1.1 Cover Page

2018 Ethics and Compliance

2018
CERTIFICATION

Course Length: 45-60 minutes

1.2 Meet the Team

Servicing Agent

An inactive, non-employee agent who has signed a servicing agent agreement in order to receive renewal commissions on Medicare Advantage and Prescription Drug Plan enrollments effective on or after 01-01-2014. The agent must maintain an active resident license and appointment and pass Medicare Basics and Ethics and Compliance certification modules on an annual basis.
Agent (Slide Layer)

2018 Ethics and Compliance

Meet the Team

In this module, you’ll learn all about selling UnitedHealthcare Medicare Solutions plans ethically and compliantly by taking a journey with a new agent. Let’s meet the agent and the team who will help the agent along the way.

Click on each person to learn about them.

I’m Lucy Johnson.
I’m a brand new agent!
I am already contracted, licensed and appointed (required in my state).
Now I need to be certified. I’ve never sold for UnitedHealthcare or any other carrier that offers Medicare insurance products. I also have never been a servicing agent.

Agent Manager (Slide Layer)

2018 Ethics and Compliance

Meet the Team

In this module, you’ll learn all about selling UnitedHealthcare Medicare Solutions plans ethically and compliantly by taking a journey with a new agent. Let’s meet the agent and the team who will help the agent along the way.

Click on each person to learn about them.

I’m Susan, Lucy’s agent manager. I’ve been an agent manager for five years and was an agent before that. I manage many agents and each one is important.

I’m here to help Lucy be proficient and successful.

First, she needs to finish her certification prerequisite courses.

She already passed the Medicare Basics test. In this module, she will learn how to sell ethically and compliantly.
Meet the Team

In this module, you’ll learn all about selling UnitedHealthcare Medicare Solutions plans ethically and compliantly by taking a journey with a new agent. Let’s meet the agent and the team who will help the agent along the way.

I’m Warren. I’ve been an agent for over seven years. I consistently exceed my production goals and have a clean compliance record.

I’m happy to help Lucy learn the ropes of selling plans in UnitedHealthcare’s Medicare Solutions portfolio.

She can call me any time she has questions or needs help.

I’m so glad she’s selling with us!

1.3 CMS

Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS) is the federal agency that administers the Medicare program and contracts with private health care companies to offer Medicare plans. CMS holds the authority to approve or disapprove plans that can be sold and is the regulating agency that also monitors our processes.

While CMS regulates the marketing of Medicare Advantage and Prescription Drug Plans, UnitedHealthcare Medicare Solutions rules, policies, and procedures also apply to the marketing of its Medicare Supplement products. Therefore, agents must consider the requirements in this module applicable to marketing all products in the UnitedHealthcare Medicare Solutions portfolio.

Enrolling a consumer in a plan when you are not certified in the product is non-compliant and considered an unqualified sale. Verify your product certification status prior to marketing to and/or enrolling a consumer by contacting the Producer Help Desk (PHD). Agents are not compensated for an unqualified sale and may receive corrective and/or disciplinary action up to and including termination.
1.4 Learning Objectives

2018 Ethics and Compliance

Learning Objectives

Lucy is now taking the Ethics and Compliance module. This is one of the prerequisite modules she must take and pass before she can move on to the product training modules.

The focus of this module is learning the expectations of agent-related ethics and integrity to support the best interests of all consumers and our members. In this module, we will explore the answers to the following questions:

- What are compliant educational activities and marketing/sales activities?
- What are the requirements and guidelines for marketing materials?
- What is appropriate contact with consumers?
- What are compliant event practices?
- What are ethical sales practices?
- What are the enrollment and disenrollment rules and guidelines?
- What are the key elements of a compliance program?
- What are PHI and PI and how are potential disclosures reported?

2. Educational and Marketing/Sales Activities

2.1 Overview

2018 Ethics and Compliance

Educational and Marketing/Sales Activities

Overview

This topic introduces you to the differences between an educational event and a marketing/sales event as defined by the Medicare Marketing Guidelines. At the end of this topic, you should be able to:

- Define the types and formats of events
- Describe event reporting rules
- Describe the purpose of event observation and secret shopping
- Describe an agent’s responsibility when a consumer requires an American Sign Language interpreter or language translator

For more information, please review the Agent Guide noted in the resources tab above or contact your sales leadership. Rules can change at any time. Check all communications sent to you from the Plan or speak with sales leadership for continued updates.

Not yet. First, you need to understand all the types of events you can conduct and the rules for each type of event.
2.2 Events Basics Reminder

Educational and Marketing/Sales Activities
Reminder: Events Basics Module

Events Requirement
Events are covered in this certification module merely as an introduction to events for all agents. Prior to reporting and conducting any type of event, the agent must complete the Events Basics module and pass the corresponding test with a minimum score of 85% within six attempts.

(The Events Basics module is located in Janus. Go to the Certifications section in the Knowledge Center and click on “Electives” in the navigation menu.)

2.3 Types of Events

Educational and Marketing/Sales Activities
Types of Events

All events must be classified by type and how the information will be presented to the consumer, reported to UnitedHealthcare, and are subject to evaluation by UnitedHealthcare and CMS.

Click and drag the arrow over each icon to learn how to differentiate between educational events, marketing/sales events, and marketing appointments.
Educational Event (Slide Layer)

2018 Ethics and Compliance

Educational and Marketing/Sales Activities

Types of Events

All events must be classified by type and how the information will be presented to the consumer, reported to UnitedHealthcare, and are subject to evaluation by UnitedHealthcare and CMS.

Click and drag the arrow over each icon to learn how to differentiate between educational events, marketing/sales events, and marketing appointments.

Educational Event

An event designed to inform Medicare consumers about Original Medicare, Medicare Advantage, Prescription Drug, or other Medicare programs. These events inform in an unbiased way that does not steer or attempt to steer consumers toward a specific plan or limited number of plans. Marketing of plans and collecting any consumer information, i.e., generating leads, is prohibited. Educational events must be conducted in a public venue.

Refer to the Events Basics module for information related to educational events, including member-only educational events.

Marketing-Sales Event (Slide Layer)

2018 Ethics and Compliance

Educational and Marketing/Sales Activities

Types of Events

All events must be classified by type and how the information will be presented to the consumer, reported to UnitedHealthcare, and are subject to evaluation by UnitedHealthcare and CMS.

Click and drag the arrow over each icon to learn how to differentiate between educational events, marketing/sales events, and marketing appointments.

Marketing/Sales Event

Marketing/sales events can be formal or informal.

Formal - is typically structured in an audience-presenter style with the agent formally providing information via a presentation.

Informal - conducted with a less structured presentation or in a less formal environment. Typically, an agent uses a table, booth, or kiosk to conduct an informal event. An informal event is passive in nature where the consumer must approach the agent to initiate a conversation.

Refer to the Events Basics module for information related to formal and informal marketing/sales events.
2.4 Event Reporting Rules

All agents must use the Event Request Form to report their events. To ensure that events are in UnitedHealthcare’s event reporting application no less than 7 calendar days prior to the event date, submit the Event Request Form, according to instructions on the form, no less than 14 calendar days prior to the scheduled date of your event.

Find the Event Request Form in Janda in the Sales and Marketing Tools tab (scroll to the bottom).
2.5 Event Observation Program

Educational and Marketing/Sales Activities
Event Observation Program

UnitedHealthcare and CMS perform surveillance activities to ensure consumers receive accurate and compliant information from agents. Contracted vendors on behalf of UnitedHealthcare or CMS perform some surveillance activities.

Educational and marketing/sales events may be shopped by an individual posing as a consumer. They evaluate events through the eyes of a typical consumer.

An agent must permit the shopper/evaluator to perform their evaluation without interference. As such, the agent must not attempt to identify or draw attention to a shopper/evaluator, directly ask an individual if they are a shopper/evaluator, or engage the shopper/evaluator regarding an evaluation.

2.6 Accommodating Consumers with Special Needs

Educational and Marketing/Sales Activities
Accommodating Consumers with Special Needs

Agents serving the Medicare eligible population must be aware of and sensitive to the needs that might reasonably be expected within the defined population.

Agents must not discriminate based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

I want to make sure disabled consumers can attend my events. How do I take care of that?

Good thinking! Check with your event location for things like ramps, parking, lighting and sound. And get familiar with translation services for those with hearing or language impairments.
2.7 Sensitivity to Consumer Accommodations

Educational and Marketing/Sales Activities
Sensitivity to Consumer Accommodations

Hearing Impairment and Language Translation
There are a number of services and aids available at no cost to the consumer to accommodate their needs. Consumers can request certain plan materials in alternate languages or formats; utilize TTY/TDD or State Relay Systems when calling Telesales or Member Services; and request alternate language translation services or an American Sign Language interpreter at a formal marketing/sales event or personal/individual marketing appointment.

A consumer can request an American Sign Language interpreter when calling Telesales to RSVP for an event or when scheduling an in-home appointment with the field agent. Remember, agents are only permitted to use authorized individuals to serve as translators or interpreters. Using your family member or friend is not permitted. Consumers may elect to have family or friends available to assist, however, as an agent you need to accommodate reasonable requests for an American Sign Language interpreter.

If you do not speak the consumer’s non-English language and the consumer is not accompanied by an individual who can competently perform translation services, you must either provide an authorized individual to provide translation services or refer the consumer to the phone number indicated in the Multi-Language insert found in the Enrollment Guide for the plan you are presenting.

3. Marketing Materials

3.1 Overview

Marketing Materials
Overview

Agents are required to comply with all UnitedHealthcare rules, policies, and procedures when marketing and selling Medicare insurance plans.

At the end of this topic, you should be able to:

• Define marketing materials for Medicare consumers
• Describe the review and approval requirements for marketing materials to Medicare consumers

For more information, please review the Agent Guide noted in the resources tab above or contact your UnitedHealthcare sales leadership. Rules can change at any time. Check all communications sent to you from the Plan or speak with UnitedHealthcare sales leadership for continued updates.

6-18-2017
Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
3.2 Definition

Marketing Materials

Definition

Marketing materials are any materials targeted to Medicare eligible consumers that:

1. Promote the plan sponsor or any plan offered by the plan sponsor.
2. Inform Medicare eligible consumers that they may enroll, or remain enrolled, in a plan offered by the plan sponsor.
3. Explain the benefits of enrollment in a plan or explain rules that apply to consumers.
4. Explain how Medicare services are covered under a Medicare Advantage plan, MA- PD plan, or Prescription Drug Plan, including conditions that apply to such coverage.

All materials promoting or explaining Medicare plans or benefits must be reviewed and approved by the Plan and CMS prior to use.

Generic materials, on the other hand, do not include plan specific information, such as plan or product specific names or logos, benefit information, and cost sharing information. Generic materials do not require CMS or UnitedHealthcare approval and may mention Medicare Advantage and/or Prescription Drug Plan product types in a general way, but must not specifically mention, describe, or promote UnitedHealthcare plans.

Agents are directed to use the approved materials offered on Jarvis in the UnitedHealthcare Toolkit section. You will only see the materials for the products that you are certified to sell.

3.3 Examples of Marketing Materials?

Examples of marketing materials include:

- Newspaper advertisements
- TV advertisements
- Internet advertisements
- Direct mail, postcards, flyers
- Pre-enrollment materials
- Radio advertisements
- Notification forms/member and operational letters
- Brochures
- Websites
- Social Networks
- Magnets

Important Note

Social media sites and websites can be considered generic or marketing material based on its content. Sites used to market UnitedHealthcare plans must be approved by UnitedHealthcare and CMS prior to use. Refer to the Agent Website Guidelines Job Aid on Jarvis for information on agent-created websites and use of social media.
3.4 Checkpoint

Marketing Materials

Checkpoint
Using pre-approved marketing materials will help you promote Medicare plans, explain benefits accurately and avoid the risk of misleading consumers.

Select the items which an agent MUST NOT do regarding marketing materials. Click Submit to check your answer.

- Add, enhance, delete, modify, edit or create any content in the marketing materials provided by the health plan.
- Submit marketing materials to the Plan for review and approval prior to use.
- Modify approved materials in any way, no matter how minor.
- Ask health-related or health-screening questions on generic, agent-created materials.

SUBMIT

Feedback

Correct
An agent must not:
- Add, enhance, delete, modify, edit or create any content in the marketing materials provided by the health plan.
- Modify approved materials in any way, no matter how minor.
- Ask health-related or health-screening questions on generic, agent-created materials.

An agent must:
- Submit marketing materials to the Plan for review and approval prior to use.

Incorrect
An agent must not:
- Add, enhance, delete, modify, edit or create any content in the marketing materials provided by the health plan.
- Modify approved materials in any way, no matter how minor.
- Ask health-related or health-screening questions on generic, agent-created materials.

An agent must:
- Submit marketing materials to the Plan for review and approval prior to use.

Continue
4. Appropriate Contact With Consumers

4.1 Overview

When marketing Medicare insurance products, agents must comply with all CMS regulations and UnitedHealthcare rules, policies, and procedures related to contacting the consumer and discussing plan options.

This topic will explain the rules around:

- Permission to Contact (PTC)
- Scope of Appointment (SOA)
- Cross-Selling

Rules can change at any time. Check all communications sent to you from the Plan or speak with UnitedHealthcare sales leadership for continued updates.

4.2 Permission to Contact

Permission to Contact (PTC) is permission given by the consumer to be called or otherwise contacted by an agent for the purpose of marketing any UnitedHealthcare Medicare Solutions product, including Medicare Advantage, Prescription Drug or Medicare Supplement Insurance Plans. PTC must be documented and retained and available upon request for 10 years.

PTC must be considered:

- **Method-specific** - Contact can only be made by the method permitted by the consumer. Permission to telephone, only enables the agent to dial the number provided. If an invalid or incorrect number is provided, the agent is limited to contacting the consumer via postal mail. An agent must receive explicit permission to text or email the consumer. Simply having access to a phone number or email address (e.g., a purchased lead list) does not imply permission from the consumer.

- **Short-term** - PTC expires once the agent has made contact with the consumer or nine months after the date the PTC was received. PTC expires 90 days after receipt for consumers requesting information on Medicare supplement insurance or who are on the federal Do Not Call list. PTC is not open-ended permission for future contacts. Agents must renew PTC by asking the consumer to be contacted again in the future.

- **Event-specific** - The agent can only contact the consumer to discuss the products indicated in the PTC mechanism.
4.3 Types of Contact

Business Reply Cards (Slide Layer)

Business Reply Cards:

- Agents, who telephone a consumer in response to a Business Reply Card (BRC) that has specific products documented on the card, may only discuss the products that were indicated within the BRC.
- BRCs are only intended to obtain permission to contact; it does not satisfy the SOA requirement.
- SOA does not secure permission to contact; it confirms permission to discuss product types during an individual appointment.
- If a BRC is returned by the consumer without a valid phone number, agents may not look-up or search for consumer information in order to contact the consumer either by telephone or a visit. Valid FTC would not have been secured and agents may only contact the consumer via post mail.
Unsolicited Contact (Slide Layer)

Appropriate Contact with Consumers
Permission to Contact – Types of Contact

Unsolicited Contact
Marketing to consumers through direct, unsolicited contact is prohibited and is a serious marketing violation that can result in complaints requiring disciplinary action for the agent. Without documented permission, the following forms of outreach are considered to be unsolicited contact:
- door-to-door soliciting
- text messaging
- emailing
- telemarketing
- cold calling

Direct mail is permitted; however, outside of direct mail, agents must obtain a documented PTC from a consumer before marketing.

During contact with the consumer, agents must update the lead status or permission to call within the company tracking system (BConnected) with the consumer's preference.

If an agent does not have access to BConnected, they must have a system that enables them to document and retain PTC for a minimum of 10 years and provide documentation upon request. Refer to the Privacy section of this module for guidance on secure storage and disposal of consumer information.

Additional Requests (Slide Layer)

Appropriate Contact with Consumers
Permission to Contact – Types of Contact

Additional Product Request

If during the course of an outbound call by a Medicare Supplement issuer, the consumer requests additional information on a MA or PDP product, a discussion can be held (at that time) on the MA or PDP product.
Consumer Referrals (Slide Layer)

4.4 Scope of Appointment

Appropriate Contact with Consumers

Scope of Appointment

Consumers must agree to the scope of products that may be discussed at any face-to-face or telephonic marketing appointment prior to the appointment. A Scope of Appointment (SOA) captures the consumer’s permission to discuss certain products. SOA forms are available in Enrollment Guides and as stand-alone documents on the Sales Material Portal accessible on Jarvis.

Click the images to learn more about Scope of Appointment:

- Marketing Appointments
- Marketing/Sales Events
- Rules
- Documentation
Marketing Appointment (Slide Layer)

2018 Ethics and Compliance

Appropriate Contact with Consumers

Scope of Appointment

Marketing Appointments

- A SOA is required from each Medicare-eligible consumer present at any face-to-face or telephonic marketing appointment to discuss MA and/or PDP Plans, including authorized legal representatives and each spouse (if a married couple is present).
- When a consumer walks-in to an agent’s office or a UnitedHealthcare Medicare Store, the agent must obtain a SOA prior to the discussion.
- When a consumer unexpectedly attends an otherwise compliantly scheduled appointment, the agent must obtain a SOA prior to the start of the appointment.

Close

8-31-2017

Confidential property of UnitedHealth Group. For agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.

Advertised Sales Event (Slide Layer)

2018 Ethics and Compliance

Appropriate Contact with Consumers

Scope of Appointment

Marketing/Sales Events

At an advertised sales event, a Scope of Appointment is not required due to product announcement requirements for marketing/sales events. SOA should not be requested as a requirement for the consumer to attend the event.

- Agents may obtain a SOA for future face-to-face or telephonic appointments if the consumer requests the future appointment at the marketing/sales event.

Close

8-31-2017

Confidential property of UnitedHealth Group. For agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
Rules (Slide Layer)

2018 Ethics and Compliance

Appropriate Contact with Consumers
Scope of Appointment

Rules
When conducting face-to-face or telephonic appointments to present MA and/or PDP plans, the agent must:

- Obtain a signed SOA from the consumer (including current members) prior to the start of the appointment.
- Obtain a new SOA from the consumer when the consumer requests information about a health-related product not identified on the original SOA. Once obtained, the new product may be discussed.
- Schedule a new appointment and obtain a new SOA when the agent determines a product not identified on the original SOA may benefit the consumer. This includes appointments for Medicare Supplement Insurance where the agent determines that an MA and/or a PDP plan may be beneficial to the consumer, but was not identified in an SOA prior to the start of the appointment.

Documentation (Slide Layer)

2018 Ethics and Compliance

Appropriate Contact with Consumers
Scope of Appointment

Documentation of Scope of Appointment

- Scope of Appointment forms must be submitted via fax (1-866-994-9859) within two business days following the scheduled appointment. Contracted agents using the generic SOA form must also include the corresponding fax cover sheet (SOA form and fax cover sheet are available on Jarvis).
- In addition to submitting the SOA form to United Healthcare, the agent must retain the SOA form for at least 10 years from the date of the appointment and be able to provide it upon request by United Healthcare or CMS.
4.5 Cross-Selling

Medicare Marketing Guidelines prohibit marketing non-health-related products (for example, annuities, life insurance, and long-term disability/plans) when presenting an MA plan or PDP to a consumer. This activity is considered cross-selling and is prohibited.

Presenting only MA and Part D Plans allows the consumer to focus on their Medicare options rather than cause confusion and a potentially misleading situation.

Agents may leave behind marketing materials describing other lines of business with a consumer when the appointment has concluded but cannot discuss those other products during the appointment. The agent is responsible to ensure any such leave-behind materials are in compliance with applicable state law governing the other lines of business.

4.6 High Pressure or Aggressive Marketing and Sales Tactics

Agents are prohibited from utilizing high pressure, aggressive, or scare tactics when marketing and/or selling to consumers.

Making worrisome or threatening statements or behaving in a way that can intimidate a consumer to cause them a feeling of undue urgency or pressure, can be considered a “scare tactic.”

Potential consequences of engaging in any of these types or forms of activities may result in agent disciplinary action up to and/or including termination.

Here are a few examples of high pressure, aggressive, or scare tactics:

- Advising a consumer that time is “running out” and if they do not enroll now, they may not have health care coverage until next year.

- Advising a consumer that if they do not enroll now, they will not have medical coverage and any health related condition could “wipe them out” financially.

- Using hypothetical health conditions to instill fear or scare consumers into purchasing coverage (for example, saying “Do you know someone who has recently had cancer? What if that happened to you?”).
4.7 Is a Power of Attorney or Authorized Representative Needed?

**Appropriate Contact with Consumers**

**Other Required Practices: Is a Power of Attorney or Authorized Representative Needed?**

An Authorized Representative is a person who is authorized under state law to complete the Enrollment Application, make health care decisions on behalf of the consumer and is authorized to receive health care related information on his/her behalf. In order to determine whether a Power of Attorney (POA) or Authorized Representative is needed when enrolling a consumer, the agent must consider the consumer’s mental and physical ability to enroll themselves.

**Mental or Physical Ability**

If a consumer appears to have either physical and/or mental challenges that may impede their ability to enroll themselves in a plan, you must ask if they have a POA or Authorized Representative*. If the consumer appears to be mentally incompetent, incompetent or unable to understand the product options and make an informed decision, it is recommended that the presentation be stopped.

If the consumer is mentally and physically capable of enrolling themselves, but needs some assistance, you can ask whether the consumer has a friend, clergy, or family member who can assist. *Note: A person assisting, including an agent, cannot sign the Enrollment Application on behalf of the consumer. Only the consumer, POA or Authorized Representative can sign the enrollment.

* A member may give another person permission to discuss their personal health information. A person granted this permission is referred to as an Authorized Representative or HIPAA Authorized Representative.

---

5. Event Practices

5.1 Promotional Items and Giveaways

**Event Practices**

**Promotional Items and Giveaways**

Agents can offer promotional gifts to attendees of any event type as long as such gifts are of nominal retail value. Nominal value is currently defined as an item worth $15 fair market value (retail value) or less.

The following rules must be followed when providing nominal gifts:

- The combined value of all giveaway items, including food, must not exceed $15 per consumer.
- Cash gifts, gift certificates, gift cards, monetary rebates, as well as charitable contributions made on behalf of consumers/members, are prohibited regardless of amount.
- State that accepting a gift or prize does not obligate a consumer to enroll.
- When providing gifts, must offer to all persons who attend whether or not they are eligible for Medicare (a family member of an event guest).
- Giving gifts in order to solicit referrals is prohibited.

Refer to the Events Basics module for information related to providing promotional items and giveaways at educational and formal/informal marketing/sales events. (Events Basics is located in Jarvis: Knowledge Center > Certifications > Electives.)

---

*Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.*

6-19-2017
5.2 Meals and Refreshments

Event Practices
Meals and Refreshments

Meals must not be provided at any sales/marketing event, including personal/individual marketing appointments.

Agents may serve light refreshments (e.g., cookie and coffee), provided the items cannot be combined to equal a meal. (Alcoholic beverages are prohibited.)

The combined value of giveaways and refreshments must not exceed $15 per person.

Refer to the Events Basics module for information related to providing meals and/or refreshments at educational and formal/informal marketing/sales events.

6. Ethics Overview

6.1 Overview

sales Ethics
Ethics Overview

Promoting an ethical and honest environment involves all agents embracing the values of honesty and integrity. Take responsibility for your actions and remember the 3Bs of Ethics & Integrity:

Be Informed  Be Aware  Be Vocal

That's great! You're really progressing quickly. But you do need to understand ethical sales practices of disclosure, competency, and suitability.

I see you found the Agent Guide on Jarvis. The Agent Guide, job aids, and other reference materials will help you keep current with the compliance guidelines, rules, policies, and procedures. Let's go over ethics together.
6.2 Disclosure, Competency and Suitability

Disclosure (Slide Layer)

Disclosure: An Example
Agent Lucy is presenting a plan to Mr. Spalding, a consumer. Along with presenting the benefits and costs of the plan, she also discloses that she may receive compensation for his enrollment in the plan.

When Mr. Spalding asks a question, Lucy takes the time to answer, ensuring that he understands and that she has answered his question completely.

Ethical Practice
The ethical demonstrated in this example include, but are not limited to:

- Full disclosure of all information needed to make an informed decision, including all out-of-pocket costs, plan benefits and limitations, and provider network requirements.
- Disclose that compensation may be received based on the consumer's enrollment in the plan (more in the next slide).

Competency (Slide Layer)

Competency: An Example
As an ethical agent, Lucy knows that it is important to keep up on any changes to the products she sells and how they differ. This ensures that she can help consumers choose the products that are not suited to fit a consumer's needs.

Ethical Practice
- Agents have an ethical obligation to understand fully the products being sold.
- Product awareness will help agents identify the plans that meet a consumer's needs.
Suitability (Slide Layer)

2018 Ethics and Compliance

Sales Ethics
Disclosure, Competency and Suitability

Ethical issues can arise when marketing and selling Medicare plans.
Click each drawer label to explore three main components of ethical sales and marketing practices.

Suitability

Unsuitable Plan - Yield Sign (Slide Layer)

Risk

Enrolled in Unsuitable Plan:

Enrolling a consumer in an unsuitable plan is a common member complaint. When presenting Medicare Advantage or Prescription Drug Plans (PDP) to consumers, be certain you:

• Recommend/enrol consumer into a plan that fits their medical needs and personal preferences such as copay amounts, network doctors, formularies, etc.
• Advise the consumer of all their options being especially clear about plans with and without prescription drug coverage.
• Verify consumer eligibility and service area for the plan.
• Accurately indicate on the Enrollment Application the plan in which the consumer wants to enroll.
6.3 Compensation

Sales Ethics
Disclosure: Compensation

While you are not required to disclose to consumers the amount and/or type of compensation you may receive based on their enrollment, CMS requires you to understand the concept of compensation as provided in this module. Refer to the Agent Guide for additional details.

CMS defines compensation as monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not limited to, commission, bonuses, gifts, prizes, awards, and referral/referrer’s fees.

Compensation does not include the payment of fees to comply with state appointment laws; costs related to training, certification, and testing requirements; reimbursement for mileage to and from educational and marketing/sales events or marketing appointments with consumers; and reimbursement for actual costs associated with educational and marketing/sales events and marketing appointments such as venue rent, snacks, and materials.

ISR (Slide Layer)

Sales Ethics
Disclosure: Compensation

Compensation: Internal Sales Representatives (ISR)
Sales Incentive Plan
Employed agents are paid an incentive when specific sales goals have been met. In order to be paid an incentive, the agent must meet all conditions set forth within their Sales Incentive Plan (SIP) in effect at the time. Employed agents should refer to their SIP for details.

Referral/Referer’s Fees
UnitedHealthcare does not sponsor a lead referral program; therefore, no payment is made in exchange for a referral or as a result of a referred consumer’s enrollment.

Marketing Fees
Agents are prohibited from charging a consumer or member any type of fee for the marketing of a Medicare insurance product including, but not limited to, entrance fees to attend educational or marketing/sales events, fees to conduct a personal/individual marketing appointment (e.g., in-home), or to cover the cost of materials.

Compensation Recovery (Charge Backs)
Incentive amounts are deducted from a SIP participant’s incentive payment or previously paid advances on sales that are not earned, generally the result of a member’s rapid disenrollment from their plan, but can occur for other reasons. Rapid disenrollment occurs when a member voluntarily disenrolls or moves from one UnitedHealthcare plan to another prior to the member’s fourth month effective date following the original effective date. Some exceptions apply.
Compensation: EDC and ICA Non-Employee Agents

The compensation guidance contained in this section applies to non-employee, contracted agents.

UnitedHealthcare pays non-employee agents in the External Distribution Channel (EDC) and Independent Career Agent (ICA) channels a commission for enrollment of a consumer into a UnitedHealthcare Medicare Solutions Medicare Advantage Plan, Prescription Drug Plan, or Medicare Supplement insurance policy according to the terms of their Agent Agreement. Commission payments for sales written by a solicitor are paid to the solicitor’s up-line. The remainder of this section applies to Medicare plans regulated by CMS. Refer to your Agent Agreement and/or Agent Guide for details.

Compensation Types and Amounts

For each MA, MA-PD, and PDP enrollment, CMS determines if the enrollment qualifies for initial or renewal compensation and the plan sponsor must comply with CMS determination. Therefore, if a member disenrolls from one plan and enrolls in another, CMS determines the compensation type for the new enrollment.

Types of compensation:

Initial Compensation is paid at an amount at or below the fair market value (FMV) cut-off amounts published by CMS annually for a member’s first year of enrollment in a plan, regardless of the plan sponsor, or when the consumer enrolls in an “unlike plan type” (a plan change from an MA/MA-PD to a PDP or a PDP to an MA/MA-PD).

• When a member enrolls in a plan and has no prior plan history, the plan sponsor may pay the full year initial compensation amount based on the plan enrollee type.
a pro-rated amount based on the number of months the member is enrolled.

- When a member changes plans during the initial year, the plan sponsor must pay the agent at a pro-rated initial year rate based on the number of months the member is enrolled.

Renewal Compensation is paid in any amount up to fifty (50) percent of the current FMV, published by CMS annually, for the member's second and subsequent enrollment years when they enroll in a new "like plan type" (a plan change from a PDP, MA, MA-PD, MMP, or section 1876 cost plan to another PDP, MA, MA-PD, MMP, or section 1876 cost plan respectively. Renewal compensations must always be pro-rated for the actual months the member is enrolled in the plan.

Compensation Cycle
Compensation paid for plan enrollment is based on the enrollment year, which runs from January 1 through December 1. Plan sponsors may only pay compensation for the current year enrollment. Payments must not be paid until January 1 and must be paid in full by December 31 of the enrollment year. Plan sponsors may pay compensation annually, quarterly, monthly, or utilizing other schedules.

Referral/Finder's Fees
UnitedHealthcare does not sponsor a lead referral program. However, CMS guidelines prohibit the payment of a referral/finder’s fee to an agent in excess of $100 per referral or enrollment in a MA/MA-PD plan or in excess of $25 per referral or enrollment in a stand-alone PDP. Agents must comply with CMS regulations related to compensation limits, commission splitting, and/or payments to non-licensed/appointed agents. UnitedHealthcare recommends agents consult with local legal counsel to determine the compliance of any compensation arrangements they make with referrers.

Marketing Fees
Agents are prohibited from charging a consumer or member any type of fee for the marketing of a Medicare insurance product including, but not limited to entrance fees to attend educational or marketing/sales events, fees to conduct a personal/individual marketing appointment (e.g., in-home), or to cover the cost of materials.

Compensation Recovery (Charge Backs)
Plan sponsors must recover compensation payments from agents under two circumstances:
1. The member disenrolls from the plan within the first three months of enrollment (rapid disenrollment), and
2. Any other time a member is not enrolled in a plan.

Rapid disenrollment applies when a member moves from one plan sponsor to another or when the member moves from one plan to another plan offered by the same plan sponsor. It does not apply when the member enrolls in a plan effective October 1, November 1, or December 1, and
subsequently changes plan effective January 1 of the following year. Rapid disenrollment compensation recovery does not apply in certain circumstances defined by CMS. In some cases, only a pro-rated amount of compensation must be recovered. When a member disenrolls after they have been enrolled in the plan at least three continuous months, only the amount the agent was paid for months the member was no longer enrolled in the plan is recovered.

6.4 Reporting Misconduct

![Image of reporting misconduct section]

Did you know you are required to report instances of suspected misconduct? Remember to “Speak up! Speak out!” and notify the plan of any suspected concerns.

Yes, I understand I should report it to the Compliance & Ethics Help Center.
7. Medicare Advantage Enrollment

7.1 Enrollment Basics

There are enrollment rules to follow and several items you must review with a consumer enrolling in an MA Plan or a PDP. This section will review the following enrollment basics:

- Election Period Basics
- Materials required during a sales presentation
- Star Ratings
- Statement of Understanding and Disclosures
- Enrollment Application guidelines
- Web-based enrollment
- Non-discrimination requirements
- Plan sponsor and agent requirements
- Materials for members
- Guaranteed rights
- Appeals and grievances

7.2 What are Election Periods?

A consumer must have a valid election period in order to enroll in or disenroll from a Medicare Advantage or Prescription Drug Plan.

Click each highlighted section of the image to learn more about election periods.


- MADP
- Special Election Period
- Initial Enrollment Period
- 5-Star Special Election Period

6-19-2017 Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
IEP (Slide Layer)

**2018 Ethics and Compliance**

**Enrollment Basics for Medicare Advantage and Prescription Drug Plans**

**What are Election Periods?**

- **Initial Coverage Election Period (ICEP) for MA-only**
- **Initial Enrollment Period (IEP) for stand-alone PDP or MA-PD**

The period allowing consumers newly eligible for Medicare to make an initial election to enroll in a Medicare Advantage Plan or Prescription Drug Plan.

- ICEP is for consumers newly eligible for Medicare Parts A and B who elect an MA-only Plan.
- IEP is for consumers newly eligible for Medicare Parts A and B who elect a stand-alone PDP or MA-PD Plan

For Medicare Advantage and Prescription Drug Plans, a consumer has a 7-month enrollment period that includes the three months prior to their month of eligibility, the month they become eligible, and the three months following the month of eligibility.

A member’s start date will be:
- 1st day of month of Medicare eligibility, if election received prior to that date (often the month of the consumer’s 65th birthday)
- 1st day of month following receipt of election, if election received in last four months of the ICEP/IEP

MADP (Slide Layer)

**2018 Ethics and Compliance**

**Enrollment Basics for Medicare Advantage and Prescription Drug Plans**

**What are Election Periods?**

**Medicare Advantage Disenrollment Period (MADP) - January 1 - February 14**

The Medicare Advantage Disenrollment Period (MADP) allows MA Plan members to disenroll from their current MA Plan and return to Original Medicare.

Members disenrolling from an MA Plan may elect to enroll in a stand-alone PDP at the same time as the MA Plan disenrollment or no later than February 14, regardless if their MA plan included Part D prescription drug coverage. The member must be eligible to enroll in a Medicare Supplement Insurance Plan.

The effective date on a disenrollment request using the MADP will be the first of the month following receipt of the request.
Enrollment Basics for Medicare Advantage and Prescription Drug Plans

What are Election Periods?

Annual Election Period (AEP) - October 15 to December 7
AEP is also called Medicare open enrollment as it is the period each year when any Medicare consumer can enroll in or disenroll from a Medicare Advantage or Prescription Drug Plan. All AEP enrollment elections become effective January 1 and disenrollment elections become effective December 31.

Important! When Agents May Market for AEP
- Agents may not begin marketing until October 1.
- Agents may not accept or solicit submission of Enrollment Applications before October 15.
- If the Plan receives an unqualified Enrollment Application prior to AEP, the Plan must retain the application and process the Enrollment Application beginning on the first day of the AEP with an application date of the same date.
- The consumer will receive an acknowledgment letter when the Plan receives an early Enrollment Application.

Special Election Period (SEP)
A Special Election Period (SEP) is a period when an eligible consumer may enroll in or disenroll from an MA or PDP plan. There are various types of SEPs, including SEPs for dual eligibles, consumers who move in, reside in, or move out of a nursing home, and those who have a qualifying chronic condition. Depending on the nature of the particular SEP:
- A member may disenroll from their MA Plan and return to Original Medicare
- A consumer with Original Medicare may enroll in an MA Plan
- A member of one MA Plan may enroll in a different MA Plan

Certain SEPs are limited to a single enrollment or disenrollment request within a particular time period; therefore, once the election is made, the SEP ends for the consumer even if the time frame for the SEP is still in effect. For other SEPs, the consumer is not restricted by time periods or how often they may use the SEP. In these cases, consumers may enroll and disenroll using the particular SEP at any time throughout the year.

A member's start date will be:
- 1st day of month following receipt of election
- For some SEPs, consumer may choose effective date of up to three months after Plan receives enrollment request
- If the SEP is due to a move, the plan effective date cannot be earlier than the move date or receipt of the enrollment request.

At times, a consumer may be eligible for more than one election period. For example, during AEP, a consumer may also be eligible for a SEP. Ensure the consumer understands the implications of choosing one election period over another and the resulting plan effective date.

For more information on Election Periods, please review the Election Period Booklet in the resource tab.
7.3 Election Period Restrictions

Important Medicare Supplement Information
- A Medicare Supplement Insurance Plan helps to cover some of the out-of-pocket costs associated with Original Medicare. A Medicare Supplement Insurance Plan does not pay the cost sharing of a Medicare Advantage Plan.
- Consumers enrolled in a Medicare Supplement Insurance Plan at the time they are enrolling in a Medicare Advantage Plan must be advised that:
  - A Medicare Supplement Insurance Plan does not work with a Medicare Advantage Plan,
  - A Medicare Supplement Insurance Plan will not automatically terminate when they are enrolled in a Medicare Advantage Plan, and
  - They must contact their Medicare Supplement insurer directly (in writing) in order to cancel their Medicare Supplement Insurance Plan. (Note: This applies even if UnitedHealthcare is the Medicare Supplement insurer.) Furthermore, if they later leave the Medicare Advantage Plan, they may not be able to get the same Medicare Supplement Plan back and/or may be subject to underwriting.
7.4 Materials Required

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Materials Required During A Sales Presentation

UnitedHealthcare provides approved plan materials and resources for agents to use when conducting plan presentations. Materials are updated annually and are available at the beginning of a new plan year. Agents must provide the plan’s Enrollment Guide to the consumer at the time of enrollment. Enrollment Guide includes:

- Summary of Benefits: Offers a detailed summary of the plan’s benefits, explanation of cost-sharing, and lists special features.
- Language Interpreter Disclaimer: A required document that contains information explaining the consumer may request an interpreter (included in Summary of Benefits).
- Plan Ratings Information (“Star Ratings”): A required document that shows the Star Rating for the specific plan being sold, ranging from 1-to-6 stars.
- Enrollment Application: A document used by individuals to request to enroll in a plan.

Click on the Table of Contents Image to see what is included in the Enrollment Guide.

7.5 Star Ratings

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Star Ratings

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance, using a five-star rating system where one star denotes poor quality or performance and five stars represents excellent. Detecting and preventing illness; ratings from patients, patient safety and customer service are some examples of categories measured. A plan with a Star Rating of 2.5 or below for three consecutive years in any combination of its Part C or Part D rating will receive a Low Performing Icon (LPI) status. Medicare Star Ratings can be used by consumers to compare a plan’s performance to other plans.

Star Ratings are calculated each year and may change from year to year. CMS issues Star Ratings in October for the following plan year. The plan publishes the new rating information in materials, such as the Enrollment Guide, within 21 calendar days as required by CMS. Agents must use the most current Star Rating as soon as it is issued by CMS.

Agents must clearly state the overall Star Rating, including an LPI, for each plan they present to the consumer and indicate that additional information on the Plan’s rating can be found in the Enrollment Guide and information on Medicare Star Ratings can be found on Medicare.gov. Not providing this information to consumers can result in a compliance infraction.

Note: Star Ratings are issued at the individual contract level and are not an overall rating for the plan sponsor. Therefore, it is important that you are familiar with the Star Rating for each of the plans you sell.

5 stars = excellent
4 stars = above average
3 stars = average
2 stars = below average
1 star = poor
7.6 Affecting Star Ratings

How can I positively affect Star Ratings?

Avoiding complaints by consumers is one of the ways agents can help increase the Plan’s Star Ratings. Here are two things you can do to help avoid complaints:

• Know your election periods thoroughly to avoid issues with consumer enrollments. Please be sure to review the Election Period Booklet found on Jannis.

• Consumers may experience unexpected financial burdens if they incur penalties when they do not enroll for Medicare Part B or Part D during their eligibility period. Be sure you tell your consumers who are aging into Medicare about these risks of penalties so they are making the best possible choice for their situation. For more information, please see the “Medicare and You” handbook and the Late Enrollment Penalties topic in this module and the Medicare Prescription Drug Plans module.

7.7 Statement of Understanding and Disclosures

The Statement of Understanding (SOU) is a required element for enrollment and the agent must review it with the consumer at the point-of-sale.

By signing the SOU, the consumer is acknowledging that they clearly understand the Enrollment Application. This means they understand:

• They are actually enrolling in a plan
• The plan in which they are enrolling
• Several disclosure items.*

*The SOU can vary between the different types of plans. The above items are among those a consumer can acknowledge on the SOU, depending on the plan type selected.
7.8 Enrollment Application Guidelines

2018 Ethics and Compliance

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

- Ask each consumer if they are enrolled in Medicare Parts A and B
- Be sure to write in the primary care physician (PCP) information if applicable
- Remember that some plans have additional forms that are required to complete the enrollment
- Be sure to read and review the Statement of Understanding with each enrollment
- Be sure the Enrollment Application is complete, accurate, clear and legible
- Complete the Plan Recap with the consumer to ensure the consumer understands the plan

Note: These requirements apply specifically to CMS-regulated products. For information related to marketing non-CMS-regulated products, like Medicare Supplement Insurance Plans, please refer to the appropriate product module. See also the Enrollment Handbook link in the Resources tab above.
7.9 Enrollment Signatures

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Enrollment Signatures

Generally, the consumer is the only individual who may execute a valid enrollment or disenrollment request. As permitted by state laws where the consumer resides, CMS will allow an authorized legal representative to execute an enrollment application. Examples of a legal representative include a court-appointed guardian and a Power of Attorney (POA).

Follow these guidelines for Enrollment Application signatures:

- Sign and date the Enrollment Application and include your Agent ID Number.
  - If an agent indicates their agent writing number on the Enrollment Application prior to meeting with the consumer or assists the consumer in completing the BA or PDP Enrollment Application, the agent must clearly indicate this by checking the appropriate box on the Enrollment Application.
  - On the Enrollment Application, have the POA or Authorized Representative sign the application and print their name, contact information, and relationship to the consumer.
  - The Authorized Representative or POA must sign an attestation on the application attesting that they have necessary legal authority to act on the consumer's behalf. Documentation of this authority must be available upon request by the Plan or by CMS, but you cannot require it for purposes of enrollment.
  - Someone who provides assistance to the consumer, but is not authorized to act on the consumer's behalf, cannot sign the Enrollment Application.

Note: Agents do not need to collect POA/Authorized Representation documentation. Medicare will request the documentation directly from the authorized representative if needed.
7.10 Web-Based Enrollment

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Web-Based Enrollment

Consumers can self-enroll using a Plan’s web-based enrollment application. Enrollment through UnitedHealthcare’s consumer websites must be initiated and conducted by the consumer.

- Agents must not complete a web enrollment on behalf of a consumer or at the consumer’s request. Doing so may be considered fraud.

- Agents must not be physically present with a consumer who is completing a web enrollment. However, the agent may assist the consumer telephonically.

- Agents may provide the consumer, with their agent writing number and instructions for completing the enrollment on the consumer website, including directing the consumer to the www.MyMedicareEnroll.com landing page. (Note: agents might not receive credit for the application if consumers do not start on the landing page.)

- Inappropriate agent use of a consumer website may result in corrective and/or disciplinary action up to and including termination.

7.11 Non-discrimination Requirements

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Non-discrimination Requirements

Every plan sponsor and agent working or contracted with Medicare may not discriminate against consumers or members based on race, ethnicity, national origin, religion, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area.

All items and services of an agent must be available to all eligible consumers in the service area with the following exceptions:

- Certain products and services may be made available to consumers with certain diagnoses or qualifying situations

- Enrollment in Low Income Subsidy (LIS), as there are specific eligibility requirements
7.12 Plan Sponsor and Agent Requirements

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Plan Sponsor and Agent Requirements

The Plan sponsor and the agent are required to provide the consumer with certain items prior to the enrollment effective date. These items include:

- **Enrollment Application:** For paper applications, the Plan provides a notice acknowledging receipt of the completed enrollment request, showing the effective date of coverage within 10 calendar days after receipt of the completed enrollment request. For electronic enrollments, the consumer must receive evidence that the enrollment request was received (e.g., a confirmation number or email confirmation).

- **Confirmation/Tracking Number:** If an electronic enrollment method is used, the consumer must be provided a confirmation or tracking number.

- **Plan Validation:** The agent must submit the Enrollment Application to UnitedHealthcare within 24 hours of receipt. UnitedHealthcare will validate all information and transmit the enrollment information to CMS for approval.

- **Confirmation Letter and ID Card:** Upon approval by CMS, the member will receive a confirmation letter, verifying their plan effective date, and their member ID card from the Plan. During the enrollment process, the agent should advise the consumer that using the plan prior to receiving their confirmation letter and member ID card is not advised. If the consumer sees a provider and their enrollment request is not approved by CMS, the consumer will be responsible for all costs.

7.13 Guaranteed Rights

Enrollment Basics for Medicare Advantage and Prescription Drug Plans

Guaranteed Rights

No matter what type of Medicare coverage a member has, they have certain guaranteed rights.

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Have access to doctors, specialists, and hospitals
- Have questions answered about how doctors are paid
- Have questions about Medicare answered
- Have questions about contracted provider network limitations and requirements answered
- Learn about all of their treatment options and participate in the treatment decision
- Receive Medicare and health care provider/contractor information in a way the member understands
- Receive emergency care when and where a member may need it
- Receive a decision about health care payment of services or prescription coverage
- Have the right to appeal a decision about health care payment coverage of services or prescription drug coverage
- File complaints (sometimes called grievances), including complaints about the quality of health care
- Have their personal and health information kept private

6-19-2017

Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
7.14 Appeals and Grievances

8. Medicare Advantage Disenrollment

8.1 Disenrollment Basics
8.2 Voluntary Disenrollment Basics

2018 Ethics and Compliance

Disenrollment Basics for Medicare Advantage and Prescription Drug Plans

Voluntary Disenrollment Basics

A member may request disenrollment from a Medicare Advantage or Prescription Drug Plan during a valid election period.

The member may disenroll by:
1. Enrolling in another plan (during a valid election period)*
2. Giving or faxing a signed written notice to the MA organization or through his/her employer or union, where applicable
3. Submitting a request via the Internet to the MA organization (if the MA organization offers such an option)
4. Calling 1-800-MEDICARE

* When a member elects to enroll in another plan, the pending enrollment will cause an automatic voluntary disenrollment from the member's current plan.

6-19-2017

Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.

Voluntary Options (Slide Layer)

2018 Ethics and Compliance

Disenrollment Basics for Medicare Advantage and Prescription Drug Plans

Voluntary Disenrollment Basics

MADP

An MA Plan member can voluntarily disenroll during the MADP, which occurs annually from January 1 through February 14. The effective date of a disenrollment request is the last day of the month in which the disenrollment is received. The MADP does not provide an opportunity to join or switch MA Plans. MA Plan members disenrolling during the MADP are eligible for a coordinating Part D Special Election Period (SEP) even if they were enrolled in an MA-Only Plan. Members in an MA-PD Plan or a non-PFS MA-Only Plan can enroll in a PDP from Jan. 1 through Feb. 14 using the SEP-MADP code, which will automatically disenroll them from their MA-PD. Members in an MA-Only/PFFS Plan must first disenroll from the PFFS plan and then submit an enrollment application for the PDP. The effective date of the PDP is the first day of the month following receipt of the enrollment application.

AEP or SEP

When a member enrolls in an MA Plan or PDP during AEP or a qualifying SEP, they will be automatically disenrolled from their current MA or PDP plan, even if it is offered by a different carrier. The effective date of the termination is the last day of the month prior to the effective date of the new enrollment. Exception: If the MA Plan is an MA-Only PFFS, the member will not be automatically disenrolled upon enrollment in a stand-alone PDP.

Note: Those disenrolling from a Medicare Supplement Insurance Plan, must notify the Plan in writing of their wish to disenroll.

6-19-2017

Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
8.3 Involuntary Disenrollment Basics

Involuntary Options (Slide Layer)

Optional Involuntary Disenrollment
An MA organization may disenroll a member from its MA Plan if:
1. Premiums are not paid on a timely basis.
2. The member engages in disruptive behavior.
3. The member provides fraudulent information on an enrollment application or if the member commits or permits fraudulent use of their plan member ID card.

Notice Requirements for Involuntary Disenrollments
In situations where the MA organization disenrolls the member involuntarily, the MA organization must notify the member in writing of the upcoming disenrollment that meets the following requirements:
• Advises the member the MA organization plans to disenroll them and the reason and effective date of termination
• Includes an explanation of the member’s right to a hearing under the MA organization’s Grievance procedures

Notice must be mailed to the member before submission of the disenrollment transaction to CMS.
8.4 Knowledge Check

Medicare Advantage and Prescription Drug Enrollment and Disenrollment Basics

Knowledge Check
Can you identify these terms associated with enrollment and disenrollment basics?
Read each statement; then click and drag the matching term to the statement. Click the Submit button to see how you did!

- The action members may take if they disagree with a coverage or payment decision made by Medicare or their Medicare Plan.
- Offers a detailed summary of the plan’s benefits, explanation of cost sharing, and lists special features.
- This happens when the member loses entitlement to Medicare Part A or Part B.
- A required disclosure that must be read and acknowledged by the consumer at the time of enrollment.
- Medicare’s measure of a plan’s quality and performance on a scale of 1-5.
- Appeal
- Summary of Benefits
- Required Involuntary Disenrollment
- Statement of Understanding
- Star Rating

6-19-2017
Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.

9. Compliance Program Overview

9.1 Overview

Compliance Program Overview

This topic describes the importance of Compliance.
At the end of this topic, you should be able to:
• Define compliance
• Identify compliance elements and resources
• Adhere to the UnitedHealth Group Code of Conduct
• Understand your responsibility for compliance
• Understand the Disciplinary Engagement Process
• Recognize conflicts of interest and your disclosure responsibility

Rules can change at any time. Check all communications sent to you from the Plan or speak with sales leadership for continued updates.

6-19-2017
Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
9.2 Program Elements

Compliance Program

Program Elements

Federal law requires Medicare plan sponsors to implement and maintain an effective compliance program that incorporates measures to detect, prevent and correct non-compliance and fraud, waste, and abuse. The program reflects our good faith effort to reduce non-compliance with legal, regulatory, and business requirements.

There are seven key elements of a Compliance Program:

- Written Policies, Procedures, and Standards or Code of Conduct
- High Level Oversight: Accountable Leaders, Identified Compliance Officer and Compliance Oversight Committees.
- Effective Training and Education
- Effective Lines of Communication; Reporting Mechanisms
- Enforcement and Disciplinary Guidelines
- Effective and Routine Monitoring and Auditing
- Prompt Response to Identified Issues
9.3 Your Role and Responsibilities

The Compliance Program
Your Role and Responsibilities

To fulfill your Compliance responsibilities - Stop. Think. Ask.

- Speak up about your concerns.
- Address any mistakes, especially when a consumer may be affected.
- Do the right thing - the first time, and every time.

If you encounter what you believe to be a potential Code of Conduct or policy violation, speak up. Speaking up is not only the right thing to do, it is required by Company policy.

UnitedHealth Group expressly prohibits retaliation against employees and agents who, in good faith, report or participate in the investigation of compliance concerns.

We have plenty of ways for you to ask compliance questions or seek additional information.

Compliance Reporting Resources
- Compliance Questions - compliance_questions@uhc.com
- Privacy & Security Incidents - uhc_privacy_office@uhc.com
- The UnitedHealth Group Compliance & Ethics HelpCenter - 1-800-488-4521

9.4 UnitedHealth Group Code of Conduct Overview

The Compliance Program
UnitedHealth Group Code of Conduct Overview

Every UnitedHealth Group employee, director, and contractor must act with integrity in everything we do. Acting with integrity begins with understanding and abiding by the laws, regulations, Company policies, and contractual obligations that apply to our roles in the Company, our work, and our mission. The UnitedHealth Group Board of Directors has adopted a Code of Conduct*, which applies to all employees, directors, and contractors, to provide guidelines for our decision-making and behavior. The Code is a core element of the Company’s compliance program.

Act with Integrity
Recognize and address conflicts of interest. Learn what a conflict of interest** is, common scenarios, disclosure requirements, and possible measures to manage disclosed conflicts.

Be Accountable
Hold yourself accountable for your decisions and actions. Remember, we are all responsible for compliance.

Protect Privacy - Ensure Security
Fulfill the privacy and security obligations of your role. When accessing or using protected information, take care of it!

*The Code of Conduct can be accessed on Jarris.
**Details about Conflict of Interest are provided on the next page.
9.5 **Conflict of Interest**

**Defining (Slide Layer)**

**Defining Conflict of Interest**

A conflict of interest could occur when:

- Your interests or activities, or those of your immediate family (your parent, spouse/domestic partner, child, or sibling), appear to affect your decision-making on behalf of UnitedHealthcare, or
- Where your objectivity could be questioned because of those interests or activities.

Individuals representing UnitedHealthcare, including employees, contractors, and agents, must not engage in any activity that:

- Competes or gives the appearance of conflicting with their responsibility to UnitedHealthcare; or
- Competes with or gives the appearance of competing with the interests of UnitedHealthcare or its consumers/members.
- Unless approved by management and in accordance with its Conflict of Interest policy.
Recognize Situations that Create the Potential for Conflict of Interest

UnitedHealthcare has identified several situations that create the potential for conflict of interest when acting as its representative. They include, but are not limited to:

- **Employment with UnitedHealth Group or its Affiliate**
  An employee of UnitedHealth Group or its affiliate is simultaneously in a non-employee contractual relationship with UnitedHealthcare. For example, an employee is contracted as an Independent Career Agent (ICA) (i.e. captive, non-employee agent) or External Distribution Channel (EDC) agent (i.e. non-captive, broker agent).

- **Ownership or Employment Interest in or Position of Influence with a Provider or UnitedHealthcare Business Partner**
  An employee, contractor, or agent, or their immediate family member, has one or more of the following relationships/interests in a health care provider or UnitedHealthcare business partner, including, but not limited to equipment provider, vendor, supplier, or manufacturer:
  - Direct or indirect ownership interest (e.g., an agent owns a Durable Medical Equipment (DME) company or an Internal Sales Representative's sister owns and/or operates a DME);
  - Employee, contractor, or consultant; or
  - Holds a position of influence (e.g., a UnitedHealthcare appointed agent serves on the Board of Directors of a dental clinic)

- **Relationship with Competitor**
  A UnitedHealthcare EDC agent or ICA is contracted and appointed with multiple carriers, including direct competitors of UnitedHealthcare.

- **Relationship with Agent/Agency and their Up-line or Down-line in their Structural Organization**
  A UnitedHealthcare employee manages or is managed by a family member within their sales organization reporting structure. For example, an ICA's agent manager is the agent's mother.

- **Sale of Outside Insurance Products by Any UnitedHealthcare Employee**
  Outside sales of insurance products that compete with UnitedHealthcare insurance products requiring a state license (e.g., health, life, financial services, and property/casualty) by any full-time UnitedHealthcare employee is prohibited. For example, an ISR sells life insurance outside of their normal working hours.
Disclosing (Slide Layer)

2018 Ethics and Compliance

Compliance Program
Conflict of Interest

Disclosure of a Conflict of Interest
You must report conflicts or potential conflicts of interest to United Healthcare during your hiring or contracting process. If you later discover you are in a situation that has created a conflict or potential conflict you must disclose the situation to United Healthcare within three business days of discovery.

All agents must attest to their conflict of interest status at the time they take the Ethics and Compliance certification assessment. Agents attesting that they have or may have a conflict, even if previously disclosed, may be contacted and required to submit a Disclosure of Conflict of Interest Form.

Managing (Slide Layer)

2018 Ethics and Compliance

Compliance Program
Conflict of Interest

Management of a Conflict of Interest
If it is determined that a conflict of interest exists, United Healthcare will take one or more of the following actions:
- Require the employee, contractor, or agent to divest of the conflict.
- Develop a conflict resolution and management plan approved by the Distribution Compliance Officer and Vice President Operational Support and Forecasting.
- Terminate the employee, contractor, or agent.
9.6 Progressive Disciplinary Engagement Process

Compliance Program

Progressive Disciplinary Engagement Process

UnitedHealthcare regards complaints and allegations of agent misconduct and issues of noncompliance as serious matters requiring prompt attention. A progressive disciplinary engagement process provides the appropriate level of investigation, outreach, and remediation based on the severity of the allegation and/or the agent’s complaint history.

The progressive engagement process includes three levels of engagement and a point system.

Click the shapes below to learn about each level.

- Complaint Education Contact (CEC)
- Corrective Action Referral (CAR)
- Disciplinary Action Committee (DAC)
- Points System

CEC (Slide Layer)
2018 Ethics and Compliance

Compliance Program

Progressive Disciplinary Engagement Process

UnitedHealthcare regards complaints and allegations of agent misconduct and issues of noncompliance as serious matters requiring prompt attention. A progressive disciplinary engagement process provides the appropriate level of investigation, outreach, and remediation based on the severity of the allegation and/or the agent’s complaint history.

The progressive engagement process includes three levels of engagement and a point system.

Click the shapes below to learn about each level.

- Complaint Education Contact (CEC)
- Corrective Action Referral (CAR)
- Disciplinary Action Committee (DAC)
- Points System

**Corrective Action Referral (CAR)**
The CAR process supports the progressive disciplinary process with retraining efforts delivered in a prompt manner intending to correct the underlying problem that resulted in a program violation and to prevent future noncompliance. When the outcome of an investigated allegation is Inconclusive or Substantiated, a CAR may be assigned to the agent. CAR coaching is specific to the allegation(s) received from the consumer/member and the agent is assigned a remediation course that covers the entire allegation family and must pass an assessment at the end of the course.

6-19-2017
Confidential property of UnitedHealth Group. For agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.

DAC (Slide Layer)

2018 Ethics and Compliance

Compliance Program

Progressive Disciplinary Engagement Process

UnitedHealthcare regards complaints and allegations of agent misconduct and issues of noncompliance as serious matters requiring prompt attention. A progressive disciplinary engagement process provides the appropriate level of investigation, outreach, and remediation based on the severity of the allegation and/or the agent’s complaint history.

The progressive engagement process includes three levels of engagement and a point system.

Click the shapes below to learn about each level.

- Complaint Education Contact (CEC)
- Corrective Action Referral (CAR)
- Disciplinary Action Committee (DAC)
- Points System

**Disciplinary Action Committee (DAC)**
An agent is referred to the DAC when the complaint investigation results in an Inconclusive or Substantiated outcome for an egregious allegation(s), previously coached higher-risk allegation(s), and/or is the result of repeated lower-level allegations within a 12-month period despite efforts to remediate. The DAC reviews the agent’s case and assigns an outcome of No Action Required, Corrective Action, Deauthorization of Sales and Marketing Activity, or Termination.

6-19-2017
Confidential property of UnitedHealth Group. For agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
10. Privacy and Security

10.1 Overview
10.2 HIPAA

Privacy and Security
Health Insurance and Portability Accountability Act (HIPAA)

HIPAA is a federal law that provides requirements for the protection of health information. There are two pertinent provisions that guide the use of member/consumer information:

- **Privacy Provisions**
  The HIPAA Privacy Rule outlines specific protections for the use and sharing of PHI/PI

- **Security Provisions**
  The HIPAA Security Rule defines how PHI should be maintained, used, transmitted, and disclosed electronically.

There’s a little more to it than that. Let’s start with the HIPAA laws, which will teach you how to correctly use member and consumer information.

10.3 HIPAA continued

Privacy and Security
Health Insurance and Portability Accountability Act (HIPAA)

Under HIPAA, if member information is disclosed to an unintended recipient, the UnitedHealthcare Privacy Office may have to:

- Notify the member
- Post the disclosure on the Health and Human Services (HHS) website
- Notify the media

In addition, individuals, including employees, may be criminally liable for intentional disclosures.

The UnitedHealthcare Privacy Office is responsible for the investigation of all privacy and/or security incidents involving a potential or actual disclosure of member/consumer information.

If you become aware of a potential PHI/PI disclosure, it must be reported within 24 hours of discovery.

Click the button to learn what to do if you learn of a potential incident.
What to Do (Slide Layer)

2018 Ethics and Compliance

Privacy and Security
Health Insurance and Portability Accountability Act (HIPAA)

Under HIPAA, if member information is disclosed to an unintended recipient, the UnitedHealthcare Privacy Office may have to:

- Notify the member
- Post the disclosure on the Health and Human Services (HHS) website
- Notify the media

In addition, individuals, including employees, may be criminally liable for intentional disclosures.

The UnitedHealthcare Privacy Office is responsible for the investigation of all privacy and security incidents involving a potential or actual disclosure of member/consumer information.

If you become aware of a potential PHI/PII disclosure, it must be reported within 24 hours of discovery.

What you should do when you become aware of a potential incident:

Incidents should be reported in one of the following:
- To the UnitedHealthcare Privacy Office at uhc_privacy_office@uhc.com
- Compliance Mailbox (compliance_questions@uhc.com)
- Your supervisor or manager.

Security incidents (unauthorized access of UnitedHealth Group data systems, laptop theft) must be immediately reported to the UnitedHealth Group Support Center at 888-346-3375, 24 hours/day, 7 day/week, 365 days/year.

Note: UnitedHealthcare prohibits retaliatory action against any individual for raising concerns or questions regarding ethics and compliance matters or for reporting suspected violations in good faith.

10.4 PHI and PII

2018 Ethics and Compliance

Privacy and Security
Protected Health Information (PHI) and Personally Identifiable Information (PII)

What information must be protected?
Click the button to review the types of information that must be protected.
Privacy and Security
Protected Health Information (PHI) and Personally Identifiable Information (PII)

What information must be protected?
Click the buttons to review the types of information that must be protected.

PHI
PHI is individually identifiable information (including demographic) that relates to health condition, the provision of health care, or payment for such care.

- Identifed individual + health information = PHI
- For example: Jon Doe + has diabetes = PHI
- The fact that someone is applying for coverage or is enrolled in a United Healthcare plan is considered protected health information.

PII
PII is a person's first name or first initial and last name with one or more data elements which may include:

- Social Security number
- Driver's license number or state identification card number
- Account number, credit card or debit card number in combination with any required security code, access code, or password that would permit access to a consumer's/members financial account.

2018 Ethics and Compliance

6-19-2017
Confidential property of United Health Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without prior written permission of United Health Group.
10.5 PHI and PII continued

Protected Health Information (PHI) and Personally Identifiable Information (PII)

Examples of inappropriate disclosures include:
- Leaving hard copy documents behind at a marketing/sales activity
- Allowing completed lead cards and/or enrollment applications to be viewed or handled by someone other than the consumer or plan representative at a marketing event
- Faxing documents with PHI/PII to an incorrect fax number
- Mailing documents with PHI/PII to an incorrect address
- Lost or stolen hard copy documents (e.g., Enrollment Applications)
- Stolen unencrypted computers
- Sending an unsecured email with PHI/PII to an incorrect email address (outside of UnitedHealthcare’s firewall)

10.6 HIPAA/PHI/PII Risks, Responsibilities, Rules and Scenarios

As a sales agent, you have access to consumer/member information that is protected under both the federal HIPAA and state law. For example, information provided on an enrollment application is considered PHI and must be safeguarded.

Click the monitors to learn more about your responsibility for safeguarding PHI/PII and some scenarios about security risk and loss.
Risks (Slide Layer)

The use of personal information to commit medical identity theft or fraud is a fast growing issue. Access to and possession of protected consumer/member information requires that you be extremely focused on protecting it.

In an effort to protect consumer/member information and be compliant with applicable laws, agents and agencies (e.g., Field Marketing Organizations) must follow the rules pertaining to storage, retention and disposal of member/consumer PHI/PII.

Rules (Slide Layer)

The following are a few rules to keep in mind:

- When out of the office, keep all electronic devices and hard copy documents containing PHI/PII in your possession at all times.
- Do not leave electronic devices or hard copy documents containing PHI/PII unattended in your vehicle or in your office. Secure devices and materials to reduce the risk of unauthorized disclosure.
- Do not discuss member/consumer information in public spaces including restaurants or elevators, where your conversation could be overheard.
- Protect all electronic devices, such as laptops, tablets and phones, with encryption software.
- Safeguard your passwords and do not use the same password for multiple systems/accounts.
- Be cautious. UnitedHealthcare will not send you an email requesting your username and password and we will never call and request your password.
- Appropriately dispose of any device or document containing PHI/PII. For example, shred hard copy documents.
10.7 Checkpoint Question 1

Privacy and Security

Checkpoint

Check your understanding on Privacy and Security by completing this checkpoint. Select the statements that are true.

- Your phone rings and the caller says, "Hi, this is Bill from the Help Desk. The documents you recently uploaded were infected with a virus. Before the entire network is affected, I need to get your username and password. I appreciate your help." If you experience the above, you may provide the requested information.  
  - You are required to use encryption software on all laptops, computers and other portal media devices that are used to store PHI.  
  - You only need to report a potential disclosure of UnitedHealthcare member information after you have exhausted all attempts to get the information back.  
  - Federal and state law requires you to safeguard Protected Health Information (PHI) and Personally Identifiable Information (PII).

Feedback

Correct

That's right. You selected the true statements.

Continue

Incorrect

You did not select the true statements.

The two true statements are:

- You are required to use encryption software on all laptops, computers and other portal media devices that are used to store PHI.  
- Federal and state law requires you to safeguard Protected Health Information (PHI) and Personally Identifiable Information (PII).
11. Fraud, Waste and Abuse

11.1 Required CMS Course

Fraud, Waste and Abuse
Required CMS Course

All agents must complete the CMS Fraud, Waste, and Abuse (FWA) training. CMS’ FWA training is available in the Resources tab above.

All agents must attest annually to completing the CMS FWA training. UnitedHealthcare captures the attestation as part of the annual Pledge of Compliance, which you must sign at the beginning of the Ethics and Compliance certification test.

For External Distribution Channel agents only, the CMS FWA training may be made available through your up-line. All agents must complete, retain, and make available upon request the certificate of completion that can be found at the end of the CMS Fraud, Waste, and Abuse training.

Note: If you’ve already completed the 2018 AHIP Training which contains the CMS FWA required content, and printed a copy of the completion certificate, you do not need to take the course again from the CMS website. You do need to attest to taking the course via the Pledge of Compliance located within the Ethics and Compliance certification test. Please see the Certifications User Guide for more information (available on Janus).

12. Compliant Sales: May-Must-Must Nots

12.1 May-Must-Must Nots

Compliant Sales Practices
May – Must – Must Nots

There are many rules to follow when selling Medicare Advantage and/or Prescription Drug Plans. Click the boxes to review some of the may’s, must and must not rules.

- Educational Events
- Marketing/Sales Events
- Marketing Materials
- Promotional Items and Food
- Provider Settings
- Permission to Contact

Refer to the Agent Guide for a complete list and to stay abreast of current guidelines.

6-19-2017 Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
Educational Events

**May Do:**
- Have a banner or table skirt with the plan name and logo displayed.
- Distribute educational materials free of plan-specific information (this include plan-specific premiums, copayments or contact information). An example of an educational material might be the 'Medicare Made Clear' items or something purely educational about health such as an exercise log.
- Provide promotional items of combined nominal retail amount not to exceed $15. Promotional items may include the plan names, logos and toll-free customer service numbers and/or websites.
- Wear shirts or jackets with current plan approved logos only.
- Offer a meal (the nominal retail value limitation of $15 applies to meals and would include the retail value of any additional giveaways).

**Must Do:**
- When advertising educational events, use the following disclaimer on all advertising materials: “This event is only for educational purposes and no plan specific benefits or details will be shared.”
- Host Educational Events at public venues.
- Report all Educational Events to UnitedHealthcare according to event reporting policies and procedures.
- Distribute healthcare educational materials (not specific to any plan) on general topics such as diabetes awareness and prevention and high blood pressure information.
- Provide business cards only if requested by the consumer

**Must NOT Do:**
- Attach business cards or plan/agent contact information to educational materials.
- Distribute material, promote, or collect RSVPs for future marketing/sales events.
- Conduct a sales presentation.
- Schedule a marketing/sales event immediately following an educational event.
- Discuss or distribute plan-specific benefits, premium information, and materials.
- Distribute and/or collect enrollment applications.
- Distribute event fliers or promote future sales/marketing events.
- Collect names, addresses, email address, or telephone numbers of consumers.
- Distribute or display business reply cards (BRCs), Scope of Appointment (SOA) forms or sign-in sheets.
- Ask consumers if they want information about a specific plan or limited number of plans.
• Schedule personal/individual marketing/sales appointments or get permission for an outbound call to the consumer.
• Schedule an educational event to occur at a consumer’s home or at an individual/face-to-face marketing/sales appointment.
• Conduct lead generation activities.
• Wear T-Shirts or buttons that say “Ask me about Medicare” or any similar statement.
• Conduct health screenings or other like activities.

Marketing-Sales Events (Slide Layer)

2018 Ethics and Compliance

Compliant Sales Practices

May – Must – Must Not

There are many rules to follow when selling Medicare Advantage and/or Prescription Drug Plans. Click the boxes to review some of the May, Must and Must Not rules.

Educational Events
Marketing/Sales Events
Managing Materials
Promotional Items and Food
Provider Settings
Permission to Contact

Must Do:
• Complete and pass the Events Basic test for the applicable plan year prior to reporting and conducting any event.
• Market only health care related products during any Medicare Advantage (MA) or Prescription Drug Plans (PDP) sales activity or presentation.
• Explain Medicare eligibility requirements, Election Periods, effective date selection, and conduct a thorough needs assessment prior to enrolling a consumer
• Provide the consumer with an Enrollment Guide and agent contact information at the time of enrollment.
• Look up the consumer’s current providers in the provider directory and review network limitations and provider referral requirements.

Must NOT Do:
• Solicit or accept an enrollment application outside of a valid Election Period.
• Enroll a consumer in a plan if he/she has better benefits with their current health plan unless the consumer insists on enrolling.
• Leave an event prior to the reported end time.
• Discuss plan options that were not agreed to by the consumer in advance on the Scope of Appointment (SOA), sales event signage, or promotional notification.
Marketing Materials

When offering UnitedHealthcare products, it is important to use approved and compliant materials, including advertisements, flyers, business cards, plan presentations, sign-in sheets, enrollment materials, and lead or business reply cards. Follow these basic guidelines when using materials:

**Must Do:**
- Use marketing materials that are approved by UnitedHealthcare and the applicable regulator (e.g., CMS for federal products and the state/AARP for AARP Medicare Supplement Insurance Plans).
- Use materials approved for the current plan year and as they were approved to be used (e.g., a flyer must not be used as a newspaper ad).
- Agent-created materials must be generic (i.e. not contain any UnitedHealthcare brand, trademark, service mark, logo, and/or domain name) and must include any required disclaimers.
- When using materials from the UnitedHealthcare Toolkit, only personalize and customize to the extent permitted in the toolkit.

**Must NOT Do:**
- Use unapproved marketing materials. (Pre-approved materials are located in the UnitedHealthcare Toolkit.)
- Modify approved materials in any way, including changing font size, reducing document size, adding your own company logo, highlighting, underlining, obscuring text, or affixing a sticker or label.
- Use materials in a manner other than how it was approved. For example, an approved flyer must not be used as a newspaper ad and an excerpt of a flyer must not be used to create a poster.
- Create your own marketing materials that include any plan name, benefit or cost information.
- Ask consumers any health-related or health-screening questions on generic, agent-created materials.
- Use color schemes and/or words on a business card, business or website domain name, or agent-created materials that might lead a consumer to believe you represent Medicare or another government agency.
Promotional Items and Food

May Do:
- Offer giveaways at educational and marketing/sales events provided the value of the giveaway combined with any food items does not exceed the per person maximum nominal retail value of $15.
- Offer meals at educational events provided the value when combined with other giveaways does not exceed the per person maximum nominal retail value of $15.
- Offer refreshments at marketing/sales events provided the items, when bundled, do not constitute a meal and the value when combined with other giveaways does not exceed the per person maximum nominal retail value of $15.

Must Do:
- Include on all advertisements and explanatory materials promoting a gift/giveaway that there is no obligation to enroll in the plan

Must NOT Do:
- Provide gift cards, gift certificates, or cash giveaways.
- Conduct a Marketing/Sales event one hour prior or after a meal is served.
**Provider Settings**

Agents must ensure that contracted providers are aware of their responsibility to remain neutral and not recommend specific plans or plan sponsors. There are a number of guidelines that apply when marketing in a health-care setting.

**May Do:**

- Agents may schedule appointments with consumers residing in a residential health care facility upon request of the consumer.
- Agents may market (e.g., conduct a formal or informal marketing/sales event) in common areas of health care settings (such as hospital or clinic conference rooms, community or recreational rooms)
- Providers may direct their patients to www.Medicare.gov to compare health plans.

**Must NOT Do:**

- Agents must not market in a waiting room or an area where patients are waiting to receive care.
- Agents must not request providers to participate in marketing on behalf of the plan or an agent, such as:
  - Offer sales/appointment forms
  - Gather lead or business reply cards
- Agents must not use patient lists from providers for the purpose of solicitation.
- Providers must not mail marketing materials on the agent’s behalf.
- Providers must not make telephone calls or steer their patients, in any way, to a limited number of plans.
Permission to Contact

**May Do:**

- Telephone a consumer who requested a return call (e.g., inbound call request made through a plan customer service representative).*
- Contact a consumer who submitted a compliant Business Reply Card (BRC) or on-line contact form; however, telephonic contact is prohibited if the consumer did not provide a telephone number or the telephone number provided is invalid.*
- Contact a consumer who scheduled a marketing appointment and submitted a Scope of Appointment form to confirm the appointment.
- Follow up with a consumer who requested an Enrollment Guide either in-person at a marketing/sales event, on-line, telephonically, or by BRC (Note: PTC must be obtained at the time the guide was requested).*
- Contact UnitedHealthcare members for whom they are the member's Agent of Record (AOR) to discuss the member’s current needs and schedule an appointment.
- Only call an existing UnitedHealthcare member, for whom the agent is not the member’s AOR, if UnitedHealthcare has specifically delegated PTC to the agent. Refer to the Agent Guide for details.
- Contact their current clients from another business relationship with whom they have a current, active contract or business relationship in other products (e.g., the consumer is a current in-force life, homeowners, or dental insurance policy client of the agent). Agents should be prepared to provide proof that the consumer was a current client at the time they contacted them to market a UnitedHealthcare Medicare Solutions product.

* Contact is always limited to the products identified in the PTC.

**Must Do:**

- Request and document permission to contact (in bConnected if available to the agent) and PTC documentation (e.g., lead source/business reply card) must be retained and available to UnitedHealthcare upon request for the remainder of the selling year plus ten additional years.
- Understand that the prohibited activity of cold calling also applies to emails and texting.
- Comply with HIPAA. (See details provided later in this module.)
- Comply with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) requirements.
- Comply with federal and state "Do Not Call" lists and state calling hour rules.

**Must NOT Do:**

- Approach a consumer in a common area such as a parking lot, hallway, lobby, or sidewalk.
- Deposit marketing material (e.g., flyer, door hanger, leaflet) outside a residence, under a door to a residence, on a vehicle, or similar.
• Telephone, text, or email a consumer whose contact information was not compliantly obtained.
• Telephone, text, or email a consumer who attended a marketing/sales to whom marketing material was mailed, even if the consumer requested the material, unless the consumer gave permission for a follow-up call and the PTC was documented.
• Use contact information obtained from bConnected for a consumer with whom the agent does not have a relationship unless UnitedHealthcare has delegated PTC and authorized an outbound call as part of a marketing campaign.
• Use contact information provided by UnitedHealthcare to market non-UnitedHealthcare products, including non-health related products.
• Engage in any “bait-and-switch” tactics, i.e. marketing a product that does not require PTC in order to convert the marketing effort to a product that does require PTC. For example, marketing a non-UnitedHealthcare Medicare Supplement Insurance plan through cold calling, text, email, or door-to-door and then converting the marketing effort to any UnitedHealthcare Medicare Solutions product including Medicare Supplement Insurance plans.
• Engage in any “warm transfers” to or from an individual that is not credentialed to offer a specific UnitedHealthcare Medicare Solutions product. For example, a disability attorney warm transfers a client to an agent that offers Dual Special Needs Plans or a Medicare Supplement Insurance agent warm transfers a client to an agent that offers Prescription Drug Plans.
• Contact a former member who voluntarily disenrolled or a current member in the process of voluntarily disenrolling to market a product or plan or to dissuade them from disenrolling to retain their membership. In addition, an agent must not ask a disenrolling member for PTC to market plans in the future.

12.2 Case Study

2018 Ethics and Compliance
Sales Ethics
Case Study
Read the following case study and answer the question that follows.

Lucy is ready to go to her first appointment. She meets with Mr. and Mrs. Hayes to discuss Medicare Advantage and Prescription Drug Plans. When Lucy first meets Mr. Hayes, she notices that he is wearing a hearing aid. Lucy spreads out all of her presentation materials on the coffee table, including the Clarity workbook and Enrollment Guide. This conversation takes place:

[Image of a case study scenario]

6-19-2017 | Confidential property of UnitedHealth Group. For Agent use only. Not intended for use as marketing materials for the general public. Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.
Sales Ethics
Case Study

Read the following case study and answer the question that follows.

"Hello Mr. and Mrs. Hayes, I'm Lucy. I'm meeting with you to talk about UnitedHealthcare Medicare Advantage and Prescription Drug Plans."

Lucy conducts a needs assessment to determine the plan that is a good fit for the consumer's needs and says:

"I think you would probably be well-suited for..."

Lucy continues her presentation and explains all the advantages of this plan.
Couple - 1 (Slide Layer)

2018 Ethics and Compliance

Sales Ethics
Case Study

Read the following case study and answer the question that follows.

Mrs. Hayes: “This sounds good.”

Mr. Hayes: “Right, this plan sounds great. Everything you talked about was positive - are there any limitations?”

12.3 Case Study Question

2018 Ethics and Compliance

Sales Ethics
Case Study Question

Answer the following question. When you are done, click Submit.

At this point of the conversation, what should Lucy do?

- Lucy should continue her presentation and ignore the question.
- Lucy should ask if Mr. Hayes wants her to repeat anything or point out the information in the Clarity workbook or Enrollment Guide that he could read. Further, she should explain the limitations that he asked about.
- Lucy should tell Mr. and Mrs. Hayes there are no limitations to this plan.

Check
Feedback

13. Wrap-Up

13.1 Wrap Up
14. Resources

14.1 Resources

Resources and Reference Materials

Many resources and reference materials are available on Jarvis to supplement your training:

- Agent Guide
- Agent Hosted Events
- Election Period Booklet
- Enrollment Handbook
- Rally Provider Search Job Aid
- Rally Best Practices
- Sales Policy Job Aids:
  - Enrollment Handbook
  - Formal Marketing-Sales Events
  - Marketing and Generic Materials
  - Scope of Appointment Job Aid

Click here to access the CMS FWA course.
Click here to access Jarvis.
Click here to access a PDF of this course.

In addition, you may find the following links helpful:

CMS.gov
Medicare.gov
MedicareMadeClear.com

6-19-2017
Confidential property of UnitedHealth Group. For agent use only. Not intended for use as marketing materials for the general public.
Do not distribute, reproduce, edit or delete any portion without express permission of UnitedHealth Group.

15. Navigation

15.1 Navigation

Navigation

Click a menu item on the left to navigate to a topic.

Use the tabs at the top to review resources and navigation.

Click the "stars" icon to review steps to take or avoid in order to perform compliantly during the sales process. This will help you in supporting the plan’s Star Ratings.

Click the magnifying glass to increase the size of an image; click again to close the image.

Click PREV to return to the previous page. Click NEXT to move to the next page.