

A photograph of two business professionals in a meeting. One person in a blue shirt and dark suit is writing on a document with a silver pen. Another person in a dark suit is also writing on a document with a silver pen. The background is a blurred office setting with windows.

RULES OF ENGAGEMENT

**2021 Agent and Agency Sales
Handbook Effective: 7/1/2020**

Together, all the way.®



TABLE OF CONTENTS

SECTION I:	Sales Distribution Management.....	3
SECTION II:	Contracting, Licensing and Training	5
SECTION III:	Suspension and Termination	12
SECTION IV:	Commissions.....	14
SECTION V:	Oversight	16
SECTION VI:	Telesales Requirements	18
SECTION VII:	Operational Requirements	22

This Rules of Engagement Handbook is a supplement to the Sales Agency Agreement for Cigna Medicare Advantage & Prescription Drug Plans (“Agreement”) between Cigna Medicare and Agent/ Agency and shall be a part of the Agreement as if fully restated therein. In the event of any conflicting terms between the Rules of Engagement and the Agreement, this Rules of Engagement shall supersede and control, unless otherwise specified in the Agreement.

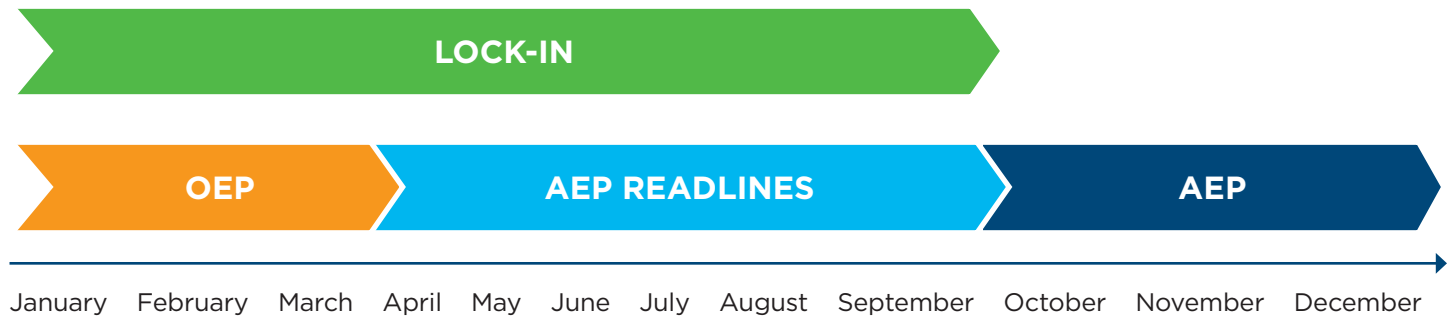
This overview is for Agencies and Agents who are contracted, certified, licensed and appointed to sell Cigna Medicare Advantage & Prescription Drug Plan products. Due to the high degree of compliance required, and that Medicare Advantage & Prescription Drug Plan products are governed by state and federal regulations, the Agencies and Agents must fully comply with all applicable Cigna Medicare policies and procedures, including, but not limited to, those set forth below. The Rules of Engagement may be amended by Cigna Medicare, at its sole discretion, upon thirty (30) days advance written notice to Agencies and Agents. Notwithstanding the foregoing, Cigna Medicare may make any changes to the Rules of Engagement without advanced written notice if changes are necessary to comply with any law, rule, regulation or Centers for Medicare and Medicaid Services (CMS) instructions.

Agencies and Agents agree to comply with all state and federal rules and regulations, as well as all Cigna Medicare policies and regulations as set forth, and shall require each individual subordinate Agent affiliated with the Agency to likewise comply.

KEY ACRONYMS AND TERMINOLOGY

AEP	Annual Enrollment Period	MIPPA	Medicare Improvements for Patients and Providers Act
AOC	Assignment of Commissions		
AOR	Agent of Record	MGA	Managing General Agency
CMS	Centers for Medicare and Medicaid Services	MLI	Multi-language Insert
		MCMG	Medicare Communications and Marketing Guidelines
CSV	Customer Service Violation		
CTM	Medicare Complaints Tracking Module	NPN	National Producer Number
		PDP	Medicare Part D Prescription Drug Plan
DOB	Date of Birth		
Downlines	Agencies downstream from directly contracted agency	PHI	Protected Health Information
		RFI	Request for Information
DSA	Delegated Services Agreement	ROE	Rules of Engagement
EFT	Electronic Funds Transfer	SDAP	Sales Development Action Program
FDR	First Tier, Downstream and Related Entities	SGA	Supervising General Agency
		SOA	Scope of Appointment
FMO	Field Marketing Organization	SSN	Social Security Number
FTP	File Transfer Protocol	SSA	Social Security Administration
GA	General Agency	TIN	Tax Identification Number
GTS	Grievance Tracking System	Toplines	Directly contracted agencies
CARL	Cigna Agent Resource Line	Uplines	Upstream Agencies
HPMS	Health Plan Management System		
MA/MAPD	Medicare Advantage/Medicare Advantage and Prescription Drug		

CALENDAR YEAR AT A GLANCE



January

- › OEP begins
- › AEP new application commissions distributed
- › Renewals distributed

March

- › Agency Producers' University attestation final deadline 3/31
- › OEP ends 3/31

April

- › AHIP reimbursement distributed for agents who meet qualifications

July

- › Annual certification release

September

- › AHIP reimbursement eligibility deadline 9/15

October

- › AEP kick-off 10/15

November

- › Last day for 2020 effective sales 11/30

December

- › AEP ends 12/7
- › 2021 Agent certifications and up to date licenses and appointments deadline 12/31
- › 2021 Agency Producers' University attestations initial deadline 12/31
 - Update business licenses and appointments by 12/31 or applicable administrative fee renewals will be forfeited

SECTION I

SALES DISTRIBUTION MANAGEMENT

Levels of Agencies

There are five different levels of Agencies within the hierarchy structure at Cigna-HealthSpring.

- › Field Marketing Organization (FMO)
- › Supervising General Agency (SGA)
- › Managing General Agency (MGA)
- › General Agency (GA)
- › Agent
 - Personal Business Entity

Field Marketing Organization (FMO)

FMO is an insurance Agency that may also contract with Independent Agents, GAs, MGAs, and/or SGAs, as defined by Cigna Medicare that operates under a federal tax identification number and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable state(s) in which FMO, SGA, MGA, or GA is appointed and in which Cigna Medicare operates. FMO must meet or exceed the Cigna Medicare engagement criteria as well as meet all applicable laws, rules, and regulations.

Supervising General Agency (SGA)

SGA is an insurance Agency that may also contract with Independent Agents, GAs, and/or MGAs, as defined by Cigna Medicare that operates under a federal tax identification number and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable state(s) in which SGA, MGA, or GA is appointed and in which Cigna Medicare operates. SGA must meet or exceed the Cigna Medicare engagement criteria as well as meet all applicable laws, rules, and regulations.

Managing General Agency (MGA)

MGA is an insurance Agency that may also contract with Independent Agents and/or GAs, as defined by Cigna Medicare that operates under a federal tax identification number and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable states in which MGA or GA is appointed and in which Cigna Medicare operates. MGA must meet or exceed the Cigna Medicare engagement criteria as well as meet all applicable laws, rules, and regulations. Agencies contracting as an MGA must contract through an upline agency.

General Agency (GA)

GA is an insurance Agency that may also contract with Independent Agents as defined by Cigna Medicare that operates under a federal tax identification number and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable states in which GA/Agent is appointed and in which Cigna Medicare operates. GA must meet or exceed the Cigna Medicare engagement criteria as well as meet all applicable laws, rules, and regulations. Agencies contracting as a GA must contract through an upline agency.

Independent Agent/Broker

Individual sales Agents/Brokers using their personal credentials (SSN, NPN, and licenses) to contract as writing Agents for Cigna Medicare need to contract directly with Cigna Medicare or contract through an upline Agency. Without Cigna Medicare's prior approval, Cigna Medicare's directly contracted Agents are prohibited from contracting with a GA, MGA, SGA or FMO.

Personal Business Entity

Personal Business Entity is an entity an enrolling agent may be permitted to assign their commissions to that does not qualify as a GA, MGA, SGA or FMO. This entity operates under a federal tax identification number and possesses all requisite permits, licenses and other approvals issued by the regulatory insurance Agency of the applicable states in which Personal Business Entity is appointed and in which Cigna Medicare operates. Only the agent that owns the personal business entity and his/her spouse or business partner may assign commissions to the entity. This entity does not qualify for administrative fees. Personal Business Entity must meet all applicable laws, rules and regulations. Personal Business Entity's are not required to complete annual agency attestations.

Exclusive/Non-exclusive

Exclusive Agent/Agency – Agent/Agency that is licensed and appointed with Cigna Medicare and represents only Cigna Medicare's Medicare Advantage/Prescription Drug Plan products within a Cigna Medicare geographic service area. Agent/ Agency agrees not to represent or sell other entities' Medicare Advantage/Prescription Drug products including, but not limited to, HMO, PPO, Regional PPO, and PFFS plans.

Non-exclusive Agent/Agency – Agent/Agency that is licensed and appointed with Cigna Medicare but represents other Medicare Advantage/Prescription Drug health plans in addition to Cigna Medicare within a Cigna Medicare geographic service area.

The Difference between an Agent/Broker and Agency

Agent/Broker – An individual who is using his/her personal credentials (SSN, NPN, and Licenses) to contract as a writing Agent for Cigna Medicare.

Agency – An organization (Personal Business Entity, GA, MGA, SGA, or FMO) that is using its own unique business credentials (TIN/EIN, NPN, License) to contract as an Agency for Cigna Medicare. Agencies will not be allowed to contract with Cigna Medicare using an individual person’s/Agent’s credentials.

Engagement criteria for each Agency level

To enter into an Agency Agreement, the Agency must have a minimum number of active Agents and annually meet or exceed the sales production requirements as outlined in the table below. Expansion market Agency targets may vary based on network and other factors at market launch.

Agency Level	Minimum number of active Agents	Minimum annual total of MA enrollment applications	Number of states required to be contracted
General Agency	3	150	-
Managing General Agency	5	300	-
Supervising General Agency	5	500	-
Field Marketing Organization	37	3,200	2

Agencies may only upgrade to a higher contract level after six months contracted at their existing contract level and if downline agent and production requirements for their desired contract level are met and Cigna Medicare approval is granted.

Agencies should work with their upline if there are questions or concerns related to meeting or maintaining the minimum Agent requirement. Cigna Medicare reserves the right to review all Agency-level contracts to ensure the specific requirements are being met. Cigna Medicare utilizes Accountability Letters sent quarterly via email to all Agencies to track Agency progress toward meeting downline Agent and annual production requirements for their Agency level.

In the event an Agency is downgraded or terminated due to failure to meet engagement criteria, Cigna Medicare will notify Agency’s topline.

- An Agency downgrade to Personal Business Entity will result in forfeiture of administrative fees. All downline agents, aside from the Personal Business Entity owner and partner/spouse (if applicable), will be moved to the next direct upline. Agent commissions will continue to be paid provided Agents meet all required validations (contracted, certified, licensed and appointed), Personal Business Entity meets all required validations (contracted, licensed and appointed) and the customer remains enrolled.
- An Agency downgrade to Agent-level will result in forfeiture of administrative fees. All downline agents will be moved to the next direct upline, and agent commissions will continue to be paid provided Agents meet all required validations (contracted, certified, licensed and appointed) and the customer remains enrolled. Termination of a General Agency and all downline agents will result in forfeiture of any commission payments.

- A Managing General Agency downgrade to General Agency will result in administrative fees being paid according to the date of enrollment. Enrollments completed at MGA level will continue to be paid at the MGA level while enrollments completed after the downgrade will be paid at the new GA administrative fee level. All downline agencies will be moved to the next direct upline. Downline Agent and Agency commissions will continue to be paid provided Agents and Agencies meet all required validations (contracted, certified/attestation completed, licensed and appointed) and the customer remains enrolled. Termination of a Managing General Agency and all downline agents and agencies will result in forfeiture of any commission payments.
- A Supervising General Agency downgrade to a lower Agency level will result in administrative fees being paid according to the date of enrollment. Enrollments completed at SGA level will continue to be paid at the SGA level while enrollments completed after the downgrade will be paid at the new administrative fee level (MGA/GA). Downline agencies may be moved to the next direct upline, as needed based on the new agency level. Downline Agent and Agency commissions will continue to be paid provided Agents and Agencies meet all required validations (contracted, certified/attestation completed, licensed and appointed) and the customer remains enrolled. Termination of a Supervising General Agency and all downline agents and agencies will result in forfeiture of any commission payments.
- A Field Marketing Organization downgrade to a lower Agency level will result in administrative fees being paid according to the date of enrollment. Enrollments completed at SGA level will continue to be paid at the SGA level while enrollments completed after the downgrade will be paid at the new administrative fee level (MGA/GA). Downline agencies may be moved to the next direct upline, as needed based on the new agency level. Downline Agent and Agency commissions will continue to be paid provided Agents and Agencies meet all required validations (contracted, certified/attestation completed, licensed and appointed) and the customer remains enrolled. Termination of a Supervising General Agency and all downline agents and agencies will result in forfeiture of any commission payments.

Individual leads

Cigna Medicare may, at its sole discretion, supply overflow leads to Agency or Subordinate Agency, Broker or Agent. However, Cigna Medicare is not responsible for supporting the Agency with leads or financial support in their prospecting efforts. During a visit with the prospect, Agency or Subordinate Agency, Broker or Agent can present the Cigna Medicare Advantage products with full disclosure and enroll the prospect. Referrals may only be sought in accordance with Cigna Medicare policy and CMS guidelines. Agency or subordinate Agency, Brokers or Agents must follow all guidelines and regulations that govern the proper procedure for prospecting and selling Cigna Medicare products, including all requirements set forth under MIPPA and the CMS Medicare Communications and Marketing Guidelines (MCMG).

SECTION II

CONTRACTING, LICENSING, AND TRAINING**Agency qualifications**

To be an authorized Cigna Medicare Agency, you must:

- › Complete Agency credentialing administered by Cigna Medicare or its designee
- › Complete Agency Producers' University attestation administered by Cigna Medicare or its designee upon contracting and annually thereafter
- › Be a licensed health Agency in the Cigna Medicare state(s) in which Agency intends to sell and submit applications to Cigna Medicare, be in good standing, and supply Cigna Medicare with a copy of the license upon request
- › Be appointed by Cigna Medicare as an Agency in the states Agency intends to sell and submit applications to Cigna Medicare, per state regulations
- › Have an executed agreement with FMO, SGA, MGA, GA or Cigna Medicare
- › Comply with all legal, compliance and regulatory guidance in accordance with applicable state and federal laws and Cigna Medicare policies
- › Receive continuing education relative to the current Medicare Advantage/Prescription Drug Plan products and comply with any changes that occur relative to this program
- › Participate in integrity oversight evaluations and the Cigna Medicare Sales Development Action Program as required by CMS and Cigna Medicare
- › Have reasonable accessibility for receiving communications concerning immediate regulatory or network changes (i.e., phone, email, fax, pager, voicemail, etc.)
- › Maintain a proficiency in, and knowledge of, Cigna's Medicare Advantage/Prescription Drug Plan products as well as all necessary compliance requirements
- › Comply with Cigna Medicare's sales performance and disciplinary standards as set forth in Cigna Medicare's policies and procedures, herein incorporated by reference
- › Have an executed HIPAA Agreement for Agents affiliated with Agency
- › Complete the Cigna Medicare Agent/Broker certification training and pass the required certification examinations administered by approved Cigna certification vendors or Cigna upon contracting (prior to selling) and annually thereafter
- › Complete any instructor-led virtual or in-person training that may be required
- › Be a licensed health Agent in the Cigna Medicare state(s) in which you intend to sell and submit applications to Cigna Medicare, be in good standing, and supply Cigna Medicare with a copy of the license upon request
- › Be appointed by Cigna Medicare as an Agent in the states you intend to sell and submit applications to Cigna Medicare, per state regulations
- › Have an executed agreement with FMO, SGA, MGA, GA or Cigna Medicare
- › Comply with all legal, compliance and regulatory guidance in accordance with applicable state and federal laws and Cigna Medicare policies
- › Receive continuing education relative to the current Medicare Advantage/Prescription Drug Plan products and comply with any changes that occur relative to this program
- › Attend any meetings required to stay informed of compliance and regulatory, procedural and network changes
- › Participate in integrity oversight evaluations and the Cigna Medicare Sales Development Action Program as required by CMS and Cigna Medicare
- › Have reasonable accessibility for receiving communications concerning immediate regulatory or network changes (i.e., phone, email, fax, pager, voicemail, etc.)
- › Maintain a proficiency in, and knowledge of, Cigna's Medicare Advantage/Prescription Drug Plan products as well as all necessary compliance requirements
- › Comply with Cigna Medicare sales performance and disciplinary standards as set forth in Cigna Medicare policies and procedures, herein incorporated by reference
- › Have an executed HIPAA Agreement for Agents affiliated with an Agency, or have a Business Associate Agreement for Agents directly contracted with Cigna Medicare

Agent qualifications

To be an authorized Cigna Medicare Agent/Broker, you must:

- › Complete Agent/Broker credentialing administered by Cigna Medicare or its designee

Agent/Broker credentialing

Agents/Brokers must be properly licensed, contracted with Cigna Medicare after a successful background check, appointed by Cigna Medicare, and certified via completion of the annual certification process before being able to sell any Cigna Medicare products.

Maintaining proper licensure, contracting, appointment, and certification ensures an Agent remains in good standing with Cigna Medicare in order to service customers and maintain renewal commissions.

Licensing

An Agent must be licensed and appointed in their primary state of residence and all other states the Agent will market and sell Cigna Medicare products. The Agent is responsible for obtaining and keeping the appropriate licensure. Licensing rules vary by state.

The Agent must contact their Topline or Local Market Manager for further details.

Agencies must be licensed and appointed in all states they and their Agents sell and market products for Cigna Medicare. The Agency is responsible for obtaining and keeping the appropriate licensure.

Licensing rules vary by state. Agencies must continue to be licensed and appointed to service customers in order to continue receiving renewal commissions.

The failure of an Agent/Agency to maintain the appropriate licensure, appointments, and certification, will result in the Agent/Agency being terminated from selling Cigna Medicare products and will cease any renewal commissions/administrative fees.

Contracting

Sales Agency Agreement

The Sales Agency Agreement is for Agencies and Agents who are directly contracted with Cigna Medicare. The agreement establishes the terms and conditions under which the Sales Agency and its downline Agencies and Agents are authorized to sell Medicare Advantage and Prescription Drug Plans offered by Cigna Medicare, including the compensation Cigna Medicare will pay the Sales Agency and its downline Agencies and Agents for selling such health plans.

Subordinate Agent Agreement

This Subordinate Agent Agreement is executed by and between Cigna Medicare and a Subordinate Agent or Agency. This agreement states the Subordinate Agent/Agency agrees to be legally bound by the terms and conditions of the Sales Agency Agreement.

Contracting process

An Agent must have an executed agreement with an FMO, SGA, MGA, GA, or with Cigna Medicare, as applicable. External Topline Agencies are responsible for initiating onboarding and maintenance requests for their downline Agencies and Agents through the eContracting system (Producer Express). The Cigna Medicare Contracting Department is responsible for reviewing and processing onboarding and maintenance requests, communicating to recruiters in regard to current status, activating Agents, and archiving contracting documentation.

An Agent's first step in the onboarding process is to complete the data entry associated with the onboarding invite and electronically sign all documents for submission to Cigna Medicare.

Bulk Onboarding

Agencies must meet minimum onboarding requirements, meet or exceed Cigna Medicare background check standard requirements, and be approved by Cigna Medicare in order to utilize bulk onboarding for downline Agents. Should Agency be approved for bulk onboarding, Cigna Medicare may perform ongoing criminal background checks on any or all appointed Agents.

Recruitment ethics

When recruiting new Agents as you build your Agency, it is often common to come across existing Cigna Medicare Agents and Agencies. As a rule, you cannot contract with any current Cigna Medicare directly contracted or employed Agents without written consent from Cigna Medicare. The directly contracted or employed Agent can request release from their Local Sales Manager.

As a general guideline, we request you respectfully walk away from any current Cigna Medicare Agent or Agency writing under an existing hierarchy.

In an effort to minimize running into existing Cigna Medicare Agents, each local market can scrub your recruiting lists against active Cigna Medicare Agents. Please submit to your local sales representative before starting your mail or call campaign.

Cigna Medicare looks forward to working with you as you grow your organization. We encourage all of our selling Agents/Agencies to maintain the highest levels of professionalism, courtesy and respect toward others.

Contracting platform

Producer Express is the Cigna Medicare data source for license and appointment information. Appointments are processed according to state licensure and appointment laws via the automated onboarding and appointment processing system.

New Agent onboarding process

Downline Agent contracting packet

The following items are required and are included in the Agent onboarding evite:

- › Agent Application
- › Authorization to Conduct a Background Investigation/Questionnaire
- › Subordinate Agent Agreement – referenced above
- › Assignment of Commissions Agreement Form (applicable if Agent is assigning commissions to their upline Agency) – authorizes and empowers the Company to pay Assignee Agency all compensation
- › Hierarchy form
- › W9 (applicable if agent is paid commissions directly)
- › EFT form (accompanied by voided check) – complete this form if Direct Deposit is desired; if not completed, checks will be mailed. Note, this form must be submitted separately from the packet, following the instructions within the form.

Step one

New Agents are onboarded via Producer Express.

- › External Agents are onboarded by their respective Topline Agency recruiter(s).
- › Directly contracted Agents are onboarded by the Cigna Medicare Contracting Department.

Step two

Once onboarding is completed and submitted to the Cigna Medicare Contracting Department:

- › A background check will be automatically initiated and the automated appointment processing with the National Insurance Producer Registry (NIPR) database will begin for states selected by the recruiter during onboarding.
 - Background check: If an Agent passes the background check, the contracting process will continue. If an Agent fails, they will receive an email with additional information regarding the appeals process. Background checks can take anywhere from two to 14 business days, depending on the Agent's resident state.

Step three

Once the background check is completed and at least one appointment is in place, a record for the Agent is established.

- › The new Agent profile dictates the appropriate certification modules assigned in Cigna Medicare Producers' University.
- › Requests to switch agents to a Commissioned Telesales profile type, which may modify the certification modules assigned in Cigna Medicare Producers' University, must be reviewed and approved by Cigna Medicare.

Step four

An Agent is not activated to market and sell Cigna Medicare plans until the following have been validated.

- › There is at least one active license and appointment in place.
- › The background check was successfully passed.
- › Successful completion of certification requirements.

Once certification is complete, the "Ready-to-Sell" email is sent to the Agent advising that he/she is ready to begin marketing and selling for Cigna Medicare. The email identifies the state(s) in which the Agent is appointed and the Agent's writing number. An Agent is only approved to sell in the state(s) in which the Agent has been appointed and no others. If the Agent intends to sell Cigna Medicare products in additional state(s), they must either send an email request to the Cigna Medicare Contracting Department or inform their recruiter who will initiate the request. The Agent or recruiter can contact Contracting by emailing **ContractingMailbox@Cigna.com** with the Agent ID and a request to be appointed. An Agent is not approved to begin selling in additional state(s) until they receive confirmation of their state appointment(s) from Cigna Medicare.

If an Agent has any questions or needs assistance with any part of the onboarding process, please contact Cigna Medicare Contracting at **ContractingMailbox@Cigna.com**.

New Agency onboarding process

Downline Agency contracting packet

The following items are required and are included in the Agency onboarding invite:

- › Agency Application
- › Subordinate Agent Agreement – referenced above
- › Hierarchy form
- › Principal Designation form
- › W9
- › EFT form (accompanied by voided check) – complete this form if Direct Deposit is desired; if not completed, checks will be mailed. Note, this form must be submitted separately from the packet, following the instructions within the form.

Step one

New Agencies are onboarded via Producer Express.

- › External Agencies are onboarded by their respective Topline Agency recruiter(s).
- › Directly contracted Agencies are onboarded by the Cigna Medicare Contracting Department following successful completion of the FDR Intake process.

Step two

Once at least one appointment is in place, a record for the Agency is established.

Step three

An Agent/Agency is not activated to market and sell Cigna Medicare plans until the following have been validated.

- › There is at least one active license and appointment in place.
- › Successful completion of attestation requirements. Agencies are required to log in to Cigna Medicare Producers' University and attest to the Policies and Procedures and Rules of Engagement.

Once onboarding is complete, the "Ready-to-Sell" email is sent to the Agency advising that Agency is ready to begin onboarding downline Agents. The email identifies the state(s) in which the Agency is appointed and the Agency's writing number. An Agency is only approved to sell in the state(s) in which the Agency is appointed.

If the Agency intends to sell Cigna Medicare products in additional state(s), they must either send an email request to the Cigna Medicare Contracting Department or inform their recruiter who will initiate the request. The Agency or recruiter can contact Contracting by emailing **ContractingMailbox@Cigna.com** with the Agency ID and a request to be appointed. An Agency is not approved to begin selling in additional state(s) until they receive confirmation of their state appointment(s) from Cigna Medicare.

Note, if Agency principal is a selling principal, he/she must also complete a separate Downline Agent contracting packet to contract as an individual selling agent.

If an Agency has any questions or needs assistance with any part of the onboarding process, please contact Cigna Medicare Contracting at **ContractingMailbox@Cigna.com**.

Contracting and changing hierarchies

Most contracted Agents who are appointed to sell for Cigna Medicare align under a company-approved and contracted Topline. When an Agency/Agent changes hierarchies, residual override commissions are retained by the hierarchy structure and are subject to the contract terms in place at the time of the original sale.

If an Agent/Agency wishes to change hierarchies they must follow the steps below.

Agent/Agency Request to change hierarchies with a new Topline

The Agent/Agency must be in good standing with Cigna Medicare. The Agent/Agency cannot be under investigation internally or externally, must have acceptable compliance metrics, sufficient sales, not be in debt to Cigna Medicare, not have third-party paper prohibiting a move in hierarchy, and must possess an active writing number with Cigna Medicare.

An Agent/Agency must transfer to the same or lower contract level with the new Topline Agency. The Agent/Agency may only upgrade to a higher contract level after six months from the change date and if downline agent and production requirements are met and Cigna Medicare approval is granted.

The Agent/Agency must be successfully released from the current Topline Agency before any move can be made to a new Topline Agency. A successful release can be accomplished in one of three ways.

1. Obtain a release letter signed by the current Topline Agency.
2. If the Agent has been continuously active under the same Topline Agency for at least the previous ninety (90) calendar days but has not produced any business during that time, no release is required to change hierarchies.
3. If the Topline Agency is unwilling to grant a release, and the Agent/Agency has produced business in that previous ninety (90) calendar days, the Agent/ Agency can submit a signed and dated **“Request for Release from Topline Form”** to the Contracting Department via email (**ContractingMailbox@Cigna.com**). This will serve as the Agent’s/Agency’s notice of intent to change to a new sales hierarchy and will start a ninety (90) calendar day waiting period to be eligible to switch hierarchies without a release. The ninety (90) calendar day time frame for a release officially begins on the day the Contracting email box receives the release form.

After the initial acknowledgment of the change request, no additional notices or reminders will be sent from Cigna Medicare regarding the eligibility date. At the end of the ninety (90) calendar day waiting period the Agent/Agency will be free to onboard with the Agency of their choosing. Agents may continue to sell during the ninety (90) calendar days, but the business sold in that ninety (90) calendar day time frame remains under the hierarchy in place at the time the business is written. The accepting Topline Agency is responsible for initiating an onboarding evite for the Agent/Agency in Producer Express (Sircon).

Agents and other entities in the Topline hierarchy are permitted to change sales hierarchies no more than once per calendar year under the ninety (90) calendar day notice scenario (Option 3 above).

When an Agency is released, the contracted downline Agencies/Agents are considered to be included in that release, unless other arrangements are requested by the Topline Agency and approved by Cigna Medicare. The accepting Topline Agency is responsible for initiating onboarding evites for any/all downline Agencies/Agents in Producer Express (Sircon).

Agent/Agency request to change hierarchies within the same Topline Agency

The Topline Agency has discretion to move and change the level of Agents and solicitors within their hierarchy structure at a reasonable frequency.

The Topline Agency does not need the consent of the Agent or Agency to complete a move or downgrade within its own hierarchy. The Topline does, however, need to notify the Agent/Agency of the move or downgrade. The Topline Agency will initiate an agreement maintenance evite for any move or downgrade requests, which will be completed by the Agent/Agency and submitted to Cigna Medicare Contracting. Residual override commissions are retained by the hierarchy structure and are subject to the contract terms in place at the time of the original sale.

The Topline Agency is responsible for initiating agreement maintenance evites for any downline Agencies/Agents in Producer Express (Sircon).

Agent/Agency training and certification at Cigna Medicare

Cigna Medicare approaches training as a tool to help our Agents and Agencies become successful. To this end, we offer a variety of performance-focused training and ongoing learning opportunities for all our new and existing Agents and Agencies.

Training and certification can be accessed through the Cigna Medicare Producers’ University at **CignaHealthSpringProducers.com**.

Accessing training

Most courses are offered as self-paced eLearning on the Cigna Medicare Producers’ University. Courses are available at **CignaHealthSpringProducers.com**. This system allows Agents and Agencies to have easy access to training and learn at their own pace. A few other courses are instructor-led (face-to-face) or virtual instructor-led (webinars). Some may also be offered as blended learning – incorporating both eLearning and instructor-led content.

- ▶ In order to access the Producers’ University and any of our eLearning content, including certification and other courses, Agents and Agencies will need to complete registration on the site, first as a new Agent and Agency and then annually. Only Agents and Agencies who have been fully onboarded in Producer Express and set up in our Salesforce system may

register and access the Producers’ University. These systems feed user information to the Producers’ University to enable an Agent or Agency to register and prevent any unauthorized access. An Agent’s or Agency’s username on Producers’ University is usually the National Producer Number (NPN). Agents and Agencies will need to create a secure password to go with the username. Agents and Agencies can access their learning or training track upon logging in to Producers’ University. Agents can also register for instructor-led training using the Instructor Led-Training schedule available on the site.

- The Resource Library page of the Producers’ University contains several downloadable job aids and reference materials on an abundance of topics that Agents and Agencies can find useful before, during, and after the sale.

Inactive Agents/Agencies

Agents or Agencies who no longer have an active agreement with Cigna Medicare are not allowed to access any of our training. Inactive Agents or Agencies will need to complete the recontracting process in order to access training.

Agent training requirements

- Certification is required upon contracting as an Agent/Broker and annually thereafter by the date specified annually by Cigna Medicare.
- Agents are required to:
 - Complete certification prior to selling any of our products.
 - Complete certification by the deadlines communicated by Cigna Medicare to remain active, qualify for renewals and service existing customers.
 - Pass each course by the deadlines communicated by Cigna Medicare, with a minimum score of 85%.
 - Pass each course in no more than three attempts. Agents should contact their Broker Sales Representative in the event a course is failed 3 times and locked.
- Certification includes standard Medicare training, referred to as “universal” training and Cigna Medicare specific courses.
- Agents are required to complete universal training in addition to the Cigna Medicare core certification courses. Agents may choose to complete the required external (universal) Medicare and Fraud

Waste and Abuse training provided by any of the companies below.

Cigna Medicare will reimburse certification costs for 2021 Medicare Advantage agent certification where eligibility requirements are met. To be eligible for reimbursement agents must complete 2021 certification by September 1, 2020 and sell five (5) January 1, 2021 effective applications that are in good order. After meeting these requirements, agents will be eligible for reimbursement as outlined below:

- AHIP (\$125 reimbursement)
www.AHIPMedicareTraining.com
- Gorman Health (\$99 reimbursement)
<http://www.medicarealestraining.com>
- Pinpoint Global (\$89.95 reimbursement)
<https://medicareonlinecertification.com>

Both AHIP and Pinpoint Global certifications can be accessed directly from the Producers’ University.

- For reasons of emphasis, clarity or CMS directives, Cigna-Medicare’s certification courses may repeat certain topics that Agents may have covered in the external certification administered by AHIP, Pinpoint or Gorman.

Training Steps

1. Go to Producers’ University
2. Log in with the NPN and password
3. Click “My Learning” to see tracks
4. Select any course to start. Agents have three attempts to pass each course
5. Launch and complete AHIP or Pinpoint Medicare Training, or upload a valid certificate from AHIP, Pinpoint or Gorman Health

Cigna Medicare’s training and testing programs are designed and implemented in a way that maintains the integrity of the training and testing, and ensures that each individual is taking the test independently.

Agents/brokers may not allow someone else to complete training on their behalf or share their logins to the Cigna Medicare Producers’ University with anyone else. Doing so will violate the integrity of the training process and CMS Agent and Testing Guidelines.

Cigna Medicare maintains evidence of the training tools, training exams and documentation demonstrating evidence of completion and can provide this information to CMS upon request.

Annual attestation

Agents and Agencies are required to review and abide by the Cigna Medicare Policies and Procedures, Rules of Engagement, and Social Media Policy and consent through electronic attestation prior to marketing or selling any of our products and annually thereafter by the deadlines communicated by Cigna Medicare. Note, selling principals must complete both their individual Agent attestation as well as their Agency attestation separately. Attestations can be changed at the discretion of Cigna Medicare. Failure to complete required attestations by the deadlines communicated by Cigna Medicare will result in forfeiture of Agent-level commissions and/or Agency administrative fee renewals.

Product knowledge

Agents must maintain a proficiency in and knowledge of Cigna's Medicare Advantage/ Prescription Drug plans as well as all necessary compliance requirements.

Policies and Procedures

Agents must comply with all applicable Cigna Medicare's sales performance and disciplinary standards as set forth in state and federal regulations, and Cigna Medicare's Policies and Procedures.

Welcome email and call

Once a new Agent is fully contracted and successfully certified and trained, he or she will receive a welcome email containing an Agent writing number. Agents should not begin marketing Cigna Medicare plans until they have received a Welcome/Ready-to-Sell notification email. This email will contain the Agent writing number and list of approved states in which the Agent can sell Cigna Medicare products.

Agents will also receive a welcome call from Cigna's Agent Resource Line to answer any questions and assist with initial sales kit orders.



Cigna-HealthSpring Certification Curriculum*

Course name	Key focus
Selling with Integrity**	Our selling process How to sell consultatively and compliantly in one-on-one setting and telephonically Our value proposition
Products and Benefits Overview	Line of products and features Model of care Eligibility Snapshot of all plans and the key benefits
Our Compliance Program	Key requirements of our Compliance Program HIPAA and Compliance culture Agent’s role in our Compliance Program Reporting violations
New Agent Training***	Doing business with Cigna-HealthSpring: tools, processes, key requirements and our value proposition
Attestations	Review and attestation of Rules of Engagement, Policies & Procedures, Social Media and Privacy
Cigna-HealthSpring Rx (PDP)	Our stand-alone Part D product

*The curriculum and content may change slightly from year to year.

**Selling with Integrity is offered in three different versions: Field, Telesales and Combined Field and Telesales. Agents will be assigned one based on their contract or their upline’s contract with us. If an Agent switches channels (i.e., Field to Telesales), the agent will be required to complete the appropriate Selling with Integrity course in order to fulfill training requirements for the new channel.

***New Agent Training is recommended for all newly contracted Field Agents and may be online, instructor-led (face-to-face), or virtual instructor-led.

Remediation training

This training is focused on helping Agents improve compliance performance and satisfy violation requirements.

- Remediation courses are assigned as needed and may require agents to retake a previously completed course
- Agents are required to complete timely to continue to be in good standing with Cigna Medicare
- A coaching session with a Cigna Medicare employee may be a required component of the remediation training

Invitation only

Certain training courses and events are invitation only. When applicable, Agents will be invited to register for the training and attend online or in person. An example of this is our Sales Event Training for Agents who have been handpicked to conduct sales events on behalf of Cigna Medicare.

SECTION III

SUSPENSION AND TERMINATION

Suspension of sales and marketing

Cigna Medicare expects you to comply with all Centers for Medicare & Medicaid Services (CMS) regulations, state and federal laws, guidelines, and Cigna Medicare rules, policies, and procedures.

- › If at any time your performance or action damages or threatens to damage any Medicare beneficiaries or the reputation of Cigna Medicare or does not meet the Cigna Medicare's standards, Cigna Medicare can, at its discretion, initiate suspension of your sales and marketing activities.
- › A determination to suspend can also be based on the severity of an allegation(s), the number of pending complaints or investigations, the nature and credibility of information initially provided, and/or the number of customers or beneficiaries affected, and can be based on other oversight criteria. In such cases, suspension is in effect until the investigation is completed, a final disciplinary recommendation has been made and any required remediation has been completed.
- › Cigna Medicare may be required to report the suspension to the applicable state or government Agency.

Suspension process

- › When a determination to suspend your sales and marketing activities is made, you will be sent a suspension notification from Cigna Medicare Contracting, with a copy sent to your Topline.
- › You are not to solicit or sell Cigna Medicare products while on a suspension status.
- › Agents cannot write new business while under suspension. If new business is written during the suspension period, agents will not be eligible for commissions and/or renewals. Further disciplinary action may be levied.
- › Cigna Medicare will satisfy suspension reporting requirements with notification to the appropriate state Agencies.
- › We are not obligated to report your status to a government agency unless further action is required.

Temporary hold status

Depending on the circumstances, an Agent may be placed on "temporary hold." When a recommendation to place your sales and marketing status on temporary hold is made, you will be sent a temporary hold notification from Cigna Medicare Contracting, with a copy sent to your Topline. The status of "temporary hold" means:

- › You are not to solicit or sell Cigna Medicare products while on a temporary hold status.
- › Any outstanding commissions will continue to be paid during this period.
- › We are not obligated to report your status to a government agency unless further action is required.

Agent termination: not-for-cause and for-cause

All contract and appointment terminations are classified not-for-cause or for-cause. Termination of appointment may be recommended by Cigna Medicare, the Topline or immediate upline, a regulatory Agency, or state Department of Insurance, or an Agent may request a voluntary termination or an alteration to the Topline hierarchy.

Not-for-cause termination (Agent/Agency)

A not-for-cause termination can be initiated by your Topline or immediate upline, Cigna Medicare, or you, for any reason including, but not limited to, relocation, expired license, expired Errors and Omissions insurance coverage. The following process is followed when a not-for-cause termination is requested.

- › Termination requests must be submitted in writing via email or a termination form outlining the reason for termination. The **termination form** may be obtained by Contracting at **ContractingMailbox@Cigna.com**. The termination request must be submitted to Contracting at **ContractingMailbox@Cigna.com**.
- › The terminated Agent/Agency will be sent a termination notification, which will identify the effective termination date.
- › State-level appointments will be terminated in conjunction with the date the agreement is terminated.

- › When an Agency is terminated: Any downline Agents/Agencies will be moved under the next highest entity in the hierarchy.
- › Termination will cease payment of commissions.

Agent

If you are terminated by your Topline Agency or fall under a Topline Agency that will no longer hold a contract with Cigna Medicare but are in good standing with Cigna Medicare, (i.e., not under investigation internally or externally, have acceptable compliance metrics, sufficient sales, not in debt to Cigna Medicare and/or current upline, do not have third-party paper prohibiting a move in hierarchy), you may re-contract under a new hierarchy or direct to Cigna Medicare. If recontracting, onboarding, certification, and activation are complete within thirty (30) calendar days of the termination date, commissions and renewals may be restored.

Agency

If an Agency is terminated by its Topline or falls under a Topline Agency that will no longer hold a contract with Cigna Medicare and is in good standing with Cigna Medicare, the Agency may recontract under a new hierarchy or direct to Cigna Medicare.

For-cause termination

A for-cause termination can be initiated by Cigna Medicare or by an external regulatory Agency.

- › A for-cause termination notification letter, detailing the offense, termination effective date, and the appeal process, is sent to you via certified U.S. mail.
- › Your Topline or upline is emailed a copy of your notification letter.
- › State-level appointments will be terminated in conjunction with federal and state requirements. Communication to any state in which the Agent/Agency is appointed will be made in accordance with all federal and state requirements.
- › When an Agency is terminated, any active downline Agents/Agencies will be moved under the next highest entity in the hierarchy.
- › Termination will result in the Agent/Agency being ineligible to receive any further commission payments.

- › In some cases, as directed by the Cigna Medicare Sales Development Action Program, your profile in the contracting systems could also be marked as “Do Not Recontract.”
- › If you are terminated “for-cause” or “not for-cause” due to compliance and/or other disciplinary reason, per our policy, you must wait at least one year before applying for reinstatement.

“Do Not Recontract” reinstatement process

If you are flagged “Do Not Recontract,” you may not contract with any Cigna company or its affiliates, including, but not limited to, all Cigna Medicare and commercial products.

The following is the process to request reconsideration of your “Do Not Recontract” status.

- › When you receive your termination letter, you have ten (10) business days to appeal by submitting the Request for Reinstatement of Appointment to the Contracting inbox. Please send it via email to **ContractingMailbox@Cigna.com**.
- › If there are no open violations against you, the request will be considered at the Sales Development Action Program (SDAP) meeting. If there are open violations, you and the appropriate sales leader will be notified via email or telephone that the reinstatement request will not go to the committee until the open violations have been closed.
- › The reinstatement request, along with any pertinent new information, is reviewed by the SDAP. When the committee has made a determination, the outcome will be documented in your Agent file and you will be notified in writing via email with an electronic copy to your Topline.
- › If you are approved for reinstatement, you will be required to recontract by submitting a new contracting packet.
- › If you are not approved for reinstatement, you must wait at least one year before submitting any additional requests for reconsideration. .

SECTION IV

COMMISSIONS

The information contained in this section provides a general summary of the Compensation Rules of Engagement and the Medicare Advantage Prescription Drug Compensation Schedule. Please refer to each respective document for additional details. The Medicare Advantage Prescription Drug Compensation Schedule and the Compensation Rules of Engagement shall supersede in the event of a conflict with this Section III.

Compensation overview

Cigna Medicare annually publishes the Medicare Advantage Prescription Drug Compensation Schedule and Rules of Engagement, which provides additional details pertaining to our commission processing. The Compensation Rules of Engagement can be found on Cigna Medicare Producers' University.

Per CMS guidelines, Cigna Medicare defines a compensation year as January–December (a normal calendar year). Cigna Medicare is required to pay Agents at the compensation rates within ranges filed and attested annually with CMS. Agents with an Assignment of Commissions (AOC) must similarly be paid by the Assignee unless a compliant compensation plan is submitted with documented approval from Cigna Medicare. More specific compensation information can be found in the Cigna Medicare Compensation Rules of Engagement.

Commissions – individual sales

Enrollments must be a result of the direct contact between the Agent/Broker and the individual prospect. Cigna Medicare will pay a commission for each individual who the Agency or Subordinate Agency, Brokers or Agents enroll in a Cigna MA/MAPD plan. Agent-level commissions and Agency administrative fees for new applications are paid per the current Cigna Medicare Compensation Rate Schedule set forth annually located on Cigna Medicare Producers' University.

Payments will be made during the normal commission payment schedule as set forth by Cigna Medicare policy unless otherwise agreed between the parties.

New application commission payments

In order to be eligible to receive Agent-level commission payments/Agency administrative fees from Cigna Medicare, both the Agent and Agency must be properly contracted, licensed, and appointed (based on each state's regulations) prior to making a sale. Writing Agents are also required to complete annual training/certification requirements prior to making a sale, per CMS. If the writing Agent is noncompliant, payment will not be administered to any party, including hierarchy, for the applicable enrollment. In the event an Agency is noncompliant (i.e. is not properly contracted, licensed and appointed, and/or has not completed required attestation), the specified Agency will not receive payment, but all other compliant entities in the hierarchy may receive payment. Cigna Medicare payments on new applications are made per the schedule set forth in the Cigna Medicare Compensation Rate Schedule and also located on Cigna Medicare Producers' University. Payment schedules may be changed annually and/or at the discretion of Cigna Medicare.

Commission Department services

The Commission Department exists to process new applications, chargeback, CMS reconciliation and renewal commission payments, as well as to provide service to the Agent and Agency partners surrounding these payments. Any inquiries to the Commission Department should be sent from the Broker partner through secure messaging via Cigna Medicare's secure web portal or another secure portal utilized by the Broker partner. Inquiries are very important to the Commission Department and all inquiries will receive a response within 72 hours of receipt, except during high-volume periods, such as following the January renewal payment and the January 1 new sales cycles. All commission inquiries should be made to **Commissions@CignaMedicare.com**.

Commission statements

During pay periods in which an Agent or Agency has transactions (new application, chargeback, CMS reconciliation or renewal records), a commission statement will be generated. Cigna Medicare statements are emailed to all producers via secure email from the Commission Department. Arizona Agents/Agencies can access commission statements for business written under a Cigna Legacy Arizona contract within the EvolveNXT Broker portal. These statements are not emailed unless requested from Cigna Producer Commissions: **800.903.7711** or **Commissions@CignaMedicare.com**.

Currently, Cigna Medicare uses Proofpoint as the secure email site. Registration to this site (login and password) is required to access Cigna Medicare statements. Agents or Agencies who have trouble opening their statements through the secured Proofpoint system should call the Cigna Agent Resource Line (CARL) at 866.442.7516 or email CARL at **CARL@Cigna.com**.

All commission statements outline the activity which has occurred within the given pay period for each producer.

Cigna Agent Resource Line (CARL)

CARL is Cigna Medicare's Help Center staffed by employees trained to provide valuable support to active Internal and External Agents.

CARL's hours of operation are:

- October 1–December 7 (AEP): Monday–Saturday
7:00 am–9:00 pm CST and Sunday
9:30 am–6:00 pm CST
- December 8–December 31 (Post-AEP):
Monday–Friday 7:00am–6:00pm CST
- January 1–March 31 (OEP): Monday–Saturday
7:00am–7:00pm CST
- April 1–September 30 (Lock-In): Monday–Friday
7:00am–6:00pm CST

Selling or Transferring an active commissionable book of business

Subject to CMS rules and regulations, as amended from time to time, and when approved by Cigna Medicare Producer Commissions management, Agents and Agencies may be permitted to transfer their active commissionable book of business to another Agent or Agency in good standing with Cigna Medicare. The transfer must be the result of an acquisition, merger, sale, consolidation, death of an agent, or other legal transaction, and the transferring Agent/Agency must be terminating their contract with Cigna as a result of the sale/transfer. Detailed rules and requirements for a Book of Business sale or transfer can be found in the Cigna Medicare Compensation Rules of Engagement.

SECTION V

OVERSIGHT**Compliance/oversight responsibility**

Topline Agencies, please refer to Cigna Medicare FDR Integrity Oversight Guide. Furthermore, the Delegated Services Agreement contains additional obligations for compliance and oversight activities by Topline Agencies. The FDR Oversight Guide and Delegated Services Agreement shall control in the event of a conflict with this Section V.

The Topline Agency will regularly review the performance of its data, as well as the performance of all its downstream data. The Agent is responsible for reviewing his or her data on a regular basis. This includes any downstream data as applicable. Cigna Medicare Agents and Agencies must review and investigate complaints in a timely manner. Failure to cooperate with a Cigna Medicare investigation may result in termination of the Agency or Agent contract.

Agents must actively participate in the Cigna Medicare oversight program, standards of which may be changed or enforced in the sole discretion of Cigna Medicare, and which may include, but are not limited to:

- a. Periodic review of Agent's contractual obligations to ensure Agent is meeting requirements
- b. Participation in Cigna Medicare's evaluation programs (e.g., ride alongs, telephonic reviews, secret shops). Evaluations must receive a passing score. All failures will be processed through the Sales Development Action Program (SDAP).
- c. Review of applications to ensure they are completed per Cigna Medicare and CMS standards.
- d. Review of Scope of Appointments (SOA) to ensure they are obtained and completed per Cigna Medicare and CMS standards.
- e. As applicable, ensure sales events are approved by Cigna Medicare prior to events and within the CMS timeframe for submission.
- f. Ensure applications are submitted timely per Cigna Medicare and CMS policy.
- g. Agents must regularly review complaint rates, void rates and rapid disenrollment rates.
- h. Periodic review of other Cigna Medicare policies and procedures to ensure compliance.



Sales Development Action Program

Cigna Medicare has implemented a development action program which is managed by the Sales Development Action Program (SDAP). The SDAP is comprised of senior leadership within Cigna Medicare and meets regularly to review potential Cigna Medicare and CMS policy violations by an Agent or Agency. Policy violations may trigger a remediation/corrective action plan which the Agent or Agency must complete.

Agent remediation/corrective action plans may include, but are not limited to:

- a. Retraining.
- b. Meeting with a Cigna Medicare representative to review the violation(s) and discuss policy requirements.
- c. Ride-alongs.
- d. Secret shops.
 - i. A formal audit.
 - j. Financial penalties.
- k. Suspension of selling activity, which must be reported to state and federal Agencies.
- l. Temporary hold of selling activities.
- m. Termination of contract.

Agency remediation/corrective action plans may include, but are not limited to:

- a. Meeting with a Cigna Medicare representative to review the violation(s) and discuss policy requirements.
- b. A formal audit.
- c. Financial penalties.
- d. Temporary hold of selling activities.
- e. Termination of contract.

Sales Complaints

A sales complaint is an allegation that an Agent misrepresents the plan or plan benefits by violating CMS guidelines or regulations and/or Cigna Medicare policies and procedures. Sales complaints are received from multiple sources: Medicare Complaints Tracking Module (CTM), Grievance Tracking System (GTS) or other source. Sales complaints are typically filed by a customer, a customer's representative, a provider, or a regulatory Agency (SSA, congressional office, etc.) on behalf of a customer. All sales complaints are investigated and SDAP is engaged regardless of the outcome of the investigation.

CTM Sales Complaints

A CTM is a sales complaint that is received from the Centers for Medicare & Medicaid Services (CMS) directly from the CMS's Health Plan Management System (HPMS) Complaints Tracking Module (CTM), a database that assists CMS and its contracted plans in tracking and resolving complaints. Each complaint received within the database is considered a "CTM" or CTM case. A CTM can be filed against any Cigna Medicare plan contracts (PDP and MAPD) and can be for any type of issue, such as customer service, enrollment/disenrollment, copay/coinsurance, pricing/premium, claims, benefit coverage determinations, organization determinations, or appeals. A CTM concerning the actions of any Agent can also be alleged. Each CTM is assigned an issue level by CMS, which determines the due date of the CTM case. Our internal guidelines follow the CMS issue levels.

- ▶ Immediate Need CTM – one-day turnaround time
- ▶ Urgent CTM – seven-day turnaround time (internal goal three days)
- ▶ Regular CTM – 30-day turnaround time (internal goal 15 days)

Customer Service Violation (CSV) Sales Complaints

A CSV is a sales complaint that is received from any other source other than that described in CTM Sales Complaints. Those sources include, but are not limited to, the Grievance Tracking System (GTS), a Cigna Medicare internal database that tracks grievances initiated by customer communications (verbal or written) with Cigna Medicare Customer Service; the Compliance or Ethics Hotline; Departments of Insurance of other regulatory authorities; or other source deemed applicable by Compliance. A CSV can be filed against any Agent alleging the actions of the Agent directly or indirectly led to the grievance. A CSV is typically assigned a regular issue level determining the due date with a 30-day turnaround time (internal goal 25 days).

Reporting of identified compliance issues

Agencies will report potential issues which may be violations of CMS, state, federal or plan-specific policy, requirements affecting selling privileges to Cigna Medicare upon discovery. Parties agree to cooperate with Cigna Medicare by providing any and all documentation required to evaluate, correct and monitor the identified issue as applicable.

Agencies should refer to their Cigna Medicare Sales Integrity FDR oversight guide for deadlines for reporting schedules and additional information.

SECTION VI

TELESALES REQUIREMENTS**Establishing a Telesales Agency with Cigna Medicare**

At Cigna Medicare, we believe in providing quality care and responsive service to our customers when and where they need it. We are focused on putting our customers at the center of all we do and welcome Agencies who share this focus. These guidelines provide additional details on how to establish a compliant and customer-focused telesales Agency on behalf of Cigna Medicare.

Telesales Agency criteria

All state/federal and Cigna Medicare requirements must be followed by any organization that will perform telephonic enrollment functions (telesales). The following minimum requirements outline what is necessary to implement and maintain telesales functions on behalf of Cigna Medicare.

Compliance requirements

- › Telesales Agencies are required to adhere to the telesales setup criteria, the Telesales Addendum in the Delegated Services Agreement, and telesales policies and procedures.
- › If the organization does not adhere to the telesales requirements, and if appropriate remediation action is not taken within 72 hours of written notice, the organization may be subject to immediate termination.
- › The telesales function will be evaluated on an annual basis to ensure compliance with CMS guidelines, Cigna Medicare policies and contract adherence with regard to telesales production.
- › The Agency must create and maintain all applicable policies and procedures to support the telesales functions, which include both technical and administrative safeguards.
- › Caller ID Spoofing is prohibited. “Caller ID Spoofing” or “Spoofing” is a practice where a caller (e.g., an agent or broker) makes a telephone call to a potential customer using a technology that helps mask the caller’s identity by showing the recipient a caller ID telephone number that is different from the caller’s actual telephone number. This often occurs when robocall technology is utilized. Spoofing is illegal

under the Truth in Caller ID Act which makes illegal the transmission of misleading or inaccurate caller ID information with the intent to defraud, cause harm, or wrongly obtain anything of value. Anyone who engages in illegal spoofing can face penalties of up to \$10,000 for each violation. Cigna requires that brokers and agents comply with all applicable federal and state laws. Cigna does not approve of the use of caller ID spoofing technology and will terminate its relationship with any producer who is found to be using the technology to mislead potential customers. We encourage all agents and brokers to review the Federal Communications Commission website to learn more about the Truth in Caller ID Act and consumer issues associated with robocalling: <https://www.fcc.gov/consumers/guides/stop-unwanted-robocalls-and-texts>

Any violation of Cigna Medicare or state/federal requirements may result in disciplinary action up to and including termination of the Cigna Medicare contract.

Organizational structure

- › Prior to startup, the Agency will determine if they will operate year-round or only during the Annual Election Period (AEP).
- › Agency should notify their Account Manager in writing 30 days prior to making changes to their operating duration (days of operation, operation hours or closing of telesales operations). Changes cannot be made until written approval is received from Cigna Medicare.
- › The telesales Agency should have a point of contact for daily management as well as escalation issues.

Production requirements

- › There is a 12-month ramp-up period for new telesales Agencies to meet production requirements.
- › Production requirements must be met at the Agency contract level.
- › Failure to meet production targets following two consecutive months after the 12-month ramp-up period may result in termination of the telesales portion of the contract with 30-day notice.

Licensure

- All Agents and Agencies are required to complete the appropriate licensing, appointment and state specific requirements in all states the Agency or Agent sells the Cigna Medicare product. This includes external certification training administered by AHIP, Pinpoint or Gorman, as well as additional required training modules.
- Once all training is complete, the Agent will be made “active.” The Agent will then be assigned a writing number and Agent ID to access the Cigna Medicare enrollment platform. Agents will only be ready to sell after they receive their Cigna Medicare “Welcome Letter,” listing the states and appointments in which they are permitted to sell.
- Cigna Medicare will appoint and/or terminate all Agents processing telephonic enrollments.
- All Agents must comply with any additional training requirements identified during the term of the agreement with Cigna Medicare.
- Telesales training will occur between September 1 and October 15 each year. Onsite and/or webinar training may be provided by Cigna Medicare at the time of initial setup, and annually thereafter.

Initial setup of new Telesales Agency

- An Agency site visit must occur prior to proceeding with implementation.
- Site visits will involve a complete assessment, which may include, but is not limited to, telesales operations, technical capabilities and compliance oversight.
- Any deficiencies identified during the site visit will be communicated to the Agency with required remediation. Time frames for completing remediation work will be agreed upon by both the Agency and Cigna Medicare. If remediation deadlines are not met, telephonic enrollment capability will not be granted.
- The Agency will be provided with copies of all applicable guidance (marketing, sales, etc.) that will need to be captured in policies and procedures.
- Agency will have to complete a Cigna Medicare IT review. If Agency and upline hierarchy confirms they do not expect to receive leads from Cigna, a shortened IT review will be conducted. However, should anything change in the future in that Agency or hierarchy wishes to receive overflow leads from Cigna, a more in depth IT review will be required before leads can be received, should they be available.

Telephonic systems

- An Agency must have a telephone system that can accurately route prospective customers to trained and qualified individual employees who can appropriately handle their call.
- The telephone system must be able to transfer calls to a particular Agent as requested or needed. Live demonstration may be required during site visit.
- The telephone system should have the capability to do either silent or side-by-side monitoring of live calls. Live demonstration may be required during site visit.
- Agency will have to complete a Cigna Medicare IT review.
- The telephone system must also have voicemail capability or administrative support to answer calls when a licensed Agent is not available. Agency must return the call within one business day. Live demonstration may be required during site visit.
- An Agency must be able to record all telephonic needs assessments, discussions, sales presentations and enrollments for the duration of the call, including internal transfers.
- An Agency must successfully complete testing prior to going live. Testing would include recording calls and successfully retrieving the stored data. Live demonstration may be required during site visit
- An Agency must be able to save recordings in a .WAV or .MP3 file using the following naming convention (live demonstration may be required during site visit).
 - Application calls should be saved as:
 - Customer’s name_Agent’s name_YYYYMMDD_carrier name
 - Fact-finding calls (includes needs assessment and/or presale call) should be saved as:
 - Customer’s name_Agent’s name_YYYYMMDD_carrier name_FF Part 1
 - Customer’s name_Agent’s name_YYYYMMDD_carrier name_FF Part 2
 - Customer’s name_Agent’s name_YYYYMMDD_carrier name_FF Part 3
 - Rewritten Application calls should be saved as:
 - Customer’s name_Agent’s name_YYYYMMDD_carrier name_re-enroll

Telesales recording transfer and storage requirements

Cigna Medicare has two options available for providing recorded telesales calls. The telesales call recording (“Recording”) is to include the needs assessment, presale/sales presentation and the enrollment process. Failure to meet the outlined requirements may result in disciplinary or remediation actions.

For newly onboarded call centers, Option one will be required for a probationary period of six months to ensure transfer timeline expectations and 100% call reconciliation can be met prior to allowing election of Option two.

Option one (standard):

- 100% of all Recordings must be posted to the Cigna Medicare secure FTP site within five (5) business days or seven (7) calendar days.
- Cigna Medicare will ensure the Recordings are stored for 10 years per CMS requirements.
- Agencies must notify Cigna Medicare of any changes to their Internet Protocol (IP) address.

Option two (requires approval):

- Agency is required to provide five (5) Recordings for the first week of AEP.
 - Recordings must be uploaded to the Cigna Medicare secure FTP site within five (5) business days or seven (7) calendar days from the date of enrollment.
- Agency is required to provide Recordings as requested by Cigna Medicare for Quality Audits. The Cigna Medicare Integrity team will identify the number of Recordings to be provided quarterly.
 - Agency will receive an email from the Account Manager, outlining the Recordings to be provided.
 - Recordings are to be uploaded to the secure FTP site within five (5) business days or seven (7) calendar days of the request. Failure to provide the complete calls within the required timeframe may result in Agency SDAP violation. Refer to Section III: Suspension and Termination for additional details and remediation requirements.
- For Agent complaints and CMS/Compliance requests, Agency is required to provide the Recording to Cigna Medicare via the secure FTP within the following time frames.
 - Urgent/immediate need CMS requests within 24 hours

- Standard request within five (5) business days or seven (7) calendar days
- Agency must have and provide a contact that will provide Recordings, and respond to urgent/immediate need CMS requests within 24 hours, seven days a week.
- Agency is required to provide Recordings as requested for virtual Ride-Along reviews.
 - Agency is required to provide Recordings as requested by the Cigna Medicare Compliance team.
 - Agency will receive an email from the Client Service Manager outlining the Recordings to be uploaded to the secure FTP site.
 - Recordings are to be uploaded to the secure FTP site within five (5) business days or seven (7) calendar days of the request. Failure to provide the complete calls within the required timeframe may result in Agency SDAP violations and remediation requirements.
- Agency is required to maintain all Recordings in accordance with the CMS records retention guideline (minimum of 10 years).
- Agency is required to conduct self-audits to ensure 100% of telesales enrollments have Recordings on file. Agency must immediately report any reconciliation discrepancies to Cigna Medicare.
- Agencies must notify Cigna Medicare of any changes to their Internet Protocol (IP) address.

Two failures to provide Recordings, based on the above requirements, may result in revocation of Option two.

Remote Telesales Agency

- A determination will be made by Cigna Medicare to allow Agencies to have remote telesales Agents.
 - Agency must have sold telephonically with a physical location for at least one year with a proven track record with Cigna Medicare.
 - Agency must have a dedicated training staff that has sold telephonically and understands the nuances of selling over the phone.
 - Agency must be willing to accommodate in-house training for remote Agents not close to a physical call center location and the associated fees with flying a trainer to remote Agents for this purpose.
- Remote telesales Agencies/Agents must meet the same requirements outlined for in-house telesales Agencies/Agents.

- Remote telesales Agents must use the same technology and call system as in-house telesales Agents. Agency must have the ability to listen to live calls and conduct silent or side-by-side monitoring. Agency must be able to record all remote telephonic needs assessments, sales presentations, and enrollments for the duration of the call, including transfers.
- Agencies must demonstrate a robust training program tailored to Agents in a remote environment. Agency must provide documentation outlining their training program for remote telesales Agents. Cigna Medicare may require updates or changes to this training program to comply with CMS and Cigna Medicare guidelines and will notify Agency in advance of these required updates or changes.
 - Remote telesales Agents must train with seasoned telesales Agents using side-by-side listening sessions and role plays.
 - Remote telesales is only permitted for seasoned or proven Agents with a clean compliance record.
 - Prospective remote Agents must sit with a seasoned telesales Agent for a two-week probationary period in which the Agency will monitor calls and confirm the Agent can successfully and compliantly sell telephonically prior to being permitted to sell remotely. At the end of the two-week probationary period, the Agent must pass a telephonic Ride-Along with a score of 85% or higher. Failure to pass this Ride-Along will result in denial of the request to sell remotely.
- Agency is required to have stand-alone supervisor or team lead available to remote telesales Agents by phone and/or instant messaging.
- Remote telesales Agents must only work from a secure location within the United States. Agency must maintain a list of addresses where Remote telesales Agents are based and ensure such locations are safe and appropriate.
 - Remote telesales Agents must not have print capability or be able to store any Protected Health Information (PHI) in their home office.
 - If Agents have print capability, they should have a locking file cabinet for storage and a shredder for destruction of PHI items.
- Remote telesales Agencies must create a separate remote workers' policy confirming adherence and compliant use, storage and disposal of Personally Identifiable Information (PII) and PHI as well as outlining how they will track and monitor Agent compliance to this policy. Remote access to the Agency network must meet the same requirements outlined for in-house connectivity, including but not limited to, Data Loss Prevention measures, Multi-Factor Authentication utilization, and encryption in transit and at rest.

SECTION VII

OPERATIONAL REQUIREMENTS**Marketing materials and scripts**

Any branded marketing materials, or materials which disclose Cigna Medicare benefits including, but not limited to, letters, brochures, and advertisements mailed or distributed to Cigna Medicare customers and potential enrollees, telemarketing scripts, and packaging prepared or produced by Agent must be submitted to Cigna Medicare for review and approval prior to use to ensure compliance with federal and state laws, rules, regulations, CMS guidance, and Cigna Medicare requirements. Only Cigna Medicare and CMS-approved materials can be used with regard to inbound/outbound call scripts, advertising via any media (including, but not limited to, direct mail, newspaper/ magazine ads, TV commercials, radio ads, social media, websites, etc.).

Any and all outbound scripts utilized by the Agency, its Agents and/or subcontractors, to contact beneficiary on behalf of Cigna Medicare, must be submitted to Cigna Medicare prior to use. Scripts must be submitted to Cigna Medicare Privacy for review. Upon approval from Privacy, scripts will ultimately be submitted to CMS for review and approval prior to use in the marketplace. In addition, when conducting outbound calls, the Agency, its Agents and/or subcontractors must ensure the scripts include a privacy statement clarifying the benefits is not required to provide any health related information to Cigna Medicare or Agent and that the information provided will in no way affect the benefits membership in the Medicare Advantage and/or Part D Plan. Please refer to Cigna Medicare policy for additional guidance.

Agencies and Agents are required to adhere to the CMS Medicare Communications and Marketing Guidelines (MCMG), state and federal regulations, and Cigna Medicare policies. The MCMG provide information pertaining to, but not limited to, marketing, material types, disclaimers, promotional events, rewards, review processes, scripts, and oversight responsibilities. Agents/Agencies are required to comply with the new Affordable Care Act (ACA) Section 1557 regulations as of July 18, 2016. This prohibits Agent/ Agencies from discriminating on the basis of race, color, national origin, gender, age, or disability in health programs or activities that receive federal financial assistance, or are administered by an Executive Agency or any entity established under Title 1 of the ACA.

As part of the ACA, the multi-language insert (MLI), and the nondiscrimination notice and statement are required with all marketing materials.

The MLI provides taglines in the top 15 non-English languages spoken by individuals in the states that Cigna Medicare offers Medicare Advantage and Medicare Part D plans. The nondiscrimination statement and notices are also required.

Agents/Agencies must also include the required MLIs and the nondiscrimination notice and statement on any public-facing website (a website which does not require one to log in with credentials) which displays the Cigna Medicare name or logo, regardless if plan benefits are discussed.

For more information please contact your Topline or Local Sales Manager.

Scope of Appointment

All Agents conducting one-on-one appointments with beneficiaries regardless of the venue (e.g., in home, by phone, or at a library), must follow the Scope of Appointment (SOA) guidance. An SOA can be submitted telephonically, electronically or by paper.

TeleScope line

TeleScope is the convenient and recommended Cigna Medicare alternative to completing a paper SOA form. The customer calls the TeleScope line to record the SOA. After an appointment is set up with the beneficiary, the Agent will request the customer call the TeleScope line. A three-way call with the Agent, the beneficiary, and our TeleScope Agent is often recommended.

Agents can reach the Cigna Medicare TeleScope line at 866.398.6055. CARL's hours of operation are:

- October 1–December 7 (AEP): Monday–Saturday 7:00 am–9:00 pm CST and Sunday 9:30 am–6:00 pm CST
- December 8–September 30 (Lock-In): Monday–Friday 7:00 am–6:00 pm CST

The beneficiary(or their Authorized Representative) must provide the following information.

- Customer's first and last name
- Customer's address and phone number
- Time and date of upcoming appointment

- Agent’s first and last name
- Agent ID (your writing number)
- Your initial method of contact

Cigna Medicare’s TeleScope Agent will then give the Agent or customer a confirmation number to confirm the SOA has been recorded. The confirmation number will also be emailed to the Agent’s email address on file.

The Agent will need to enter this confirmation number in the Scope of Appointment ID number field on the enrollment form before faxing or electronically submitting the new customer’s application. The Agent should not go on the appointment unless they have received the recorded permission from the TeleScope line.

Paper Scope of Appointment form

An Agent should use a paper SOA if an advance call to the TeleScope line is unreasonable. Use a paper SOA form in these situations.

The beneficiary:

- Attends your Seminar or Sales Meeting and wants a presentation right after.
- Walks into your office.
- Needs a presentation immediately to make the end-of-the-month deadline.
- Has children who need to be involved, but they are only available today.
- Is leaving for an extended time and needs to see the presentation immediately.

e-Scope

An agent/broker has the option to complete an electronic SOA form (e-Scope) via the eEnrollment portal.

- The agent/broker navigates through the Scope of Sales Appointment Confirmation Form screens – completing all required information fields.
- Both the agent/broker and the customer/authorized representative sign the e-Scope form using electronic signature.
- When the agent/broker completes the e-Scope process a PDF file is generated where the information captured electronically is placed on the existing SOA PDF that is used for paper SOA’s, complete with the agent/broker and customer/authorized representative signature in the appropriate places.
- The complete e-Scope is archived automatically.

Hybrid Agent Guidelines

These guidelines are provided for agents classified as “hybrid” and therefore looking to conduct sales via both field and telesales methods.

- Agents/Agencies are responsible for a clear understanding of all compliance and legal requirements for both field and telephonic sales.
- In order to be approved for hybrid agent sub-delegation, Agencies must be delegated for field and telesales by completing Cigna’s Call Center Intake process. Any agents designated as “hybrid” must be directly contracted under an approved field and telesales-delegated agency.
- Agencies must demonstrate a robust training program tailored to Agents selling via both field and telesales methods. Agency must provide documentation outlining their training program for hybrid agents. Cigna Medicare may require updates to this training program to comply with CMS and Cigna Medicare guidelines and will notify Agency in advance of these required updates or changes.

Face-to-Face

- When selling face to face, Agents must complete a full and compliant presentation, including a comprehensive needs assessment and full review of benefits.
- Agents must obtain a scope of appointment prior to the presentation. Scopes must be retained for 10 years and provided upon request.
- If the customer wishes to enroll, Agent must use approved enrollment submission methods (see below).
 - Paper (fax or mail-in)
 - Cigna E-Enrollment
 - Third party enrollment vendors – please work with your Cigna Medicare Broker Sales team for more information
- If data is being passed back and forth with these vendors, a Cigna Information Protection (CIP) review is needed to ensure data security. If written confirmation is provided that no data is being passed, no CIP review will be needed.
- Once the above have been provided, the third party enrollment vendors must request approval from Cigna Medicare to activate the broker enrollment capabilities for Agency.
 - Enrollment files via sFTP (OEC) – please work with your Cigna Medicare Broker Sales team for more information

- Agencies using OEC files for enrollment submissions must complete a Cigna Information Protection (CIP) review to ensure data security.
- OEC files must be tested prior to utilizing this sales method to ensure Cigna Medicare can accept and approve the enrollment types.

Telesales

- When selling telephonically, Agent must use Agency's approved technology and call system.
 - Agent must perform a comprehensive needs assessment and review of health plan benefits in order for the potential customer to make an educated decision on enrollment into the plan.
 - Agent must follow CMS-approved scripts for both pre-enrollment and enrollment portions of the call.
 - Enrollment requests are accepted only during an incoming (or inbound) telephone call from a potential customer.
 - All portions of the call (needs assessment, pre-enrollment, enrollment, and any transfers between agents or non-licensed reps) must be recorded and stored for 10 years per CMS guidelines.
 - Upon completing a telephonic enrollment request, Agent must provide a confirmation number to the customer for tracking purposes.
 - Enrollment submission methods:
- Carrier platform (Salesforce)
- Third party enrollment vendors – please work with your Cigna Medicare Broker Sales team for more information (see above).
- Enrollment files via sFTP (OEC) – please work with your Cigna Medicare Broker Sales team for more information (see above).
- Agencies must have P&Ps outlining these requirements and their process to oversee and monitor agent compliance with these guidelines.
- These guidelines are intended to provide a general overview of Cigna Medicare telesales agent conduct and compliance requirements. These are not inclusive of all of the state and federal laws, CMS regulations, company policies, or other requirements applicable to you.

Enrollment applications

It is important to fill out the enrollment application completely and accurately in order to avoid processing delays and possible rejection of the enrollment. There are multiple methods Agents/Brokers can use to submit enrollment requests to Cigna Medicare. Valid Cigna Medicare submission methods are as follows.

Paper Application

When an Agent receives a completed approved MA/MAPD paper enrollment request from the customer, an Agent or Broker signs and dates the form and faxes it to the appropriate Cigna Medicare regional enrollment fax number along with the Sales Application Cover Sheet.

Agents have the option to complete a paper enrollment application during a meeting with a customer. In order for the enrollment to be processed, the Agent is expected to fax the completed and signed application to the enrollment team and ensure their receipt of enrollment within two calendar days. The Agent must fax the completed enrollment form to Cigna Medicare, using the fax number listed for the market on the Application Cover Sheet. When faxing several applications at one time, the agent must include a cover sheet as the first page of each application. If the customer chooses to send the application directly to Cigna Medicare by mail or fax, then the date that the form is received is the office application receipt date. Applications sent by mail which do not meet the two calendar day time frame will result in an SDAP violation for application timeliness. For Telephonic enrollments, the office application receipt date is the date of the call. To confirm receipt of faxed applications, an Agent can use Cigna for Brokers or call CARL.

eEnrollment

The Cigna Medicare eEnrollment form is a paperless electronic application accessible via <https://broker.hsconnectonline.com/>.

The eEnrollment form:

- Is available via laptop and tablet browsers.
- Is an internet application accessed through a web browser.
- Creates a complete application that can be verified and signed before submission.
- Allows the Agent/customer to submit a completed application immediately for processing.

Cigna for Brokers

Contracted and approved telesales Agents may use the telephonic enrollment script on Cigna for Brokers via www.cignaforbrowsers.com to submit enrollment requests.

In the event a telesales Agency/Agent does not use the telephonic enrollment script on Cigna for Brokers, enrollments over the phone must be accepted by approved telephonic enrollment mechanisms and follow the approved enrollment script.

Supporting documentation

Power of Attorney

When applicable, a customer may state on the election form that they have a Power of Attorney. In order to accept Power of Attorney for a customer, copies of the executed legal document must be attached with the application. The Power of Attorney will state the person's name and may include relationship to customer. The Power of Attorney will be able to act on their behalf should they become incapacitated. The Power of Attorney document should indicate that it is for medical reasons.

Required documentation includes:

- Name(s) of each Power of Attorney
- Relationship to customer if known
- Initials of person entering the data
- Department of person entering data

Request for Information (RFI) application

RFI applications are required when information is missing from an application. If an Agent is providing missing or requested information to fulfill the original application, they will need to check the RFI box at the top of an application. There are many rules surrounding the deadlines for RFIs, but typically customers have 21 days from the date of their RFI to send us the required information. It is critical RFIs be addressed within the required timeframe to ensure applications are not denied.

Application submission policies/timeliness

CMS has strict regulations regarding the submission of enrollment applications. Per Cigna Medicare policy, Agents have two calendar days to submit the completed application form to Cigna Medicare. The two calendar day window is applicable regardless of the day of the week you accepted the completed form from the customer. The two-day rule applies for enrollments throughout the year, including AEP.

If the customer insists on sending the application via mail, the Agent should not sign or date the Agent portion of the application. The Agent should also inform the customer not to fill in this section at any time.

Enrollments accepted over the phone must be accepted by approved telephonic enrollment mechanisms and follow the approved enrollment script. Telephonic applications must list the date of the call as the application date.

Checklist for application process

Confirm eligibility requirements.

- Customer must have Medicare Part A and Part B to join a Medicare Advantage plan, and the customer must also have Medicare Part D to join a Medicare Advantage Prescription Drug Plan
- Customer must reside in the approved Service Area for their selected plan
- For 2020 effective enrollments only, Customer must not have end-stage renal disease (ESRD). Please note, the 21st Century Cures Act amended the Social Security Act to allow all Medicare-eligible individuals with ESRD to enroll in MA plans beginning January 1, 2021.
- Customer must have active Medicaid if applying for a Total Care plan, and the agent should include proof of active Medicaid in the application submission when possible

It's recommended that the Agent secure Medicaid eligibility status information for all customers completing an enrollment request, and include the active Medicaid ID on the form if applicable. Please note that Agents are required to follow all CMS application requirements in the MCMG. (Appendix 2: Summary of Data Elements Required for Plan Enrollment Mechanisms and Completed Enrollment Requests. Referenced in sections: 20, 20.4, 40.2, 40.4.1)

Application must include:

- ✓ The customer's plan choice
- ✓ Medicare insurance information
- ✓ Customer's:
 - DOB
 - Gender
 - Phone number
 - Permanent address/mailling address
 - Email address
 - PCP full name
 - Emergency contact
- ✓ Premium payment option
- ✓ ESRD question
- ✓ Prescription drug coverage information
- ✓ Additional medical health coverage information
- ✓ Other prescription drug coverage question
- ✓ Long-term care facility question
- ✓ State Medicaid Program question
- ✓ Multi-language/print necessities
- ✓ Signature of applicant/customer/authorized representative
- ✓ Checklist for Special Enrollment Period eligibility

Enrollment application cancellations or withdrawals

If a customer wishes to cancel or withdraw an application, they must send a letter to Cigna Medicare or call Customer Service prior to the effective date.

Please note that cancellations must be completed before the effective date, and disenrollment requests must be completed after the effective date with a written and valid reason for disenrollment.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of Colorado, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal. All pictures are for illustrative purposes only.

909928 a 07/20 © 2020 Cigna. Some content provided under license.