Medicare

# 2023

# Producer Guide

June 2022

MOLINA® HEALTHCARE

# How to Use this Guide

**The use of this guide is intended for agents who are deemed ready to sell, which means certified, contracted, licensed in the applicable states and appointed by Molina Healthcare, Inc.**

*This guide contains step-by-step instructions, supplemental resources and tools, and important policies and procedures.*

*To get started, use the Table of Contents found on the following pages. To navigate to each section, simply click on the title or subsection you wish to reference.*

*Please use the home icon located at the bottom left corner of each page to navigate back to the Table of Contents.*

# Table of Contents

***The quick links below will allow you to navigate to specific sections within the guide. If you'd like to search for a specific keyword or term, press CTRL+F, this will enable a search function.***


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# Introduction

MOLINA® HEALTHCARE

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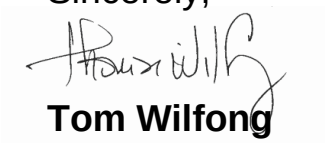
# To Our Valued Partners,

At Molina Healthcare, we're grateful to your dedication and support you have given Molina, especially in ever-changing times. You're an important part of our mission to help those who need it most. As a trusted partner to the community, your partnership makes it possible for many Molina members to lead healthier lives. Your dedication makes a lasting difference for our beneficiaries, and everyone we serve.

We continue to make improvements to our plan offerings, market expansion and our services to support you in growing your business with Molina.

Wishing you a healthy and successful year!

Sincerely,



**Tom Wilfong**
**Senior Vice President, Medicare Segment**

MOLINA® HEALTHCARE

# About Us

Molina was founded in 1980 as a provider organization serving low-income families in Southern California. We were originally organized in California as a health plan holding company and reincorporated in Delaware in 2002.

**Molina Healthcare, Inc., a FORTUNE 500**, multi-state healthcare organization, arranges for the delivery of healthcare services to individuals and families who receive their care through the Medicaid and Medicare programs, and through the state insurance marketplaces (the “Marketplace”).

Molina’s mission is to provide quality health care services to financially vulnerable families and individuals who are covered by government programs.

Through our locally operated health plans in 18 states (including MMP plans) we serve over 111,000 Medicare members as of July 2021.

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# Why Sell Molina Medicare?

## Our Portfolio Approach

***We utilize a holistic approach to our members and understand that changes occur throughout their life. Our products through Marketplace and Medicaid are designed for a seamless experience in our members lives not just as they age but also through the quality of care each product provides.***

## Local Market Support

***A highly acclaimed Broker Services Unit with dedicated teams for Contracting, Commissions and Member Care built locally. Accompanied with local broker relationship managers to help support your growth efforts with Molina through product training, local growth initiatives, and tips for success.***

## Broker Experience

***Brokers will be provided support and the tools necessary to be successful in providing our members with an extrPORdinary customer experience.***

## Community Approach

***Strong community presence supported by local leadership.***

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# Products to Grow Your Business

MOLINA® HEALTHCARE

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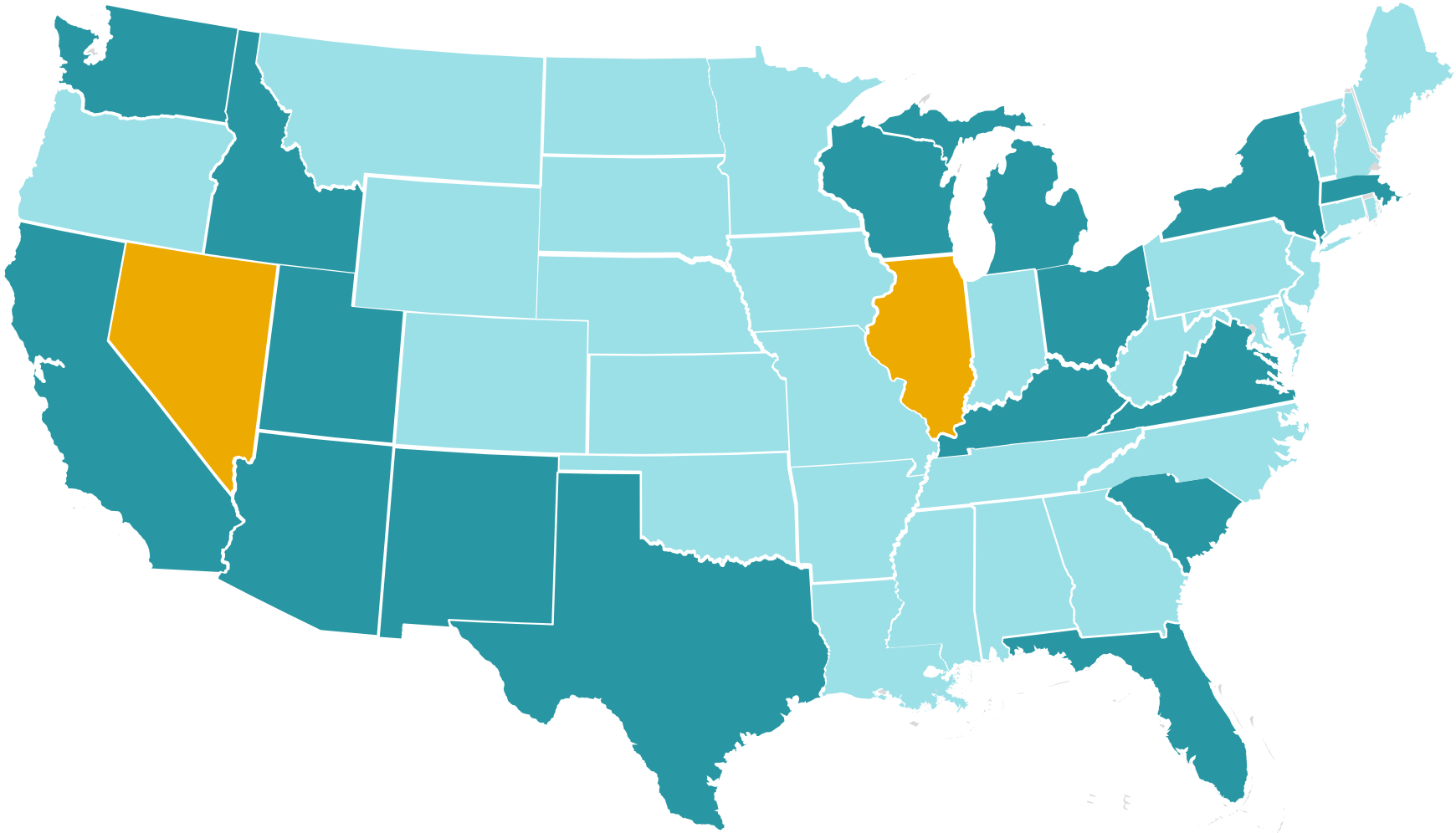
# Our National Medicare Footprint 2023



**Molina Medicare Existing Markets 2022**
**Molina Medicare Expansion Markets 2023**

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# 2023 Product Portfolio

## HMO C-SNP
## Chronic Condition Special Needs Plan

**Molina Medicare Connect Care (HMO C-SNP)**

## HMO D-SNP
## Dual Eligible Special Needs Plans

**Molina Medicare Complete Care (HMO D-SNP)**
**Molina Medicare Complete Care Select (HMO D-SNP)**
**Passport Advantage (HMO D-SNP)**
**Senior Whole Health (HMO D-SNP)**
**Senior Whole Health Medicare Complete Care (HMO D-SNP)**
**Senior Whole Health NHC (HMO D-SNP)**
**Senior Whole Health of NY NHC (HMO D-SNP)**

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# 2023 Product Portfolio (Continued)

## HMO I-SNP

## Institutional Special Needs Plan

**Molina Medicare Comfort Care (HMO I-SNP/HMO IE-SNP)**

***Note: The I-SNP Plan is not commissionable for brokers.***

## HMO Plans

**Molina Medicare Choice Care (HMO)**
**Molina Medicare Choice Care Select (HMO)**
**Senior Whole Health Medicare Choice Care (HMO)**
**Molina Medicare Choice Care Plus (HMO)**
**Passport Medicare Choice Care (HMO)**

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# Broker Resources & Online Tools

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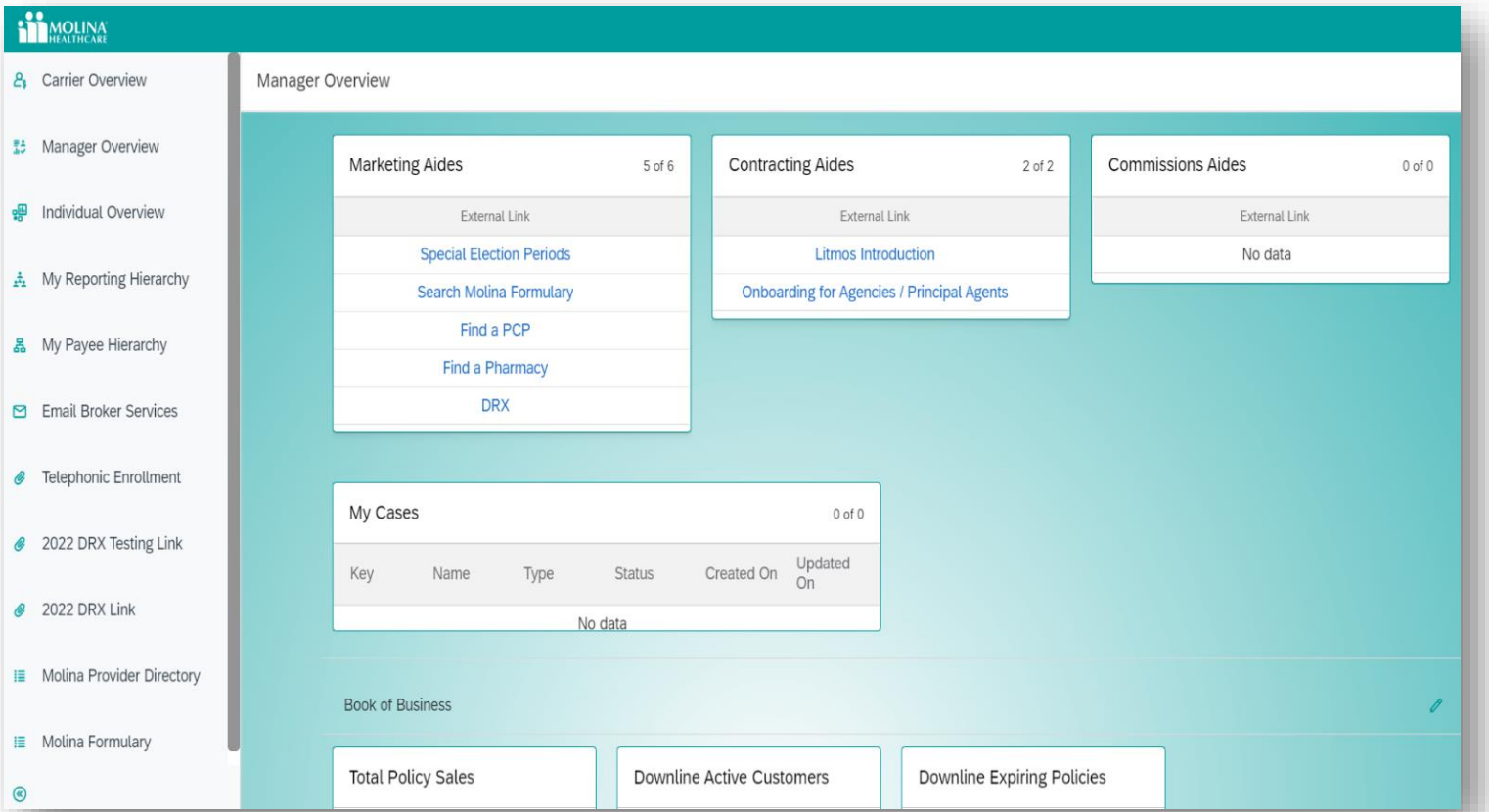
# Molina Healthcare Broker Portal

*The Molina Broker Portal resources include provider directories, Molina formularies, and the DRX enrollment link. The portal allows brokers to move through the enrollment process with a prospect. It also provides a seamless transition between websites so you can assist clients with confidence.*

## Appointed Brokers can:

- ✓ **Check ready to ready to sell status**
- ✓ **Get updates on active and expiring Licenses and Appointments.**
- ✓ **Look up current downlines/uplines**
- ✓ **Access marketing and enrollment aids**
- ✓ **Manage your Book of Business**
- ✓ **View commission statements**
- ✓ **Reach out to Molina's Broker Services; simply click "Email Broker Services" on the vertical menu bar.**

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# Broker Services Contact Information

**Hours:** M-F 6:00 AM – 6:00 PM MST
**Telephone:** (866) 440-9788
**Enrollment Fax:** (844) 541-6848
**General Fax:** (866) 891-2422
**General Mailbox:** Broker@MolinaHealthcare.com

# Producer Communications

You will regularly receive information from us through Constant Contact via email. We will provide updates on the following:

- *Products and benefits*
- *Updated marketing materials*
- *Compliance information*
- *Training*

We send communications to the email you provided us with when you first contracted. To begin receiving our communications at a new email address, please call or email Broker Services.

It is your responsibility to make sure we have a valid email address on file. To help ensure you receive our emails, please add our sender address to your email contact list or address book: Broker@MolinaHealthcare.com

# To Be Ready to Sell (RTS)

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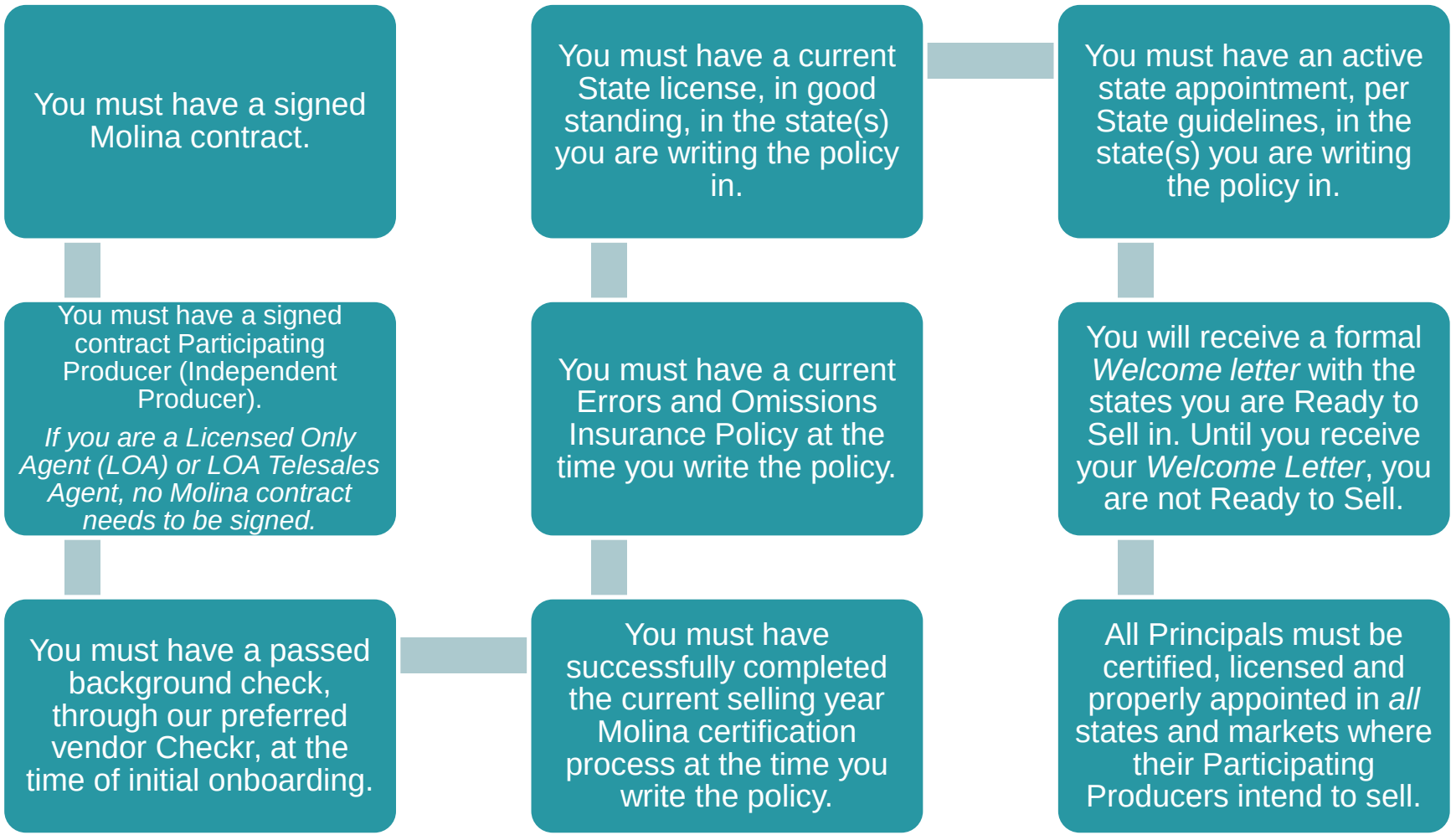
# Ready to Sell Requirements

*In order to write and be eligible for compensation for any Molina policy you must satisfy the following requirements:*

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# Contracting, Licensing & Appointment

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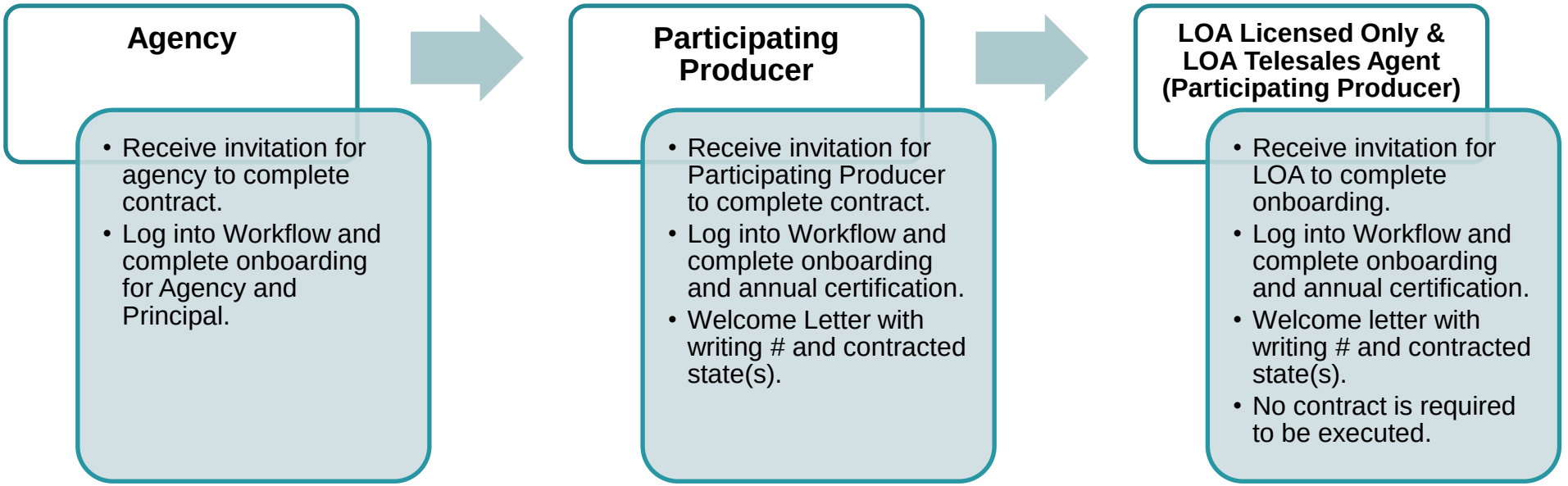
# Contracting Process

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# Upline Administrative Services, Duties, Obligations and Required Activities

- Upline and its agents to abide by applicable law, and all Molina's Participating Producer Communications about Medicare Products.
- Upline to maintain proper licensing (including agency licenses, as applicable) in line with applicable law in each state in where a certified Participating Producer is selling.
- Upline is responsible for confirming that the principal is properly licensed in line with applicable law in each state in where a certified Participating Producer is selling.
- Upline will notify Molina if upline's, principal's or any Participating Producer's and Participating LOA's license is suspended or revoked.
  - Suspension or revocation will affect principal's or Participating Producer's and Participating Producer LOA's ready-to-sell status.
- Upline to ensure that all Participating Producer's and Participating Producer LOA's of the upline perform their services in a manner that is compliant with the terms of their contract.
- Upline will perform the services identified in their contract and outlined in Molina's Medicare Producer Guide.
- Uplines will share information and communication from Molina as applicable with Participating Producer LOA's.
- Agency shall notify Molina Healthcare in the event any appointed Producer ceases marketing Molina Medicare or is no longer part of the Agency within 3 business days of the termination*.
  - Notification can be submitted in writing via email to Broker Services at: MCRBrokerContracting@MolinaHealthcare.com
  - *Please notify Molina immediately if the appointment information termination should be for cause.

The table below indicates which administrative duties and services are required for each contracting tier. Uplines are required to provide reliable administrative services and are compensated for such administrative services:

- Compliance
- Agent Recruiting
- Agent Training
- Office administration requirements
- Marketing

# Upline Administrative Services, Duties, Obligations and Required Activities (Continued)

***Molina has nine upline contract levels which are as follows:***

- NATIONAL MARKETING ORGANIZATIONS (NMO)
- FIELD MARKETING ORGANIZATIONS (FMO2)
- FIELD MARKETING ORGANIZATIONS (FMO)
- SPECIAL GENERAL AGENCY (SGA2)
- SPECIAL GENERAL AGENCY (SGA)
- MASTER GENERAL AGENCY (MGA2)
- MASTER GENERAL AGENCY (MGA)
- GENERAL AGENT (GA2)
- GENERAL AGENT (GA)

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# Upline Administrative Duties, Obligations and Required Activities (Continued)

| Required Activity | NMO | FMO | FMO | SGA2 | SGA | MGA | MGA | GA2 | GA |
|---|---|---|---|---|---|---|---|---|---|
| **Compliance** | | | | | | | | | |
| *Designated Compliance Officer who is responsible for assuring compliance and developing policies and procedures.* | X | X | X | X | X | X | X | | |
| *Ensure Participating Producers and Participating Producers LOA's are trained on CMS Fraud Waste and Abuse training annually.* | X | X | X | X | X | X | X | X | X |
| *Implementing written policies, procedures, and standards of conducts* | X | X | X | X | X | X | X | | |
| *Conduct effective training and education annually to all Participating Producers and Participating Producers LOA's* | X | X | X | X | X | X | X | X | X |
| *Enforce standards through well-publicized disciplinary guidelines* | X | X | X | X | X | X | X | X | X |
| *Responsible for ensuring Participating Producers and Participating Producers LOA's are in good standing* | X | X | X | X | X | X | X | X | X |
| *Responsible for responding to sales allegation inquiries in timely manner* | X | X | X | X | X | X | X | X | X |
| *Responsible for promptly responding to detected offenses and undertaking corrective action.* | X | X | X | X | X | X | X | X | X |

# Upline Administrative Duties, Obligations and Required Activities (Continued)

| Required Activity | NMO | FMO2 | FMO | SGA2 | SGA | MGA2 | MGA | GA2 | GA |
|---|---|---|---|---|---|---|---|---|---|
| **Agent Recruiting** | | | | | | | | | |
| *Identify and prequalify Participating Producers and Participating Producers LOA's for selling with Molina* | X | X | X | X | X | X | X | X | X |
| *Ensure Participating Producers and Participating Producers LOA's and agency Principals are properly licensed, certified and appointed to sell Molina Medicare products throughout the year and on an annual basis.* | X | X | X | X | X | X | X | X | X |
| *Assist Participating Producers and Participating Producers LOA's with appointment efforts between upline and Molina.* | X | X | X | X | X | X | X | X | X |
| **Office Administrative Requirements** | | | | | | | | | |
| *Assist in the maintenance of accurate contact information for Participating Producers and Participating Producers LOA's within Molina systems (phone, email, address)* | X | X | X | X | X | X | X | X | X |
| *Manage telephonic marketing in compliance with the terms of your agreement, including CMS rules regarding unsolicited telephone calls.* | X | X | X | X | X | X | X | X | X |

# Upline Administrative Duties, Obligations and Required Activities (Continued)

| Required Activity | NMO | FMO2 | FMO | SGA2 | SGA | MGA2 | MGA | GA2 | GA |
|---|---|---|---|---|---|---|---|---|---|
| **Office Administrative Requirements** Contd. | | | | | | | | | |
| *Facilitate agent record-keeping of Scope of Appointment and related enrollment materials.* | X | X | X | X | X | X | X | X | X |
| *Provide general administrative support of Participating Producers and Participating Producers LOA's (i.e. materials, copiers and other types of overhead expenses)* | X | X | X | | | | | | |
| *Website development and maintenance for Participating Producers and Participating Producers LOA's support and service. (Broker Portal)* | X | X | | | | | | | |
| **Agent Training** | | | | | | | | | |
| *Communicate training requirements, changes and deadlines to all agents* | X | X | X | X | X | X | X | X | X |
| *Ensure Molina Medicare annual certification is completed as part of Ready to Sell* | X | X | X | X | X | X | X | X | X |
| *Support agent awareness and implementation of the Molina Producer Guide* | X | X | X | X | X | X | X | X | X |
| *Ensuring Participating Producers and Participating Producers LOA's understanding of Medicare Products offered in Molina's service area to help meet beneficiary needs and help them make informed healthcare decisions.* | X | X | X | X | X | X | X | X | X |

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# Upline Administrative Duties, Obligations and Required Activities (Continued)

| Required Activity | NMO | FMO2 | FMO | SGA2 | SGA | MGA2 | MGA | GA2 | GA |
|---|---|---|---|---|---|---|---|---|---|
| **Marketing** | | | | | | | | | |
| *Ensure all Participating Producers and Participating Producers LOA's comply and adhere to all MCMG and CMS related guidance.* | X | X | X | X | X | X | X | X | X |
| *Ensure all third-party sites upline uses to generate leads follow all Molina and CMS regulations* | X | X | X | X | X | X | X | X | X |
| *Ensure uplines and Participating Producers and Participating Producers LOA's use CMS approved Molina specific direct mail pieces when marketing Molina products* | X | X | X | X | X | X | X | X | X |
| *Ensure compliance with CMS and Molina - third party website requirements for uplines and agents using public-facing websites* | X | X | X | X | X | X | X | X | X |

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# Immediate Release and Constructive Release Guidance & Process

If a Participating Producer wishes to sell Molina Healthcare Products under a different Agency, that Participating Producer must obtain an Immediate Release or Constructive Release. Molina Healthcare will not appoint or authorize a Participating Producer to market or sell Molina Medicare on behalf of a different Agency unless such Immediate Release or Constructive Release is obtained.

Upon the effective date of the Immediate Release or Constructive Release, Molina Healthcare has the right to appoint or otherwise authorize the Participating Producer to sell Molina Healthcare Products on behalf of a different Agency.

Notwithstanding any other provision, there will not be an Immediate Release or Constructive Release effective during the time period of October 1 – December 15 of each calendar year. If an Immediate Release or Constructive Release should have been effective during that time period, it will be effective January 1.

**Immediate Release:**

- An Immediate Release is a written authorization from Agency that gives authority to Molina Healthcare to release Participating Producer from the Agency's contract with Molina Healthcare.
  - An Immediate Release will be effective upon the date of its receipt by Molina Healthcare, unless received during October 1-December 15, then it will be effective January 1.
- Immediate Releases on Agency letterhead will no longer be accepted. Please complete the form which is in the Appendix Section of this Producer Guide.

**Constructive Release:**

In instances where an Immediate Release is not granted, the Participating Producer may request a Constructive Release. Such requests must be in writing and sent to Broker Support.

- The Constructive Release will be effective the first day of the month after 90 days has passed following receipt of the request.
- If Participating Producer requests any type of Constructive Release, Participating Producer may continue to market Molina Healthcare Products between the time of submission of the Constructive Release to Molina Healthcare and the effective date of the Constructive Release (i.e., the waiting period). However, any Compensation associated with Qualified Enrollments sold during this time will remain under the current Agency and are subject to the guidelines outlined in the Compensation section of this Producer Guide.

# Immediate Release and Constructive Release Guidance & Process (Continued)

- Compensation Impact:
  - **Initial Qualified Enrollment**: Any business submitted to Molina Healthcare while the Participating Producer was aligned with the previous upline will result in the appropriate overrides and commission being paid as indicated by the contracts and schedules in place.
  - **Residual**: Any renewals earned while the agent was aligned with the previous upline will result in the appropriate overrides and renewals being paid as indicated by the contracts and schedules in place.
- Overrides and commissions will be paid in accordance with the contract and schedules in place at the time of signature.
- In-order for Molina Healthcare to process a Constructive Release, the Participating Producer must fill out the Molina Healthcare Constructive Release Form, which is located in the Appendix Section of this Producer Guide. Please return completed form to MCRBrokerContracting@MolinaHealthcare.com. Upon receiving a request for Constructive Release, Molina Healthcare will also provide notice of your request to Agency.

# Immediate Release and Constructive Release of Agency

Agency can only have one hierarchy. Dual hierarchies are not allowed by Molina. If any Agency wishes to sell Molina Medicare products under a different upline Agency, that Agency must obtain an Immediate Release or Constructive Release.

# Requesting Appointments and Adding States

Per CMS Communication and Marketing Guidelines (110.1), compliance with state licensure and/or appointment laws is required. Participating Producers and Agencies have the responsibility to maintain state licenses, continuing education and all other state requirements. Uplines must be contracted and have the proper licenses and appointments required by applicable law.

Agencies may now add additional appointments for direct downline agencies and agents through our onboarding tool. We want to make it easier to do business with Molina Medicare, so we've added this convenient and efficient additional to our online tools.

**Step 1**:

- To qualify, Participating Producers must be licensed in the states where you are contracted to sell in order to be added.

# Requesting Appointments and Adding States (Continued)

**Step 2**:

- Make sure that the proper state(s) Line of Authority is held by licensee.

**Lines of Authority**:

**AZ** – Accident and Health or Sickness
**CA** – Accident and Health
**FL** – Health
**ID** – Accident and Health or Sickness
**IL** – Health
**KY** – Health
**MA** – Accident and Health
**MI** – Accident and Health
**NM** – Accident and Health or Sickness
**NV** – Health
**NY** – Accident and Health
**OH** – Accident and Health
**SC** – Accident and Health or Sickness
**TX** – Life, Accident, Health and HMO
**UT** – Accident and Health or Sickness
**VA** – Accident and Sickness
**WA** – Disability
**WI** – Accident and Health

**Step 3**:

- Agencies please login to Workflow/Onboarding.

**Step 4**:

- Access our step-by-step instructions to add appointment(s) in the workflow/onboarding system. Please reference the “How to Add Appointments” document located in the Appendix.

**New Appointments**

- New appointments will be processed within 1-3 business days.
- Please note: If you use DRX for electronic enrollment submissions, your access to the new states will be available within 1-2 business days after the appointment processes. We will send you a welcome letter email when the new state appointment is active.

# E&O Insurance Requirements

- We will require all Agencies/Producers to carry an Errors and Omissions (E&O) Policy.
- Agencies must carry at least $1,000,000 per claim and $1,000,000 per aggregate for the policy year.
- Producers must carry at least $1,000,000 per claim and $1,000,000 per aggregate for the policy year.

# Certification Requirements

**Log into SAP Onboarding/Workflow**
https://social.webcomserver.com/wpm/userHome.do?&tenantName=molinahealthcareinc

**1. Complete annual certification.**

**2. Upload AHIP or NAHU certificate.**

**3. Complete the Product Training test with a passing score of 85% or better.**

- *Returning Participating Producers will need to complete their annual certification no later than November 30.*
- *Must complete certification/onboarding within 60 days of receiving the invitation.*

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# Compensation

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# How We Pay

Participating Producers are paid a compensation for each Qualified Enrollment for a Molina Medicare product in accordance with CMS requirements and terms of their contract. Compensation is issued to the Producer of Record, unless they are a Licensed Only Agent (“LOA”) then the Agency is considered the Producer of Record, and compensation is issued to the Agency. Compensations pay out on the first and third Friday of the month.

- Initials, replacements, and renewals are paid out on the first Friday.
- True up and adjustments as needed are paid out on the third Friday.
- Compensation Payment Process: Producers who are paid directly by Molina, will receive an email of deposit notification from our Accounts Payable Dept. the day before your deposit hits your bank account. You may access your compensation statements from the Molina Broker Portal.

- Compensation year is January 1 through December 31.
- Compensation schedules are outlined in your contract under Exhibit D-2023.

**Administrative Fees:**
Administrative fees are paid to upline Agencies for providing administrative services, such as Producer recruiting, Producer training, sales Compliance, and/or office administration related to Medicare sales enrollment and marketing.

# Initial Sales

Initial Year Compensation means the compensation paid to the Producer of Record for a Molina Medicare Qualified Enrollment when it meets the CMS Requirements to be qualified as an initial year enrollment and compensation is permitted to be paid pursuant to CMS requirements and Law. The Initial Year Compensation shall never extend beyond December 31 of each calendar year regardless of when the Beneficiary enrolled with Molina Healthcare.

Molina will, if permitted by law, advance the full initial rate set forth in your contract after CMS confirmation that it is an initial sale, and after the effective date.

With respect to an initial sale arising from a plan change occurring after January 1, Molina shall pay a prorated lump sum compensation starting from the effective date until the end of the year.

Molina will pay fair market value (FMV) rates per CMS guidelines.

# Replacement and Renewal Compensations

- Replacement means a sale to a Medicare beneficiary who was enrolled in a Medicare plan other than Molina Medicare and not defined by CMS as an Initial Sale.
- With respect to a replacement sale arising from a plan change occurring after January 1, Molina shall pay a prorated lump sum commission starting from the effective date until the end of the calendar year.
- Molina defines a Renewal as a member remaining continuously enrolled in their Molina Medicare plan into the next calendar year.
    - Renewal compensations are prorated and paid on a per month basis according to your contract.
    - We pay lifetime renewals for as long as the member remains continuously enrolled in their original Molina Medicare plan. Producer/Agency is required to maintain active licensing in the state sold.
    - If you are terminated for cause, then you will stop receiving compensation.

# Chargebacks and Compensation Recovery

Molina Medicare utilizes CMS regulations for all chargeback guidelines.

**Rapid Disenrollment:**

- Molina will charge back or recoup the full amount of the Initial Year Compensation, Replacement Year Compensation, Renewal Compensation and Agency Administrative Payment when there is a Rapid Disenrollment of a Qualified Enrollment and such Rapid Disenrollment does not meet one of the exceptions pursuant to CMS requirements.

**Other Chargebacks:**

- Disenrollments and Retro-disenrollments; If a Qualified Enrollment disenrolls or retro-disenrolls, and such disenrollment is not considered a Rapid Disenrollment, Molina will charge back or recoup the applicable Initial year Compensation, Replacement year Compensation, Renewal Compensation and Agency Administrative Payment for a Renewal Compensation, if such amounts have been paid after the Beneficiary's disenrollment date.

**Recovery Process for Producers with a Negative Balance:**

- Negative balances are offset with earned compensations for any new or renewal business and per your contract.

# Enrollment Cancellations and Rapid Disenrollment

- Enrollment Cancellations are situations where a potential enrollee completes the enrollment request process but cancels the Enrollment prior to the effective date of that enrollment.
- Rapid Disenrollments means an individual who disenrolls from Molina Medicare or changes plans within Molina Medicare during the first three (3) months of enrollment.
- Molina will monitor the Enrollment Cancellations and Rapid Disenrollment rates of the Agency and each of its Participating Producers. In the event, Molina identifies an issue, Molina will have the right to remediate the issue.

# Compensation Eligibility Requirements

**Initial and Replacement Sales**

- Completed onboarding process.
- Active agreement with Molina at time of sale.
- Completed annual certification with cleared background at time of sale.
- Active license in state at time of sale.
- Active appointment in state at time of sale.
- Sale in allowed service area.

**Renewals**

- Must have been eligible to receive initial/or replacement compensation.
- Agency/or Producer has not been terminated with cause.
- Active license in state of sale on the first of the month that the renewal payment is generated.

# Compensation Eligibility Requirements & Administrative Fee

**Initial and Replacement Sales**

- Completed onboarding process.
- Active agreement with Molina at time of sale.
- Active license in state at time of sale as required by state law.
- Active appointment in state at time of sale as required by state law.
- Sale in allowed service area.
- Producer of record must be eligible to receive initial/or replacement compensation.

For Molina contracted Producer use only; not for distribution.

# Compensation Eligibility Requirements & Administrative Fee (Continued)

**Renewals**

- Active license in state of sale on the first of the month that the renewal payment is generated as required by state law.
- Renewals will not be paid if upline was termed with cause.

# 1099 Forms

- Does not apply to LOA Producers.
- Compensations are reported via the Internal Revenue Service (IRS) 1099 process. The 1099-MISC forms are post marked to all eligible recipients by January 31 of a given year and mailed to the payee address on file.
- Please review your address on the Broker Portal to verify your address.
- A 1099-MISC form will only generate to a Producer if annual earnings are $600 or above and Corporation is not indicated as the tax classification on the W-9.

# Compensation Payment Information

Broker Services will send an email with your Callidus Login Information for you to access your Broker Portal Commission statements.

# Producer of Record (POR) Policy

It is the general practice of Molina Medicare to maintain the agent who provided substantial assistance with the member's enrollment And who produced the Qualified Enrollment to remain as the Producer of Record. However, Molina Medicare will consider a request to change the POR (Producer of Record) only when certain criteria are met. Specifically, the process and criteria are defined as follows:

- **Member Initiated**
  The member requests a change because the member does not want to continue to work with the original POR any longer. A completed POR Change Request form will be completed by the member and submitted to Molina Broker Services.

**Note:** The policy is effective for all effective dates January 1, 2023, and later. For cases effective prior to January 1, 2023, Broker of Record changes are not accepted. Molina will not backdate the Producer of Record reassignment to be effective prior to the receipt of the initial request. All agents must be Ready-to-Sell in order to be a Producer of Record.

Molina Medicare reserves the right to contact member to verify that the agent provided substantial assistance with the member's enrollment and that they approve the change. If the verification about the POR change cannot be made with the member, no change will take place, and an email of the decision will be emailed to the agent.

Upon verification of the change, requested modification will take place the month following the receipt of the POR form and verification.

- All verified POR forms received prior to the 15th of the month will be in effect the first day of the following month.
- All verified POR forms received on or after the 15th of the month will be effective the first day of the second following month.

Agency override and agent portion of the compensation will move to the new agency and the new Producer of Record (assuming the new agent is downline to a different agency) after the effective date of the change of the POR occurs.

**Note:** This practice will be followed unless there is an existing Participating Producer/Agency agreement that prohibits such practice.

# Producer of Record (POR) Policy (Continued)

| Scenario | POR Scenarios Descriptions | Examples | Process | Requirements |
|---|---|---|---|---|
| 1 | LOA (Licensed Only Agent) Producer leaves the agency. | Producer quits. Producer termed. | Agency is Producer of record. Agency to provide list of policies. | Agency Principal must be RTS. |
| 2 | Participating Producer Independent Producer leaves the business. | Retirement, career change, death. | Bill of sale, legal documentation. | New Producer must be RTS. |
| 3 | Member initiates change from current to new Producer. | Producer meets with beneficiary; same plan just wants to change POR. | Allow for Molina Producer of Record Protection Commitment. Molina is committed to protect the integrity of the Producer-member relationship and supports your book-of-business growth. | A POR Change Request form must be completed by the member and submitted to Molina Broker Services. |

***Please note that Molina will not process any POR change requests during Open Enrollment.***

# Agency Compliance & Producer Oversight

For Molina contracted Producer use only; not for distribution.

# The Seven Elements of a Compliance Program

- Implementing written **policies, procedures, and standards of conduct**.
- Designating a **compliance officer** and compliance committee.
- Conducting effective **training and education**.
- Developing effective **lines of communication**.
- Conducting **internal monitoring and auditing**.
- Enforcing standards through well-publicized **disciplinary guidelines**.
- Responding promptly to detected offenses and undertaking **corrective action**.

Each of the Seven Elements require robust, organization-wide enforcement and documentation.

# Why Compliance is Important

As a partner representing Molina Medicare products you must follow Molina Medicare policies and procedures and CMS regulations and guidelines in daily sales and marketing activities. You are responsible for knowing these rules and ensuring you follow them.

Molina Medicare wants its potential members to be properly informed when they choose a Molina Medicare product and to not feel coerced or misinformed. Following the rules and guidelines set forth by Molina Medicare and CMS will ensure this happens. Use of approved sales and marketing materials will also ensure the marketing and enrollment process used by your Producers will be compliant.

Failure to follow these rules and guidelines places Molina Medicare at risk of CMS action and jeopardizes your opportunity to market Molina Medicare products. Potential consequences of engaging in inappropriate or deceptive marketing practices include disciplinary actions, up to for cause termination of contract and loss of compensation.

For questions regarding compliance send an email to Sales_Oversight@Molinahealthcare.com

# Molina Healthcare Code of Business Conduct and Ethics

Agencies and Producers who partner with Molina Medicare must follow the Molina Healthcare Code of Business Conduct and Ethics. Each year, you will be required to attest to having reviewed the Code of Business Conduct and Ethics, and that you and your organization agree to abide by the standards contained therein.

# Reporting Fraud Waste & Abuse and Compliance Concerns

As an agency and Producer contracted with Molina Medicare, you are required to prevent, and report suspected or actual non-compliance and/or fraud. You can report suspected or actual non- compliance or fraud, waste and abuse by either calling Molina Healthcare AlertLine, or using the AlertLine web link below.

Molina Healthcare AlertLine is an external telephone and web-based compliance hotline hosted by NAVEX Global. AlertLine is available 24 hours a day, 7 days a week, and 365 days a year. When you make a report, you can choose to remain confidential or anonymous.

**The Molina Compliance Hotline Phone: (866) 606-3889**

To report an issue online visit: https://molinahealthcare.AlertLine.com

# Producer Oversight

As an appointed Producer of Molina Medicare, Molina Medicare is responsible for any actions you make on its behalf.

This responsibility extends to both potential members and existing Molina Medicare members. CMS holds plans responsible for the behavior and conduct of its Producers. As such, Molina Healthcare has a responsibility to monitor the activities of its Producers that sell Molina Medicare products.

Some of the oversight and monitoring includes:

- Ensuring Producers are following all Molina Medicare policies and CMS requirements.
- Taking measures to ensure Medicare beneficiaries are not misled during the marketing process.
- Verifying Producers are showing up and on time for their Molina scheduled Sales Events.
- Identifying and correcting inappropriate behavior or activity by Producers or agencies.
- Monitoring enrollment applications to ensure they are complete and sent timely (within 2 calendar days of signature).

# Grievances & Sales Allegations (CTMs)

A grievance is a complaint, or an expression of dissatisfaction related to an alleged sales staff miscommunication of benefits or plan rules, inappropriate sales/marketing practices or action/inaction that negatively impact a member/prospect.

The source of grievances varies and can be written or verbal (complaint tracking module), CTMs come from complaints made to CMS, and/or can be obtained through routine monitoring and oversight.

The Molina Medicare Sales Oversight reviews each complaint and conducts an investigation. Statements are taken from the producer and the member or their representative. Producers are required to provide a statement within the timeframe requested by Sales Oversight. Nonadherence to the request may be grounds for appointment termination. The person conducting the investigation also reviews all the documents in the member's files including their enrollment application and any notes from customer service calls.

Upon the completion of the investigation, a determination is made as to whether the grievance and/ or CTM is substantiated or unsubstantiated, or inconclusive and whether or not discipline action or coaching is required.

# First Tier, Downstream & Related Entities (FDR)

Producers and Agencies that market and sell Molina Medicare plans are considered first tier entities and thereby are subject to CMS's applicable requirements. CMS requires that FDRs:

- Have a Compliance Program in place – Code of Conduct, Policies and Procedures.
- Provide fraud, waste and abuse (FWA) training to its employees.
- Retain records for ten (10) years.
- Conduct exclusionary list screening, OIG/GSA.
- Reporting mechanism to identify possible FWA and non-compliance issues.
- Attest to satisfying these compliance requirements and adhering with applicable CMS rules and regulations.

# FDR Oversight Program

Molina has an FDR oversight program which monitors Producers and agencies to ensure applicable CMS requirements are being followed. Below is a list of activities associated with this oversight program:

- Collection of annual FDR compliance attestations.
- Review and submission of marketing materials for CMS filing.
- Obtain FDR policies and procedures.
- Identification of FDR Compliance Officer.
- FDR website review.
- Investigation of sales allegation.
- Disclose to Molina any subcontracted relationships used for marketing, lead generation and enrollment.
- Report any staff disciplinary actions associated with Medicare beneficiary interaction on a monthly basis.

# Educational vs. Marketing/Sales Events

CMS regulations define two different categories of public events: educational and sales/marketing. Educational events are designed to inform prospects about Medicare Advantage plans or other Medicare programs.

The following requirements apply:

- Must be explicitly advertised as educational.
- Must not include marketing or sales activities or the distribution of marketing material or enrollment forms.

Marketing/Sales events are designed to steer or attempt to steer potential enrollees toward a plan. The following requirements apply:

- Must use CMS approved presentations.
- Must clearly label sign in sheets as optional.
- Must not do health screenings or other activities that may be perceived or used as “cherry picking.”
- May not require attendees to provide contact information as a prerequisite for attendance.

# Sales Events Notifications and Changes

Agencies must inform Molina Medicare about marketing events no later than the 20th of each month (this does not include CVS events which must be submitted 30 days prior to the requested date). All Producers will need to complete Marketing Event Proposal Form for the following months events and send it to Sales Engagement.

Note: Events for CVS Pharmacies are submitted on a separate form as required by CVS and follow blackout rules. Agents must have a Letter of Approval in their possession when working a CVS pharmacy.

An Event Form is included in the monthly reminder. Reminder is generated on the 10th of each month to provide ample time to complete.

Email completed worksheets and any change notifications to: SalesEngagement@MolinaHealthcare.com

# Scope of Appointment Requirements

An agent **must** obtain a completed Scope of Appointment (SOA) prior to the start of an appointment. The SOA must document the following (from or on a recorded call):

- Product types to be discussed
- Date of appointment
- Beneficiary and agent contact information
- Statement stating, no obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

A new SOA is required if, during an appointment, the beneficiary requests information regarding a different plan type than previously agreed upon.

The SOA form or recording **must** be retained for ten (10) years, or otherwise required by CMS.

# Telephonic Scope of Appointment (SOA)

To accommodate situations where the broker cannot physically meet with the beneficiary, Molina offers an alternative to a paper SOA, a Telephonic SOA. A job aid is available from the Broker Services for the telephonic SOA process. The broker will contact the Broker Services with the beneficiary on the phone, and the team will complete the telephonic SOA in just a few minutes on a recorded line.

# Enrollment Form Submission

There are three methods that enrollment applications can be submitted:

1) Submit electronic enrollments through Connecture/DRX this is the preferred method of enrollment.
2) Fax paper enrollments to the Molina Medicare Enrollment Fax line is (844) 541-6848.
3) Your agency/employer may also provide a tool to submit your enrollments that Molina has pre-approved. Please check with your agency on other tools that may be available for you to quote and enroll.

- All enrollment submissions must be made within 2 calendar days of the application sign date.
- Enrollment applications must be fully completed, including signatures and dates.
- The Broker Services will send a confirmation email for every successful receipt of a paper enrollment sent to the Molina Medicare Enrollment Fax line.

# Telephonic Enrollment

To accommodate situations where the broker cannot physically meet with the beneficiary, Molina offers an alternative to a paper application or electronic enrollment, the telephonic enrollment. **All sales calls with beneficiaries are to be recorded in their entirety, up through the enrollment.**

Molina offers and strongly recommends using the free, CMS-compliant recording and storage capability available in DRX/Connecture. Other approved options include Sunfire or your FMO partners' platforms. Other details include:

- The rule applies to all enrollments with an effective date of January 1, 2023, or later.
- The rule applies to new and existing clients.
- All telephonic interactions between a Medicare sales agent and a Medicare beneficiary or beneficiary's representative must be recorded.
- All sales calls (outbound and inbound) with the intent of enrolling that Medicare beneficiary into a Molina Medicare product must be recorded (along with the enrollment if obtained) by the agent and be retained for 10 years.
- The recordings must be retained in a HIPAA-compliant manner.
- The rule does not apply to in-person sales appointments or face-to-face marketing.

# Telephonic Enrollment (Continued)

For more information regarding the CMS Final Rule and its impact on Medicare Advantage and Part D drug plans, read the federal regulations here.

Brokers are to provide the below disclaimer verbally: *"We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."*
**Provide this disclaimer within the first minute of the call. The disclaimer cannot be at the end with all the other disclaimers.**

A job aid is available for the telephonic enrollment process on the Molina Agent Center and from Broker Services.
Training sessions are also available from your local Broker Channel Manager.

The broker will upload the completed Telephonic Enrollment Submission form into Callidus, then the Molina Telephonic Enrollment team will assist them with the enrollment on a recorded line.

# Marketing Materials

For Molina contracted Producer use only; not for distribution.

# Marketing Policy Overview

Agencies **must** only use Molina Healthcare and CMS approved marketing materials when discussing or presenting Molina Medicare products.

Most if not all marketing materials intended for distribution to potential members must be filed with CMS. All materials provided by Molina Healthcare have been reviewed for compliance with CMS guidelines inclusion of required disclaimers and accuracy. Additionally, these materials have been filed with and approved by CMS when applicable.

Agencies and their Producers **must** not alter CMS-approved materials other than to add personal information like agency/Producer name, phone number, and email address or event date where appropriate.

Any material that promotes Molina Medicare products not previously approved by Molina Medicare needs to be submitted for review prior to use.

Per CMS regulations, the official first day for marketing for Annual Election Period (AEP) begins on October 1 of each year. The AEP is for enrollments in the upcoming benefit year. To be compliant, you cannot market or advertise the upcoming year's products before October 1st.

# Websites

CMS defines websites used by Molina Healthcare contracted agencies and their Producers as third- party marketing websites. Third-party marketing websites that market Molina Medicare products must meet all applicable Molina Medicare and CMS marketing guidance including those found in the CMS Medicare Marketing Guidelines. These requirements apply to websites used by agencies or Producers to generate leads as well.

Third-party websites that market Molina Medicare products must be submitted to CMS. If the website markets several MA plans' products, it may be submitted through the multi-plan process.

Unless an agency markets every plan option in a particular service area the agency/Participating Producer must display the following disclaimer "We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800 MEDICARE to get information on all your plan options."

If Agency is conducting lead generation activities, it must inform Beneficiaries that their information will be provided to a licensed agent or producer for future contact, or that the Beneficiary is being transferred to a licensed agent or producer who can enroll them in a Medicare plan.

Producers and agencies are required to provide the website addresses of all sites used to market Molina Medicare products to your Broker Channel Manager.

**Agency and Producer websites may not:**

- Request health status information, such as pre-existing conditions, weight, and whether a beneficiary is a smoker.

# Referencing Molina Healthcare in Your Materials on Websites

Producers may reference Molina Medicare in its recruitment and training documents so long as they only mention what products they sell. Documents that mention Molina Medicare intended for potential members will need to be reviewed by your Broker Channel Manager, and written permission provided before distribution.

Documents, including websites that mention Molina Medicare and contain any plan information, e.g. benefit information, copayments/coinsurances, plan premiums, etc., will need to be submitted to the Broker Channel Manager for review.

# Sales and Marketing

All uses of Company's Logos must be reviewed and approved by Molina. Company must provide written authorization prior to any use of Logos.

To request authorization to use a Company Logo, please send the Molina Logo Request Form to MolinaLogoRequest@MolinaHealthcare.com You will need to e-mail the document along with a brief explanation of what the document is intended for. You will receive a response within five business days as to whether the document is approved. You may not use or distribute the Molina Logo until you receive written approval.

# How to Order Your Sales Materials

**Available Sales Materials:**

- *Enrollment Kits*
- *Benefits at a Glance*
- *Lead cards*
- *Customizable brochures*
- *Flyers without events*
- *Flyers with events*
- *Banners*
- *Thank You cards*
- *Birthday cards*
- *Posters with tabs*

**There are two ways to order Sales Materials:**

- Complete the New Order Form and send to Broker Services.
- Call the Broker Services at (866) 440-9788 and order your materials.

# Enrollment Process

For Molina contracted Producer use only; not for distribution.

# What You Need to Know

**Electronic Enrollment – Connecture/DRX**

- After receiving your welcome packet, you will receive access to our Electronic Enrollment System, DRX, within two (2) business days.

**Paper Based Enrollment – Using the Molina Medicare Enrollment Kit**

- Be sure you use a new and complete Enrollment Kit with each potential member with whom you meet. The Enrollment Kit includes following:
  - Summary of Benefits
  - Scope of Appointment (SOA) Form
  - Eligibility Attestation Form
  - Pre-Enrollment Checklist
  - Enrollment Application Form
  - Enrollment Receipt
  - How to Get Information and Documents
  - Star Ratings
  - Multi-Language Insert
  - Next Steps Form

# Telephonic Enrollment

To accommodate situations where the broker cannot physically meet with the beneficiary, Molina offers an alternative to a paper application or electronic enrollment, the telephonic enrollment. **All sales calls with beneficiaries are to be recorded in their entirety, up through the enrollment.**

Molina offers and strongly recommends using the free, CMS-compliant recording and storage capability available in DRX/Connecture. Other approved options include Sunfire or your FMO partners' platforms. Other details include:

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- The recordings must be retained in a HIPAA-compliant manner.
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# Telephonic Enrollment (Continued)

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**Provide this disclaimer within the first minute of the call. The disclaimer cannot be at the end with all the other disclaimers.**

A job aid is available for the telephonic enrollment process on the Molina Agent Center and from Broker Services.
Training sessions are also available from your local Broker Channel Manager.

The broker will upload the completed Telephonic Enrollment Submission form into Callidus, then the Molina Telephonic Enrollment team will assist them with the enrollment on a recorded line.

# Cancellation of an Enrollment Application

**Enrollment Cancellations**

- A prospective member or his/her legal representative may request to cancel their enrollment application for any reason prior to the effective date of coverage.
- An enrollment may only be canceled if it is received by Molina Medicare prior to the effective date of coverage.
- If a prospective member requests to withdraw their enrollment application prior to submitting the application, **you must still submit the application to Molina Medicare**. You will then need to contact Broker Services to request that the enrollment be canceled. Do not mark, write on or alter the application to indicate the member wants to cancel the enrollment. If an enrollment is submitted and later canceled or withdrawn prior to it effectuating, it will not report as the SEP used for that quarter.
- To forward a request from a prospective member or their authorized representative to cancel an enrollment, please email Broker Services at: MCREnrollment@MolinaHealthcare.com

# Requests for Disenrollment

Disenrollment requests made to Molina Medicare must be in writing. A member may request disenrollment from an MA plan by:

- Enrolling in another plan (during a valid enrollment period);
- Emailing signed written notice to MCREnrollment@MolinaHealthcare.com;
- Faxing a signed written notice to Molina Medicare; Fax # (562) 495-1726
- Calling 1-800-MEDICARE.

# Health Risk Assessment Completion Process

For Molina contracted Producer use only; not for distribution.

# What is a Health Risk Assessment (HRA)?

The Health Risk Assessment (HRA) consists of a standard list of questions that provides us with medical, functional, cognitive, psychosocial and mental health needs of our members.

- This allows us to identify a person-centered plan of care and optimize their benefits.

# Who Can Submit an HRA?

**Molina Medicare Member**

- The member will receive a welcome packet containing a paper HRA. Members are encouraged to submit a completed HRA form using the provided pre-paid envelope inside their new member packet.
- Given that the HRA is a valuable tool to help the member, we request that all questions are answered (or declined in writing). This helps us to ensure we understand the member's needs and help us to provide the best person-centered care.

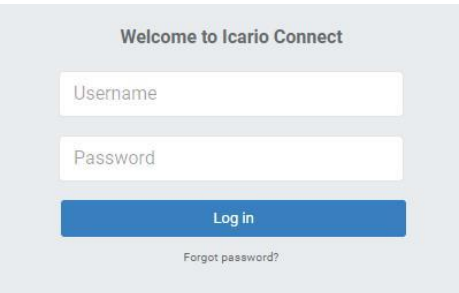
**Molina Contracted Broker**

Participating Producers that are contracted and Ready-to-Sell for the current selling year can complete an HRA at the point of sale using iCario (electronic HRA system), or mail-in the completed HRA using the appropriate CMS approved prepaid envelope once they have completed the HRA Participating Producer Training and attested to complete the HRA Participating Producer Training.

- Those Participating Producers that are completing HRAs on the member's behalf should encourage the member to complete the survey in its entirety, encouraging the member to input unsure/decline language if they do not have access to or do not feel comfortable to provide the information.

**Electronic Health Risk Assessment Form**

Participating Producers will have access to iCario to submit electronic Health Risk Assessment forms.
Please be sure to use the email that we have on file as your username when logging in.
iCario website: **https://admin.icario.health/login**



# How Can a Broker Assist with the Completion of an HRA?

After enrolling a beneficiary in a D-SNP or MAPD plan, a broker has the option to assist their client with completing the approved Health Risk Assessment Form. **The HRA option is only available for *new* Molina Medicare enrollments.**

- Applications effective January 1 and after are eligible for a broker service fee of $100 when the HRA is completed in its entirety and submitted.
- The HRA must be completed prior to the effective date of the beneficiary. Those submitted after the effective date will not qualify for the service fee payment.

# How are Brokers Paid for an HRA Completion?

Once the application is CMS approved and the member is active, the HRA payment will be processed and included as a separate line item of a broker's commission statement. Payment will be paid on the 4th Friday of the month after effectuation and complete processing.

- The service fee will be paid to the writing Participating Producer identified on the enrollment application.
- Payment calculation will occur on the last pay period of each month.
- Payment of $100 per HRA will typically be made from the policy effective date for all completed, eligible HRAs.
- Payments will only be made for those HRAs that are filled out in its entirety (if it is not complete, it is not eligible for payment).
- Only one HRA per member will be paid, duplicated will not be counted.

# Member Experience

For Molina contracted Producer use only; not for distribution.

# What to Expect Next

## Acknowledgment of Enrollment Letter
This confirms we received the member's application.

## Confirmation of Enrollment Letter
The member receives this after Medicare approves their enrollment. The member should keep this letter for their records as it may be used as proof of coverage until the member receives their Member ID card.

## Member ID Card and Welcome Kit
The member should use this ID card whenever they need medical services. The Welcome Kit is for new members only and contains the Quick Start Guide and other useful information like member onboarding videos, and also how to access:

- Evidence of Coverage
- Drug Formulary
- Provider Directory/Pharmacy Directory

## Member Onboarding Videos
These are available immediately for members to watch to help answer any questions about how Medicare works.
Start watching by visiting MolinaMedicareTerms.com

## Dental Member ID Card
The member should use this card to access plan-covered supplemental dental services.

## Welcome Call
Over the first several weeks, a Molina Healthcare representative will call and welcome the member and answer any questions they have. We will confirm their Primary Care Provider (PCP). We will also set up a welcome visit with our Care Connections team. This one-hour visit can be done at their home or on a telehealth video call.

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# What to Expect Next (Continued)

During the welcome call, they will discuss:

- Reviewing their plan benefits.
- Helping ensure their PCCP and other providers are in-network.
- Accessing special supplemental benefits for the chronically ill (SSBCI).
- Reviewing their current prescription coverage and other needs.
- Setting their Care Connections appointment with our Nurse Practitioners.
- Completing their Health Risk Assessment.
- Revisiting online resources (like MyMolina App and our website) so they get the most out of their Molina experience.

## Care Connections

During their Care Connections visit, our Care Connections Nurse Practitioner will:

- Review their health history.
- Conduct a wellness checkup.
- Create an access plan for the care and services they need.
- Find them a new PCP (if needed).
- Schedule their first provider visit and arrange transportation.
- Get the right help at the right time. This includes helping them download and use helpful resources.
- Share this information with their doctor to ensure they receive the best care.

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# What You Need to Know

## Molina Medicare Member Services

If prospective members or existing members have any questions regarding their Molina Medicare plan, they should contact our Member Services Department. The quickest way for a member to get a hold of Member Services is to call the number located on the back of their ID card. If they do not have their ID card, they can call the number listed in the table below. TTY 711, 7 days a week, 8:00 a.m. – 8:00 p.m., local time.

## Adding a Designated Person to Speak with Molina on Their Behalf

Members can contact Member Services to have a form mailed to them in order to add a person to their account. The member will then need to complete the form, sign it, and return it to Molina.

# Medicare Member Services Contact Information

| State | MAPD-SNP Member Service #; TTY | Days/Hours of Operation |
|---|---|---|
| Arizona | (800) 424-4509; TTY: 711 | Monday - Friday, 8 a.m. to 8 p.m., local time (October 1- March 31) |
| California | (800) 665-0898; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Florida | (866) 553-9494; TTY: 711 | 7 days a week ,8 a.m. to 8 p.m., local time |
| Idaho MAPD | (844) 560-9811; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Idaho – FIDE SNP | (844) 239-4913; TTY: 711 | 7 days a week, 8 a.m. to 8: p.m., local time |
| Illinois | (833) 306-3393; TTY: 711 | 7 days a week, 8 a.m. to 8: p.m., local time |
| Kentucky | (844) 859-6152; TTY: 711 | Monday - Friday, 8 a.m. to 9 p.m., EST (October 1 - March 31) |
| Michigan | (800) 665-3072; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Massachusetts D-SNP | (888) 794-7268; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Massachusetts MAPD | (833) 685-2108; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Nevada | (833) 306-3394; TTY: 711 | 7 days a week, 8 a.m. to 8: p.m., local time |
| New Mexico | (866) 440-0127; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| New York | (833) 671-0440; TTY: 711 | Monday - Friday, 8 a.m. to 8 p.m., local time (October 1 - March 31) |
| Ohio | (866) 472-4584; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| South Carolina | (844) 526-3195; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Texas | (866) 440-0012; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Utah | D-SNP: (888) 665-1328; TTY: 711<br>MAPD: (877) 644-0344; TTY: 711 | Monday - Friday, 8 a.m. to 8 p.m., local time (October 1 - March 31) |
| Virginia | (800) 424-4495; TTY: 711 | Monday - Friday, 8 a.m. to 8 p.m., local time (October 1 - March 31) |
| Washington | (800) 665-1029; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |
| Wisconsin | (855) 315-5663; TTY: 711 | 7 days a week, 8 a.m. to 8 p.m., local time |

For Molina contracted Producer use only; not for distribution.

# Glossary

For Molina contracted Producer use only; not for distribution.

| Term | Definition |
|---|---|
| **Certified** | *A status achieved based on completing the annual certification process, required training, and successfully passing the related exams.* |
| **Downline** | *A person or entity whose contract connects to one or more uplines; or a licensed-only agent.* |
| **Dual Special Needs Plan (D-SNP)** | *A Medicare Advantage plan specifically designed for beneficiaries who are entitled to both Medicare and Medicaid.* |
| **Errors & Omissions (E&O)** | *A type of insurance policy designed to protect Molina Medicare agents against claims arising from the sale and servicing of health insurance products.* |
| **First Tier, Downstream, Related Entity (FDR)** | *A **First Tier Entity** is any party that enters into a written arrangement to CMS with a Medicare Advantage (MA) organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare-eligible individual under the MA or Part D program.*<br>***Downstream Entity** occurs when written arrangements continue down to the level of the ultimate provider of both health and administrative services.*<br>***Related Entity** is an entity that is related to an MA organization or Part D plan sponsor management functions under contract or delegation, furnishes services to Medicare enrollees under oral or written agreement, leases real property or sell materials to the MA organization or Part D plan sponsor to a cost of more than $2,500 during a contract period.* |

| Term | Definition |
|---|---|
| **Fraud, Waste, & Abuse (FWA)** | ***Fraud** is knowingly and willfully executing or attempting to execute a scheme or to artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.* |

| | |
|---|---|
| | ***Waste** includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.*<br>***Abuse** includes action that may, directly or indirectly, result in unnecessary costs to the Medicare program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.* |
| **Health Maintenance Organization (HMO)** | *A Health Maintenance Organization or HMO, is a health insurance plan that provides health services through a network of physicians who work for or contract with the HMO.* |
| **Licensed-Only Agent (LOA)** | *Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline.* |
| **Medicare Advantage Only Plan (MA)** | *Medicare plan that only includes medical benefits.* |
| **Medicare Advantage Prescription Drug (MAPD)** | *Medicare plan that includes both medical and prescription drug benefits.* |
| **Principal** | *The individual that is an employee, owner, member, or partner of upline, appointed by upline to act on behalf of upline. Upline has granted such authority to legally bind up* |
| **Participating Producer** | *A licensed salesperson working with an insurance agency who is responsible for acquiring new customers and cross-selling new policies to existing customers of the agency. "Broker," "Producer," and "Agent" have the same meaning as "Participating Producer."* |
| **Ready-to-Sell (RTS)** | *When an upline, principal, or agent has complete and maintains compliance with all Molina, CMS, and applicable state law requirements for selling specified in the Producer Guide and has received a written confirmation from Molina specifying the upline, principal, or agent has completed all requirements and may commence selling a particular Medicare product in a particular state.* |
| **Term** | **Definition** |
| **Scope of Appointment (SOA)** | *A documented agreement between a Medicare agent, Broker, or Producer and a beneficiary listing product(s) agreed upon for discussion with the beneficiary prior to a marketing appointment.* |
| **Upline** | *A firm, agency, organization, or person with downline agents.* |

# Glossary of Terms

# Appendix

For Molina contracted Producer use only; not for distribution.

# Molina Healthcare Immediate Release Form

**Requesting a release for: (Please Mark one)**

Individual Agent Only ☐ or, Agency and Downline ☐

**Please fill out the below fields:**

1) **Broker Name/Agency Name:**

_____ _____
Print Broker/Agency Name Broker NPN /Molina Writing#/or Agency Tax ID

_____ _____
Signature (Agent/or Agency Principal) Date

2) **Immediate Upline Approving Transfer Release:**

_____ _____
Agency Name (please print) Principal Name (please print)

_____ _____
Signature (Principal) Date

3) **Upline/Top of Hierarchy Approval for Transfer Release:**

_____ _____
Agency Name (please print) Principal Name (please print)

_____ _____
Signature (Principal) Date

*Note: If the releasing agency is both the Top of Hierarchy and the Immediate Upline, please complete #2 and #3.

There will not be a Release or Constructive Release effective date during the time period of October 1-December 15 of each calendar year. If a Release or Constructive Release should have been effective during that time period, it will be effective January 1.

Please email signed release form to mcrbrokercontracting@molinahealthcare.com

**For Molina Office Use Only:**

Date Molina Received: _____

Effective Date of Transfer: _____

Molina Healthcare Internal Use Medicare Agent/Broker

# Molina Healthcare Constructive Release Form

**Requesting a constructive release for: (Please Mark one)**

Participating Producer Only ☐ or, Agency and Downline ☐

**Please choose one of the following options:**

**Option #1 - Name of the new Upline Agency you are selecting:**

_____

_____ _____

Print Your Name Broker NPN/or Molina Writing#

_____ _____

Signature Date

**Option #2 - Agency and Downline**

_____ _____ _____ _____

Agency Name (please print) Principal Name (please print) NPN Agency Tax ID

_____ _____

Signature (Principal) Date

**There will not be a Release or Constructive Release effective date during the time period of October 1-December 15 of each calendar year. If a Release or Constructive Release should have been effective during that time period, it will be effective January 1.**

**Please email signed release form to mcrbrokercontracting@molinahealthcare.com**

**For Molina Office Use Only:**

Date Molina Received: _____

Effective Date of Transfer: _____

| Agent Name | NPN | Employed or Broker | Plan Type | Event Type | Do you want the event advertised on the Molina webpage? Yes/No | OFFICIAL VENUE NAME (No Abbreviations & ALL CAPS) | Venue Address, City, State, Zip Code | Venue County | Venue Phone | Event Start Date/Time | Event End Date/Time | New Event = NEW Cancellation= CNL Update = UPT | Comments (Provide justification for CNL events) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXAMPLE - John Doe | | Employed | DSNP | Informal | No | NOURISH FOOD BANK | 123 N. Main Street Long Beach, CA 90202 | Orange | (123) 456-7890 | 1/1/20 14:00 | 1/1/20 16:00 | CNL | Manager asked to reschedule |
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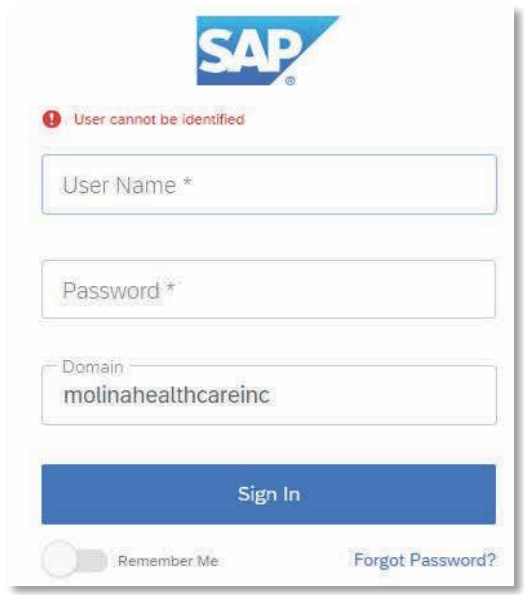
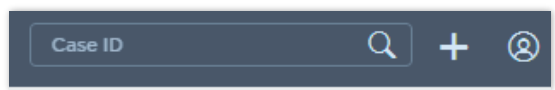
## How to request additional appointments:

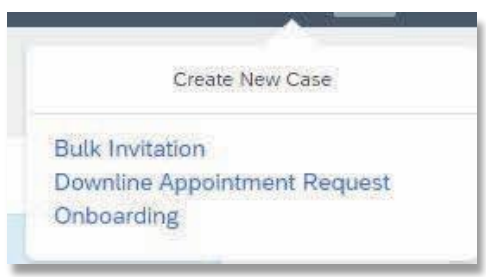
- Log into Workflow/Onboarding




- Click the plus sign in the upper right-hand corner

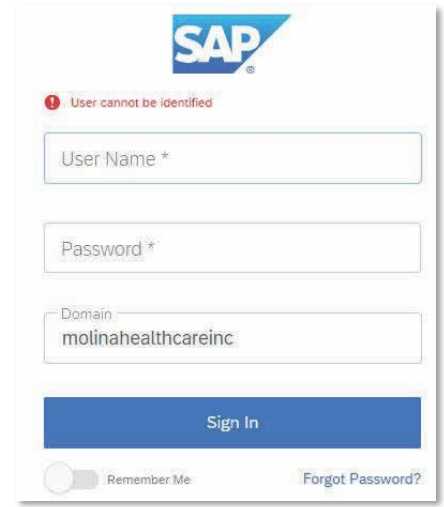



- Select Downline Appointment Request

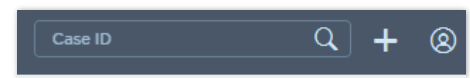



## How to request additional appointments:

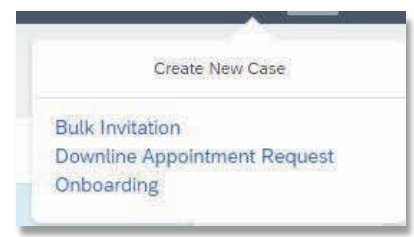
- Log into Workflow/Onboarding




- Click the plus sign in the upper right-hand corner




- Select Downline Appointment Request



USE THIS RESET BUTTON TO CLEAR THE FORM

# Request to Use Molina Healthcare Logo

Thank you for your interest in using the Molina Healthcare, Inc. ("Molina") Logo. Let's get started!

- Please review the terms and conditions in the Agency Agreement associated with the use of the Logo.
- Please review and agree to the Terms of Use of the Molina Logo.
- Please complete the form below so that we may evaluate your request. Upon completion, please email this form along with a sample of your intended use of the Molina Logo to MolinaLogoRequest@MolinaHealthcare.com Please put your company name in the "Subject" line. The sample may be in a PDF or JPG format.
  - Please allow 5 – 7 days for review. You do not have authorization to use the Logo until you receive written approval from Molina. Any use must be within the scope of the approval.

## Please enter your contact information

First Name: _____

Last Name: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

## Please answer the following questions:

Please identify yourself:

Participating Producer _____ Agency _____

If you are a Participating Producer, please provide your NPN Number _____

Name of Agency contracted with Molina (if you are a Participating Producer who has contracted directly with Molina, please list yourself): _____

## Use of Molina Logo:

Will the Logo be associated with any Medicare offerings?: ❒ Yes ❒ No

Will the Logo be associated with any Molina Marketplace offerings?: ❒ Yes ❒ No

For what purpose do you want to use the Molina Logo? _____

_____

_____

_____

How do you want to use the Molina Logo?

- ❒ Use the Logo as a link to the Molina Healthcare website
- ❒ Display the Logo on my website without linking to Molinahealthcare.com Provide website address (formatted as www.website.com)

  _____
- ❒ Brochure (submit sample for review)
- ❒ Print ad (submit sample for review)
- ❒ Email Campaign (submit sample for review)
- ❒ Other – Please explain: _____

  _____

  _____

  _____

  _____

## TERMS OF USE

By using the Logo, you agree:

- To use the Logo solely in the specific manner that is approved by Molina, below
- Not to modify, distort or alter the Logo, except to proportionately scale the Logo to desired size
- Not to display the Logo as the most prominent feature on a website
- Not to incorporate “Molina” or “Molina Healthcare” into an internet address, or use either in any meta tags or other hidden text
- Not to use the Logo in a manner that would be likely to cause confusion among consumers
- Molina owns the Logo and will not do anything inconsistent with such ownership
- All use of the Logo and all goodwill developed therefrom shall inure to the benefit of and be on behalf of Molina.
- Nothing herein shall give Agency any right, title, or interest in or to any Logo, other than the right to use the Logo in accordance with any written authorization provided by Molina.
- If consumer facing, please work with Molina for appropriate filing with CMS or state regulators.
- To space the Logo at sufficient distance from other design elements in all directions so as not to appear combined
- To cease use of the Logo immediately upon termination of your current relationship with Molina or when directed by Molina.
- If you are a Participating Producer, to notify your Agency of your request to use the Logo and any written approval that is provided by Molina

I understand that any use of the Logo shall be governed by the terms of the Agency Agreement between my Agency and Molina Healthcare, Inc.

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By signing below, I agree to the Terms of Use, above, and agree to only use the Logo in the manner that is approved by Molina. If I am signing on behalf of an Agency, I represent that I have the authority and proper authorization to bind and act on behalf of the Agency.

_____

Printed Name

_____

Title

_____

Signature

## For Molina Office Use Only:

Your request to use the Molina Logo has been reviewed. Molina's decision is as follows:

Approved for the following use:

Comments:

Denied: Issued by:

Date:

RESET

# Molina Healthcare — Medicare Materials Order Form 2023

Fax to 866-891-2422 or email to: Broker@MolinaHealthcare.com
All orders take 7-10 business days once the order has been placed

Name : _____

Agency Name: _____ NPN# _____

Shipping Address (NO PO Boxes): _____

_____

## ENROLLMENT GUIDES

| State | Plan | Plan Number | English QTY | Spanish QTY |
|---|---|---|---|---|
| AZ | Molina Medicare Complete Care (HMO D-SNP) | H8845-001 | | |
| AZ | Molina Medicare Choice Care (HMO) | H8845-002 | | |
| AZ | Molina Medicare Choice Care Select (HMO) | H8845-003 | | |
| CA | Molina Medicare Complete Care (HMO D-SNP) | H5810-013 (Imperial County Only) | | |
| CA | Molina Medicare Choice Care (HMO) | H5810-014 (Imperial, Los Angeles, Riverside, San Bernardino, San Diego) | | |
| CA | Molina Medicare Choice Care Select (HMO) | H5810-015 (Imperial, Los Angeles, Riverside, San Bernardino, San Diego) | | |
| CA | Molina Medicare Complete Care Plus (HMO D-SNP) | H5810-016 (Los Angeles, Riverside, San Bernardino, San Diego) | | |
| FL | Molina Medicare Complete Care (HMO D-SNP) | H8130-001 | | |
| FL | Molina Medicare Complete Care Select (HMO D-SNP) | H8130-009 | | |
| FL | Molina Medicare Choice Care (HMO) | H8130-010 | | |
| FL | Molina Medicare Choice Care Select (HMO) | H8130-011 | | |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Plan | Plan Number | English QTY | Spanish QTY |
|---|---|---|---|---|
| ID | Molina Medicare Choice Care (HMO) | H5628-010 | | |
| ID | Molina Medicare Complete Care (HMO D-SNP) | H5628-008 | | |
| ID | Molina Medicare Complete Care Select (HMO D-SNP) | H5628-011 | | |
| IL | Molina Medicare Choice Care (HMO) | H2715-001 | | |
| KY | Passport Advantage (HMO D-SNP) | H1799-001 | | |
| KY | Passport Medicare Choice Care (HMO) | H1799-002 | | |
| MA | Senior Whole Health (HMO D-SNP) | H2224-001 | | |
| MA | Senior Whole Health Medicare Choice Care (HMO) | H2879-002 (Suffolk, Bristol, Essex, Plymouth) | | |
| MA | Senior Whole Health NHC (HMO D-SNP) | H2224-003 (FIDE) | | |
| MA | Senior Whole Health Medicare Choice Care Select (HMO) | H2879-004 | | |
| MI | Molina Medicare Complete Care (HMO D-SNP) | H5926-001 | | |
| MI | Molina Medicare Complete Care Select (HMO D-SNP) | H5926-005 | | |
| MI | Molina Medicare Choice Care (HMO) | H5926-006 | | |
| MI | Molina Medicare Choice Care Select (HMO) | H5926-007 | | |
| NV | Molina Medicare Complete Care (HMO D-SNP) | H2478-001 | | |
| NV | Molina Medicare Choice Care (HMO) | H2478-002 | | |
| NV | Molina Medicare Choice Care Select (HMO) | H2478-003 | | |
| NM | Molina Medicare Choice Care Plus (HMO) | H9082-010 | | |
| NM | Molina Medicare Choice Care Select (HMO) | H9082-011 | | |
| NY | Senior Whole Health of New York NHC (HMO D-SNP) | H5992-007 | | |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Plan | Plan Number | English QTY | Spanish QTY |
|---|---|---|---|---|
| OH | Molina Medicare Complete Care (HMO D-SNP) | H9955-001 | | |
| OH | Molina Medicare Choice Care (HMO) | H9955-002 | | |
| OH | Molina Medicare Complete Care Select (HMO D-SNP) | H9955-003 | | |
| OH | Molina Medicare Choice Care Select (HMO) | H9955-004 | | |
| SC | Molina Medicare Complete Care (HMO D-SNP) | H8176-001 | | |
| SC | Molina Medicare Choice Care (HMO) | H8176-003 | | |
| TX | Molina Medicare Complete Care (HMO D-SNP) | H7678-001 | | |
| TX | Molina Medicare Choice Care (HMO) | H7678-004 | | |
| TX | Molina Medicare Choice Care Select (HMO) | H7678-005 | | |
| UT | Molina Medicare Complete Care (HMO D-SNP) | H5628-001 | | |
| UT | Molina Medicare Choice Care (HMO) | H5628-007 | | |
| UT | Molina Medicare Complete Care Select (HMO D-SNP) | H5628-012 | | |
| VA | Molina Medicare Complete Care (HMO D-SNP) | H7559-001 | | |
| VA | Molina Medicare Complete Care Select (HMO D-SNP) | H7559-002 | | |
| VA | Molina Medicare Choice Care (HMO) | H7559-003 | | |
| WA | Molina Medicare Complete Care (HMO D-SNP) | H5823-006 | | |
| WA | Molina Medicare Complete Care Select (HMO D-SNP) | H5823-010 | | |
| WA | Molina Medicare Choice Care (HMO) | H5823-011 | | |
| WI | Molina Medicare Complete Care (HMO D-SNP) | H2879-001 | | |
| WI | Molina Medicare Choice Care (HMO) | H2879-003 | | |
| WI | Molina Medicare Complete Care Select (HMO D-SNP) | H2879-005 | | |

# Molina Healthcare – Medicare Materials Order Form 2023

## BENEFITS AT A GLANCE

| State | Plan | Plan Number | English QTY | Spanish QTY |
|---|---|---|---|---|
| AZ | Molina Medicare (HMO D-SNP) | H8845-001 & H8845-003 | | |
| AZ | Molina Medicare (HMO) | H8845-002 | | |
| CA | Molina Medicare (HMO D-SNP) | H5810-013 &H5810-016 | | |
| CA | Molina Medicare (HMO) | H5810-014 & H5810-15 | | |
| FL | Molina Medicare (HMO D-SNP) | H8130-001 &H8130-009 | | |
| FL | Molina Medicare (HMO) | H8130-010 & H8130-011 | | |
| ID | Molina Medicare (HMO) | H5628-010 | | |
| ID | Molina Medicare (HMO D-SNP) | H5628-008 & H5628-011 | | |
| IL | Molina Medicare (HMO) | H2715-001 | | |
| KY | Passport Advantage (HMO D-SNP) | H1799-001 | | |
| KY | Passport Medicare (HMO) | H1799-002 | | |
| MA | Senior Whole Health (HMO D-SNP) | H2224-001 & H2224 – 003 | | |
| MA | Senior Whole Health (HMO) | H2879-002 & H2879-004 | | |
| MI | Molina Medicare (HMO D-SNP) | H5926-001 & H5926-005 | | |
| MI | Molina Medicare (HMO) | H5926-006 & H5926-007 | | |
| NM | Molina Medicare (HMO) | H9082-010 & H9082-011 | | |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Plan | Plan Number | English QTY | Spanish QTY |
|---|---|---|---|---|
| NV | Molina Medicare (HMO D-SNP) | H2478-001 | | |
| NY | Senior Whole Health (HMO D-SNP) | H5992-007 | | |
| OH | Molina Medicare (HMO D-SNP) | H9955-001 & H9955-003 | | |
| OH | Molina Medicare (HMO) | H9955-002 & H9955-004 | | |
| SC | Molina Medicare (HMO D-SNP) | H8176-001 | | |
| SC | Molina Medicare (HMO) | H8176-003 | | |
| TX | Molina Medicare (HMO D-SNP) | H7678-001 | | |
| TX | Molina Medicare (HMO) | H7678-004 & H7678-005 | | |
| UT | Molina Medicare (HMO D-SNP) | H5628-001 & H5628-012 | | |
| UT | Molina Medicare (HMO) | H5628-007 | | |
| VA | Molina Medicare (HMO D-SNP) | H7559-001 & H7559-002 | | |
| VA | Molina Medicare (HMO) | H7559-003 | | |
| WA | Molina Medicare (HMO D-SNP) | H5823-006 & H5823-010 | | |
| WA | Molina Medicare (HMO) | H5823-011 | | |
| WI | Molina Medicare (HMO D-SNP) | H2879-001 & H2879-005 | | |
| WI | Molina Medicare (HMO) | H2879-003 | | |

# Molina Healthcare – Medicare Materials Order Form 2023

## TOP 8 BENEFITS BROCHURES/ DENTAL BROCHURES/FLEX CARD BROCHURES/VISION BROCHURES/ TOP 8 BENEFIT FLYERS

| State | Plan | TOP 8 | | DENTAL | | FLEX CARD | | VISION | | TOP 8 FLYERS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ENG | SP | ENG | SP | ENG | SP | ENG | SP | ENG | SP |
| AZ | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| AZ | Molina Medicare (HMO) | | | | | | | | | | |
| CA | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| CA | Molina Medicare (HMO) | | | | | | | | | | |
| FL | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| FL | Molina Medicare (HMO) | | | | | | | | | | |
| ID | Molina Medicare (HMO) | | | | | | | | | | |
| ID | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| IL | Molina Medicare (HMO) | | | | | | | | | | |
| KY | Passport Advantage (HMO D-SNP) | | | | | | | | | | |
| KY | Passport Medicare (HMO) | | | | | | | | | | |
| MA | Senior Whole Health (HMO D-SNP) | | | | | | | | | | |
| MA | Senior Whole Health Medicare (HMO) | | | | | | | | | | |
| MI | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| MI | Molina Medicare (HMO) | | | | | | | | | | |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Plan | TOP 8 | | DENTAL | | FLEX CARD | | VISION | | TOP 8 FLYERS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ENG | SP | ENG | SP | ENG | SP | ENG | SP | ENG | SP |
| NM | Molina Medicare (HMO) | | | | | | | | | | |
| NV | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| NY | Senior Whole Health (HMO D-SNP) | | | | | | | | | | |
| OH | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| OH | Molina Medicare (HMO) | | | | | | | | | | |
| SC | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| SC | Molina Medicare (HMO) | | | | | | | | | | |
| TX | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| TX | Molina Medicare (HMO) | | | | | | | | | | |
| UT | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| UT | Molina Medicare (HMO) | | | | | | | | | | |
| VA | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| VA | Molina Medicare (HMO) | | | | | | | | | | |
| WA | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| WA | Molina Medicare (HMO) | | | | | | | | | | |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Plan | TOP 8 | | DENTAL | | FLEX CARD | | VISION | | TOP 8 FLYERS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ENG | SP | ENG | SP | ENG | SP | ENG | SP | ENG | SP |
| WI | Molina Medicare (HMO D-SNP) | | | | | | | | | | |
| WI | Molina Medicare (HMO) | | | | | | | | | | |

## ADDITIONAL MARKETING MATERIALS

| State | Item | ENG | SP | COMMENTS |
|---|---|---|---|---|
| | Lead Cards | | | (50 cards per pad) |
| | Thank You Cards | | | (25 cards per pack) |
| | Birthday Cards | | | (25 cards per pack) |
| | 6 Ft Banner (Two Card) | | | State Specific |
| | 6 Ft Banner | | | Generic |
| | Tabletop Banners | | | State Specific |
| | Special Event Flyer – Bingo | | | Agent & Event Specific Information Required |
| | Special Event Flyer – Ice Cream | | | Agent & Event Specific Information Required |
| | Special Event Flyer – Movie | | | Agent & Event Specific Information Required |
| | Special Event Flyer – Painting | | | Agent & Event Specific Information Required |
| | Medicare 101 Flyer | | | Agent & Event Specific Information Required |

# Molina Healthcare – Medicare Materials Order Form 2023

| State | Item | ENG | SP | COMMENTS |
|---|---|---|---|---|
| | CBO Brochure | | | Molina Medicare, Passport, or SWH |
| | Benefit Poster with Tabs (Flyer without events) | | | Agent Specific Information Required |
| | Magnets | | | State Specific |
| | A-Frame/Sandwich Board | | | Agent & State Specific Information Required |
| | Yard Sign | | | Agent & State Specific Information Required |
| | Post Card – Events | | | Agent & Event Specific Information Required |

* Information as you would like it to appear on editable marketing materials.

Name: _____

Phone Number: _____

NPN: _____

Delivery is to physical address only. No PO boxes.

Event Information:

| Name of Facility: | Name of Facility: |
|---|---|
| Address:<br>City:<br>State:<br>Zip Code:<br>Date(s) of Event:<br>Time(s) of Event: | Address:<br>City:<br>State:<br>Zip Code:<br>Date(s) of Event:<br>Time(s) of Event |

Molina Office Use Only:

Date of Request: _____

Confirmation Number: _____

# Producer of Record
# Change Request Form

## Member Information

Policy Holder Name: _____

*Last* *First* *M.I.*

Member ID: _____

Requested Effective Date: _____

Reason for change: _____

## New Agent Information

PoR Name
(Please Print): _____ NPN: : _____

New PoR Name
(Please Print): _____ NPN: : _____

## Disclaimer and Signature

*This letter requests that the above stated Producer of Record has the authority to represent this member for all lines of coverage with Molina Healthcare. This form replaces any prior authorization that may have been previously completed for purposes of Producer of Record designation. I certify that I am the policyholder stated above in the "Member Information" section and that all information contained herein is complete and accurate to the best of my knowledge. I understand that Molina reserves the right to make the final determination of approval or disapproval of this request, and that the effective date may be delayed due to circumstances beyond the control of Molina. I certify that my answers are true and complete to the best of my knowledge.*

Signature: _____ Date: _____

**Submit completed form to:**

Email: MCREnrollment@MolinaHealthcare.com or Fax: (866) 891-2422

If you have any questions or concerns, please contact Molina Broker Services at (866) 440-9788

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