



2018 Medicare Advantage
Prescription Drug Plans (MAPD) Product Training



Agenda

- Vibra Health Plan Overview
- Sales Territories and Key Contacts
- 2018 MAPD PPO Plan Options and Benefit Designs
- Sales Collateral and Tools
- Enrollment and Commissions
- Compliance Expectations



Mission

Vibra Health Plan will provide a superior member experience through relentless member support and through improvements in health care coordination, quality and affordability.

Vision

Vibra Health Plan will drive maximum value for its members ensuring that members get the best care possible through:

- Tireless member support services and advocacy for our members
- Caring, knowledgeable and empowered staff who provide excellent, compassionate, service
- Collaboration with our partners including providers of care and all support partners
- Promoting and using innovative technologies
- Eliminating barriers and hassles for our members and partners



Member Advocacy Pledge:

Vibra health Plan will guide our members to achieve optimal and vibrant health by providing each Member a **Member Advocate** who will **help the member understand their healthcare options**, to take control of their healthcare needs, and to navigate the often confusing steps along the path to efficient and effective care.



Value

Value each member considering the member's needs in all decisions and interactions

Integrity

Operate with **Integrity** to build trust, be compliant, and earn customer loyalty

Bold

Be **Bold** and innovative to set the standard for our industry

Respect

Have **Respect** for all we serve and for our team members and partners

Attitude

Attitude and teamwork are essential for setting a new standard and reaching new heights



Vibra Health Plan Strengths that you as a broker should know:

- Sales model that encourages cooperation between individual brokers and VHP Sales Team/Broker Management Representatives
- Experienced leadership team with expertise in managed health care
- Industry leading CRM technology
- Value based, aligned provider agreements



Vibra Health Plan Strengths to tell your clients:

- Locally based in Harrisburg, PA
- Solely focused on the Medicare (Advantage) market
 - Meeting the needs of the Medicare population is our sole priority.
 - Providing PPO networks that allow members to use out-of-network providers.
- Competitively positioned plans with comprehensive coverage
 - Especially our drug benefit, which can save money for our members.

Vibra Health Plan Strengths to tell your clients:

- VHP is committed to providing an exceptional level of service to our members. Our Member Services department emphasizes:
 - **Local assistance** – Our reps are located in Harrisburg, PA.
 - **No call trees** – When members call in, they speak to a live person without pressing buttons or speaking code words.
 - **1st call resolution** – Our reps are trained and equipped to answer member questions across a broad range of topics.



The Member Advocate Program

- All members are partnered with a Member Advocate upon enrollment with Vibra Health Plan.
- A Member Advocate's key functions include:
 - Clarifying health care options for our members
 - Connecting them with community resources to meet their needs
 - Coordinating care and service needs at the time of their care event
- The Member Advocates are a unique team **separate** from Member Services and Care Management. Member Advocates collaborate with the Member Services and Care Management teams to ensure continuity and coordination.



The Member Advocate Program

How do Member Advocates support our members?

- Member Advocates identify and assess a member's medical, social, emotional and financial needs in order to detect barriers to care and reduce or eliminate them.
- They assist with patient-provider communications to coordinate appointments and related transportation
- They facilitate transition of care needs, including:
 - medication reconciliation and management
 - durable medical equipment
 - home health care services
 - transportation for appointments
- Member Advocates connect at-risk members with community resources, utilizing social, economic, behavioral, and support services



Member Advocate Program –Member Story

Member Story: Financial Assistance Needs

A VHP member called his Member Advocate because he had recently entered the donut hole and could no longer afford his medications. With the help of his Member Advocate, he explored multiple options including less expensive therapeutic alternatives, PACE / PACEnet options, and pharmaceutical assistance. His Member Advocate helped him apply for the PA Patient Assistance Program, which saved him **over \$875 per month**.

Member Advocate Program – Member Story

Member Story: Behavioral Health and Social Needs

A VHP member moved to the U.S. from Puerto Rico. She did not speak English and was struggling with chronic depression and social isolation. Her Member Advocate located a Spanish Senior Center in her area so she could meet others, attend events and enjoy a hot lunch. Her Member Advocate also helped her complete a local transportation application to get her to the Senior Center as well as her doctor appointments. Her Member Advocate also located a Spanish-speaking therapist and, together with the member, scheduled an appointment so the member could address her depression.

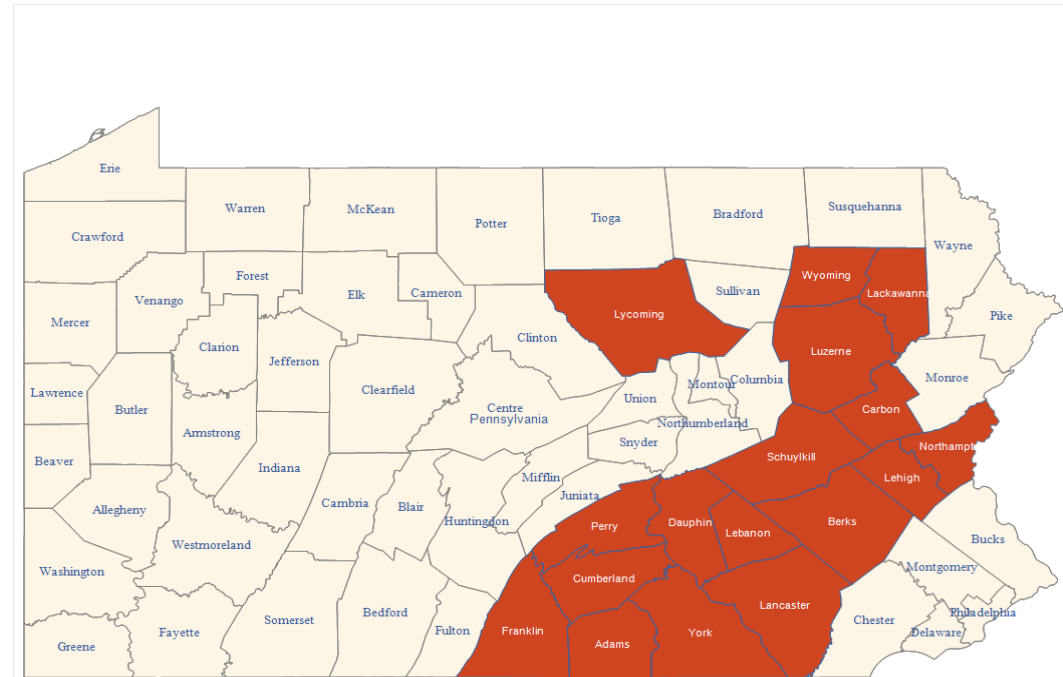


The Member Advocate Difference

- Available 7 days a week
- Achieve high contact and assessment rates due to personalization of interactions
- Engaged with our communities and cultures where members can meet their Member Advocate in person
- Deliver high levels of member satisfaction through established relationships
- Solve core issues preventing members from focusing on priority health care needs, such as:
 - Shelter and Housing
 - Transportation
 - Physical Health
 - Safety
 - Independent Activities of Daily Living (IADLs)
 - Preventative Care
 - Behavioral Health/ Substance Abuse
 - Medication Assistance
 - Health Monitoring
 - Financial

2018 Vibra Health Plan PPO Service Area

- Adams
- Berks
- Carbon
- Cumberland
- Dauphin
- Franklin
- Lackawanna
- Lancaster
- Lebanon
- Lehigh
- Luzerne
- Lycoming
- Northampton
- Perry
- Schuylkill
- Wyoming
- York



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PPO Network Structure

VHP's plan network operates as a Preferred Provider Organization (PPO) plan:

- Network includes 8,500+ professional providers and 50+ hospitals
- Beneficiaries have in-network and out-of-network benefits, but they may save money by seeing providers in network
- Beneficiaries can see a specialist without a referral
- Beneficiaries are encouraged but not required to declare a Primary Care Physician (PCP)





Provider Network Highlights (list is not all-inclusive)

- **Dauphin/Cumberland County Area:**

- Pinnacle Health
- Holy Spirit Health
- Penn State Health
- Carlisle Regional Medical Center

- **Lehigh Valley Area:**

- Lehigh Valley Health Network
- St. Luke's University Health Network
- Coordinated Health
- Easton Hospital

- **Franklin County (Summit Health):**

- Chambersburg Hospital
- Waynesboro Hospital

- **Lebanon County:**

- WellSpan Good Samaritan Hospital

- **Adams/York County Area:**

- WellSpan Health
- Hanover Hospital
- Memorial Hospital

- **Lancaster County:**

- Lancaster General Health
- Lancaster Regional Medical Center
- Heart of Lancaster Hospital
- WellSpan Ephrata Hospital

- **Lycoming County:**

- Susquehanna Health

- **Scranton/Wilkes-Barre:**

- Moses Taylor Hospital
- Wilke-Barre General Hospital

- **Schuylkill County:**

- Schuylkill Health

*List is not all inclusive. Please visit vibrahealthplan.com for comprehensive network information.

MAPD Plan Structure

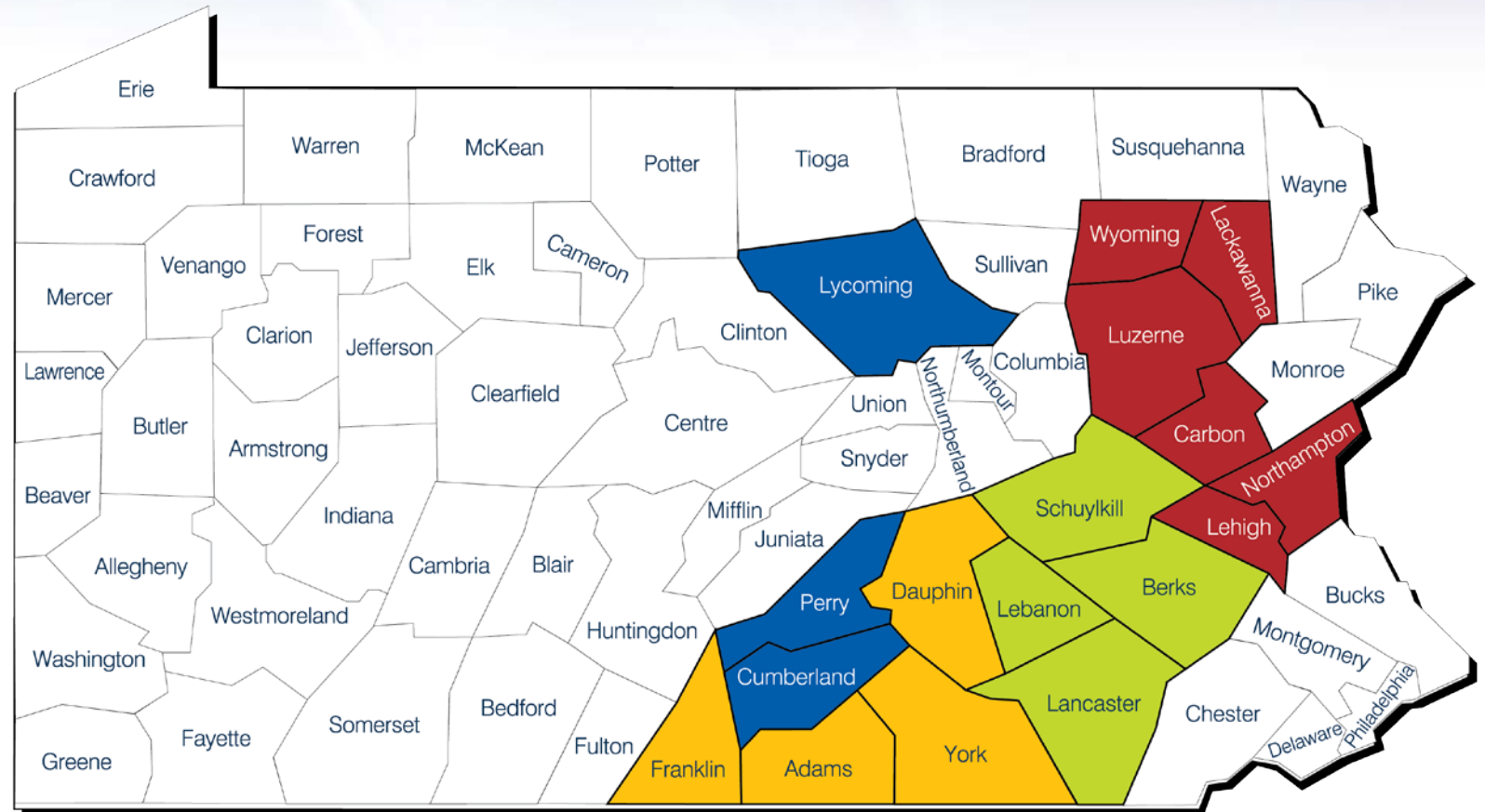
2018 VHP plans are Medicare Advantage Prescription Drug (MAPD) PPO Plans:

- Medical coverage *that goes beyond* original Medicare Part A & B coverage
- Prescription Drug coverage (Medicare Part D) is included in the plan/premium
- Gap Coverage for both Essential and Enhanced Plans
- **A \$0 Premium Plan option**
- Optional Supplemental Dental Coverage available with both plans at an additional cost
 - Administered by Delta Dental



Sales Territories

- VHP's service area will be divided into four sales territories
- Each sales territory will have an assigned broker management representative (BMR).





Broker Management Representatives

- Sales Territories will be managed by the following Broker Management Representatives:
 - **Colleen Heilman** – Adams, Dauphin, Franklin and York Counties
 - **Maria Laackman** – Berks, Lebanon, Lancaster and Schuylkill Counties
 - **Kervis Caraballo** – Carbon, Lackawanna, Lehigh, Luzerne, Northampton and Wyoming Counties
 - **Tom Dunaway** – Cumberland, Lycoming and Perry Counties

Medicare Producer Services

- Our Broker Management team members are happy to assist you. Our goal is a one-call resolution. If further research with another department is necessary, we will follow up in a timely manner.
- **When to call your Broker Management Representative:**
 - To request VHP materials
 - For questions on plans and benefits
 - For questions about processes
 - i.e. “How do I submit applications?”



Producer Services: Key Contacts

Manager, Broker Management Program:

- Toyia Plater – 717.756.8553

Broker Management Representatives:

- Colleen Heilman – 717.877.3003,
- Maria Laackman – 717.599.8926,
- Kervis Caraballo – 717.418.7278
- Tom Dunaway – 717.541.7732
- Email: brokersupport@vibrahealthplan.com



Becoming Ready to Sell

- Producers **MAY NOT** receive marketing materials or conduct business until Vibra Health Plan completes all necessary steps and designates the producer as “Ready to Sell.” This includes:
 - Receipt of all requested documentation
 - Completion of a background check
 - Verification of required trainings
 - Appointment by Vibra Health Plan
- Failure to comply with the “**Ready to Sell**” verification steps prior to selling Vibra Health Plan products could result in termination for cause for failure to meet the Centers for Medicare and Medicaid Services (CMS) guidelines.
- **Contact your Preferred Producer or your Broker Management Rep to confirm “Ready to Sell” status**

2018 MAPD PPO Plan Options and Benefits

2018 plan benefits and rates are pending CMS approval



PPO Plan Options

Vibra Health Plan's 2018 Medicare Advantage Prescription Drug (MAPD) Plans:

Vibra Health
Plan **Essential**
Coverage (PPO)



Vibra Health
Plan **Enhanced**
Coverage (PPO)





Comparing Medical Benefits

Benefits	Essential Coverage PPO		Enhanced Coverage PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium	\$0.00		\$55.00	
Deductible (Medical and Rx)	None		None	
Out-of-Network Coinsurance	N/A	40% allowable (OON coinsurance applies unless otherwise noted)	N/A	30% allowable (OON coinsurance applies unless otherwise noted)
Out-of-Pocket Maximum	\$5,900 Combined (excludes Part D drugs, optional supplemental routine dental, routine vision, routine hearing)		\$4,800 Combined (excludes Part D drugs, fitness, optional supplemental routine dental, routine vision, routine hearing)	
Inpatient Services				
Inpatient Hospital Stay/Medical	\$210 per day (days 1-8)	40% coinsurance	\$195 per day (days 1-8)	25% coinsurance
Inpatient Mental Health	\$200 per day (days 1-8)	40% coinsurance	\$200 per day (days 1-8)	25% coinsurance
Skilled Nursing Facility	\$0 (Days 1-20) \$167.50 (Days 21-100)	40% coinsurance	\$0 (Days 1-20) \$165 (Days 21-100)	25% coinsurance

Vital, Vibrant, VIBRA

2018 plan benefits and rates are pending CMS approval



Comparing Medical Benefits

Benefits	<u>Essential</u> Coverage PPO		<u>Enhanced</u> Coverage PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Services				
Primary Care Physician Office Visit	\$5 copay	\$35 copay	\$5 copay	30% coinsurance
Specialist Office Visit	\$40 copay	\$75 copay	\$35 copay	30% coinsurance
Emergency Room Visit	\$80 copay		\$80 copay	
Urgently Needed Services	\$50 copay	\$65 copay	\$50 copay	\$65 copay
Outpatient Surgery Ambulatory Surgery Center:	\$250 copay	35% coinsurance	\$225 copay	30% coinsurance
Outpatient Surgery Outpatient Hospital	\$325 copay	35% coinsurance	\$300 copay	30% coinsurance
Lab Services	\$15 copay	20% coinsurance	\$15 copay	30% coinsurance
Diagnostic Tests and Procedures (per service)	\$25 copay	20% coinsurance	\$15 copay	30% coinsurance
X-Ray Services (per service)	\$35 copay	40% coinsurance	\$30 copay	30% coinsurance
Diagnostic Radiology (High Tech Imaging, CT, MRI etc.)	\$275 copay	40% coinsurance	\$225 copay	30% coinsurance

Vital, Vibrant, **VIBRA**

2018 plan benefits and rates are pending CMS approval



Medical Benefits - Key Features (In-Network)

Essential Coverage PPO

- **\$0 Premium**
- \$0 Deductible
- Annual Physical & Preventive Services 100% covered
- **\$5** copay for PCP visit
- **Worldwide ER coverage with \$2,500 annual max benefit**
- Routine Vision coverage
- **\$250** copay for Outpatient Surgery at an Ambulatory Surgery Center (ASC)
- **Shingles Vaccine 100% covered if administered at a physician's office**

2018 plan benefits and rates are pending CMS approval



Medical Benefits - Key Features (In-Network)

Enhanced Coverage PPO

- \$55 Premium
- \$0 Deductible
- **\$4,800 Maximum Out-of-Pocket Cost (combined, in and out-of-network)**
- Annual Physical & Preventive Services 100% covered
- **\$5** copay for PCP visit
- **Worldwide ER coverage with \$5,000 annual max benefit**
- Routine Vision & Routine Dental coverage
- **\$90/Quarter** toward Gym Membership & Fitness Classes
- **Shingles Vaccine 100% covered if administered at a physician's office**



Wellness Benefit

- VHP will offer a Wellness Benefit with the **Enhanced Coverage PPO plan**.
- \$90 allowance per quarter (every 3 months) for gym membership and exercise programs/classes.
 - This amount is reimbursed to the member upon submission of gym membership and/or exercise program receipt
- Examples of fitness expenses *not covered*:
 - Equipment
 - Clothing, sportswear and athletic shoes
 - Personal training fees
 - Golf league or greens fees
 - This is not a complete list.

Pharmacy Benefits

2018 plan benefits and rates are pending CMS approval



Pharmacy Network Highlights

Preferred Pharmacies

- GIANT
- Rite Aid
- Walgreens
- Walmart
- There are select independent pharmacies also included in VHP's preferred pharmacy roster

Standard Pharmacies

- Costco
- CVS
- Kmart
- Target
- Wegmans
- Weis
- Includes many other national chains. This is not an all-inclusive list

Prescription Drug Benefits

Benefit	<u>Essential</u> Coverage PPO					
	Preferred Pharmacy 31-Day Supply	Standard Pharmacy 31-Day Supply	Preferred Pharmacy 60-Day Supply	Standard Pharmacy 60-Day Supply	Mail Order Preferred 90-Day Supply	Mail Order Standard 90-Day Supply
Tier 1: Preferred Generic	\$0	\$15	\$0	\$26.25	\$0	\$30
Tier 2: Generic	\$15	\$20	\$26.25	\$35	\$30	\$40
Tier 3: Preferred Brand	\$42	\$47	\$73.50	\$82.25	\$84	\$94
Tier 4: Non-Preferred Brand	\$95	\$100	\$166.25	\$175	\$237.50	\$250
Tier 5: Specialty*	33%	33%	Not Covered	Not Covered	Not Covered	Not Covered
Tier 6: Select Care	\$0	\$5	\$0	\$8.75	\$0	\$10

*Tier 5 is only offered at a 31-day supply order

2018 plan benefits and rates are pending CMS approval

Prescription Drug Benefits

Benefit	<u>Enhanced Coverage PPO</u>					
	Preferred Pharmacy 31-Day Supply	Standard Pharmacy 31-Day Supply	Preferred Pharmacy 60-Day Supply	Standard Pharmacy 60-Day Supply	Mail Order Preferred 90-Day Supply	Mail Order Standard 90Day Supply
Tier 1: Preferred Generic	\$0	\$10	\$0	\$17.50	\$0	\$20
Tier 2: Generic	\$10	\$15	\$17.50	\$26.25	\$20	\$30
Tier 3: Preferred Brand	\$35	\$40	\$61.25	\$70	\$70	\$80
Tier 4: Non-Preferred Brand	\$90	\$95	\$157.50	\$166.25	\$225	\$237.50
Tier 5: Specialty*	33%	33%	Not Covered	Not Covered	Not Covered	Not Covered
Tier 6: Select Care	\$0	\$5	\$0	\$8.75	\$0	\$10

*Tier 5 is only offered at a 31-day supply order

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Prescription Drug Benefits (Coverage Gap)

Benefit	<u>Coverage Gap Essential</u>					
	Preferred Pharmacy 31-Day Supply	Standard Pharmacy 31-Day Supply	Preferred Pharmacy 60-Day Supply	Standard Pharmacy 60-Day Supply	Mail Order Preferred 90-Day Supply	Mail Order Standard 90Day Supply
Tier 1: Preferred Generic	\$0	\$15	\$0	\$26.50	\$0	\$30
Tier 6: Select Care	\$0	\$5	\$0	\$8.75	\$0	\$10
	<u>Coverage Gap Enhanced</u>					
Tier 1: Preferred Generic	\$0	\$10	\$0	\$17.50	\$0	\$20
Tier 2: Generic Drugs	\$10	\$15	\$17.50	\$26.25	\$20	\$30
Tier 6: Select Care	\$0	\$5	\$0	\$8.75	\$0	\$10



Prescription Drug Benefits Key Features

Essential Coverage PPO

- No Prescription Drug deductible
- \$0 copay for Preferred Generic Drugs
- **Unique Tier 6 with generic drugs for chronic conditions, related to Medicare stars measures**
- Tiers 1 & 6 are offered at their applicable copays through the coverage gap
- Shingles vaccine is a Tier 4 copay if administered at a pharmacy

Enhanced Coverage PPO

- No Prescription Drug deductible
- \$0 copay for Preferred Generic Drugs
- **Unique Tier 6 with generic drugs for chronic conditions, related to Medicare stars measures**
- Tiers 1, 2 & 6 are offered at their applicable copays through the coverage
- Shingles vaccine is a Tier 4 copay if administered at a pharmacy



Optional Supplemental Benefits

Vibra Health Plan offers 2 optional supplemental dental plans:

Essential Dental
Coverage



Enhanced Dental
Coverage





Optional Supplemental Dental Coverage

What you should know

Essential Dental Coverage

- Essential Dental Coverage can only be purchased in conjunction with Essential PPO Plan.
- Not offered as a stand-alone plan
- Enrollee monthly premium for dental coverage is in addition to the medical/drug coverage premium

Enhanced Dental Coverage

- Enhanced Dental Coverage can only be purchased in conjunction with Enhanced PPO Plan.
- Not offered as a stand-alone plan
- Enrollee monthly premium for dental coverage is in addition to the medical/drug coverage premium



Dental Plan Benefits

Benefit	Essential Dental	Enhanced Dental
Enrollee Monthly premium	\$33.30	\$28.00
Deductible	None	None
Annual Maximum	Unlimited for diagnostic and preventive services. \$1,000 for all other services	Unlimited for diagnostic and preventive services. \$1,000 for all other services
Frequency of cleanings, exams and x-rays	2 cleanings, 2 exams and 2 x-rays per year	Included in Enhanced Coverage PPO plan's base benefits
Co-Payments	\$20 per exam	
	\$10 per periapical x-ray	
	\$20 per bitewing x-ray	
	\$30 per panoramic x-ray	
	\$30 per full-mouth x-ray	
Diagnostic	\$0 copay	
Preventive	\$0 copay	
Amalgams	20% coinsurance	20% coinsurance
Other Basic Restorative	20% coinsurance	20% coinsurance
Simple Extractions	50% coinsurance	50% coinsurance
Complex Oral Surgery	50% coinsurance	50% coinsurance
Non-Surgical Periodontics	50% coinsurance	50% coinsurance
Surgical Periodontics	50% coinsurance	50% coinsurance
Major Restorative	50% coinsurance	50% coinsurance
Prosthodontics	50% coinsurance	50% coinsurance
Orthodontia	Not Covered	Not Covered



Routine Hearing Benefits

Members must contact Vibra's hearing provider to receive benefits. Authorization is not required for Routine Hearing Exams and Hearing Aid Fittings and Evaluations.

Essential Coverage PPO

- 1 Routine Hearing Exam per Calendar Year
- In-Network \$0 Copay
- Out-of-Network 40% Coinsurance
- One Fitting and evaluation every 3 years
- Up to \$300 every 3 years toward hearing aids

Enhanced Coverage PPO

- 1 Routine Hearing Exam per Calendar Year
- In-Network \$0 Copay
- Out-of-Network 30% Coinsurance
- One Fitting and evaluation every 3 years
- Up to \$300 every 3 years toward hearing aids



Routine Vision Benefits

- Vibra PPO plans cover routine vision
- One annual routine eye exam per calendar year- \$20 copay applies (PPO OON 30% coinsurance)
- Up to \$40 allowance towards eyeglass frames or contact lenses *every two years*
- Plan payment toward eyeglass lenses:
 - Allowance towards lenses every two calendar years
 - \$36 single vision lenses
 - \$48 for bifocal lenses
 - \$58 for trifocal lenses

Sales Collaterals and Member Materials



Enrollment Kit

- Enrollment Kits include:
 - Summary of Benefits
 - Marketing Brochure
 - Enrollment Applications (2)
 - Return Envelopes for Enrollment Applications (1)
 - Formulary
 - Foreign Language/Non-discrimination Insert
- Copies of Provider/Pharmacy Directory are available upon request.
- Materials can be ordered by contacting your Broker Management Representative

New Members will receive:

- A New Member will receive the following:
 - Cover Letter
 - Evidence of Coverage Booklet
 - How to find a Doctor, Pharmacy/Rx Instructions Insert
 - Member Advocate Flier
 - Drug Mail Order Form
 - Member ID Card

Note: Other items may be included

- A welcome call from their assigned Member Advocate within the first 90 days of membership
 - Member Advocates will offer to complete a Health Risk Assessment for the member over the phone.

Enrollment

Application Submission Time

- A signed MAPD enrollment application must reach Vibra Health Plan within 24 hours of producer receipt from a beneficiary.
 - This is usually 24 hours from the signature date.
 - Always check the date on an application if received directly from the applicant.
- **Plans must submit the enrollment to CMS within 7 calendar days of the receipt of the completed application.**
 - The seven calendar days includes both weekends and holidays.
- It is vital that all requests are processed in date order and within CMS timeframes to ensure compliance and credit for payment.

Application Submission Time

- If Vibra Health Plan receives an application after the 24 hour timeframe, it is considered late.
- Vibra Health Plan continuously checks for late submissions of MAPD enrollment applications.
 - Applications are tracked by your NPN number.
- For a first violation, the producer will receive an e-mail notice from the Producer Management Team and the producer will be required to complete an incident report.
 - The FMO will be copied on all email notices .
- The second violation for late submissions may result in disciplinary action.

Application Submission Time

- Each timely submission violation requires a counseling session, which takes place between the producer and the FMO. VHP will provide coaching forms to the FMO.
 - Coaching forms must be signed by all parties involved and returned to VHP within five business days of notification of the violation.
 - Each session is documented and retained by VHP.
- If violations continue, VHP may be required to suspend the producer from selling VHP MAPD products for the remainder of the CMS contract year.
- Questions? Contact your FMO with questions related to timely submission disputes.



Completing the Enrollment Application

- VHP will use Producer NPN numbers to track sales and pay commissions.
 - Your NPN is also your VHP writing number.
- Complete the Sales Agent Information on the application as outlined below.
 - Include: Date Received, Date Submitted, Effective Date, Agent Name, NPN, and Phone Number

Agent & Office Use Only:		
Agent Name:		
Date Received: MM / DD / YYYY	Date Submitted: MM / DD / YYYY	Effective Date: MM / DD / YYYY
Name of staff member/agent/broker (if assisted in enrollment):		
Agent ID #:	Agent Phone Number: ### - ### - ####	
Enrollment Type: <input type="checkbox"/> ICEP/IEP <input type="checkbox"/> SEP (type): _____ <input type="checkbox"/> AEP <input type="checkbox"/> Not Eligible: _____		

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- To obtain your NPN, please use the following web link to the National Insurance Producer Registry (NIPR):
pdb.nipr.com/html/PacNpnSearch.html.

Attestation of Eligibility Form

- If the applicant is using a Special Election Period to enroll, ensure he/she has completed the Attestation of Eligibility form attached to the enrollment application.
- If more than one Special Enrollment Period may apply, check all applicable boxes.
 - Note: The Pennsylvania Pace/Pacenet drug program is not the same as receiving Extra Help paying for Medicare prescription drug coverage (LIS). Please check the correct box.
- If an authorized representative signs the enrollment application, the record of Attestation of Authority must be maintained as part of the record of the enrollment election (including contact information).



Application Submission Methods

- **Applications must be submitted within 24 hours of receipt.**
- Applications can be submitted via paper
- Paper Applications can be submitted by:
 - Secure Fax: 1-844-260-7923
 - Drop off at Vibra Location:
4000 Crums Mill Road, Suite 201
Harrisburg, PA 17112

NOTE: Do not scan and email applications to **Vibra Health Plan**

Telephonic Enrollments

- All requirements for telephonic enrollment must be followed as outlined in the CMS Enrollment guidance.
 - Telephonic enrollments may only be done by our designated call centers and internal telephone representative staff.
 - Telephonic enrollments may only be done on inbound calls to a recorded line.
 - **A marketing representative cannot be present during the enrollment call.**
- New for 2018, representatives may collect payment information for electronic premium payment such as banking account information.
- **NOTE:** Credit card information may NOT be taken on recorded phone lines per corporate policy.

Trumping Rules

- A beneficiary cannot be enrolled in more than one MA product or PDP at a time.
- If VHP receives multiple enrollment requests for the same person and the same effective date, the last application VHP receives (based on application receipt date per CMS guidelines) will be the valid enrollment application.
- If CMS receives multiple applications for the same beneficiary:
 - CMS will process the last enrollment request received.
 - The carrier (and associated producer) who submitted the last enrollment request will get credit for the enrollment, if the enrollment is made effective by CMS.

Trumping Rules

- If CMS receives multiple enrollment requests for the same plan option with the same effective date, the carrier who submitted the first enrollment request will get credit.
 - The second application will be deemed a duplicate
- Note: enrolling in a stand-alone Prescription Drug Plan (PDP) will disenroll the applicant from a Medicare Advantage Prescription Drug Plan (MAPD)



Cancellations

- Cancellation requests must be received BEFORE the effective date of the plan.
 - Exception: Outbound Enrollment Verification (OEV). The deadline for canceling via OEV request is 7 days after the generation of the OEV letter or by the day before the enrollment effective date, whichever is later.
- Cancellation requests can be made by the beneficiary or the authorized representative who completed the enrollment request.
 - Spouses cannot cancel for each other, unless he/she is an authorized representative for the other spouse.
 - **Producers cannot cancel on behalf of members.**
 - The member or their authorized representative must contact VHP directly in order to cancel their enrollment.
- A letter is generated and sent by VHP within 10 days to any beneficiary who requests a cancellation.



Member Services Information

- After a beneficiary has become an active member of Vibra Health Plan, questions and concerns should be directed to our Member Services Department.
- Member Services
 - Hours: 8:00am to 8:00pm, 7 days a week
 - Contact information:
 - Phone: 1.844.388.8268
 - Website: www.vibrahealthplan.com
 - Mailing Address:
Vibra Health Plan Member Services
P.O. Box 7628
Harrisburg, PA 17604

Compliance Expectations



Marketing

- Before marketing or selling VHP MAPD products, producers must be
 - Appropriately licensed in Pennsylvania and appointed by Vibra Health Plan
 - Certified under the Vibra health Plan annual certification process as “Ready to Sell”
- Producers are required to follow all Vibra Health Plan and CMS marketing requirements. Producers can find and review the 2018 CMS Medicare Marketing Guidelines on the Medicare Producer Portal or on [cms.gov](https://www.cms.gov).



- Producers may only use CMS and VHP approved marketing materials when discussing VHP MAPD plans.
- Producers may not alter CMS approved materials in any way other than to add personal information such as:
 - Producer name
 - Phone number
 - Email
 - Event date



Marketing Resources

- VHP will let producers know **via email** when new or updated marketing materials are available. If producers are not receiving emails from Vibra Health Plan, contact the your FMO or the VHP Broker Manager Rep.
- Requests for marketing materials:
 - Contact the FMO for any unique marketing item
 - A marketing request may need to be submitted by the Preferred Producer
 - Allow at least four to six weeks for the entire process



Referencing Vibra Health Plan

- Producers may reference VHP in electronic communications as long as the reference is first reviewed for accuracy by VHP.
- **Producers may not show the VHP company logo, VHP branding elements, or any product-specific information without VHP written approval.**
- The following are permitted:
 - Electronic communications that mention VHP but do not include plan specific information (e.g., information about benefits, premiums, copays, deductibles, benefits, how to enroll, networks)

Note New Guidance: Ensure emails to potential Enrollees include “Marketing” in the beginning of the subject line’ per 2018 Medicare Marketing Guidelines (MMG) (pg. 117)

- Recruitment and training documents (e.g., emails, fliers)
- Materials that only indicate the type of products producers or their company sell (e.g., HMO, PPO)
- Producers may **never** co-brand Vibra with another Plan (including Capital BlueCross)



Using Vibra Health Plan Logos

- Producers can request to show the VHP logo on their website to reflect they sell VHP products.
 - Submit the request to the VHP Broker Management Representative.
 - Include a sample layout showing how the logo will be used
- Approval takes about one to three business days and will be provided via email.
- Note: Requests must appropriately reflect that VHP is among the brands being sold. VHP is unable to approve requests that imply exclusivity or special status to sell VHP products (unless the producer has an exclusive contract with VHP).
- Contact your FMO for information on submitting requests.
- Never refer to Vibra as a Capital BlueCross (CBC) plan.

Scope of Appointment

- **SOA must be documented prior to appointment.**
- Scope of Appointment (SOA) must be completed for all telephonic appointments and face-to-face presentations (except for seminars).
- All CMS approved SOA forms will be accepted
- Brokers may not market any health care related product beyond the scope of products the beneficiary agreed to before the appointment.
 - If any product other than what was originally indicated by the beneficiary is requested, a second SOA that includes that product must be documented.
- Vibra Health Plan will randomly perform audits on SOAs.

Scope of Appointment

The Following must be included on all SOAs:

- Date of appointment
 - Beneficiary contact information and signature
 - Product type requested by beneficiary
 - Agent information
 - Products discussed
- **If an SOA was not signed prior to an appointment, an explanation as to why it was not practical must be noted on the SOA form.**



Compliance and Ethics Inquiries

- The Compliance and Ethics department provides guidance on Code of Conduct issues and handles compliance and ethics concerns regarding the Code of Conduct, corporate policy and/or laws, and regulations.
- Questions may be directed to the Compliance and Ethics department through any of the following:
 - Compliance Hotline: 844-920-0004
 - E-mail address: Tiffany.Weary@Vibrahealthplan.com
 - Mail:

Vibra Health Plan
Compliance and Ethics Department
PO Box 60250
Harrisburg, PA 17106-0250

Producer Oversight

- CMS holds VHP responsible for the actions of all producers representing VHP.
- VHP has a dedicated oversight team to monitor the activities of producers contracted or employed to market and sell VHP MAPD products.
- The VHP Producer Management Team has a responsibility to:
 - Ensure producers are compliant with CMS requirements
 - Protect Medicare beneficiaries from being misled during the marketing process
 - Identify and correct inappropriate behavior or activity by producers
 - Oversee investigation and resolution of complaints and marketing incidents, focusing on nature volume and patterns of complaints against producers
 - Inform CMS and other regulatory agencies about marketing violations and report corrective actions taken to correct issues

Oversight Monitoring Criteria

- VHP routinely monitors producer performance against both CMS and internal standards regarding:
 - **Cancellation rates:** number and percentage of enrollments cancelled before the effective date of coverage
 - **Rapid disenrollment rates:** number and percentage of disenrollments within 90 days of the effective date (excludes disenrollment due to death, out-of-area moves, loss of Parts A or B)
 - **Enrollment application submission time**
 - **HIPPA Compliance**
 - Maintaining required documents for 10 years

Disciplinary Actions

- Disciplinary or corrective actions may include:
 - Coaching or monitoring sessions
 - Verbal or written warnings
 - Retraining and testing
 - Placement on a producer watch list
 - Suspension or probationary period, with or without commissions
 - Contract termination, with or without cause
 - Formal reporting to the Department of Insurance

Complaints and Marketing Incidents

- VHP tracks significant patterns and volumes of complaints reported against anyone contracted to market VHP MAPD products.
- Complaints and marketing incidents include:
 - Alleged or actual infractions
 - Misrepresentations to potential members
 - Member dissatisfaction during sales events
 - Other inappropriate interactions with Medicare beneficiaries

Complaints and Marketing Incidents

- VHP can receive complaints from multiple sources including but not limited to:
 - Customer Service
 - Producer Relations
 - Appeals and Grievances
 - Enrollment Department
 - Department of Insurance
 - CMS
 - Federal or state representatives/agencies
 - Member or member's representative
- VHP will conduct a full investigation in response to every complaint received and will impose disciplinary actions when needed.

Complaints and Marketing Incidents

- VHP requires full cooperation throughout the complaint process. Upon receipt of a complaint or marketing incident involving one of VHP's agents, brokers or producers, VHP follows the following process:
 - Sends a Notice of Investigation letter to the involved producer
 - Completes a full investigation
 - Makes a determination that the complaint is founded or unfounded and recommends corrective action if necessary.
- Corrective action may include:
 - Focused training and monitoring sessions
 - Full retraining and retesting
 - Increased surveillance
 - Termination and prohibition from selling VHP MAPD products
 - Failure to respond within the required timeframe to VHP or CMS requests for information may result in suspension or termination of an agent, broker or producer's ability to market, sell, and receive commissions with all contracted plans



Thank you for reviewing Vibra
Health Plan's 2018 Medicare
Advantage Prescription Drug Plans
(MAPD) Product Training.

You are now ready to take our 2018
Product Training Exam.

