives administrative compensation. If the Agent's employment ends with the SA partner, their Humana contract will be terminated. Any business written by the Agent will be retained by the agency. After an Agent terminates or is released by the SA partner, they must re-contract with Humana to begin selling again, either directly with Humana or through another agency partner.

✓ **Marketing General Agencies (MGA)** or Field Marketing Organizations (FMO) and MarketPoint Brokerage consist mostly of field Agents who are individually contracted. Because of this, the Agent is primarily responsible for adherence to all policies, procedures and compliance requirements. The partner must also reinforce all requirements put forth in their override agreement, including Agent education and compliance oversight. Agents are independent in this channel and may choose to contract directly with Humana or affiliate with an FMO partner in exchange for business services provided by that partner. In these instances, the FMO does not own the Agent contract; however, they have the right to retain an Agent within their hierarchy for 90 days if they choose to not grant an immediate release. Agents may or may not be captive to an agency, meaning they could be paid directly or have an agreement to get paid by an agency with the execution of a Delegated Commission Assignment Form. The Delegated Commission Assignment Form identifies the payee relationship and determines who receives the compensation and who owns the business.

[Delegated Commission Assignment Form](#)

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Agent Contracting (continued)

Immediate Release Policy

To receive an immediate release, Agents must secure a release letter from their current upline. It is at the upline's discretion whether or not to release an Agent prior to 90 days (see Delayed Release Policy below). The current upline is required to formally communicate the release of the Agent in writing using company letterhead, signed by the principal, with a current or future effective date of the release. Release letters must be sent to Humana's AgentSupport@humana.com. If the immediate release is accepted, it will be processed within five business days. Humana will notify the Agent via email when the release has been processed.

Delayed Release Policy: In instances where an immediate release is not granted, the Agent may request a delayed release. The delayed release will take effect 90 days after the Agent's request is received.* Requests must be in writing and sent to Humana's Agent Support at AgentSupport@humana.com.

Agent Release Timeline

Received	90-day Release	Immediate Release
1/2 through 7/10	Effective 90 days post request	Processed within five business days
7/11 through 9/30	Effective 1/2	Processed within five business days
10/1 through 1/1	Effective 4/1	Effective 1/2

MGA Hierarchy Release Timeline

Received	90-day Release	Immediate Release
1/2 through 7/10	Effective 90 days post request	Processed per standard contracting turnaround time
7/11 through 9/30	Effective 1/2	Processed per standard contracting turnaround time
10/1 through 1/1	Effective 4/1	Effective 1/2

*The delayed release will be effective 90 days after the Agent's request is received. Agencies can realign one time per year.

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Agent Contracting (continued)

Agent's Status Upon Release:

Once an Agent is released, they will be free to align themselves with another upline. The Agent must notify Humana in writing indicating what upline they wish to be aligned with. The name of the new upline can be included in the original release request. It will be the Agent's sole responsibility to maintain all license, training, certification and appointment requirements with Humana. (There are specific situations under which an Agent cannot align themselves. Please contact your national account executive or Humana's Agent Support Unit (ASU) for more information.)

New:

Any business submitted to Humana while the Agent was aligned with the previous upline will result in the appropriate overrides and commission being paid as indicated by the contracts and schedules in place.

Renewal:

Any renewals earned while the Agent was aligned with the previous upline will result in the appropriate overrides and renewals being paid as indicated by the contracts and schedules in place.

The release ONLY affects business that occurs after the date of the release.

There are three actions that will trigger a request for a release:

- ☒ **MGA Assignment** submitted to ASU by the new upline.
- ☒ **Delegated Commission Assignment Form submitted to ASU or Agency Management** with a payee to a new upline.
- ☒ **Email from agent to ASU** requesting to be moved.

For Agents who want to make a contract change (e.g., Humana Brokerage Agent to Strategic Alliance Agent or an Independent Agent), the same release policy applies; however, at the conclusion of the 90 days, the Agent will be terminated and must re-contract.

Agent Contracting (continued)

The MGA Assignment Form

Re-contracting

Humana offers different contract types and sales channels. If an Agent wants to move from one sales channel to another, they may be required to re-contract. In some instances, an Agent's contract may be terminated or closed out. Depending on the reason for the termination, the Agent may or may not be allowed to re-contract.

Examples below:

- ✓ **Closed Out**—Agent contracted with Humana, but did not move from Pending Execution status (by quoting or certifying) within 180 days. Must re-contract.
- ✓ **Lack of Production**—Agent did not make a sale within 12 months of contracting. If the Agent intends to produce, the agency may re-contract the Agent at any time after the lack of production process.
- ✓ **Inactive**—Agent is eligible to receive non-Medicare commission only. For the Agent to re-contract, the Agent must reimburse Humana for the applicable appointment fees.
- ✓ **Ineligible**—Agent was involuntarily terminated for a compliance reason and is ineligible to re-contract. After 365 days, Agents may submit a request to re-contract with Humana. The Agent should send a request to re-contract to their Account Executive along with a typed statement acknowledging the cause for termination. Risk Advisor will review and determine whether the request can be submitted. With necessary approvals, the Agent will be added to the monthly Agent Review Board agenda where the request will be presented and voted on by sales leadership. If approved, the Agent will be eligible for re-contracting.

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Enrollment Methods

Scope of Appointment (SOA)

An SOA is a written or audio-recorded agreement between the prospect and the Agent that lists all products to be discussed at the sales appointment. SOA are required for any individual making an appointment with an Agent, whether face-to-face in any location or remotely via the phone or a video call. A separate SOA is required for each prospect (e.g., one for a husband and one for a wife). An SOA is required for a future appointment after an education event or formal/informal sales event.

Humana now offers three methods for capturing SOA:

1. Paper SOA forms
2. Interactive Voice Response (IVR), which is an audio recording
3. Electronic SOA forms on Enrollment Hub

Learn more about SOAs using [this job aid](#).

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Enrollment Methods (continued)

✓ Electronic Enrollment Tools

Humana's online enrollment tools help improve application accuracy, accessibility, efficiency and transparency. Online enrollment helps reduce errors, decrease pended applications, increase the speed of application processing and improve member communications.

- **Enrollment Hub**—Enrollment Hub optimizes the enrollment process with an end-to-end workflow and additional tool integrations. Use it in English or Spanish for all Humana Medicare plan types or Individual Dental and Vision (IDV) plans.
- **FastApp**—An enrollment tool for Agent use via an Internet connection.

Not sure when to use Enrollment Hub or FastApp? Use [this job aid](#) to decide.

✓ Consumer Self-Enrollment Tools

- **Digital Marketing Materials**—A paperless, efficient way for Agents to turn prospects into clients. With this new tool, after giving a compliant sales presentation, Agents can email prospects custom marketing materials for up to three plan options. If the prospect is ready to make a decision, they have the ability to enroll online directly from the personalized Digital Marketing Materials sent them by the Agent.

Plus, the Agent will still get credit for the sale if the client enrolls from the Direct Marketing Materials sent to them by the Agent. Digital Marketing Materials are all-inclusive of the printed materials that an Agent would normally use during a sales presentation. By using Digital Marketing Materials, Agents can start going paperless!

- **Agent Online Application**—A consumer-driven enrollment process, the Agent Online Application (AOA) provides Agents with a custom URL that allows prospects to enroll themselves into a dental, vision, Med Supp or Medicare plan the Agent discussed with them. After meeting with a prospect and completing a sales presentation, your prospects can choose to enroll themselves. Agents will get the credit as long as the prospect is enrolling in a plan your Agent presented to them and confirm this on the form within the URL. Agents will receive an email indicating that an application has been completed.
- **Go to Vantage to access all paperless self-enrollment tools**

Enrollment Methods (continued)

✓ Paper-Application Resources

- **Transmitter App**—Streamline submission of paperwork to Humana’s workflow process. This allows the Agent to quickly snap pictures of Medicare enrollment documents and securely transmit the information to Humana.

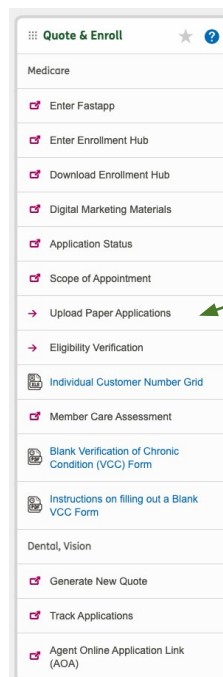


✓ Email through the Vantage upload link

Benefits of emailing applications through Vantage:

- **Timely submission**—Uploading through Vantage is often easier to access.
- **Submitting apps quickly**—Typically means quicker turnaround times for processing.
- **Extra tracking**—The submitter receives two communications per submission.
 - A copy of the submission with date/time stamp.
 - A notification confirming if the submission was accepted or denied into the process.

Using this method is simple



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Enrollment Methods (continued)

- 1 Provide your applicant's first and last name.** If you are submitting more than one applicant in a SINGLE PDF, JPEG, JPG, BMP, PNG, GIF, TIFF or TIF, please add your applicants' additional information using the +Add Member button.

CarePlus applications and applications with a payment method identified as credit card cannot be submitted via email.

- 2 Use the Upload Paper Application feature to attach your enrollment(s) to this secure message.** There is a limit of one PDF, JPEG, JPG, BMP, PNG, GIF, TIFF or TIF file per uploaded submission. There must be at least one whole application; however, you may have more than one whole application and list the additional applicant names in the form below. Your file must not be larger than 20MB or 500 pages in length. Please be sure your file isn't corrupt or password protected before submitting.

- 3 Click Submit when all required fields have been completed.** All information will be sent securely to MedEnroll@humana.com.

Enrollment Methods (continued)

Fax

Benefits

- **Timely submission**—Faxing is quicker than sending an application via postal mail.
- **Tracking**—Your fax machine should provide you a confirmation with date/time and number of pages sent.

Using this Method is Simple

- Avoid peak fax times (3pm–6pm).
- Ensure auto redial is set up on your fax machines.
 - Most fax machines will auto redial a number up to three times if a busy signal is received.
- Use a coversheet to protect member information.
- Read the fax confirmation page for success status.
 - Resend only if all of your fax attempts/pages failed.
- Keep faxes small.
 - Limit to one application per fax whenever possible.
 - Anything over 25 pages exponentially increases transmission-failure rates.

Application Submission
Please remember: <ul style="list-style-type: none"> • Write clearly, use Black ink, submit daily • Check to make sure you SAN number is on the app • Make Sure all needed fields are complete
Scope of Appointment IVR: 1-866-945-4471 <i>(Document Medicare appointment)</i>
Humana Medicare App Fax line: 1-877-889-9936 <i>(Fax Only Medicare or Med Supp applications)</i>
CarePlus Medicare App Fax line: 1-855-819-8679 <i>(Fax Only Medicare or Med Supp applications)</i>
Med Supp App Fax line - 1-877-889-9936 <i>(Fax Only Medicare or Med Supp applications)</i>
HFPP App Fax line: 1-877-720-4863 HFPP App Errors line: 1-904-376-8267 <i>(Fax Only HFPP applications)</i>
HFPP Kanawha Broker Services (Post Issue Agent Support): 1-877-203-4249

How to order paper applications

Agents can complete Humana’s CMS-approved paper application for the beneficiary to sign and email, fax or mail to Humana. Because applications must be submitted to CMS within a short timeframe, electronic applications are the preferred enrollment method. Partners should ensure application timeliness by educating Agents to submit paper applications immediately upon signature and no later than three days after.

[Order Paper Applications](#)

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Enrollment Methods (continued)

✓ Enrollment Application Submission Requirements

Submitting Applications Prior to AEP is Not Permitted

Agent-assisted AEP Applications will be denied by Humana if they are received before the start of AEP on October 15. Members will be notified that Humana could not process their enrollment. As required by CMS, Humana will also reach out to the member to determine if the Agent engaged in any non-compliant activity, and the Agent may be subject to corrective action based on the findings.

Reminder: During pre-AEP, which is October 1–14, Agents may talk about plans with beneficiaries and help beneficiaries complete applications. Agents may not accept or solicit submission of paper enrollment forms prior to the start of the AEP, and Agents also should remind beneficiaries that they cannot submit enrollment requests prior to the start of the AEP. Agents cannot take possession of applications before AEP. Humana’s instructions to Agents if they meet with beneficiaries before AEP is to put their name and SAN only on the application (do not date it!) and instruct the member to send the application to Humana on or after October 15. Paper AEP enrollment requests received prior to the start of the AEP for which there is indication of sales Agent or broker involvement in the submission of the request (i.e., the name or contact information of a sales Agent or broker) must be investigated by Humana for compliance with CMS regulations.

If there’s a market receipt date on the application that’s before October 15, the application will be rejected because that’s considered the date Humana took possession of it. If there’s no market receipt date on the application, the date the application was received in the mail is the market receipt date.

Post-enrollment Member Care Assessment

Humana’s Member Care Assessment (MCA) helps us—and Agents—understand where our members are on their health journeys. It helps us be more proactive when and how it matters most to our members.

The MCA is an optional, online, scripted survey that Agents give to new members. It can be completed in English, Spanish, Korean and Traditional Chinese. The MCA asks a series of health and well-being questions, which were developed with Agent input, and takes a mere seven to 10 minutes to complete. The MCA is completely optional for the member — they can choose not to participate or stop at any point if they do not feel comfortable with the questions asked. Ensure Agents complete the MCA training and are informed of how to connect the members with resources based on the responses provided. Based on the member’s responses, Agents and Humana can provide personalized, caring and simple support to members in need. Learn more about the MCA [here](#) and the Revel Portal, where Agents complete the MCA, [here](#).

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Enrollment Methods (continued)

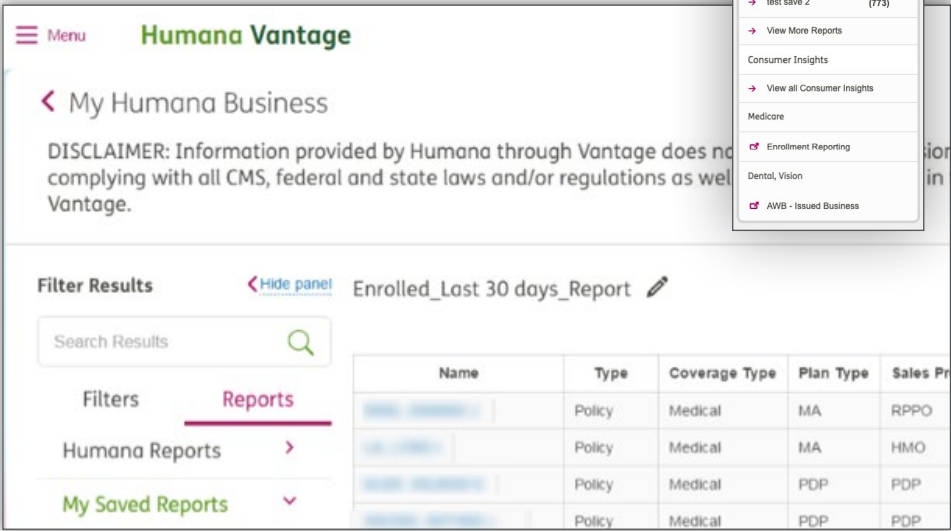
Enrollment Status-check Options:

My Humana Business Center

Agents can access all applications and enrollment-status tools with a simple click of a button. No more calling and waiting on the phone, simply visit My Humana Business Center for all your needs when following up on a new member’s status.

Benefits of using My Humana Business Center

- 1 The My Humana Business Center is accessible via Vantage to view the enrollment status of your clients online.
- 2 The ability to access client application and member status is available 24/7 on any device.



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Enrollment Methods (continued)

- 3 Select the Filter Tab, then Policy Status Filter. Select any status, then click the Apply button. The results will show the status of the application(s) and the reason for the corresponding record(s). You can also take advantage of the tool's robust filtering and customized reports to find exactly what you are looking for.

The screenshot displays the 'Filter Results' interface for 'All Customers'. It includes a search bar, a table of customer records, and several filter panels on the right.

Name	Type	Coverage Type	Plan Type	Sales Product	Effective Date	Status	Status Reason	Humana ID
ABISHER, JOEY W	Application	Medical	MA	RPPO	4/1/2018	In Progress Application	Accreted with CMS	
ABISHER, JOEY W	Policy	Medical	MA	RPPO	4/1/2018	Active Policy	Accreted with CMS	H6210032
ACKERMAN, JERRY R	Policy	Medical	MA	HMO	1/1/2018	Active Policy	Accreted with CMS	H1099713
ADAMS JR, CHARLES W	Policy	Medical	MA	HMO	1/1/2018	Active Policy	Accreted with CMS	H4695026
ADAMS, BARBARA L	Policy	Medical	MA	HMO	1/1/2018	Active Policy	Accreted with CMS	H0756646
ADAMS, BUSTER	Policy	Medical	PDP	PDP	10/1/2016	Active Policy	Accreted with CMS	H7626212
ADAMS, CARLENE K	Policy	Medical	MA	LPPO	1/1/2018	Active Policy	Accreted with CMS	H4477969
ADAMS, DORIS	Application	Medical	MES	HUM	3/1/2018	Submitted Application	Application Received	
ADAMS, JOYCE A	Policy	Medical	MA	HMO	1/1/2018	Active Policy	Accreted with CMS	H0589032
ADAMS, LORENE C	Policy	Medical	MA	LPPO	1/1/2018	Active Policy	Accreted with CMS	H4486572

1 - 10 of 1430 records found

Filter Results

Filters

Policy Status

- ☐ All (1430)
- ☒ Active (1320)
- ☐ Inactive (38)
- ☐ Pending (3)
- ☐ Cancelled (17)
- ☐ In Progress (46)
- ☐ Submitted (6)

Plan Type

- ☐ All (60284)
- ☒ MA(PD) (0)
- ☒ PDP (56022)
- ☐ OSB (0)
- ☐ Med Supp (4262)

Sales Product

Policy Status

- ☐ All (56186)
- ☒ Active (47723)
- ☒ Inactive (8176)
- ☐ Cancelled (157)
- ☒ In Progress (123)
- ☐ Submitted (1)
- ☐ Pending (6)

[Clear filters](#) [Apply](#)

✓ Other Enrollment-status Resources

- ASU email—agentsupport@humana.com
- 1-800-309-3163 (limit five per call)

Post-enrollment Corrections

Post-enrollment corrections or issues can be sent through the Service Inquiry Card found on Vantage.

[Medicare Advantage Agent Statement for Enrollment Correction \(ASEC\) FAQs](#)

[Medicare Supplement ASEC FAQs](#)

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Training

Humana is dedicated to providing our partners and Agents with the necessary information and tools for marketing our Medicare Advantage Plans.

- ✓ **Agency Training**—Humana’s “Why Humana” is a comprehensive training tool that describes Humana’s integrated health and member care programs.

Why Humana?

- ✓ **Agent Training**—All field and call-center Agents must complete Humana’s Medicare certification training process before they can market our plans. Upon completion of the Medicare certification training process, Agents will need to complete Humana’s Medicare re-certification each year to continue to market our Medicare Advantage plans. Humana’s certification and re-certification courses consist of AHIP training and testing and Humana training and testing.
 - Humana’s Medicare certification and recertification training program for field and call center Agents is available by mid-July annually.
 - Training can be accessed through Vantage.

Whether Agents are certifying for the first time or recertifying for the tenth, they will need to complete both Humana-specific training as well as AHIP or NAHU training. Agents will need to choose either AHIP or NAHU. Please note: Agents interested in certifying through NAHU should check their other carriers accept NAHU before certifying.

Agents will have six attempts to pass either the AHIP or NAHU test, but may only take one of the two options. The AHIP test requires a 90% to pass, and NAHU requires an 85% to pass. Exclusive Partner Agents will also have a new way to meet the CMS training requirement via Humana’s own CMS-required training. Agents will be provided details about all their new training options when they enroll in their PY22 Certification or Recertification course in Humana MarketPoint University (HMU).

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Training (continued)

Get Certified Through Humana and Save

AHIP

When Agents purchase their AHIP test packages (three test attempts per package) through the Certification/Recertification course on Humana MarketPoint University (HMU), Humana offers a \$50 discount (\$125 rather than \$175 through AHIP). Agents will have six attempts to pass. If Agents need to purchase a second set of tests, they will receive the discount by repeating the process through HMU.

NAHU

When Agents purchase their NAHU test package (comes with six test attempts) through the Certification/Recertification course on HMU, Humana offers a \$10 discount (\$90 rather than the \$100 through NAHU). Agents will have six attempts to pass. However, please note, NAHU is newer, and not all carriers accept NAHU. Please be sure to check the [NAHU Accepted Carriers List](#) to confirm if NAHU is the right option for you.

[How to Complete Humana Certification and Recertification →](#)

[How to Access and Transfer AHIP Scores →](#)

[State Farm Certification and Recertification training can be accessed through State Farm's Enrollment Hub Access flow in ECRM.→](#)

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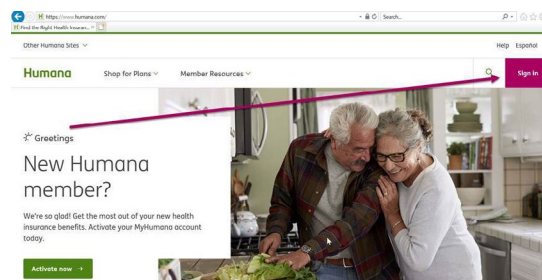
MarketPoint University

Welcome to the Humana MarketPoint University!

It is your one-stop solution for all of your training needs! Humana MarketPoint University contains many different kinds of training resources you can use, from online courses to quick job aids, videos and presentations.

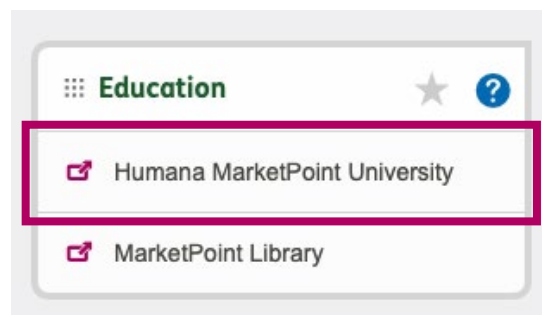
Step 1:

Go to [Humana.com](https://www.humana.com) and log in with your Agent credentials to arrive at Humana Vantage.



Step 2:

Under the Education heading, click the link for Humana MarketPoint University.



Looking for something else? Log on to Humana MarketPoint University and try the search feature. Simply type your query into the search bar.

Marketing

Marketing Materials and Capabilities on the Marketing Resource Center

Access hundreds of pre-approved, customizable marketing materials through our Marketing Resource Center (MRC).

✓ A wide range of tools and ability to customize:

Print:

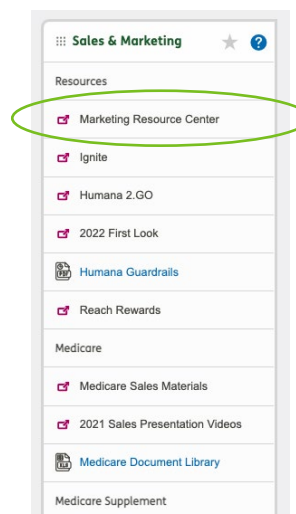
- Flyers
- Postcards
- Print ads
- Small print ads
- Conversation guides

Digital/Media:

- Radio scripts
- Social media*
- Email

Additional Resources:

- Multiple languages
- Customized with your info
- Variable sizes



✓ No more stuffing envelopes or stamping postcards!



Order in bulk with your credit card



Orders will be printed and shipped directly to your doorstep

✓ Order merchandise for your grassroots marketing events!



*Agents must complete the mandatory social media training from Humana MarketPoint University and comply with Humana's social media guidelines as well as Centers for Medicare & Medicaid Services Medicare Communications & Marketing Guidelines.

Marketing (continued)

Partners may create their own marketing materials and must ensure compliance with the Final Rule CMS-4190-F2 42 CFR § 422.2260 – § 422.2274 issued on January 21, 2021. All materials used by partners, created or purchased, that meet the definition of marketing, including those materials that do not mention a specific plan by name or are made on behalf of multiple MA organizations, must be submitted to CMS via HPMS prior to use. CMS defines marketing as:

“communications materials and activities that meet both the following standards for intent and content:

Intended, as determined below, to do any of the following:

Draw a beneficiary’s attention to a MA plan or plans.

Influence a beneficiary’s decision-making process when making a MA plan selection.
Influence a beneficiary’s decision to stay enrolled in a plan (that is, retention-based marketing).

Include or address content regarding any of the following:

The plan’s benefits, benefits structure, premiums or cost sharing.

Measuring or ranking standards (for example, Star Ratings or plan comparisons).

Rewards and incentives as defined under § 422.134(a).”

Partners are responsible for directly submitting all multi-plan marketing materials, to CMS via the HPMS Marketing Module. Please refer to the HPMS Marketing Module User Guide.

Partners are required to submit all materials, for review and approval to Humana, prior to use and filing with CMS. Please consult the [Humana FDR Marketing and Communication Guardrails](#) for additional guidance.

Note: CMS has clarified that materials that do not mention specific plan(s) by name meet CMS’ definition of marketing and must be submitted to CMS. These materials, previously referred to as generic marketing materials, must be treated the same as branded marketing materials and must comply with CMS marketing guidance. Please direct any questions on marketing materials to your account executive.”

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Marketing (continued)

Custom Materials Submission and Review Process:

Partners should send all marketing materials to their National Account Executive (AE).

- 1 Prior to submitting a piece for review and approval, the partner should confirm its adherence to the Final Rule CMS-4190-F2 42 CFR § 422.2260 - § 422.2274 issued by January 21, 2021 and the applicable Humana policies and job aids.
- 2 Upon submission, supporting documentation should be included (e.g., editable Word document reflecting all content) as well as the marketing intake form.
- 3 The AE will review the materials for accuracy (including spelling, grammar, fact checking, phone numbers and URLs verified) and adherence to contractual agreements and compliance requirements.
- 4 The Sales Integrity Team will conduct a pre-review and make revisions and recommendations as needed.
- 5 The partner should review all the comments and make the suggested changes. If a change is not made for some reason, it should be noted and explained, as additional discussion may need to occur.
- 6 The AE will receive the piece from the partner and submit it for Humana's Legal and Compliance Review process, after which additional edits and comments may be shared back with the partner, which will need to be incorporated into the material prior to use and filing.

Humana Logo

Humana's logo may only be used with Humana's approval. Your AE will provide you with an approved logo. You will then need to submit an intake form with the logo as you intend to use it for final approval. If you have questions on which approval is required, please reach out to your AE.

Explore the Humana Ignite Site

[IgniteWithHumana.com](https://ignitewithhumana.com) is your home for Humana Agent resources. We heard what you asked for: educational content. Access to training. And the latest details on topics that matter most. It's all here, right at your fingertips.

All of our content. Available when you log in.

Some content is for Agent eyes only, so you'll need to log in to access it.

1. Find your SAN (AKA, your Humana writing number).
2. Type it into both the Agent SAN and Password fields.
3. Click Login Now.

If you don't know your SAN or have trouble logging in, contact your BRM/BRE or the ASU.

Find and register for in-depth training on the Training Events & Webinars page.

Head here to find the full list of national webinars, local webinars and in-field training events like AEP Academy, DSNP Bootcamp, Veterans Roadshow and Fast Start. You can filter the results if you're looking for a particular webinar or event.

1. Filter by location with the Select State and Select City dropdowns.
2. Filter by topic with the Topic dropdown to choose from AEP, Veterans, Sales Technology Tools, Standalone Plans and more.
 - a. Choosing Sales Technology Tools or MA Plans & Other Retail Products brings up a second dropdown to further filter your results.

Get the details you need in the format you want.

Head to the Educational Resources page to access articles, webinars, podcasts, one-pagers and more, covering topics from AEP to OEP, and from tech tools to sales strategies.

- Looking for something specific? Filter by topic and/or type.
 - Click the checkbox next to the topic(s) or type(s) you want to search for. Be sure to scroll down to filter by type.
- Remember: some content is only accessible by logging in. Use your SAN (Humana writing number) as your username and password.

Did you know?

There's a local support team near you.

If you need support, every market has a Humana team ready to help. Go to the Find Your Team page under Support to see who's in your area.

1. Select your state from the first dropdown.
2. Select your city from the second dropdown.
 - a. Tip: even if the only option is All State, you have to select it to get your results.
3. Click Submit.

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Introducing Humana Reach Rewards

Powering Your Purpose

You're the difference-maker your members need, so we're bringing you the rewards program you deserve. With the new Humana Reach Rewards, you can earn rewards points every day when you attend a training, make a sale or fill out a survey. In other words, when you keep doing what you're already doing. The more points you get, the more rewards we'll give you to fuel your career and help your members live their best lives.

How does it work?

- 1 Sign up at HumanaReachRewards.com
- 2 Earn points by making sales, taking trainings and more
- 3 Reach your goals with the help of your new rewards



What can you get?

MRC Credits, professional development courses, certification reimbursement, exclusive event access and more.

[Learn More](#)

Sales Compliance

Compliant sales interactions between Humana-certified Agents and Medicare beneficiaries are paramount at Humana. Humana's Medicare certification program is designed to thoroughly train Agents on our sales requirements, products and enrollment processes. When non-compliant sales or allegations of misconduct occur, we take these matters seriously. The information in this section is intended to provide transparency into Humana's stringent sales-compliance program.

Non-Compliant Sales

Definition:

An Agent might be licensed in his or her resident or non-resident state and contracted with Humana but not certified for the product sold. In situations like this, a "non-compliant sale" will result. This means that the Agent is not qualified to sell the product and, as a result, neither the Agent nor the partner will receive compensation for the sale.

Important Note: Agents are expected to comply with all applicable laws regarding state licensing and appointment in all states in which they market and sell Humana plans. If a non-compliant sale occurs because the Agent is not licensed in the state where the beneficiary resides, all state laws require Humana to **terminate the Agent's contract**. Humana will notify the partner that we will terminate the Agent's contract, and the Agent will receive a letter from Humana advising them of the termination. The Agent is terminated immediately and is ineligible to re-contract with Humana. In this case, the Agent can appeal to become re-contracted a minimum of 12 months from the date of termination.

Process:

If an Agent makes a non-compliant sale, they will be notified by email from Humana. **The email will have the subject line:**

Humana Non-compliant Sales Activity. Any Agent who continues to make non-compliant sales is subject to having their Humana contract terminated and the appropriate DOI notified.

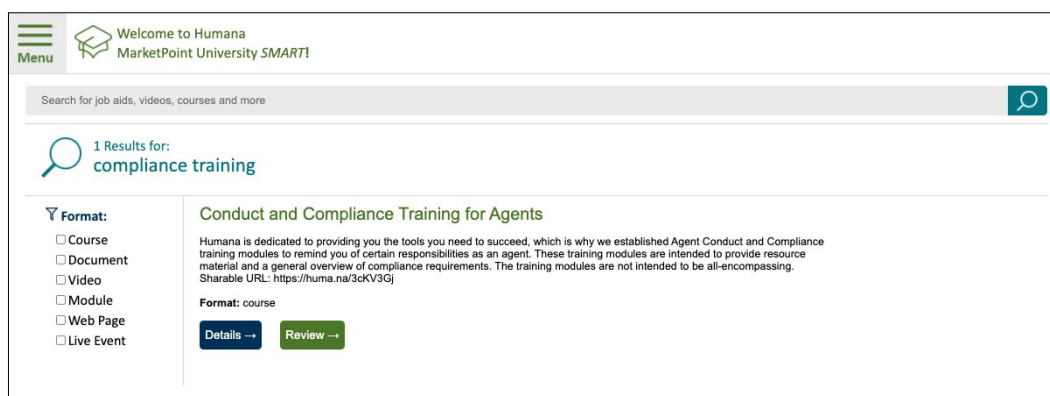
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Sales Compliance (continued)

Sample non-compliant sale notices are attached. Again, these notices will be sent directly to the Agent who made the non-compliant sale.

[Humana Notification Non-compliant Sales \(Not Certified\)](#)

For information about how Agents can avoid non-compliant sales and access Humana’s policies and processes around this topic, go to the Education card on Humana Vantage. Then click Humana MarketPoint University and type “compliance training” in the search bar.

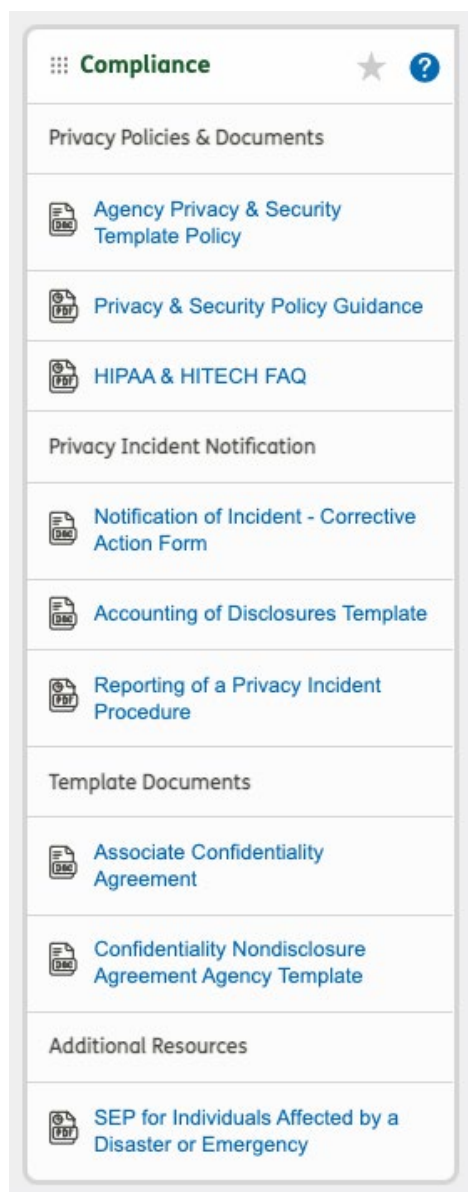


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Sales Compliance (continued)

Process:

Allegations made regarding Sales Agents are investigated by Humana's Agent Investigation Unit (AIU). As part of its investigation, the AIU will request a statement and other information, including, but not limited to, call recordings, lead sources and Scope of Appointments via email from the Agent named in the allegation. Agents are required to respond to AIU's request within five business days. Failure to do so may result in disciplinary action up to and including termination. AIU's findings are provided to Humana's Sales Integrity team, who will review the case and assign the appropriate corrective action.



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Sales Compliance (continued)

Sales-oversight Activities

Progressive Disciplinary Standard Process:

A data-driven and systematic approach to address agents with multiple allegations. The process assigns point values for each allegation based on a variety of risk factors. Points accumulate on a rolling 12-month look-back period. Sales Partners receive monthly reports of Agents and their point values. A series of progressive corrective actions are also assigned and issued at the agent level based on the point totals for the month. Agents can receive corrective actions based on individual allegations in addition to corrective action through Progressive Discipline.

Humana's Sales Integrity and Partner Compliance teams also conduct various oversight activities throughout the year to ensure our partners are maintaining compliant sales processes and have CMS-compliant standards in place. Included in these oversight activities are:

- **Call Center Onboarding**—New call centers must complete an onboarding assessment and provide evidence of a compliant oversight program prior to contracting.
- **Call Center Downline Onboarding Assessment**—External Call Center partners are required to complete the onboarding assessment and provide evidence of a compliant downstream oversight program prior to contracting a new downline.
- **Partner Compliance Fraud Waste and Abuse (FWA) Training and Attestation**—CMS requires FWA training at the time of orientation and annually thereafter. This training is completed during the certification and recertification process. If the agency employs non-Agent staff, they must also have FWA training at the time of hire and annually thereafter.
- **Partner Compliance Organizational Compliance Program Self-Assessment**—A questionnaire that partners complete when they first contract with Humana and then every five years thereafter.
- **Sales Integrity Compliance Calls**—Compliance calls are conducted with high-risk partners to discuss issues of non-compliance, regulatory guidance and updates, data trends and/or emergent issues.
- **Sales Integrity Compliance Monitoring Assessment**—All partners are required to complete an annual assessment to ensure implementation of applicable regulatory and compliance requirements.
- **Sales Integrity Quality Assurance Review**— External Call Center partners are audited annually, at a minimum, on their quality-assurance process and implementation.
- **Secret Shopper Calls**—Test calls are conducted by a vendor contracted by Humana during the Annual Enrollment Period (October 15–December 7) to assess telephonic sales compliance.
- **Special Election Period (SEP) Monitoring**— Monthly reviews of Agent enrollments are completed to identify potential misuse of SEPs and remediate instances of noncompliance.

Sales Compliance (continued)

You will be notified if an Agent continuously submits applications beyond the acceptable time frame. Per CMS guidelines, Humana must process the application within seven days of the member signature. Application-timeliness reports will be reviewed by the local Humana market office to identify trends and coach Agents, if necessary.

The local market office will:

- 1 Review the documentation, job aid and report.
- 2 Schedule time with the Agent to discuss the review of the data and document the discussion.
- 3 Complete the corrective action appropriate to the Agent's unique situation.

Open Enrollment Period (Jan 1–March 31) OEP Compliance

When a client expresses any sort of dissatisfaction with the plan they've selected, Agents may then discuss the client's available election periods (SEPs, OEP, etc.). As a general rule, keep the conversation simple.

- With client-initiated conversations, when a client expresses any sort of dissatisfaction with a plan they've selected, or asks whether they will be able to change plans, then the Agent may then discuss the client's available election periods to determine suitability (SEPs, OEP, etc). As a reminder, Agents are responsible for validating if an SEP's requirements are met by engaging in the discussion regarding use.
- If a client initiates the topic with an Agent, at the client's request, you are allowed to talk about options to switch during OEP, send plan marketing materials, have a 1:1 meeting or provide information on the OEP through a call center. As a reminder, unsolicited phone calls are never permitted.

During the OEP, the following is prohibited:

Sending unsolicited materials advertising the ability/opportunity to make an additional enrollment change or referencing the OEP;
Specifically targeting beneficiaries who are in the OEP because they made a choice during Annual Enrollment Period (AEP) by purchase of mailing lists or other means of identification;
Engaging in or promoting Agent/broker activities that intend to target the OEP as an opportunity to make further sales; or
Calling or otherwise contacting former enrollees who have selected a new plan during the AEP.

Agency Management

Agent Appointments

Humana's Just in Time (JIT) appointment process was built to comply with CMS requirements, to ensure licensed Agents receive timely appointments to make compliant sales and reduce overall appointment costs to Humana.

- After receiving a request to add a producer, Humana will call the National Insurance Producer Registry (NIPR) and pull back the information for the Agent's resident license plus any non-resident licenses active at that time.
- The Agent will be in "Pending Execution" status until they certify for Medicare Advantage or submit a quote or an enrollment for Medicare Supplement or dental/vision products. (If the Agent has a Pennsylvania, Montana or territory of Puerto Rico resident license, they will be appointed and the appointments for these states will trigger immediately).
- Once the Agent certifies for Medicare Advantage, they will be placed in "Active" status. Appointments will be generated at the time the Agent submits applications for those states.

License Updates

- If the Agent obtains additional non-resident licenses after initial NPR call, the SA partner will need to submit License Add (LA) records for those new states.
- The MGA may email a request to update a license to agencymgt@humana.com. A copy of the license is not required unless the Agent is updating an expiration date.

FAQs

- Q:** If an SA partner submits LAs after the PA but before the Agent certifies, are those LA requests going to show as cancelled in PO or will those LAs be held on the same holding table until the Agent certifies?
- A:** They will be on the same holding table. They will say completed, not cancelled, as long as the producer was approved and is in pending execution status.
- Q:** Are CarePlus appointments activated through the JIT process?
- A:** Yes. CarePlus was integrated into the JIT process in January 2019.

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Agency Management (continued)

FAQs

Q: Can I send an “agency only” invite when the affiliated Agent is aligned to another hierarchy?

A: No, the system will not allow you to send an “agency only” invite with an affiliated Agent. To contract please have the affiliated Agent initiate the release process or use a different active Agent without affiliations.

Q: Will I receive a notification if the producer changes their payee when completing the invite?

A: No, you will not receive notification. However, you can confirm by using the activity report to view the ABTF Payee Number.

Please note that the ABTF is also known as the Delegated Commission Assignment Form

Q: Do I have the ability to carbon copy (cc) multiple individuals on one invite?

A: No, not at this time.

Q: Is there a character limit on the comments you may enter when sending an invite?

A: Yes, the maximum character limit is 500.

Q: Are there any requirements for a producer receiving an invite for “both” themselves and their agency?

A: Yes, the producer is required to complete both invites (Agent and agency, before the system will activate either contract). If both are not submitted within 30 days, or 60 days if authenticated, the invites will expire. Please note: if “both” invites were sent to the same email, you can search by the email address to see the statuses in the Search results.

Q: Please define the contracting statuses

A: • **Invitation Sent**—Recruiter has sent but the Agent has not accessed the invite.

• **Cancelled Recruitment**—The invitation was cancelled.

• **Expired**—Contract invite will expire after 30 days. Amendment invite will expire after 10 days.

• **Pending Submission**—Agent accessed the invite but did not submit to Humana for processing.

• **Background Check Pending**—Agent submitted request to Humana. Background check is in process.

• **Background Check Completed**—Agent submitted requested to Humana. Background check is complete.

• **Application Under Review**—Invitation is pending Humana approval.

• **Approved**—Agent’s contract is approved and will change to Pending Execution or Activated based on JIT or if part of both invites, pending the submission of the other half.

• **Pending Execution**—Agent’s contract is approved and they’re aligned to your hierarchy. Please have the Agent complete the required certifications.

• **Activated**—Agent’s contract is executed and appointed due to state rule or activity (i.e., accessed/completed certifications; verify by checking your reports).

• **Declined**—Contract was denied by Humana (submitted and cancelled).

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Agency Management (continued)

- **Cancelled Application**—Invitation was cancelled.
- **Closed Out**—Humana will close out an Agent's contract if they are pending execution for 180 days.

FAQs

- Q:** If an Agent is only contracted for Medicare, can I send an H1 amendment through Producer Onboarding?
- A:** No, at this time the Agent must complete a paper H1 affiliation form and send to Agent Support at agentsupport@humana.com for processing.
- Q:** If an Agent was terminated for lack of production within the last 12 months, are they required to complete a re-contracting assessment form?
- A:** No, the Agent will no longer be required to complete a re-contracting assessment form if the reason for termination was lack of production. You may send the Agent a recruit request through producer onboarding.
- Q:** Is there a particular browser that must be used for the producer onboarding tool?
- A:** The tool is compatible with Internet Explorer, Safari, Firefox and Chrome. The most recent version of Chrome must be used. To avoid a 404 error message, the user should only have one browser window opened at a time when accessing their invitation link.
- Q:** Will Humana appoint for all states in which an Agent is licensed or does there need to be a line entry for each state?
- A:** Humana will add a license for the states submitted on the uploaded spreadsheet. If there is a desire for the Agent to reflect a license in all states, a line entry for each state must be entered. Appointments are generated with a submission of a quote or enrollment, except for the restrictive states (MT, PA, PR). See JIT section for additional details.
- Q:** Can a different spreadsheet be uploaded into the tool to capture formulas my agency might use to populate information onto the spreadsheet?
- A:** No. The uploaded spreadsheet must be in the format of the provided template. However, the producer onboarding template can accommodate formulas.
- Q:** Are there any validation checks in the spreadsheet?
- A:** Yes, but only request types of PA, LA, PC and PT are allowed, and phone numbers must be 10 digits.
- Q:** What about validation for a PA if the cell in column C is left blank entirely?
- A:** Because request type is a required field, if left blank, the request will fail on the back end and the result will be an error on the error grid.
- Q:** Does the new upload spreadsheet template allow for leading zeros on SSNs and ZIP codes?
- A:** Yes.

FAQs

- Q:** Can I tell the system where to send my daily status file?
- A:** Yes. Up to three email addresses can be entered in the system for daily status file receipt.

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Agency Management (continued)

Q: When will search functionality be available to agencies?

A: This capability is available and located in producer tool.

Q: What time of the day will my response file be sent to me?

A: Every day at 3:00 a.m., CT.

Q: If I submit a spreadsheet with the name of Beth Smith, will I see her name on the response file the same as submitted?

A: Humana will populate our systems (and your daily status file) with the name as reflected in NIPR. If Beth's name is actually Elizabeth, Humana systems will reflect the name of Elizabeth, not Beth.

Q: For how long will errors remain on my error grid?

A: Humana will display the errors for 15 days. Anything not corrected in that period of time will be automatically cancelled and will need to be resubmitted on a new upload spreadsheet.

Q: There are two address fields on the upload file, Address 1 and Address 2. What information belongs in each field?

A: If Address Line 1 is under 25 characters (including spaces), leave Address Line 2 blank; however, if Address Line 1 exceeds 25 characters (including spaces), you will need to separate the address on Lines 1 and 2. For example:

PA Required PC optional 25 characters no punctuation	PA and PC optional 25 characters no punctuation	PA Required PC optional 15 characters no punctuation	PA Required PC optional	PA Required PC optional five or nine numbers
Shipping Address Line 1	Shipping Address Line 2	Shipping City	Shipping State	Shipping ZIP
Suite 100	4500 N Market St.	Louisville	KY	40202
500 W Main St.		Louisville	KY	40202

Q: How long is the background link active?

A: The background link is active 20 days. If the Agent does not access, the link will expire and partners should resubmit the producer and add request.

Q: How often does Humana call NIPR for updates?

A: Humana calls NIPR once every 30 calendar days for Producer Add requests. For LA requests, it is daily. In future state, Humana is implementing a process to call NIPR hourly effective June 2021. Note, this is only applicable for the LA request process.

Agency Management (continued)

Minimum Business Requirements

Humana outlines minimum business requirements in the appendix of our Producer Partnership Plan (PPP). (See Minimum Production Standards: www.Humana.com/SellHumana.)

Producers identified as not fulfilling the minimum business requirements will be invoiced for any renewal appointment fees paid by Humana in the Appointment Fee Reimbursement (AFR) process.

Appointment-fee Reimbursement

Each year, Humana applies the Minimum Business Production (MBP) standards found in the appendix of the PPP. The appendix states:

“Should an Agent fail to meet at least one of these Minimum Business Production standards and choose not to reimburse Humana for all renewal appointment fees paid by Humana on their behalf, the Agent’s contract will be either terminated or placed in an inactive status under an Inactive Status Amendment.”

The producers identified as not having fulfilled the MBP standards after 12 months (from contract date) may receive a reimbursement request. As indicated in the letter, producers will have 45 days from letter date to submit payment. If the payment is not received in a timely manner, the producer will be placed in an inactive status.

No solicitation or negotiation of new business is allowed while a producer is in inactive status. It is important to note that commission payments will cease immediately when a producer is put in inactive status. The inactive status will allow for continued renewals from non-Medicare products.

If a producer misses the 45-day window to reimburse Humana for their appointment fees, they may still submit a payment in check form but will need to re-contract through the Producer Onboarding tool after the payment is processed.

It is important that the partner reach out to Agents to reinforce the importance of paying the appointment reimbursement fee in a timely manner.

Agency Management (continued)

Reimbursement checks can be made payable to Humana and mailed to:

Humana

Attn: Finance—Agency Management

1100 Employers Blvd.

Green Bay, WI 54344

Agents should include a copy of their invoice with their payment. Please note, these producers are excluded from the appointment-fee reimbursement process:

- ☒ Strategic alliance Agents
- ☒ Producers contracted less than 12 months

Lack of Production Appointment Terminations

Humana periodically reviews state appointments, and we are required to notify producers per state regulations if we terminate appointments for lack of production. Appointment changes do not impact current Books of Business or the Agent's state license status, and the Humana Producer Contract remains active. No action on the producer's part is needed to maintain the appointments required for the current or future business. As long as the producer is properly licensed in the state where they are selling and maintains an active Producer Contract, Humana will automatically appoint them for the specific appointment that is necessary. An email notification will be sent to the producer automatically at the time of the re-appointment. The partner should also receive a listing of impacted Agents.

Sample Appointment Notification:

"For the state of West Virginia, the following appointment(s) are terminated; however, if you do sell, solicit, negotiate, be a writing Agent, Agent of record or in any manner or capacity represent these entities, you will be automatically re-appointed as long as you are properly licensed in the state certified and have an active producer contract at the time.

HUMANA INSURANCE COMPANY

This appointment termination is in accordance with your Humana Producer Contract. State regulations require that we notify you to return or destroy all copies of confidential information immediately for HUMANA INSURANCE COMPANY for the state of WEST VIRGINIA. If at any point you become re-appointed for this legal entity, you will regain access to these materials.

Agency Management (continued)

Please Note: Even if appointments are terminated, the producer's contract will still be active. If the producer writes business in a non-resident but licensed state, Humana will reactivate the appointment through our Just in Time appointment process and the sale will be a compliant sale.*

General Appointment Disclaimers

Licensing information on Vantage does not reflect **line of authority**. Producers should verify with the department of insurance in the state they intend to sell that they have all necessary Lines of Authority prior to making a sale.

- **Florida** DOI requirements differ from Humana requirements. Humana requires Agents to have a Florida Health license to market and sell MA and PDP plans.
- **North Carolina** requires a Medicare Supplement/Long-Term Care license as well as a Health license to market and sell MA and PDP plans.
- **New York** requires a *Prospective Life/Accident and Health Insurance Agents (LA)* license to market and sell MAPD plans. The *Prospective Life Insurance Brokers (LB)* license is not appointable by Humana.
- **Pennsylvania, Montana and Puerto Rico** require Agents to be appointed prior to the sale of MA and PDP plans. If you are unsure about your current appointment status, please email Agentsupport@humana.com.

Please be advised that **Agents** are ultimately responsible to ensure they have all required licenses, certifications and appointments. While Humana strives to provide accurate and **up-to-date** information concerning licensing, Humana is not responsible for any errors or omissions of any licensing information provided. We recommend Agents confirm with the relevant departments of insurance that they have the appropriate licensing and lines of authority for the products they intend to market and sell.

*Agents must be certified

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Agency Management (continued)

Humana's Agent of Record Protection Pledge

Under The Agent of Record Protection Pledge, your AOR status—and corresponding renewal commissions—will be retained if all conditions and requirements outlined in the AOR policy and the Agent's contract are met when existing Humana members make like-to-like plan changes via CMS.gov, HumanaMedicare.com or with help from a Humana telesales Agent.

- When an existing member makes a like-to-like plan change from any Humana MA, MAPD or PDP plan to another MA, MAPD or PDP Humana plan (e.g., MA plan to a different MA plan)
- Also applies to like-to-like CarePlus plan changes (moving from one CarePlus MA plan to another CarePlus MA plan)
- When an existing member makes such a plan change via www.CMS.gov, HumanaMedicare.com or with help from a Humana telesales Agent

Please reference the [AOR policy](#) for additional details and requirements.

<https://www.cms.gov/>

<https://www.humana.com/medicare/>

*Agents must be certified

Book of Business Transfers

Lack of Production Contract Terminations

As part of cost-reducing efforts, Humana periodically reviews each Agent's production to ensure we are maintaining an efficient distribution channel. If the review finds the producer has no in-force business for longer than 12 months, they may be notified either by email or letter of a change in their overall contracting status (pending termination). Partners should also receive a listing prior to the termination. If, after the termination date, Agents wish to re-establish their Humana Producer Contract, they should contact their upline for assistance. Please note that Humana may seek reimbursement for appointment fees that it incurs when any terminated appointments are re-established.

Reminder: Humana has no requirements for the Principal Officers to be contracted if they are not producing.

Deceased Agent

If an Agent passes away, Humana will pay the executor up to 180 days of commissions with a copy of the death certificate and note stating who the executor is. The deceased Agent must be compliant for the plan year(s) for which commissions are being paid during the 180-day time period. Humana cannot legally pay commissions to the executor if the Agent was not certified. After the 180 days, the business will need to be moved to another certified Agent. These transfer requests can be sent to AgencyMgt@humana.com. If the partner is the AOR, they can move the Book of Business to a licensed, appointed and certified Agent of their choice, or the business will move to the default Agent.

Designated/default Agent

An agency that receives compensation on behalf of the Agent (via the Delegated Commission Assignment Form) should proactively request that a designated or "default" Agent be associated to their SAN/Tax ID. This request will authorize Humana to reassign business to the compliant default Agent in place of the original writing Agent when needed.

When is a default writing Agent needed?

If the original writing Agent is no longer licensed, appointed, certified or has a status change to their contract, business may be moved to the default writing Agent. If a default Agent is not designated at an Agency that's been assigned commissions, the business of Agents who are no longer compliant or have a status change to their contract will be moved to Humana's house account.

Book of Business Transfers (continued)

If there is no default writing Agent on file

Humana conducts monthly business reviews related to compliance: license, certification and appointments. We will manually attempt to find a suitable replacement (also associated with the agency via the Delegated Commission Assignment Form) for the scenarios where the original Writing Agent (WA) has termed, become inactive or is no longer compliant. If no suitable Agent is found and there is no default Agent on file, the policy will be moved to Humana's house account. All policies will be moved if the Agent is no longer active (with the exception of vested business).

- If a WA is non-compliant and transactions have been pending for at least three months, then the policy and any future commissions will be moved to Humana's house account via a monthly review process.
- Producers are notified during contract status changes, but they are not notified in cases where they are removed due to non-compliance (which includes expired certifications).
- It is important to note that the AOR is not notified of who the existing business is moved to if the business is moved to the default Agent, another Agent under the AOR or Humana's house account.

Default Agent requirements

- ✓ **Active license on file with Humana**
- ✓ **Certification (confirm completion)**

If an agency designates a default WA on behalf of the agency, that Agent must be fully compliant to receive compensation. The agency may send a request to AgencyMgt@humana.com titled "Default Agent for Agency Compliance" or the partner may contact their National Account Executive. The agency is responsible for updating this information as needed.

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Commissions

Payment cycle

Humana first-year standard (Agent) and administrative (agency) commissions process every Wednesday night. Renewal standard and administrative commissions process on the 17th of each month and pay on the next available commission run. Commission statements are available every Thursday, and payments are made every Friday. Commission amounts are outlined in the Producer Partnership Plan or your agency's Marketing Distribution Agreement (MDA).

Initial commissions first and second payments

- ✓ **First half**—paid after the policy is approved by Humana and may be released on a different pay cycle than the second half.
- ✓ **Second half**—commissions are released after Humana receives and processes the CMS report verifying enrollment type.
- ✓ The report is received monthly between the second and eighth.
- ✓ If CMS determines that no second half payments are due, the Agent must dispute this decision with CMS because Humana is required to pay according to the report.

Audit request procedure

Partners should keep detailed records of their Book of Business and frequently review their commission statements and reports to ensure you understand the transactions. In the event that you find a discrepancy, Humana's commission audit process allows us to research the concern.

By following this process, it ensures that we have the information we need to complete a full audit of the sales in question.

The Medicare Pay Audit Request Form must be completed and submitted in Excel format only. Handwritten, PDF or non-Excel format audit request submissions will not be accepted. Please do not include previously submitted requests on the same form. The process for submitting pay audit requests is as follows:

- ✓ Examine your commission statements, Book of Business and termination reports thoroughly before submitting audit requests.
- ✓ Wait four pay cycles from application submission date before requesting a pay audit.

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Commissions (continued)

- ✓ The audit request form should be completed with only the commissionable items that are believed missing. To determine what is commissionable, refer to the PPP found in Vantage or your MDA.

Commission statements, reporting and audit forms can be located on the Commission card via Vantage.

The screenshot shows the 'Commissions' section of the Vantage portal. It includes links to 'Payment Information', 'Commission Statement Portal' (highlighted with a green arrow), 'Agent of Record Protection Pledge', 'Create Pay Audit Request', 'Medicare Pay Audit Request Form', 'Individual Products Producer Partnership Plan', 'Payment Assignments' (with a table below), 'Payments received by check', 'Set up Direct Deposit', 'Agent of Record Change Policy', and 'Delegated Commission Assignment Form'.

Product	Payee
Dental & Vision	TEST AGENT, SMART

Commission Audit Request form

*Producer shall provide Notice to Humana of any Compensation dispute within eighteen (18) months from the date the Compensation is paid or would have been paid in the normal course of business and shall discuss the dispute and negotiate in good faith to resolve the dispute with Humana for a period of thirty (30) days. If Producer does not provide Notice to Humana of a Compensation dispute within eighteen (18) months from the date the Compensation is paid or would have been paid in the normal course of business, Humana's Compensation determination or Compensation payment shall be deemed correct.

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Frequently Used Forms

The Delegated Commission Assignment Form

1 This form will:

- Update the Agent's payee; either deferring standard compensation to another entity (e.g., Agency Tax ID) or re-establishing the Agent as the payee. If the Agent is paid direct, this will result in a 1099 and should be linked to a personal bank account on file.
- Influence existing and future payments, by directing all commissions to be paid out to the entity listed. If the Agent is not moving their entire Book of Business over to an entity (which will effectively make the new entity the owner of the policies), they should **ONLY** check Future Business Only.

2 This form will **NOT**:

- Allow an agency to transfer/release business to another entity.
- To release business, use the Business Release form or send an email to Medcomm@humana.com with a attached letter on company letterhead.

3 The signature date on the Delegated Commission Assignment Form is only good for processing within **60 days from the date listed**.

4 The Delegated Commission Assignment form will go into effect for all applicable policies according to the process date, not the date submitted. This will be important as Humana pays agency partners according to submitted sales.

5 The Delegated Commission Assignment Form should be sent to AgencyMgt@humana.com; however, if you also have a release or assignment form, it can all be sent into AgentSupport@humana.com for cohesive processing (logging a release first, then updating the Delegated Commission Assignment Form accordingly).

6 If an Agent has an agency partner or MGA on file as their payee, we cannot process a new Delegated Commission Assignment Form without an immediate release from the partner. The Agent could be subject to a 90-day wait if no release is submitted.

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Frequently Used Forms (continued)

Reminders

- ✓ **MGA Partner or Sub-MGA Partner:** Receives override commissions. Override commissions will always pay to the original upline on the policy, no matter the AOR changes that occur on the policy.
- ✓ **Agent of Record (AOR):** Agent or Agency that controls the policy and receives standard commissions. AOR may be the same as the writing Agent, or different, depending on commission assignments Delegated Commission Assignment Form that the writing Agent has on file with Humana at the time the application is submitted.
- ✓ **Writing Agent (WA):** Agent who signed the member up for the policy. Agent will be both AOR and WA if they are paid direct by Humana (and not receiving their standard commissions through an agency).

Important: As a Partner, you should educate Agents and agencies on what the Delegated Commission Assignment Form accomplishes. If an Agent has signed this document, it is our expectation that they understand the impact to their commissions. If an Agent is no longer working with you, it is imperative they have the correct payee assignment on file.

Writing Agent Change

This form's intended use is to update the Writing Agent (WA) listed on a policy. In most instances, agencies that retain ownership of business (receiving Agent-level commissions due to Delegated Commission Assignment Form on file) can authorize a change in servicing Agents without releasing their business overall. For example, if an Agent is no longer working with an agency, they may move the previous Agent's partial or entire Book of Business to another Agent within their agency.

Business Release Form

This form's intended use is to release either an entire or partial Book of Business. The release authorizes a new Agent to own (receive commission) and service applicable policies (assuming compliance requirements are met). It is important to note that if an agency or partner is releasing its business back to an Agent that is leaving, it should identify all applicable policies via Excel spreadsheet.

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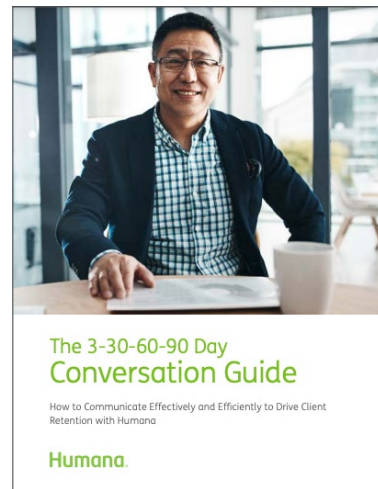
Tools to help with member retention

To truly support your clients, you have to do more than just make a sale. You need to help them understand the enrollment process and earn their trust over time. The relationship you begin now is the key to long-term client retention.

The 3-30-60-90 Day Guide will help

Use it to help you onboard new members, schedule timely follow-ups and have the right conversations—every single time. Keep it handy when you're calling members to ensure your conversations are informative, accurate and compliant with Humana's guidelines.

[Download Conversation Guide](#)



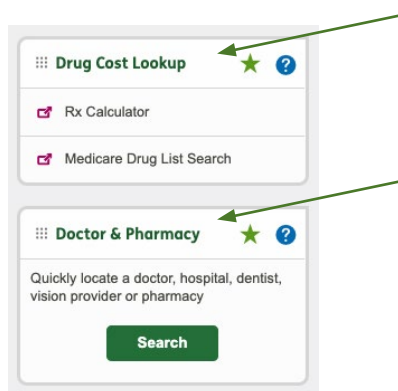
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General Topics

In-Network Tools

Because provider availability and prescription drug coverage are important factors in the Medicare plan selection process, Humana has tools to help determine if certain doctors and pharmacies participate in our network and if certain drugs are included in our formularies.

Find the Doctor & Pharmacy and Drug Cost Lookup cards on Vantage and click the appropriate tool.



Agent Partner Reports

Report Name	Report Description	Report Use
Partner Certification, Appointment and License (EP3)	Detailed certification, appointment and license information for Agents or agency	Agency can verify Agent appointments, state licensure and certification prior to selling
Partner Agent Roster (EP4)	Detailed Agent demographic report	High-level list of all Agents within the Partner channel including address/email/certs/sales
Partner Submitted Sales (EP7)	Detailed list of submitted sales (applications) by Agent	Agency can track and verify submitted sales by Agents
Partner Book of Business (EP10)	Partner Book of Business	Agency can view entire Book of Business (BOB) submitted to Humana
Partner Payee (EP13)		MGA Partners can view what Agents are paying directly to agency
Partner Scorecard	Unique, custom report provides a detailed view of sales, metrics, compliance and more per agency	Scorecard provided quarterly. Talk to your National Account Executive for details

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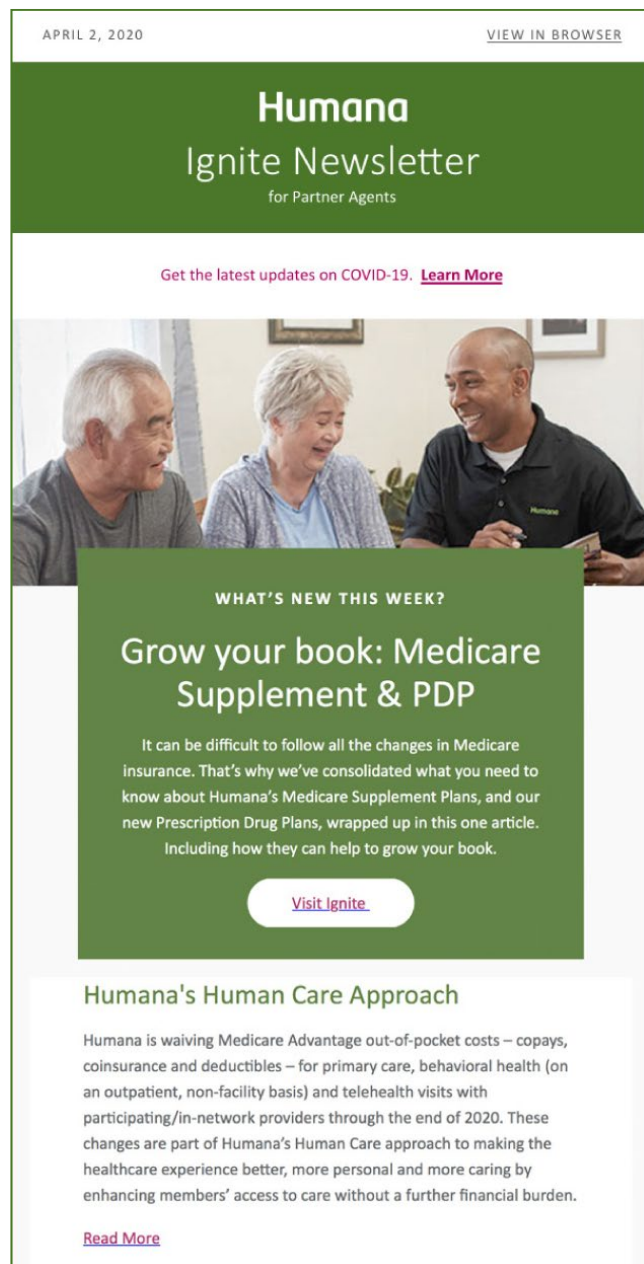
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General Topics (continued)

Agent or agency communications

Humana strives to keep our contracted agencies and Agents informed about products, processes and best practices. Frequently, we send an electronic newsletter with information about trainings, products, compliant practices, sales opportunities, etc., so that you and your Agents are well-informed. When warranted, we will also send important announcements on an as-needed basis.



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Glossary of Terms

AEF	Abbreviated Enrollment Form
AEP	Annual Enrollment Period
AFR	Appointment Fee Reimbursement
AHIP	America's Health Insurance Plans
ANOC	Annual Notice of Change
ANOR	Annual Notice of Renewal ¹
AOR	Agent of Record ²
APED	Affinity Partner Enrollment Data ³
API	Application Program Interface
ASU	Agent Support Unit ⁴
AWB	Agent Work Bench ⁵
B&E	Billing and Enrollment
BAM	Business Activity Monitor ⁶
BN	Benefit Number
BOB	Book of Business ⁷
BSN	Benefit Sequence Numbers
CAF	Consumer Authorization Form
CAP	Corrective Action Plan
CC	Chronic Condition
CC-SNP	Chronic Condition Special Needs Plan
CERT	Certification
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
D2C	Direct to Consumer
DD	Direct Deposit ⁸

¹Materials sent to Humana members documenting any changes in their insurance for the plan year. Used to be called ANOC, but renamed ANOR by CMS.

²Sales agent on file as the agent who provides service to the member. Not necessarily the writing Agent. If a member is transferred from the Agent who wrote their policy to another Humana certified Agent, an Agent of Record transfer must take place.

³Report provided to Affinity partners showing submitted enrollments.

⁴Humana Call Center unit dedicated to providing support and information to sales Agents only.

⁵Online quote and enrollment tool for individual products: IMM, Ancillary and Specialty.

⁶Dashboard which presents end-to-end tracking of the enrollment process.

⁷Client list.

⁸Form used to update banking account information.

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Glossary of Terms (continued)

DME	Durable Medical Equipment
DOB	Date of Birth
DOI	Department of Insurance ⁹
DOS	Date of Service
D-SNP	Dual Eligible Special Needs Plan
EDI	Electronic Data Interchange
EHUB	Enrollment Hub
EOB	Explanation of Benefits
EOC	Evidence of Coverage
EP Reports	Partner Reports
FASTAPP	Fast Application ¹⁰
FMO	Field Marketing Organization ¹¹
G&A	Grievance and Appeals
GA	General Agency
GI	Guaranteed Issue
H1	HumanaOne
HEDIS	Healthcare Effectiveness Data and Information Set ¹²
HIC	Humana Insurance Company
HIPAA	Health Insurance Portability and Accountability Act ¹³
HMO	Health Maintenance Organization
ICEP	Initial Coverage Election Period
I-SNP	Institutional Special Needs Plan
IVR	Interactive Voice Response
LA	License Add
LEP	Late-Enrollment Penalty
LIS	Low-Income Subsidy ¹⁴
LOP	Lack of Production
LPPO	Local Preferred-Provider Organization

⁹The DOI manages licensure per state on a product level for instance the DOI would approve Medicare Supplement Plans on a per-state basis.

¹⁰An electronic sales application.

¹¹Similar to an MGA.

¹²National data set utilized as a health plan quality measure.

¹³Privacy Information Privacy.

¹⁴Subsidy provided by the government to individuals falling under a certain income level; effectively a price break on their insurance premium.

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Glossary of Terms (continued)

M2M	Market to Market
MA	Medicare Advantage
MAF	Member Authorization Form ¹⁵
MAPD	Medicare Advantage Prescription Drug (Plan) ¹⁶
MEDIGAP	Medicare Gap (in protection) ¹⁷
MER	Medical Expense Ratio ¹⁸
MGA	Managing General Agency ¹⁹
MGA	Marketing General Agency
MOOP	Medical Out of Pocket
MP	MarketPoint
MRC	Marketing Resource Center
MSA	Manager of Sales Administration
MSS	Market Support Specialist/Manager Self-Service
OEP	Open Enrollment Period ²⁰
OES	Order Entry System
OON	Out of Network
OSB	Optional Supplemental Benefit
OTC	Over the Counter
P2P	Plan to Plan
PA	Producer Add
PBP	Plan Benefit Package

¹⁵Document the member completes which gives the Agent permission to speak to the member about non-health related products.

¹⁶Sometimes called the medical loss ratio. Proportional expense ratio between the actual cost to deliver medical services and the actual premium dollars collected by the plan.

¹⁷Medicare Supplement Plan.

¹⁸Sometimes called the medical loss ratio. Proportional expense ratio between the actual cost to deliver medical services and the actual premium dollars collected by the plan.

¹⁹Insurance brokerage firm contracted to sell Humana products (not always exclusive). Managed by the Delegated Sales team.

²⁰This used to be the period after AEP when Medicare eligibles could make one change in the Medicare/Medicare Advantage enrollment. OEP was discontinued as part of healthcare reform.

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Glossary of Terms (continued)

PCP	Primary Care Physician
PDP	Prescription Drug Plan
PFFS	Private Fee For Service
PHI	Personal Health Information/Protected Health Information
PID	Person Identification
PMPM	Per Member Per Month
PO	Producer Onboarding
POA	Power of Attorney
PPO	Preferred Provider Organization
ROY	Rest of Year
RX	Prescription
SAN	Sales Agent Number
SEP	Special Election Period ²³
SNP	Special-Needs Plan
SOA	Scope of Appointment ²⁴
SOB	Summary of Benefits ²⁵
SSA	Social Security Administration
TIN	Tax ID Number
VAT	Voice Activated Technology

²³Allows Medicare eligibles to sign up for a Medicare Advantage plan outside of AEP, as a result of special circumstances for that individual. An example of an SEP might be a person's current health plan discontinuing coverage/pulling out of a market.

²⁴Form required by CMS that details specifically the products the member wishes the Agent to present within a particular appointment.

²⁵Might also be called "Ben Sum."

Playbook

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Thank you for representing Humana. We will do what it takes to help you make the most of your relationship with us. From training to marketing to managing your business, we are dedicated to your needs.

This interactive playbook PDF is yours, so please keep it secure and use it for conducting Humana business only. The content enclosed, and the tools it links to, will help you all along the way as you represent Humana.

Thank you.

Call the Agent Support Unit

at 1-800-309-3163 or email
at agentsupport@humana.com
Monday–Friday, 8am–9pm, EST,
for additional information.