

An Agent's Guide to Compliance Changes for AEP '24

Humana.

An Agent's Guide to Compliance Changes for AEP '24

And how you can weave them into your workflow



Build trust



of consumers have no confidence in big organizations.¹ Consumer trust in the healthcare industry fell by 7% between 2022 and 2023.²



Compliance

helps set you apart as a trustworthy, consumer-first licensed sales agent.

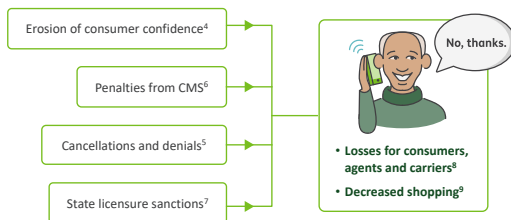


About 1/3

of Medicare Advantage (MA) beneficiaries agree that "there are too many untrustworthy people trying to sell Medicare insurance."³

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Impacts of non-compliance



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Marketing as defined by CMS



Agent tip: Any material or activity distributed by any means that mentions any benefit will be considered marketing.



Marketing definition

Content that mentions any type of benefit covered by a plan and is intended to:

1. Draw a beneficiary's attention to a plan or plans
2. Influence a beneficiary's decision-making process when selecting a plan
3. Influence a beneficiary's decision to stay enrolled in a plan (retention-based marketing)



Content standard

Content that says beneficiaries can receive plan benefits or a certain benefit structure.

Examples (including, but not limited to):

- Dental, vision, hearing services
- Cost savings
- Cost sharing

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Scope of appointment

The 48-hour rule or "waiting period" is back

- Firm 48-hour rule on scope of appointment (SOA)
- SOAs are now valid for 12 months

Exceptions:

- Last 4 days of an election period
- Walk-ins and inbound calls initiated by the beneficiary or member

How to work the 48-hour rule into your enrollment practices



Calendar reminders



Set sales appointment 48 hours from signing

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Changes to TPMO disclaimer



- Must include TPMO disclaimer on all marketing materials (print or electronic) and within first minute of audio script or call.
- The disclaimer must be specific to the beneficiary's service area.

If you don't sell all MA and/or Part D plans within a service area:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

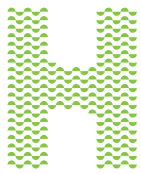
If you sell all MA and/or Part D plans within a service area:

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.

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Watch the full webinar [here](#).



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Effect of plan changes on current coverage



Explain impact of enrollment changes

Whenever a consumer makes an enrollment decision, you must explain the effect of the choice on their current coverage.

Agent tip

Review any changes in coverage, including, but not limited to:

- Medical and behavioral health coverage
- Supplemental benefits like dental, vision, hearing
- Provider options or referral process changes
- Extra services such as SilverSneakers® or discounts
- Premium, copayment, coinsurance, deductible, in-network and out-of-network costs, cost sharing

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Part D enrollment changes



Who's affected

- Policyholders with coverage under MA and Part D
- Non-Medicare consumers interested in enrolling in those plans



What they can now do

- Use Special Enrollment Periods (SEPs) that align with the Part B general enrollment period
- Potentially enroll in MA and Part D plans when certain life changes occur
- Receive coverage at the beginning of the next month



Examples of SEP-qualifying life changes

- Moving to a new service area
- Losing other insurance coverage



The requirements for every SEP are different. You must confirm that eligibility requirements are met and that you are using the correct election period code.

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2023 Final Rule compliance checklist

- ☐ Explained effect of plan changes on current coverage
- ☐ Followed all marketing and communication regulations
- ☐ Checked whether consumer is eligible for MA or Part D SEP
- ☐ Shared disclaimers concerning 1-800-MEDICARE, SHIP and all MA plan certifications for your market in all Telebrokerage calls



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Top reasons for cancellations and denials



Application denied by CMS



Prefers/enrolled in another Humana plan or non-Humana plan



Outside of service area



Enrolled via separate application

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How to prevent cancellations and denials



Confirm Medicare/Medicaid eligibility



Use the correct election period code



Encourage member to contact agent directly if they are interested in another plan

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Tools for reducing cancellations



MARx

Validate MBI, A/B dates, eligibility requirements for use of certain election codes, etc. Check if quarterly SEP for dual-eligibility has already been used.



Medicaid eligibility tool

Use if plan of interest is DE-SNP. Cross-reference results against the 'To Be Eligible' section of the Summary of Benefits.



DMS-024 Medicare Election Periods

Validate usage/plan enrollment requirements of the election period. Quarterly DE SEP is only available Q1-Q3 and cannot be used during Q4.

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