



Humana Agent Guidance Plan Year 2023

Created by
MarketPoint Retail Sales Learning and Development (MRSALD)

Introduction	2
Important Download	2
Welcome!	2
New and Improved!	2
Humana Product Information.....	4
First Look Coming Soon!	4
Go365	5
Plans that include part b giveback benefit	6
Scenario	6
Prohibition of Selling MA only and PDP Together.....	7
Enrollment and Post Enrollment.....	9
Capturing Contact Info and Preferences.....	9
Humana Care Highlight™ - 7 steps to promote Care Highlight™ ratings using Humana’s Find a Doctor tool	10
Knowledge Check	10
Knowledge Check	11
DSNP Enrollment Reminders	12
Verification of Chronic Condition (VCC) Form.....	13
Scenario	13
Scenario	13
Scenario	13
Scenario	14
Scenario	14

INTRODUCTION

Important Download

For the links in this document to work properly:

- **DOWNLOAD** this document to your computer – as the links from this document will **ONLY WORK** after it is saved to your local drive.
- You **MUST BE SIGNED INTO HMU** – before clicking links to Humana MarketPoint University.

After saving it to your computer, use this information as a reference guide while performing your responsibilities as an agent. The links will connect you to the latest information on HMU.

Welcome!

This content helps prepare Humana certified and appointed agents to sell Medicare Advantage and Prescription Drug Plans (for Plan Year 2023) by providing critical content on **CMS** and Humana guidelines.

You are responsible for reviewing, learning and demonstrating the tasks contained within this content. After completing this content, you will be required to provide an attestation – affirming you will adhere to all compliance and ethics requirements while following the guidelines from **CMS** and Humana.

Finally, this agent guidance only includes important or updated content. Specifically, the Recertification is **NOT** a comprehensive training program.

New and Improved!

Thanks to your feedback last year, you will soon experience some of the same things you liked from last year's Recertification Agent Guidance. This includes having knowledge checks – without any graded tests!

Many agents have indicated they want to learn more – while also sharing that the un-graded knowledge checks were helpful. Also watch for recommended talking points/phrases you may use with members – as highlighted in **PURPLE**. The downloadable form of this content has also been brought back. Check the top of the eLearning page.

NEW THIS YEAR! Well... sort of new... the *Sales Resources* document last year provided links to significant information for Recert. Now, it's consolidated with important references to Certification AND Recertification... one stop shopping for all agents! Keep providing us feedback... as we continue to thrive with exceeding your expectations!

Enjoy this year's Recertification.

Pioneer Simplicity | Rethink Routine | Thrive Together

HUMANA PRODUCT INFORMATION

First Look Coming Soon!

Before sharing Humana's First Look, plan designs and service areas must be approved by CMS. Afterwards, the marketing collateral must be prepared and made available. Therefore, First Look information will be available in July. We apologize for any inconvenience this causes.

Go365

Go365® by Humana can help Medicare members who have Go365 on their plan reach health goals as well as take care of their physical and emotional health. Members can earn rewards after completing eligible healthy activities – such as:

- **Prevention activities** – like Annual Wellness Visits, bone density screenings and more
- **Community events** – such as participating in nutritional webinars hosted by Humana Neighborhood Center locations
- **Verified workouts** – Go365 participants can complete verified workouts with SilverSneakers® if it's included in their plan or all participants can track activity by using an activity tracker to monitor their steps

For updated information – including the list of retailers for e-gift cards:

- Go to Humana's web page for [Go365 Wellness & Rewards Program](#) OR
- Read the IGNITE newsletter to leverage the Marketing Resource Center (MRC)

Plans that include part b giveback benefit

Once the member is enrolled and accepted into any of the eligible plans that include the Part B giveback benefit, the member will see the reduction in their Part B premium.

Getting it right...

Educate and provide clear expectations to the member:

- Medicare Part B premium is not a Humana based premium and not collected by Humana. This is primarily between the member and the Social Security/Railroad Board/Medicare offices based on whether they have their Part B premium deductions drafted from their monthly benefit check or pay Medicare (CMS) directly for their Part B premiums. The reduction should reduce the amount they pay for Medicare Part B. The reduction amount can vary. The amount covered can range from 10 cents to the full Part B premium cost (\$170.10 in 2022).
- It can take up to four (4) benefit checks for the change to be applied to the SSA/RRB payment. In the event of a delay, the member should see the reduction for more than one month on the first impacted payment.
- Part B premium reduction is either withheld from their SSA/RRB check OR paid to CMS for part B premiums.
- The member should not be expecting a refund.
- Advise the member to clearly review all documentation received from SSA/RRB regarding their check – to understand if the reduction is being received and/or other issues that may be impacting their check. At times, members receive the reduction without realizing it.

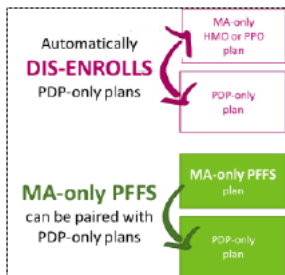
Prohibition of Selling MA only and PDP Together

Medicare beneficiaries may not enroll in a stand-alone PDP AND an MA-only HMO or MA-only PPO plan. Either of these enrollment combinations will result in a disenrollment of the existing plan. This is a regulation from **CMS**.

Getting it right... the MA-only PFFS is the ONLY MA-only Medicare plan that may be paired with a PDP-only.

Getting it wrong... Agents must NOT pair an MA-only (PPO or HMO) with a stand-alone PDP – as this:

- Is not permitted by **CMS**
- Will cause the consumer to be disenrolled from their existing plan and lose coverage
- May cause the agent to receive a Section A and/or complaints to Medicare (i.e., such as CTMs – Complaint Tracking Module.)



ENROLLMENT AND POST ENROLLMENT

Capturing Contact Info and Preferences

Getting it right...

During each enrollment, agents are to collect as much accurate contact and preference information as possible. It is optional for consumers to provide this information:

- Focus on building trust - many consumers will provide their information once they learn of the value and are assured their information is safe
- Ask for information – while clearly stating the advantages of providing this information:
 - **Valid email address** – regardless of application or signature type (if available); an advantage includes confirmation email can be sent on the application; if signed with D-sig or T-sig, the consumer’s email receipt will include the selected plan, enrollment ID number, proposed effective date, next steps and the agent’s email and business number.
 - **Mobile phone number** (if available); an advantage includes enrollees with a cell number and NO email address can receive a text that contains confirmation of the selected plan – along with the agent name, email address and business number (including extension for telesales).
 - **Go paperless consent** (if email address provided); an advantage includes enrollees who go paperless can access most enrollment documents on the secure MyHumana.com; this may reduce clutter, prevent waste, and maintain their documents in a secure and easy-to-access location.
- Remind them that they can change preferences any time on MyHumana.com or by calling customer service

Getting it wrong...

- Never assume a prospect does NOT have an email address OR a mobile service – based on their surroundings or appearance
- Never pressure for this information – as it is optional for a member to provide an email address, mobile number and go paperless opt-in

Humana Care Highlight™ - 7 steps to promote Care Highlight™ ratings using Humana's Find a Doctor tool

Clinical **quality** hearts

Cost-efficiency badges

A new job aid is available which offers tips to promote Care Highlight™ ratings – using the provider's clinical quality (hearts) and cost efficiency (badges). This job aid includes valuable information on what to do AND what you may say – when members select a PCP or specialist:

1. Promote Care Highlight™ program.
2. Ask probing questions.
3. Promote the value of choosing a PCP OR ask questions about PCP.
4. Use Find a Doctor to search for providers.
5. Discuss provider ratings if available in the area.
6. If the consumer asks for more information about that provider, click physician web links
7. If they would like to add them as their PCP, confirm PCP selection

During every enrollment, it is important to discuss finding a Care Highlight™ provider – allowing members to make an informed decision.

Refer to [TRN-REF-1306co-TPP 7 steps to promote Care Highlight.pdf](#).

Knowledge Check

While enrolling Nancy, she stated she already has a PCP and doesn't need to hear about the Care Highlight program. What should you say?

- Correct. Thanks for sharing that. I would still like to tell you more about the Care Highlight program, as you may find it to be helpful information in the future. May I tell you about it?
- Incorrect. I know we can find a more suitable provider for your future healthcare needs.
- Incorrect. I understand your loyalty to your current PCP – but I think you're making a mistake if you don't select a new PCP today.
- Incorrect. Searching for a highly rated provider allows you to make an informed decision about your healthcare. So, you have to do this... as ratings are an important factor when selecting a provider.

Remediation. Agents are expected to provide education on the Care Highlight program, in the areas and specialties where it is available – when assisting an enrollee with PCP selection AND if the enrollee wants to hear about this

program. Learning about the ratings is in the member's best interests – to make an informed decision based on all of the available information. However, the enrollee has the ultimate decision on selection of a provider.

Knowledge Check

While enrolling Wendy into a Humana PPO, she said she needed some time to think about it before choosing a PCP. What should you say?

- Incorrect. Choosing a PCP is a very important step in your healthcare, and we should try to take care of that now.
- Incorrect. If there is someone else I can talk to... to help you with making a decision on the PCP, who would that be?
- Correct. If you want to find a PCP on your own, can I remind you about the benefits in choosing a provider using our Care Highlight™ program if available in your area?
- Incorrect. Is there something specific about your current condition that we should discuss... so I can help you choose a PCP?

Remediation. Agents are expected to provide information on the Care Highlight program, in the areas and specialties where it is available. Learning about the ratings is in the member's best interests – so they can make an informed decision based on all the information that is available.

DSNP Enrollment Reminders

Getting it right...

BEFORE offering D-SNP plans for Medicare/Medicaid, you must perform the following 3 tasks.

- 1 Gain **PERMISSION**
to look up Medicaid status
- 2 **VERIFY** Medicaid using
DESNP Verification Tool in Vantage
- 3 Include **MEDICAID ID**
with DSNP app

To verify Medicaid:

- **Use DESNP Verification Tool in Vantage**– as it shows if prospect is dual eligible, eligibility status, Medicaid ID, dual eligibility level, and any applicable, eligible plans.
- If unable to find in DESNP Verification Tool, call one of the following centers:
 - DMS – not applicable; follow normal procedures; do NOT call ASU
 - Career field 866-921-6245
 - Partner field 800-309-3163
 - Partner call center 800-309-3163
 - California Connection 877-286-5365

Verification of Chronic Condition (VCC) Form

Plans are required to verify the condition with the enrollee's health care provider (or their office), or the enrollee will be involuntarily disenrolled from the C-SNP on the last day of the second (2nd) effective month of the plan.

- Capture PCP/Specialist name and phone number on the Prequalification Form (which is different than the VCC form)
- Advise enrollee of the importance of the VCC form and to take the form to the PROVIDER (a) to complete and to (b) return to Humana
- Provide a blank VCC form from Vantage – if member has an upcoming doctor's appointment
- Monitor receipt of the VCC by obtaining enrollment reporting from your leader
- Follow up with member to prevent involuntary disenrollment – which would create a poor member experience and loss of business

Timeline:

- **Enrollment.** Agent submits application with completed pre-qualification form.
- **Enrollment accepted.** Verification of Chronic Condition (VCC) form sent to member with Acknowledgment of Enrollment Letter (ME1804).
- **1st effective month.** Voice Activated Technology (VAT) reminder calls are placed to members who have NOT returned the form.
- **2nd month of enrollment.** If VCC form is NOT received within 1st month of enrollment, the member is sent Involuntary Termination Warning Letter (ME1904).
- **3rd month.** If VCC form is NOT received within the second month of enrollment, the plan is terminated for the last day of the 2nd month of enrollment.

Getting it wrong...

Sales agents are NOT permitted to contact the enrollee's PROVIDER directly regarding the VCC form or process.

Member Care Assessment

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

Within 5 business days of the enrollment signature date, agents give members the optional, scripted MCA survey – which asks a series of health and well-being questions. This helps to pinpoint members’ health needs at home by asking about their social connections, health status, financial wellness, transportation needs, food insecurity, activities of daily living, and housing needs.

Rather than relying on medical data alone, the MCA helps us to understand how members see their own health and what their concerns might be. By asking these questions at the beginning of the member’s journey with Humana, we can identify member needs and help find solutions to meet those needs. We can develop a plan for individual members in need – before their health plan goes into effect. This may help to build predictive models more effectively now and in the future.

By capturing and sharing insights about members with Humana teams, agents are able to support an enhanced member experience, targeted member communications, proactive and personalized member support, and generate insights to build predictive models. The MCA may help to improve member satisfaction and drive member retention through personalized, caring member support. And ultimately, this may help to sustain your Book of Business.

As a reminder from last year’s *Agent Guidance for Plan Year 2022*, the following info is available for Member Care Assessment:

- **Member Care Assessment Demo.** A 3-minute video which demonstrates the technical portion of processing a Member Care Assessment. It is available in [Ignite](#).
- **Bold Goal Whole Health Toolkit.** This 16-page document contains information on processing 2022 Member Care Assessment (MCA). It is available in [Ignite](#).

Remember **Humana’s Bold Goal**...

- Includes mandatory training that needs to be completed by agents
- Addresses the needs of the whole person
- Includes recognizing **social determinants of health**
- Includes collecting information on the **Member Care Assessment (MCA)** when needed