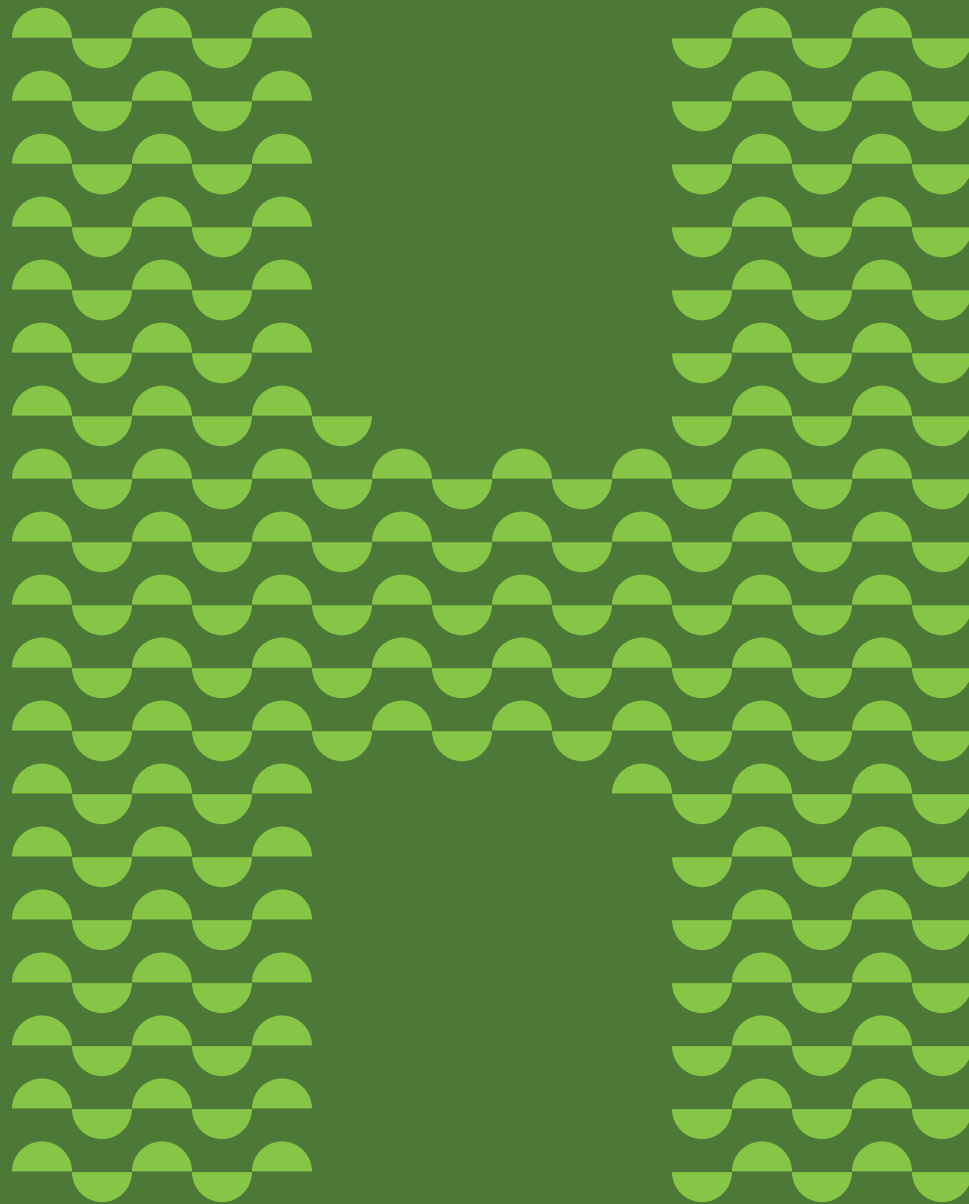


Humana's 2021 Dual Eligible Special Needs Plans (DSNPs) Guide


How to Grow Your Book While Doing More Good



Humana[®]

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An introduction to this guide

Welcome to Humana's 2021 Dual Eligible Special Needs Plan (DSNP) Guide! Kudos to you for taking the time and energy to educate yourself and learn more about these potentially life-changing plans that can help Humana members live healthier and happier lives. Thanks to Agents like you, our members have the support and resources they need to choose the plans that meet their needs. Your efforts help us put human care into action each and every day. You go above and beyond for your clients and our members—that's healthcare's superpower, people coming together who say they care and prove it too.

Throughout the guide, we've added links to other helpful resources. We've also included video and audio content when available to help you learn in the method that works best for you. Peruse. Explore. Bop around. And, if you're the downloading type, go ahead and save this to your device for future reference. Now let's get down to business.





SECTION 1

Medicaid 101

As a licensed Medicare sales Agent, you probably know Medicare like the back of your hand. But Medicare isn't the only government healthcare program in town. There's also Medicaid. Medicaid got its start alongside Medicare and was signed into law at the same time in 1965. As of July 2020, Medicaid covers 76.5 million Americans.¹ An estimated 12.2 million people are eligible for both Medicare and Medicaid.²

Medicaid provides health coverage for people with low incomes. Unlike Medicare, there are no age limits. In fact, Medicaid covers people as young as infants as well as adults, elderly adults and people with disabilities.

Whereas Medicare is funded and administered entirely by the federal government, Medicaid is jointly funded by the federal government and individual state governments. State governments manage their own Medicaid programs according to federal guidelines. This means that Medicaid eligibility and benefits may vary from state to state.

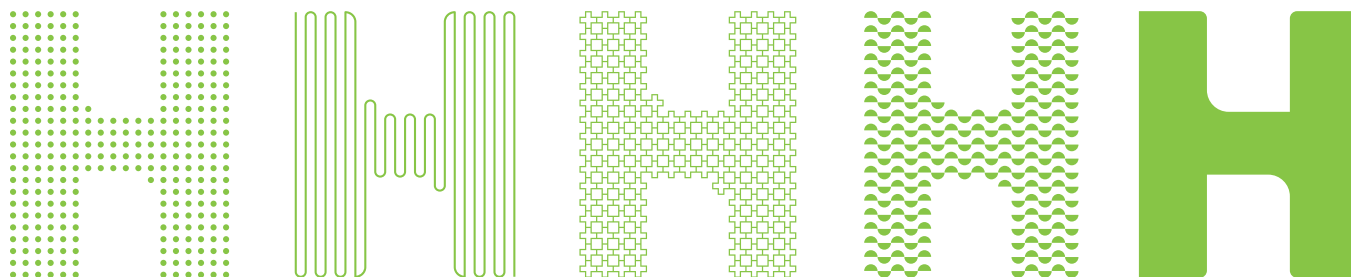
However, there are mandatory benefits that all states must provide as part of Medicaid. It's in the optional benefits that you see differences from state to state. The chart below shows some of Medicaid's mandatory and supplemental benefits from [Medicaid.gov](https://www.Medicaid.gov). For a full list of Medicaid benefits, click [here](#).

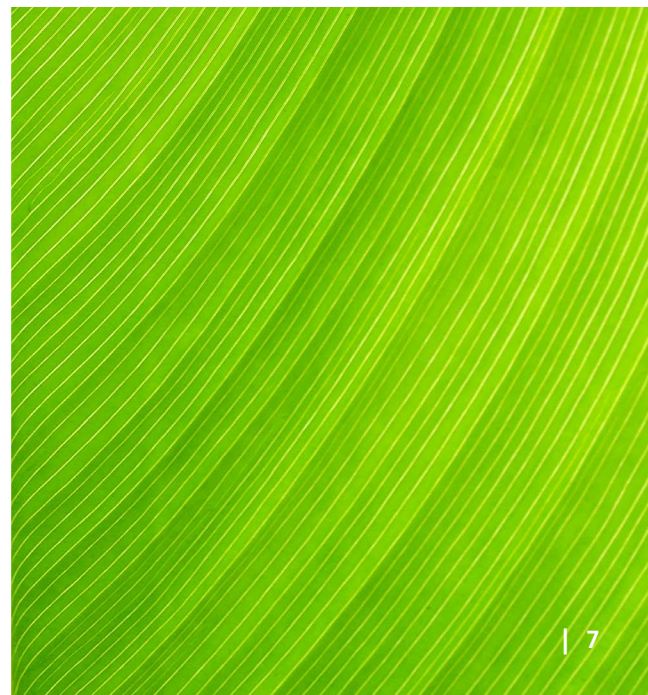
BENEFITS AND SERVICES

MANDATORY	OPTIONAL
<ul style="list-style-type: none"> • In- and out-patient hospital visits • Preventative screenings and diagnostic/treatment • Nursing facility • Home health • Primary care • Rural health clinic • Federally qualified health centers • Labs and X-rays • Transportation to medical care 	<ul style="list-style-type: none"> • Prescription drugs • Physical therapy • Occupational therapy • Respiratory care • Rehabilitative care • Podiatry • Optometry • Dental • Dentures • Eye glasses • Chiropractic care • Other practitioner services • Private nursing duty • Personal care • Hospice • Case management

Let's take a moment to do a quick comparison between Medicaid and Original Medicare.

	MEDICAID	ORIGINAL MEDICARE
ELIGIBILITY	Based on income, can be any age	Based on age (65+) or disability
COVERAGE	Hospital insurance Medical insurance Long-term care May include: <ul style="list-style-type: none"> • Dental • Vision • Prescription drugs • Podiatry • Chiropractic care • Personal care 	Hospital insurance Medical insurance
COSTS	Little to none	Monthly premiums Deductibles Coinsurance
NUMBER OF BENEFICIARIES ACCORDING TO THIS REPORT	76.5 million	62.4 million







SECTION 2

General DSNP foundations

In this section, we'll review DSNP foundational information, starting with the who, what, when, where and why of DSNPs. Let's go!



Who is DSNP eligible: Those who qualify for both Medicare and Medicaid.



What is DSNP: A Medicare Advantage plan from a private insurance carrier that combines the benefits of Medicare and Medicaid into one cohesive plan along with mandatory supplemental benefits (varies by plan and service area) and access to providers who typically do not accept Medicaid.



When can a beneficiary enroll in DSNP:
Eligible beneficiaries can enroll in a DSNP Medicare Advantage plan once per calendar quarter from January through September. They may also enroll during the Annual Enrollment Period (AEP) from October 15–December 7.



Where are DSNPs available: It varies by carrier from state to state.



Why do DSNPs matter: DSNPs can help people access better healthcare while helping them improve their health.



SECTION 3

Humana DSNP basics

Humana continues to expand its DSNP offerings nationwide. Here's how we've expanded DSNPs in 2021:



20% MORE
counties³



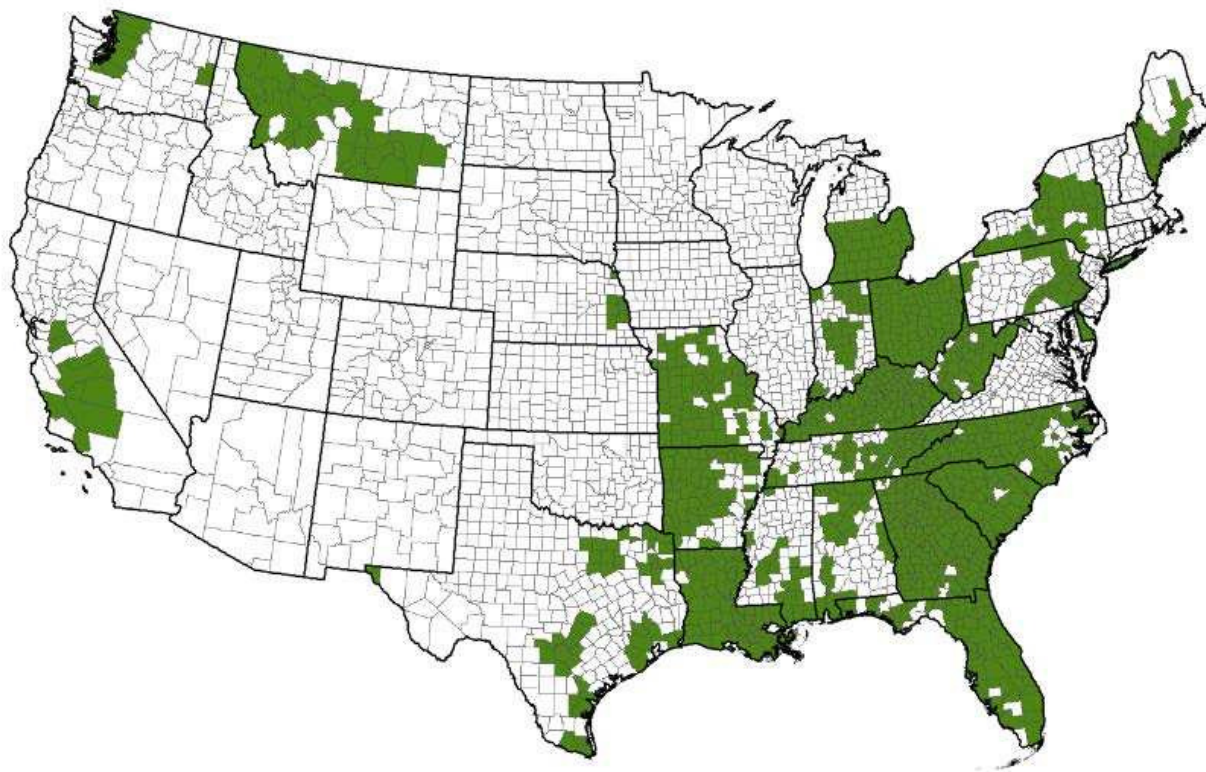
89 PLANS

in 26 states³



400,000+ members have the **Healthy Foods Card** benefit⁴

This map shows where Humana offers DSNPs.



Benefits that make a difference.

Humana's mandatory supplemental benefits (which vary by plan and service area) may include:

[Healthy Foods Card](#)

Hearing coverage

Transportation

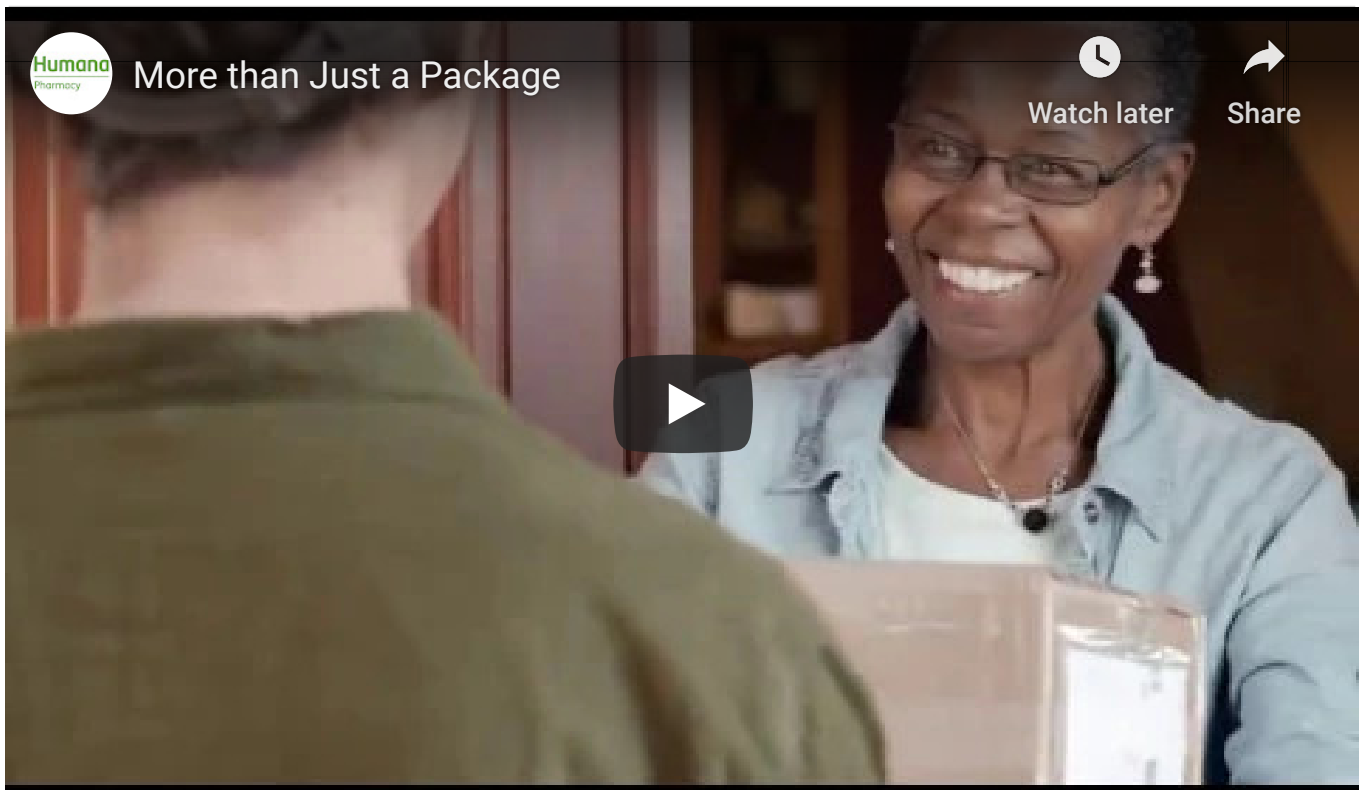
Over-the-counter (OTC) allowance

Dental coverage

SilverSneakers®

Vision coverage

Go365



Learn how members can use their OTC allowance at [Humana Pharmacy](#), the only place members can use their OTC allowance.



Learn about Humana member Joann's SilverSneakers story.



Get the scoop on Go365.



Making health insurance accessible.

Humana's low- and zero-dollar premiums help members get the healthcare they need at affordable costs. No-cost copays for preventive care and transportation plus allowances for OTC products, groceries and eyeglasses make managing healthcare costs all year long easier (benefits and allowances vary by plan and service area).

Care that's coordinated.

Humana's DSNPs offer a model of care based on coordination. Humana offers a care team complete with registered nurses, social services and health educators to help members manage complex and chronic conditions.

According to Humana's most recent Value-Based Care Report, two-thirds of Medicare Advantage members are assigned to primary care physicians with value-based agreements, which are payment agreements that reward providers for the quality of care and health outcomes of patients rather than the number of services provided. Benefits of value-based care include:

- Greater transparency⁵
- Increased collaboration between payers and providers⁵
- Better patient outcomes:⁵
 - Greater adherence to hypertension and diabetes medications than those in non-value-based arrangements⁵
 - Higher rates of preventative screenings, fewer emergency room and hospital admissions⁵

Turn to First Look.

First Look is your destination for market-level plan highlights and details.

[VIEW HUMANA PLANS](#)







SECTION 4

The lowdown on Low-Income Subsidy (LIS) or Extra Help

Low-Income Subsidy or LIS, which is sometimes referred to as Extra Help, is a federal program administered by the Social Security Administration and Medicare to help people with low incomes and resources pay for their Part D costs. Beneficiaries can be auto-enrolled in LIS by Medicare or they can apply through Social Security in one of three ways:

1. [SocialSecurity.Gov/ExtraHelp](https://www.ssa.gov/extrahelp)
2. Toll-free at 1-800-772-1213 or TTY number at 1-877-486-2048
3. At a local Social Security office

Beneficiaries should have these documents on hand when applying:



- Social Security card
- Bank and investment account statements
- Tax returns
- Payroll stubs
- Most recent benefit letter/statement

LIS eligibility thresholds.

An LIS applicant must have income and assets at or below a certain level to qualify. All who qualify must have Original Medicare Part A and B and reside in one of the 50 states or the District of Columbia.

LIS LEVEL	MARITAL STATUS	2021 LIS RESOURCE LIMIT ⁶
FULL SUBSIDY	Single	\$7,970
	Married	\$11,960
PARTIAL SUBSIDY	Single	\$13,290
	Married	\$29,520

WHAT COUNTS AS A RESOURCE	WHAT DOESN'T COUNT AS A RESOURCE
<ul style="list-style-type: none"> • Bank accounts • Stocks • Bonds • Liquid resources that can be readily converted to cash in 20 days • Real estate that is not the beneficiary's primary residence 	<ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP) benefits • Home-energy assistance • Earned-income tax credits • Primary residence • Vehicle • Furniture • Personal possessions • Life insurance policies

LIS Special Enrollment Period (SEP).

Individuals who have LIS are allowed to switch plans once per calendar quarter from January–September similar to those who are Dual-Eligible.

LIS eligibility does not mean DSNP eligibility.

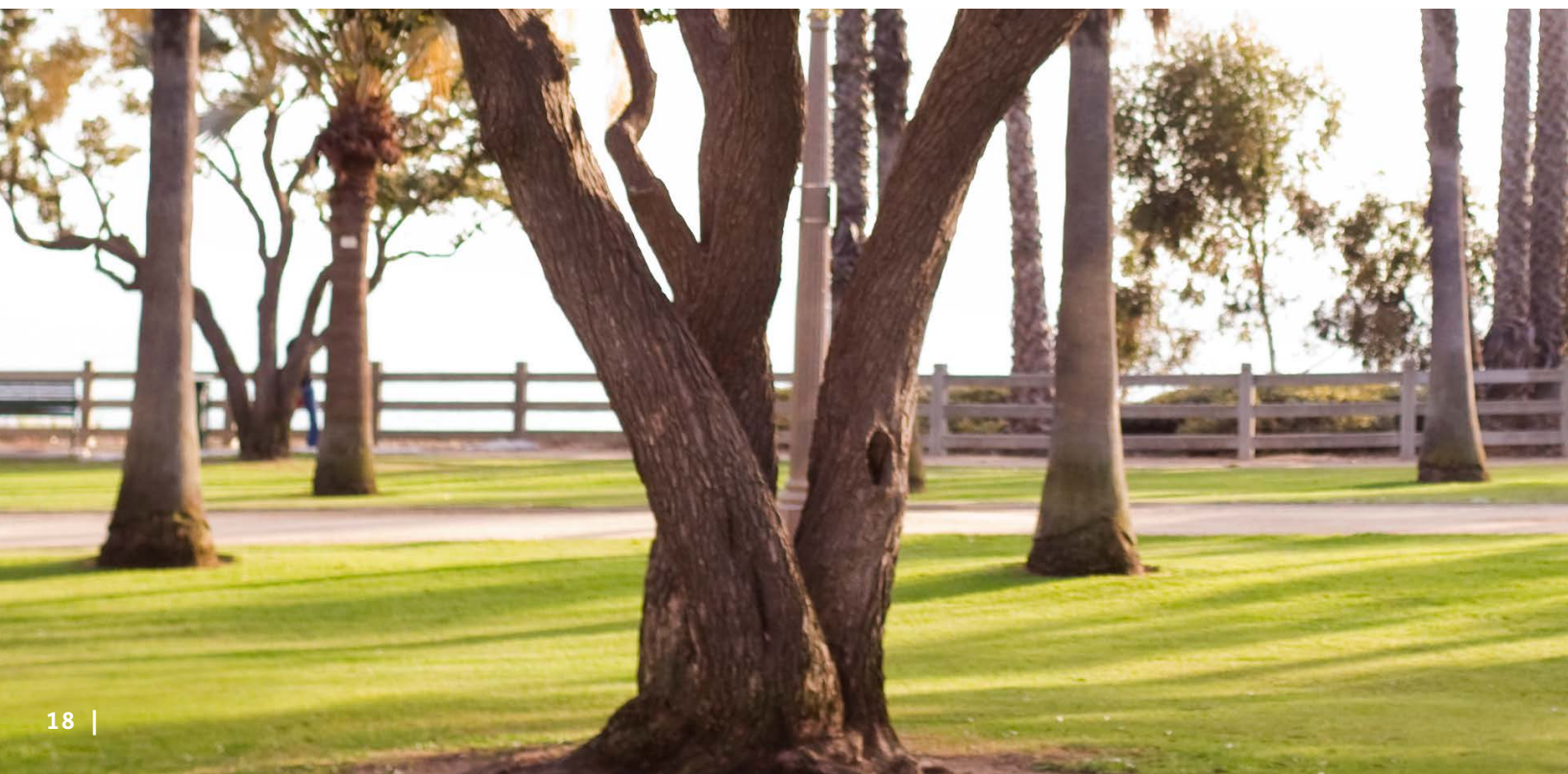
Those who qualify for the Medicare Savings Program (certain levels of Medicaid benefits) automatically qualify for LIS; however, having LIS does not automatically qualify a beneficiary for Medicaid. It's a one-way association rather than a two-way association.

Medicaid → LIS

LIS ≠ Medicaid

Enrollment tips for LIS beneficiaries.

Be sure to review how LIS eligibility impacts monthly premiums for Medicare Advantage plans with Prescription Drug coverage as well as those opting for a stand-alone Prescription Drug Plan.



This chart compares Medicare, Medicaid and LIS.

	MEDICARE	MEDICAID	LIS/EXTRA HELP
WHO IT COVERS	Americans 65+ or disabled and met the 24-month qualifying period.	Those with low incomes, families and children, pregnant women, elderly adults, people with disabilities	Medicare beneficiaries with low incomes
WHO ADMINISTERS IT	Federal government via Centers for Medicare & Medicaid Services (CMS)	Federal government via CMS and individual state governments	Federal government via CMS and Social Security Administration
WHAT IT COVERS	Part A: hospital insurance Part B: medical insurance	Mandatory: hospital, medical and long-term care insurance Optional: prescription drugs, dental, vision, podiatry, chiropractic, personal care and more	Helps pay for Part D costs
WHAT IT COSTS BENEFICIARIES	Monthly premium, deductibles and coinsurance	Little to nothing	Varies, benefits are given on a sliding scale
NUMBER OF BENEFICIARIES COVERED	62.4M ¹	76.5M ¹	13.9M ⁷





SECTION 5

SEP reminders

Those who are Dual Eligible have the opportunity to change plans at certain times of the year and under specific situations. Keep in mind that those who are Dual Eligible can enroll in any Medicare Advantage Plan available in their service area, not just DSNPs. The chart below shows which SEPs to have on your radar for those who are Dual Eligible or who qualify for low-income subsidy.

	SEP FOR DUAL-ELIGIBLE AND OTHER LIS-ELIGIBLE INDIVIDUALS	SEP FOR INDIVIDUALS WHO HAD A GAIN, LOSS OR CHANGE IN THEIR DUAL- OR LIS-ELIGIBILITY STATUS
WHAT IT MEANS	Beneficiaries are allowed to make a change to their plans	Gain: newly eligible for Medicaid/LIS Loss: no longer eligible for Medicaid/LIS Change: Medicaid/LIS benefit level changes
WHEN THE SEP OCCURS	Once per calendar quarter from January–September	Once within three months of the qualifying event or notification of the update (whichever is later)
ELECTION CODE	MDE	MDC for Medicaid NLS for Extra Help/LIS





SECTION 6

How to verify Humana DSNP eligibility

We mentioned earlier that Medicaid beneficiaries can have either full or partial benefits. Some benefits are part of the [Medicare Savings Program](#). This program helps qualifying Medicare beneficiaries pay for Part A and/or Part B costs like premiums, deductibles and coinsurance.

Here are the eligibility levels and benefits by type.⁸

RESOURCE LIMITS ^{9*}					
Eligibility Level	Full Benefit Dual Eligible (FBDE)	Qualified Medicare Beneficiary (QMB)	Specified Low-Income Medicare Beneficiary (SLMB)	Qualifying Individual (QI) Annual application on a first-come, first serve basis	Qualified Disabled and Working Individuals (QDWI)
INDIVIDUAL MONTHLY INCOME / RESOURCES	For those who qualify for the full Medicaid benefits but do not qualify for Medicare Savings Program	\$1,084 / \$7,860	\$1,296 / \$7,860	\$1,456 / \$7,860	\$4,339 / \$4,000
MARRIED MONTHLY INCOME / RESOURCES		\$1,457 / \$11,800	\$1,744 / \$11,800	\$1,960 / \$11,800	\$5,833 / \$6,000
WHAT MEDICARE COSTS IT HELPS COVER	Part B premiums Part A and B cost-sharing varies by state	Part A premiums Part B premiums Deductibles Coinsurance Copays	Part B premiums	Part B premiums	Part A premiums
PART OF MEDICARE SAVINGS PROGRAM?	No	Yes	Yes	Yes	Yes

^{*}Limits are slightly higher in HI and AK, and those who have income from working may qualify for benefits even if income is higher. CMS may increase these amounts each year. If your client's income and resources are slightly higher, they should still apply.

Humana's three DSNP qualifications:

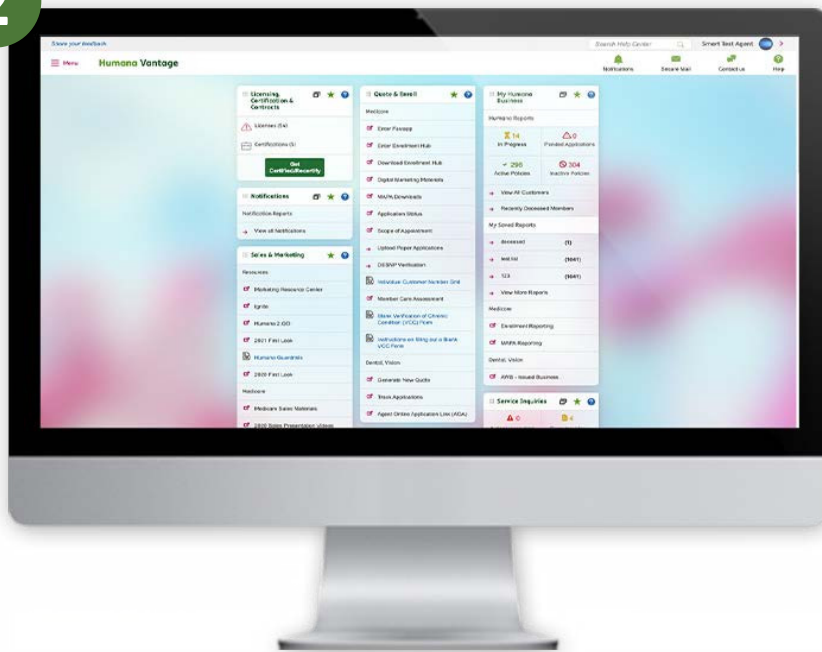
1. Must be eligible for Medicare and Medicaid.
2. Must belong to the dual-eligible category eligible for the plan (e.g., FBDE, QMB, SLMB, QI, QDWI).
3. Must live in the plan's service area.

Demystify DSNP eligibility with Humana's online tool.

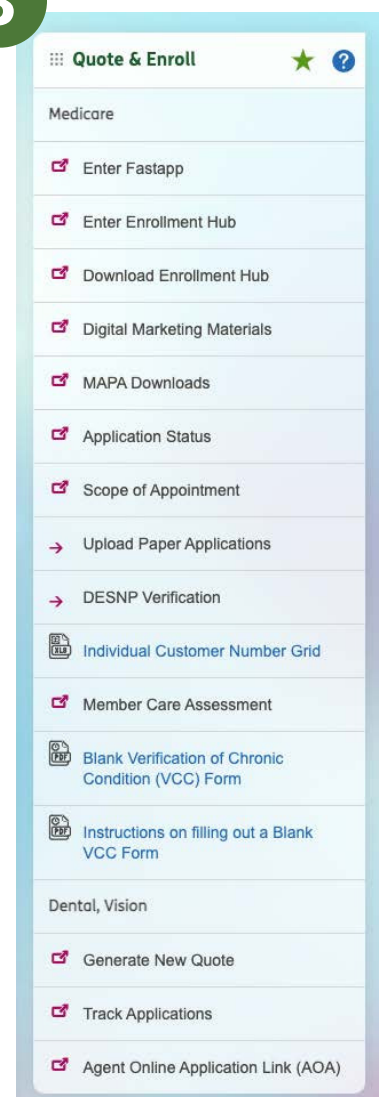
Humana's DSNP Verification Tool removes the guesswork when it comes to confirming a client or prospect's DSNP eligibility. Here's how you use the tool:

1. You must be licensed, certified and contracted to use the tool.
2. Login to [Vantage](#).
3. Access the DSNP Verification Tool from the Quote & Enroll card.
4. You must ask the prospect's permission to use the tool before checking eligibility: "All Medicaid eligibility is based on information provided today and is subject to change. As required by CMS, our enrollment team makes the final determination based on the information provided on the submitted enrollment form. Do I have your permission to look up your Medicaid status to determine if you are eligible for our Dual Eligible Special Needs Plan?"
5. Complete the form. You'll need the client's Medicaid ID number.
6. Confirm eligibility.
 - If the client is not eligible: Agents will see a message that says: "Not Eligible. Can't locate member in the State's program. Please contact Agent Support at 1-800-309-3163 for further validation if needed."
 - If the client is eligible: Agents will see "Eligible" as the status as well as the level of eligibility.
 - Click on the DE-SNP Plan Eligibility Guide to view the plans Humana offers in their area.
 - Review all available plan options based on the prospect's eligibility. Help them select the plan that best fits their unique needs.

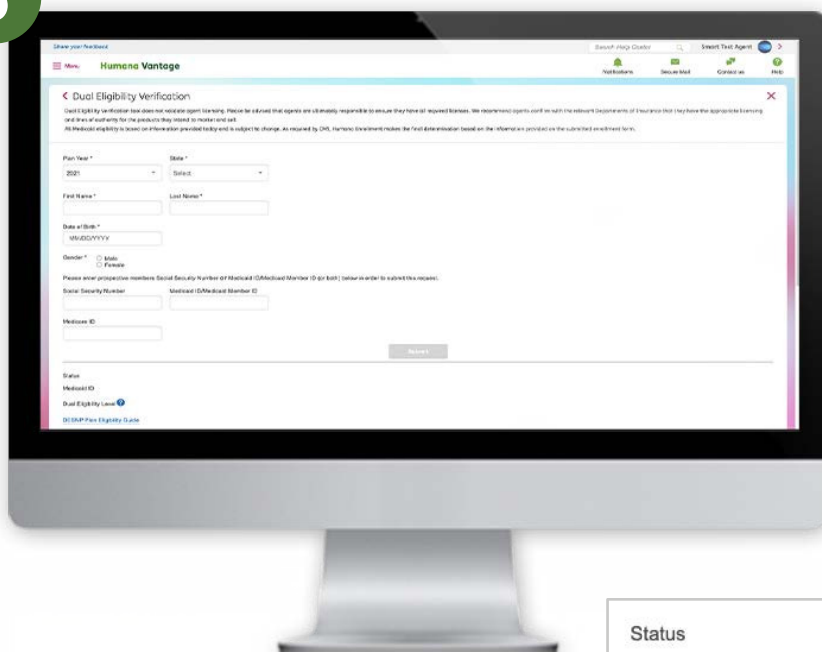
2



3



5



Status

Medicaid ID

Dual Eligibility Level ?

[DESNP Plan Eligibility Guide](#)

Dual Eligibility Level Descriptions

Qualified Medicare Beneficiary (QMB)
 Qualified Medicare Beneficiary with Comprehensive Medicaid Benefits (QMB+)
 Specified Low-Income Medicare Beneficiary (SLMB)
 Specified Low-Income Medicare Beneficiary with Comprehensive Medicaid Benefits (SLMB+)
 Qualified Individual
 Qualified Disabled and Working Individual
 Full Benefit Dual Eligible (FBDE)



SECTION 7

Humana's online DSNP enrollment tools

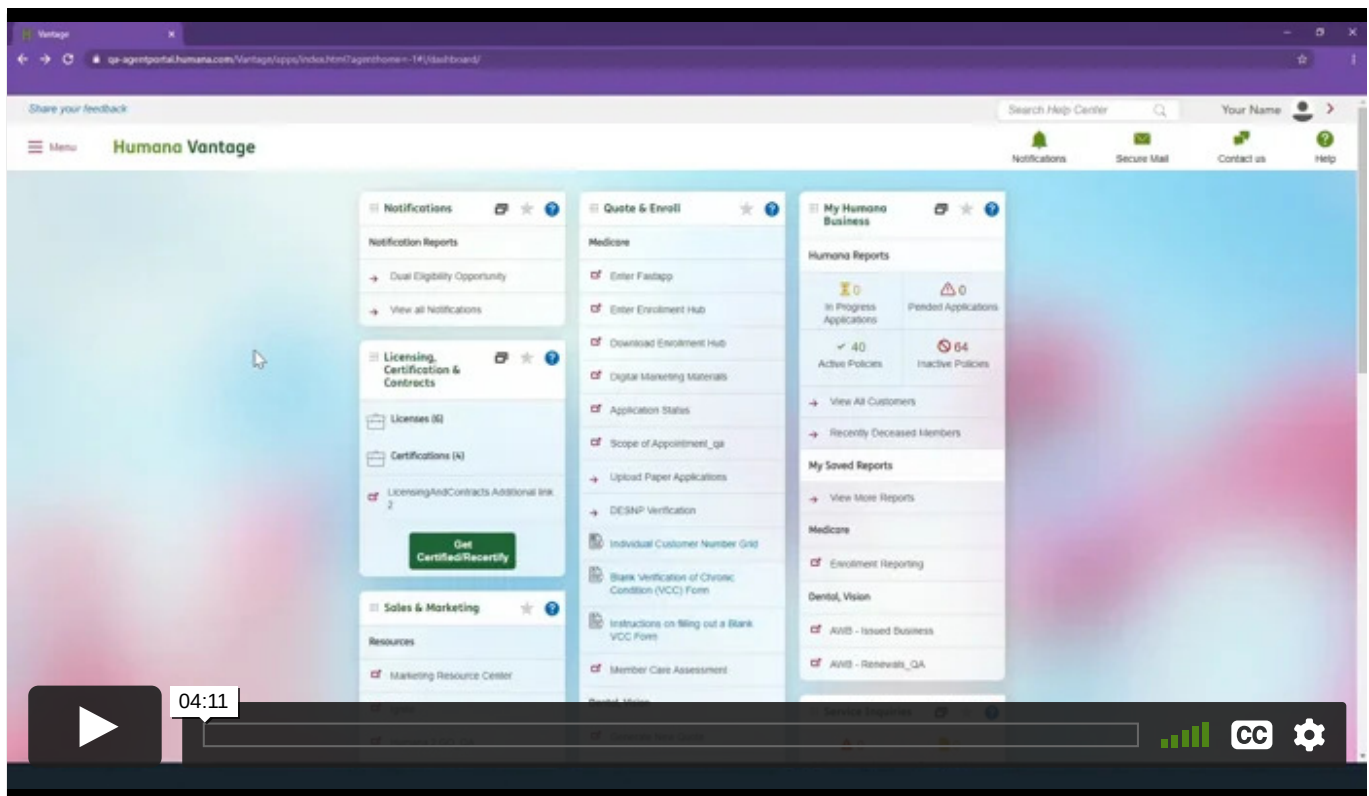
Online enrollment tools have the power to help you and your clients. To start, going paperless can improve accessibility. You'll be able to see an application status in real time and provide your clients with updates and keep them posted of any bumps in the road. You won't have to worry about losing or misplacing forms or mixing them up because everything's stored for you online. Online enrollment can save you precious time by not having to fill out the same information over and over again, which means you're less likely to make mistakes.

Signature options for remote appointments.

Humana's made it easier for you to enroll clients remotely with telephonic and electronic signature options for Scope of Appointments (SOA) and enrollment applications.

Tools to know.

DIGITAL MARKETING MATERIALS



Learn how to use this tool before—and after—sales appointments in this four-minute video.

Here's what else you need to know. Digital Marketing Materials now offers:



End-to-end Spanish experience.



DSNP audience-specific content.

ENROLLMENT HUB

The [Enrollment Hub](#)'s end-to-end workflow lets you complete everything for virtual appointments in a single tool: SOA, [Rx Calculator](#) and [Find a Doctor tool](#) integration plus Medicare Advantage plan enrollment, including DSNP. The prefilled CMS data reduces pending applications, making the enrollment process faster, more accurate and more efficient. Use it in the Google Chrome browser for the best experience. Recent updates include:

- Electronic or telephonic SOA.
- Electronic signature for all products in English and Spanish.
(except for Group or Individual Dental or Vision Plans)

FIND A DOCTOR



Learn how Humana's Find a Doctor tool with Care Highlight helps you deliver human care in this one-minute video.

Humana's [Find a Doctor tool](#) with [Care Highlight](#) program helps you and your clients find in-network, quality and cost-effective doctors the compliant way. This tool provides you with an intuitive interface that lets you filter results to find a provider that fits your client's needs. With the Care Highlight rating system, you and your clients have access to detailed provider information on clinical quality and cost-efficiency. Learn more by watching this [on-demand webinar](#). Get provider compliance right with this [one-pager](#).

RX CALCULATOR

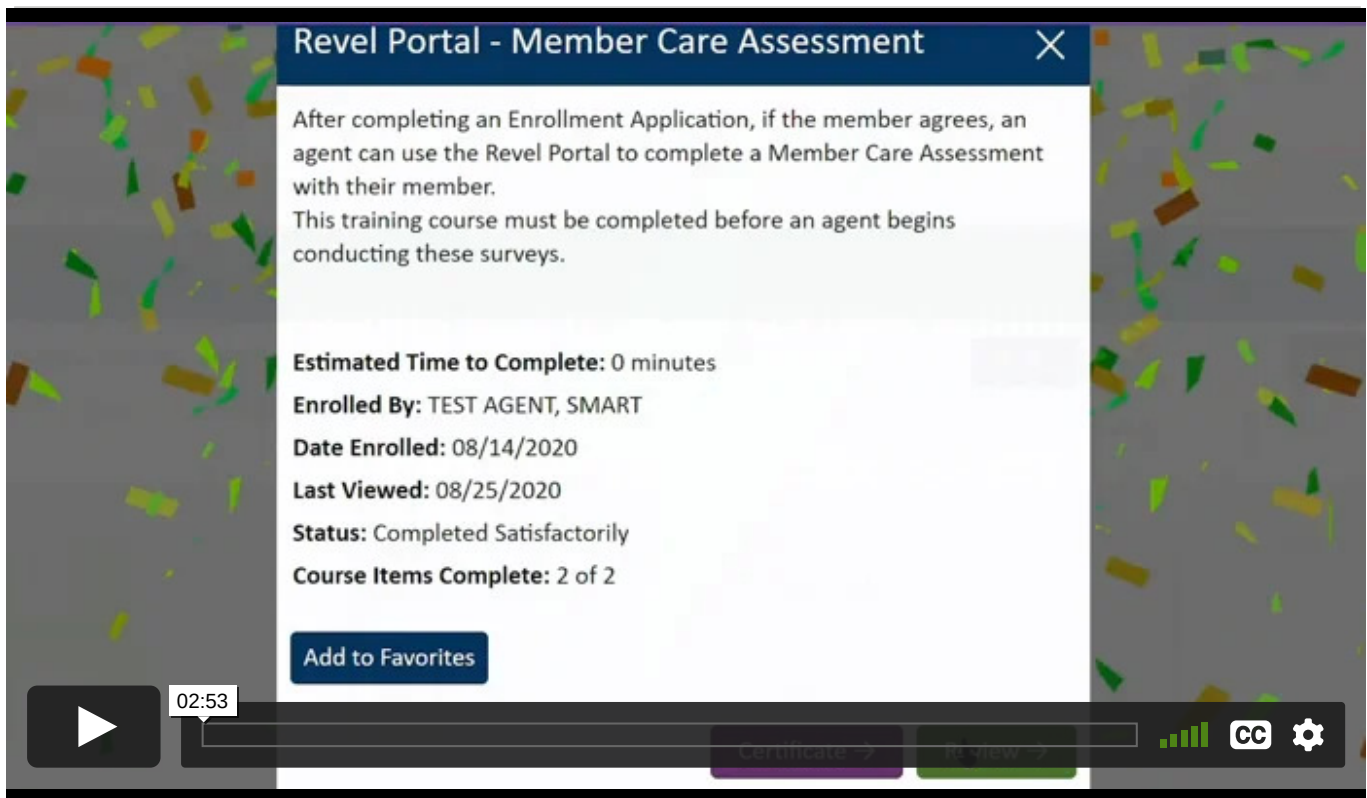
[Rx Calculator](#) crunches the numbers for you so you can look beyond premium costs and understand total costs beyond premiums including deductibles and copays. This tool provides the transparent information your clients need to find plans that fit their needs and budgets. The Blue Button 2.0 integration makes it even easier and faster to ensure clients' prescriptions are covered in their plans.

MARKETING RESOURCE CENTER

Learn how the [Marketing Resource Center](#) (MRC) can save you time and increase leads in this three-minute video.

Medicare marketing could be a full-time job. Humana's MRC makes it easy for you to do more with less time, energy and budget with beautifully designed, compliant marketing materials you can put to use in a few clicks. It's your one-stop shop for all your marketing needs complete with pre-approved, customizable and ready-to-use Humana-branded and agnostic marketing materials on a variety of topics, plans, benefits and campaigns. Get the new news on the latest MRC updates in this [10-minute read](#).

MEMBER CARE ASSESSMENT



Learn how you can do even more good for Humana members in this three-minute video.

Humana's new, optional, post-enrollment questionnaire* for new Humana members helps us create more personalized experiences for members. Our [Member Care Assessment](#) is the latest addition to your [human care](#) toolbox. And it could put some extra cash in your pocket. For every survey you complete with full member consent and CMS validation, you may earn additional compensation.**



***Reminder:** This survey is completely optional for members to complete, and the Agent is not permitted to complete it until enrollment is complete and unless the member states that they wish to do so. The member can choose to stop the survey at any time or choose not to answer a question. At no time should the Agent ask the member to continue if they are uncomfortable with answering any of the questions.

****To receive the payment, the Agent must follow all the requirements outlined in the applicable policies and mandatory training, along with the requirements noted in the Agent's contract.**



DSNP paper-application updates

Maybe you prefer good old-fashioned paper enrollment to online enrollment. Don't worry, we've got you covered. We've rolled out a new DSNP paper application. Here are the updates you need to know:

1. You should only be using this stand-alone application for DSNP.
2. These updates only apply to paper applications.
3. You will need your client's Medicare and Medicaid ID card numbers.
4. Complete the Medicaid ID on page 5 of the application.
5. Submit the application to Humana using this dedicated fax line: **1-877-889-9923**.

Humana®

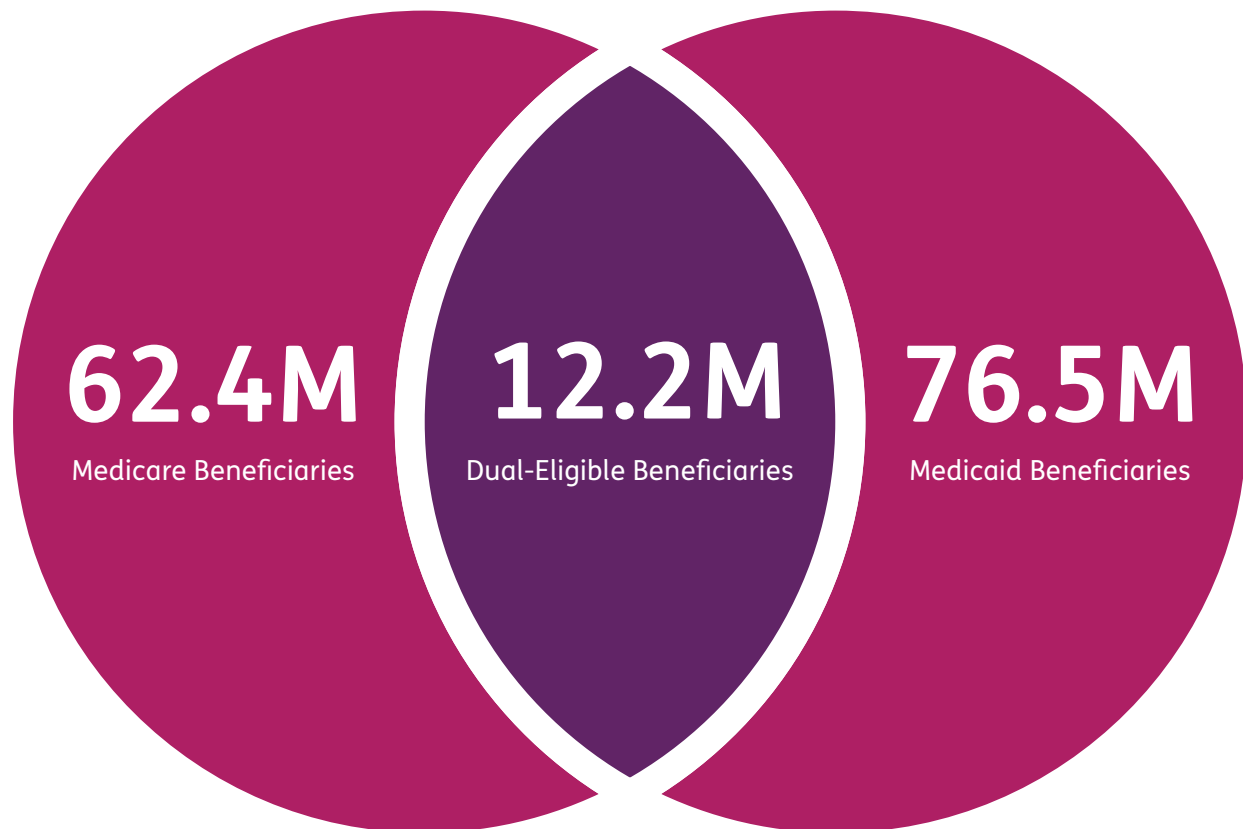


SECTION 8

Understanding the DSNP audience

The DSNP audience is large and growing. A recent study projects that up to 54 percent of middle-income seniors will not have the financial resources they need for housing and healthcare.¹⁰

Here's a visualization of the dual-eligible population as it stands currently.^{1,2}

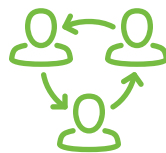


What makes the DSNP audience unique.

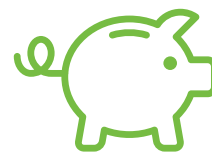
The DSNP audience may face different challenges than the typical Medicare beneficiary related to:



HEALTH SITUATION



SOCIAL DETERMINANTS
OF HEALTH



FIXED INCOME



LEVEL OF CARE NEEDED



ADMINISTRATIVE HURDLES

Let's dive into these topics a bit more.

DSNP AUDIENCES MAY HAVE MORE CHRONIC ILLNESSES AND LONG-TERM NEEDS.

According to CMS, those who have both Medicare and Medicaid experience high rates of chronic and mental illness with many requiring long-term care.¹¹ It's important not to assume anyone's health situation just because they are DSNP eligible. You also don't want to be judgmental. Health is a complex mix of genetics, environment, lifestyle and healthcare. If someone has one or more conditions, treat them with empathy and compassion.

70% have three or more chronic conditions¹¹

41% have at least one mental health diagnosis¹²

49% receive long-term care services and supports¹²

18% self-report they have "poor" health status¹²

HOW SOCIAL DETERMINANTS OF HEALTH IMPACT THE DSNP AUDIENCE.

Social determinants of health are those factors that impact someone's health related to their lifestyle as well as physical and social environments. Humana focuses on four social determinants of health through our [Bold Goal](#) initiative. Here's how we define them:

Food insecurity: a lack of consistent access to enough food for an active, healthy life.¹³

Loneliness: a feeling of sadness or distress that individuals have when they feel disconnected from the world around them.¹⁴

Social isolation: occurs when someone is physically separated from others and doesn't have (or can't access) their desired social connections.¹⁴

Housing: can relate to quality or safety as well as instability and accessibility.¹⁴

Learn more about how you can assess Humana members for social determinants of health and what resources you can provide clients on Humana's [Bold Goal Toolkit](#).



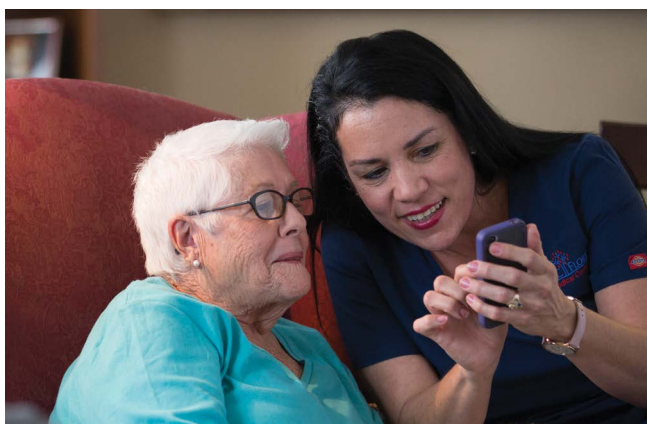
LIVING ON A FIXED INCOME COULD MEAN MAKING TRADE-OFFS.

When money is tight, people may be forced to choose between competing needs like whether to buy groceries or pay the utilities. Whether to buy medications or save that money for bus fare to get to the doctor. These trade-offs may compound at the end of the month, especially if an unexpected expense occurred.

Depending on where a person lives, they may not have easy access to healthcare or healthy foods. When access is scarce, you might hear it referred to as a “desert.” For example, the federal government designates that 80 percent of rural America is medically underserved.¹⁵ These people may have to travel further or work harder just to get to the doctor. In the case of food, some neighborhoods may have lots of food options, but ones that do not offer fresh fruits or vegetables or lean proteins. Some refer to these areas as “food swamps.” These factors may exacerbate transportation limitations and nutrition.

Higher levels of care needed.

Complexity—in health, social and environmental needs—requires more navigation and understanding. And, often, more support and services.¹⁶ Providers and plans offering more integration have the potential to provide more streamlined services under one entity to improve care management overall.¹⁶



More hurdles to hop.

Because the dual-eligible population may be entitled to more government benefits than the typical Medicare beneficiary—Medicaid, LIS, food assistance—they may have to navigate more administrative forms and applications. Because the enrollment process is not automatic¹⁷ and the eligibility rules may be complicated or confusing,¹⁸ they may not know how to apply or even that they are eligible in the first place. It's estimated that 70 percent of people with low incomes have never applied for assistance.¹⁹ They may not realize they may be entitled to benefits until a crisis like a hospitalization occurs or they come in contact with a social worker or licensed insurance Agent.¹⁹ On top of this, some dual-eligible people may feel social stigma for applying for the help they qualify for and need.²⁰



SECTION 9

Marketing to the DSNP audience

The DSNP audience has been referred to by some as the “ultimate word-of-mouth” group. Because of this, you’ll want to focus your marketing and overall communications on key values that reaffirm your experience and helpfulness. You will want to position yourself as someone they can not only trust but also rely on. They want to see you as genuine and truly committed to them and their well-being. You’ll want to communicate in person and through marketing channels in clear, simple language. In short, you will want to be as relationship-driven as possible.



Putting key communications and marketing values to work.

How do you take these key values—authenticity, trust, reliability, simplicity—into action? See and be seen in the community and online. You might think that those with lower incomes aren't online or using digital devices, but think again.

71% of lower-income Americans own a smartphone²¹

69% of lower-income Americans use Facebook²²

26% of lower-income Americans rely solely on their smartphones to go online²¹

Even if a person does not activate a smart device with a phone company, they can still use it in “off” mode by connecting to a WiFi network and using free apps for email and calls.

Developing a multi-channel approach.

When communicating and marketing to any audience, it's best to use multiple channels and strategies to reach them. Repetition and consistency of your key messages will help those messages stick in your audience's minds. You'll want to use a mix of traditional channels (phone, direct mail, advertisements, in-person events) along with digital channels (email, social media and virtual events) to reach more people in more ways. This helps you maximize your efforts and is the communications and marketing equivalent of covering your bases. Remember, what works for one audience member may not work for another and vice versa.

When to use traditional communications channels

	Phone (one-on-one or conference calls)	Direct mail	Face-to-face meetings/events*
Best For	Developing relationships Complicated conversations Discussing private/personal information	Mass communication Sending documents and other important communication	Developing relationships Complicated conversations Discussing general information (group event) Discussing private/personal information (one-on-one meeting only)
Pros	Familiar Easy to use Can do remotely	Reliable Familiar	See nonverbal communication and cues
Cons	No visual cues	Expense	Transportation
Special Considerations	Speak slowly Repeat back what you hear Confirm comprehension Read this article for more tips	Be targeted with what you send	Health and safety For group event: <ul style="list-style-type: none"> • Planning • Public speaking Do not have a discussion of private or personal information in a group setting Get in-person event best practices and tips at Humana MarketPoint University

*When safe to do so per Centers for Disease & Prevention Control, Humana, state and local guidelines.

When to use digital communications channels

	Email	Social Media*	Virtual Event/ Meeting
Best For	Sending documents and/or links Communicating to a group	Deepening connections Attracting new prospects Creating dialogue	Simulating face-to-face meeting Developing relationships Complicated conversations Discussing general information (group event) Discussing private/ personal information (one-on-one meeting only)
Pros	Effective Efficient Can be one-on-one or used for mass communications	Fun Engaging Social Cost-effective	Works for both one-on-one and group meetings Efficient Effective
Cons	Recipient must have email	Must be consistent	Technology barriers for participants: <ul style="list-style-type: none"> • Learning platform • Reliable Internet • Email address
Special Considerations	81% of 60- to 69-year-olds own a smartphone and most use their phones to send and receive email and other messages ²³	Take a deep dive into setting up your Facebook page and best practices with this playbook Facebook is the only approved social media Career Agents may use	Learn about video conference platform options here (Partner Agents only) Discover how to video conference like a pro here

*Only for Agents who have completed the mandatory Social Media Training and agree to adhere to Humana social media policies and the Centers for Medicare & Medicaid Services' Medicare Communications & Marketing Guidelines.

Real-World Example: Healthy Foods Card

The Healthy Foods Card (available on most, but not all, DSNPs) helps members get the food and nutrition they need to live a healthy and active lifestyle. To put it plainly, it's kind of a big deal—for members and for you. The Card breaks down barriers to food access for members. It also makes selling DSNP a little easier as a differentiating benefit. Here's how you can leverage the Card in your DSNP communications and marketing.

PROSPECTS

With prospects, you'll want to focus on three main things: helping people understand the importance of food to overall health, generally educating them about the Healthy Foods Card and showing the difference the Card could make to their lives. Luckily, the MRC has the resources you need to develop a lead-generation focused Healthy Foods Card campaign:

SOCIAL MEDIA POST

DIRECT MAIL PIECE

VIRTUAL EVENT INVITATIONS

THANK YOU CARDS





HERE'S HOW TO PUT THESE TO WORK:

1. Be sure to get up to speed using the [Healthy Foods Card Toolkit](#).
2. **Encourage** prospects to reach out to you directly or complete a Permission to Contact form. When they do, be sure to capture their contact information (phone number, email address and physical address) as well as their preferred contact method (phone, email or mail) and preferred language.
3. **Encourage** prospects to follow you on Facebook (if you have a business page and after you've completed the [mandatory training](#)).
4. **Leverage the MRC** to send Healthy Foods Card flyers and emails to prospects.
5. **Curate content** on your Facebook business page on the importance of food to overall health from reputable sources.
6. **Set up one-on-one calls** with prospects who express interest to discuss which Humana DSNP may be the best fit for their needs.





EXISTING CLIENTS

With existing clients, your focus on the Healthy Foods Card should be more on activation and usage rather than general education. Basically, you'll want to communicate how to use the Card, not just what it is.

Here's how:

1. Be sure to get up to speed using the [Healthy Foods Card Toolkit](#).
2. Capture their contact information (phone number, email address and physical address) as well as their preferred contact method (phone, email or mail) and preferred language.
3. Encourage clients to follow you on Facebook (if you have a business page and after you've completed the mandatory training).
4. Plan a virtual or in-person DSNP member event. Be sure to report any events 10 days in advance to your Sales & Marketing Support Executive (SMSE) or before advertising, whichever comes first.
5. Promote the event using a combination of email, social media posts and direct mail invites from the MRC. Supplement with personal phone call outreach. Don't forget to send materials in the client's preferred language!
6. Host the event.
7. Follow up with event attendees and thank them for coming through thank-you cards in the MRC and thank-you emails.
8. Leverage the MRC to send Healthy Foods Card flyers and emails to clients.
9. Curate content on your Facebook business page on the importance of food to overall health from reputable sources.
10. Set up one-on-one calls with attendees as needed for troubleshooting.

LEVERAGING GRASSROOTS MARKETING AND COMMUNITY ENGAGEMENT.

Grassroots marketing is intended to target a specific audience. It's driven by relationships and community. It strives to spark conversation and build your reputation. It's about getting out in the community and establishing your presence in real, people-driven ways.

What grassroots marketing isn't:

- A quick fix or silver bullet.
- Campaigns for advertising, email, direct mail, etc.
- Leaving stacks marketing materials or business cards somewhere.

GRASSROOTS MARKETING TYPES AND COMPLIANCE.

This chart gives you definitions of each type of grassroots event along with compliance considerations for each. Get the full guidelines from CMS [here](#).

	FORMAL (EDUCATIONAL)	INFORMAL
Definition	<p>Educational Events: designed to inform beneficiaries about MA/PDP or other Medicare programs</p> <p>Marketing/Sales Events: designed to steer or attempt to steer potential enrollees, or the retention of current enrollees, toward a plan or limited set of plans. Only pre-authorized Agents may perform Marketing/Sales Events. Contact your local market leader to learn more</p>	<p>Designed to raise awareness and consideration about Medicare programs</p>
Format	Presenter/audience	Casual/social (walk-up or drop-in)
Where it occurs	<p>In-person in a classroom, meeting room, lobby, etc.</p> <p>Virtually through a video conference platform</p>	<p>In-person at an event or in a venue like a grocery store, market, etc.</p> <p>Virtually through a video conference platform</p>
Event goals	<p>Educate and inform</p> <p>Meet and greet</p>	<p>Meet and greet</p> <p>Generate new leads</p>
Audience	<p>Prospects</p> <p>Existing clients</p>	<p>Prospects</p> <p>Existing clients</p>
Event and compliance dos	<p>Display banners</p> <p>Offer promotional items/light refreshments (under \$15/person)</p> <p>Set up marketing appointments, and distribute business cards/contact information for beneficiaries to initiate contact</p> <p>Must explicitly advertise the event as educational</p> <p>Host in a publicly accessible venue or online platform (Career Agents must use Webex)</p> <p>Report the event to your SMSE 10 days in advance or before advertising, whichever is first</p>	<p>Display banners</p> <p>Offer promotional items/light refreshments (under \$15/person)</p> <p>Set up marketing appointments, and distribute business cards/contact information for beneficiaries to initiate contact</p> <p>Distribute plan-specific materials</p> <p>Collect leads through Permission to Contact forms</p> <p>Report the event to your SMSE 10 days in advance or before advertising, whichever is first</p> <p>Clearly label sign-in sheets as optional</p>
Event and compliance don'ts	<p>Engage in any marketing/sales activities, including a discussion of plan-specific premiums and/ or benefits</p> <p>Distribute or make available marketing materials or enrollment forms</p>	<p>Require beneficiaries to provide any contact information to attend</p> <p>Perform health screenings or other activities that may be perceived as or used for "cherry picking"</p> <p>Serve or subsidized meals</p> <p>Use contact information provided for raffles or drawings for any other purpose</p>

Hosting Grassroots Events

If you plan on hosting a grassroots marketing event in a healthcare setting, there are specific compliance considerations you need to know.

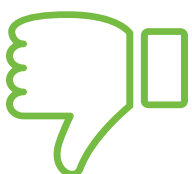


DO:

Market only in permissible common areas, such as: common entryways, vestibules, hospital/nursing home cafeterias or community/recreational/conference rooms.

Practice provider neutrality.

Only accept beneficiary-requested appointments.



DON'T:

Market in areas where patients receive or wait to receive healthcare. Restricted areas generally include, but are not limited to, exam rooms, hospital patient rooms, treatment areas where patients interact with a provider and his/her clinical team and receive treatment (including dialysis treatment facilities), and pharmacy counter areas (where patients interact with pharmacy providers and obtain medications).

Offer SOA forms or enrollment applications through a provider.

“
**Think of
grassroots as
a two-pronged
effort.**

”

Your grassroots efforts will have two targets: consumers and businesses. You may have to first reach out to businesses or organizations before you can reach consumers. For example, if you want to host a table at a grocery store, you'll have to get the store's permission in advance and explain why your presence is as good for them as it is for you. You might discuss how food and health are connected or how you can be a Medicare resource for their customers, which could boost their brand and value. You'll want to approach those who can make decisions, like a general manager or office manager. You may also try approaching a marketing or communications manager.



Potential DSNP grassroots-event locations.

You might try reaching out to these types of organizations for your next DSNP grassroots event:

- Places of worship
- Flea markets
- Thrift stores
- Affordable housing communities
- Senior housing communities
- Libraries
- Grocery stores
- Senior service organizations
- Healthcare providers (value-based care, community health clinics, urgent care)
- Barber shops and/or salons
- Locally owned businesses

Tips for a great grassroots event.

STEP #1: PREPARE EARLY AND GET ORGANIZED.

1. **Order marketing materials** (display banners, brochures, giveaway items, etc.) in advance. The MRC is your go-to grassroots marketing resource.
2. **Get organized.** Put everything in a single spot. Put as much together as possible ahead of time (e.g., forms on clipboards).
3. **Develop a promotion strategy.** Figure out what you're going to do to promote your event, how you'll do it, when you'll send it and to whom.
4. **Know your compliance** dos and don'ts.
5. **Confirm details** like arrival time, set-up, parking, restrooms, etc., with the venue ahead of time and make a game plan for event day.
6. **Know what local health and safety guidelines are.** Follow guidance from the [Centers for Disease & Prevention Control](#) (CDC):
 - Wear a cloth face covering that covers your nose and mouth.
 - Wash your hands frequently.
 - Use hand sanitizer with 60 percent or more alcohol content.
 - Keep a distance of six feet between yourself and others.

STEP #2: PROMOTE EARLY AND OFTEN.

1. **Use a mix** of marketing channels to reach your target audience.
2. **Repeat** key messages across channels.
3. **Use personal compliant outreach** as needed to get prospects and clients to attend.



STEP #3: BE PROFESSIONAL AND POSITIVE.

1. **Arrive early** to give yourself plenty of time to set up and get situated.
We recommend showing up 30–60 minutes early.
2. **Dress for success.** With the DSNP audience, you'll want to be approachable.
Opt for a Humana-branded polo shirt or something similar. Something too formal, like a suit and tie or pant suit, may come across as intimidating.
3. **Be friendly.** Say hello to everyone and smile. Even if you're wearing a mask, other people can see the corners of your eyes crease and your cheeks lift when you smile. They might even hear the smile in your voice too.
4. **Keep it casual.** Rather than go heavy on pitching, ask questions and really listen for how you might be able to help find solutions. You might try listening for statements related to DSNP benefits.
5. **Eat elsewhere.** It's hard to talk with a mouthful of food. Plus, it'll give you a chance to take a quick break if you need it.
6. **Stay alert and on your feet.** Be sure to wear comfy shoes. There are shoe inserts or floor mats that can help make standing more pleasant.
7. **Share helpful information** about yourself and your services. Have a one-minute speech about who you are and what you do.

STEP #4: CAPITALIZE ON YOUR SUCCESS.

1. **Leave everything in tip-top shape.** That means better than when you found it.
Throw away trash and don't leave anything for someone else to clean up.
2. **Thank your host.** Do it in person and again with a follow-up email or hand-written card.
3. **Document and report leads.** Use a Customer Relationship Manager (CRM) to track and manage prospects.
4. **Follow up** with leads in a timely manner. You could start with a follow-up call, email or card to say how nice it was to meet them and how you are eager to help them get the most from a Medicare plan.

Real-World Example: Finding Solutions

When you change your mindset from driving sales to finding solutions, you make healthcare more human. You listen and learn. You present the right solution for that unique individual. Here are some examples:

WHAT PROSPECT SAYS	WHAT YOU CAN SAY
I have a hard time making food stretch, especially at the end of the month.	That must be difficult and stressful. Did you know Humana offers the Healthy Foods Card on certain plans? It's a monthly allowance that helps you pay for groceries. Would this help you?
I need more vitamins but they are just too expensive.	Those costs can really add up fast. Did you know that some Humana plans offer a monthly or quarterly allowance to help you pay for over-the-counter products. Would this make a difference in your situation?
I want to get more active, but the gym is just too pricey.	Moving our bodies is so important to our health. Most Humana plans include SilverSneakers, which gives you access to gyms as well as online classes. Is this something you'd want to learn more about?
It's hard for me to get to and from the doctor. It takes me an hour on the bus.	That must be frustrating. Did you know transportation benefits are included on certain Humana plans. Would it help if someone could pick you up and drop you back off at home every time you needed to see the doctor?
Healthcare is just so confusing. I can't keep everything straight between my doctor, Medicare and Medicaid.	It's a lot to navigate. That's why Humana has a care team model of registered nurses, social services and health coaches. Do you think this could help you?

Taking grassroots events online.

There are plenty of ways to take events online beyond an educational event. Here are some creative ways to engage the DSNP audience through an informal virtual event:

- **Bring Your Own [fill in the blank] Social.** You could choose a food item like a favorite fruit and vegetable and have attendees share recipe ideas. Maybe the blank is a book or movie for attendees to discuss.
- **Game night.** You can easily host bingo or trivia nights and even send out small prizes, under \$15 in value, to winners afterward.
- **Budget Buddies Social.** There's something quite satisfying in saving more money and sharing those tips and tricks with others.
- You could also **host an open "Ask an Agent" hour** once a week or month that lets people drop in and chat just as they would at an in-person event. Be sure to save discussions about private and/or personal information for one-on-one appointments.

Community Engagement

The feel-good feelings of being part of your community do a lot more than give you the warm fuzzies. It's a great way to build your network. On top of that, it can also help you and your business. Volunteering has been shown to increase your happiness, improve your physical health and extend your longevity.²⁴ Plus, it's been shown to be good for your business and your brand perception.²⁵

Some locations to consider that may relate to the DSNP audience include:

- Food banks and food pantries
- [Elder Helpers](#)

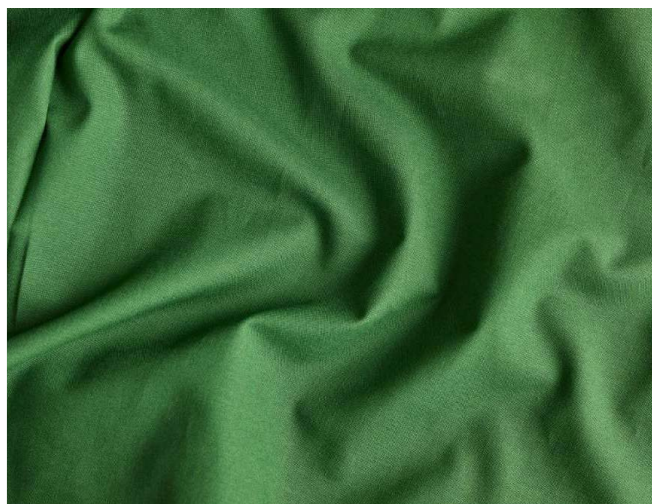
You might even see if there are ways to volunteer online or remotely. The organization might need help making phone calls or doing administrative office work. You might decide to volunteer on a short-term basis or you might find that committing to a longer-term role on their board of directors is a better fit.



Resources to help you maximize your efforts.

We want to help you be more effective and efficient as an Agent. That's why we dedicate so much time and attention to getting you the resources you need at IgniteWithHumana.com. Be sure to check these resources out:

- [Five Can't-Miss Marketing Resource Center Updates](#) article
- [Maximize Your Social Media Presence](#) playbook
- [Virtualizing Your Sales](#) page
- [Humana Cares About Community—We Know You Do Too](#) one-pager





SECTION 10

DSNP client engagement and retention strategies.

Enrolling a client in a plan isn't the end of the process. In fact, it's just one step in a cycle. We could argue that what happens after an enrollment is just as important, if not more so, than what happened before. When members have a good experience after enrollment, they are more likely to want to stick with you as their Agent and us as their health insurance carrier.

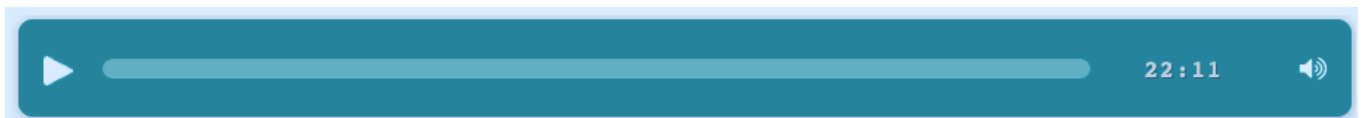
Client engagement and retention hinge on positive experiences and good communication. Clients want to feel heard. They want their problems to be fixed. They want things to be easy. They want them to be simple. They want to be treated with respect, kindness and compassion.

Build client relationships.

You have the power to make all this happen. You have the power to change your client interactions from transactions into relationships. You have the power to motivate, educate and help clients live their healthiest, happiest lives. We show you how in our [3-30-60-90 Day Guide](#).

Listen and learn.

This 22-minute podcast gives you strategies to grow your Book of Business by leveraging existing clients.



Watch on your time.

Got 45 minutes? This [webinar](#) on Humana's member tools has you covered. Learn how these tools can help engage clients by making the most of their health plan.




Short on time?

Get the gist of client retention in this [eight-minute read](#).



SECTION 11

DSNP Glossary and Codes



DSNP – Dual Eligible Special Needs Plan, a type of Medicare Advantage plan for those who are eligible for both Medicare and Medicaid. It combines the benefits of both programs under a single plan.

LIS – Low-Income Subsidy (also known as Extra Help), a federal program that helps Medicare beneficiaries with low incomes and assets pay for their Part D prescription drug costs.

FBDE – Full Benefit Dual Eligible. This refers to the package of services, beyond coverage for Medicare premiums and cost-sharing, that certain individuals are entitled when they qualify under eligibility categories covered under a state’s Medicaid Program. Some of these coverage groups are ones that states must cover (for example, Supplemental Security Income [SSI] beneficiaries), and some are ones that states have the option to cover (for example, the “special income level” institutionalized group for individuals or home- and community-based waiver participants and “medically needy” individuals).

Individuals who get Medicaid only are enrolled in Medicare Part A and/or B and qualify for full Medicaid benefits but not for the Medicare Savings Program categories. However, the state may pay for their Part B premiums.

Beneficiaries pay no more than the amount allowed under the state’s Medicaid Program for services furnished by Medicare providers.²⁶

QMB – Qualified Medicare Beneficiary. Helps pay Part A, Part B or both premiums as well as deductibles, coinsurance and copayments.²⁶

SLMB – Specified Low-Income Medicare Beneficiary. Helps pay Part B premiums.²⁶

QDWI – Qualified Disabled Working Individual. Pays Part A premiums for certain disabled and working beneficiaries under 65 not getting Medicaid and who meet certain income and resource limits set by their state.²⁶

MDE – Quarterly SEP election code for use only by Dual-Eligible individuals and those who qualify for LIS between January–September.

MCD – SEP election code for Medicare beneficiaries who gain, lose or have a change in their Medicaid status.

NLS – SEP election code for Medicare beneficiaries who gain, lose or have a change in their LIS/Extra Help status.

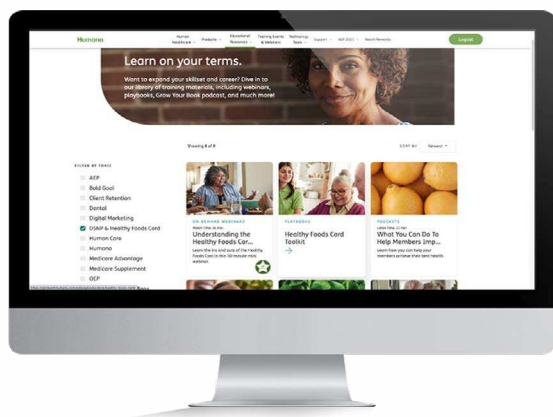
AEP – Annual Enrollment Period. This election is available to all Medicare beneficiaries to enroll or disenroll in a Medicare Advantage or Prescription Drug plan from October 15–December 7.



SECTION 12

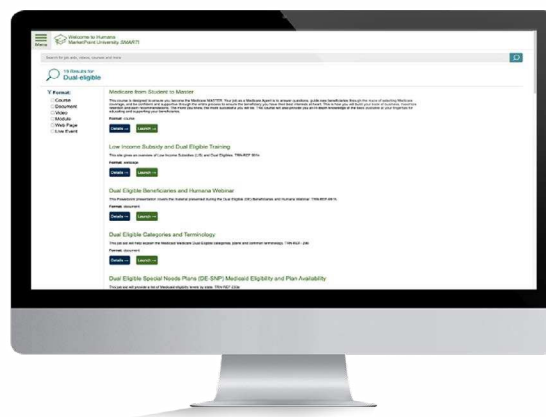
Additional resources

Humana is here for you whether you want one-on-one coaching, group learning or prefer to go it alone. Be sure to take advantage of all we offer. We're here to help you help more prospects and clients.



IGNITWITHHUMANA.COM

Kick your knowledge into high gear at [IgniteWithHumana.com](https://www.ignitewithhumana.com) with Humana [product](#) and [tool overviews](#). Get [resources](#) to help you make a difference in people's lives. Register for [training events and webinars](#).



HUMANA MARKETPOINT UNIVERSITY

Learn about Humana's policies, take required training, get certified and get tutorials all on your own time. Accessible via [Vantage](#).

National and local-market events.

Connect with fellow Agents, Humana leaders and subject-matter experts at virtual and in-person events throughout the year.

Keep a lookout for these national events.

**FAST
START**

Fast Start

**Fast
Start+**

Fast Start+

**DSNP
Bootcamp**

DSNP Bootcamp

**Veterans
Roadshow**

Veterans Roadshow

**Virtual AEP
Academy 2021**

AEP Academy



Personalized support.

We've got a whole support team dedicated to helping Agents.
Find your local support team [here](#), or contact the [Agent Support Unit](#).

Time to make things happen.

You can do more good for prospects and clients as a DSNP Agent.
Here's how to put the contents of this playbook into action:

1. **Educate** yourself about DSNP eligibility, Humana's DSNP offerings and key benefits and care models that offer more integration and value for the DSNP audience.
2. **Position** yourself as a DSNP resource in your community.
3. **Support** a typically underserved audience with grassroots events and community engagement.
4. **Sell DSNP** outside of the AEP selling season.
5. **Make a real and lasting impact** in someone's life by enrolling them in a DSNP and helping them get the most from it.

DSNP opportunity awaits.

Seize it.



¹<https://www.cms.gov/research-statistics-data-systems/cms-fast-facts/cms-fast-facts-mobile-site>

²https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

³<https://firstlook.humana.com/FirstLook/WhyHumana>

⁴Humana 2021 Healthy Foods Card Update by Paula Parker and Keith McKenzie

⁵https://valuebasedcare.humana.com/wp-content/uploads/2019/11/docs2019_VBC_GCHKMZHEN.pdf

⁶<https://www.cms.gov/files/document/2021-lis-resource-limits-memo.pdf>

⁷<https://www.kff.org/medicare/state-indicator/number-of-low-income-subsidy-lis-enrollees/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁸<https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs>

⁹<https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs>

¹⁰<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05233>

¹¹https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

¹²<https://www.cms.gov/files/document/mmco-report-congress.pdf>

¹³<https://populationhealth.humana.com/social-determinants-of-health/food-insecurity/>

¹⁴<https://ignitewithhumana.com/ed/playbooks/bold-goal/bold-goal-whole-health-toolkit/>

¹⁵<https://khn.org/morning-breakout/health-care-deserts-nearly-80-percent-of-rural-u-s-designated-as-medically-underserved/>

¹⁶<https://aspe.hhs.gov/basic-report/integrating-care-through-dual-eligible-special-needs-plans-d-snps-opportunities-and-challenges>

¹⁷<https://www.nber.org/papers/w24652.pdf>

¹⁸<https://www.nber.org/papers/w24652.pdf>

¹⁹2018 Dual Member Study, Deft Research

²⁰<https://www.pewtrusts.org/en/research-and-analysis/articles/2017/01/low-income-seniors-often-need-help-accessing-public-benefits>

²¹<https://www.pewresearch.org/fact-tank/2019/05/07/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/>

²²<https://www.pewresearch.org/fact-tank/2019/04/10/share-of-u-s-adults-using-social-media-including-facebook-is-mostly-unchanged-since-2018/>

²³https://www.aarp.org/content/dam/aarp/research/surveys_statistics/technology/2019/2020-tech-trends-survey.doi.10.26419-2Fres.00329.001.pdf

²⁴https://greatergood.berkeley.edu/article/item/helping_others_can_help_you_cope_with_lockdown

²⁵<https://www2.deloitte.com/us/en/pages/about-deloitte/articles/citizenship-deloitte-volunteer-impact-research.html>

²⁶https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/medicare_beneficiaries_dual_eligibles_at_a_glance.pdf