



brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

**AGENT
MANUAL**



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Introduction



People buy health insurance for one reason – peace of mind. The process of acquiring that peace of mind is often complicated. The healthcare industry is dynamic and difficult for consumers to keep up with the changes. Health insurance looks very different than it did 10 years ago and will look very different 10 years from today. Brand New Day is dedicated to expanding opportunities to deliver affordable, innovative healthcare programs and exceptional service.

Using the Agent Manual

We update the Agent Manual throughout the year. Please access the manual from bndhmo.com instead of printing a hard copy. This way you will always have the most current and accurate information.

About Universal Care & Brand New Day

“Healthcare You Can Feel Good About”. It’s more than a tagline, it’s what Universal Care, Inc. (“Universal Care”) has made its mission since 1983. We have focused on the importance of helping our members navigate the complex healthcare system with the goal of improving the quality of life for our members and physicians. It starts with our unique approach to help our members address their needs. The Brand New Day model of care has been designed with a focus on our members, their caregivers, and physicians in supporting each member’s healthcare needs.

Brand New Day offers comprehensive benefit programs designed to address our members’ unique healthcare needs. We offer programs for individuals with Medicare only, Medicare and Medi-Cal, and for individuals with ongoing medical conditions such as Diabetes, Cardiovascular Disease, Dementia or Mental Illness and individuals who live in Long Term Care Facilities. Our focused approach is personalized to help keep our members healthy and independent.

To review a full list of diagnosis that would qualify a beneficiary for a Brand New Day C-SNP or I-SNP, please see Appendix I in this manual.

Brand New Day is licensed to service members who live in the following counties (Brand New Day Service Area):

- Alameda
- Contra Costa
- Fresno
- Imperial
- Kern
- Kings
- Los Angeles
- Madera
- Orange
- Placer
- Riverside
- Sacramento
- San Bernardino
- Santa Clara
- San Diego
- San Francisco
- San Joaquin
- San Mateo
- Solano
- Stanislaus
- Tulare
- Yolo

Brand New Day is dedicated to providing healthcare programs and services that both you and your beneficiary can feel good about!

Brand New Day has developed many programs to support our Members, their family, caregivers, and the Member's Primary Care Physician and Specialists. Brand New Day's programs have consistent structure to allow each supportive program to achieve its intended goal: **to improve the overall well-being of our members.**

Our programs follow the Brand New Day

“Seven Fundamentals of Chronic Care Management”, which include:



Education about the member's chronic or ongoing medical conditions and avoidable risks



Nutrition



Exercise



Self-Testing and monitoring



Medication adherence to doctor orders



Preventive care planning



Linkage to community support programs

Brand New Day 2022 Benefit Plans

We offer a range of traditional HMO Medicare Advantage Prescription Drug Plans (MAPD) and innovative Chronic Illness Special Needs Programs (C-SNPs) for Medicare eligible individuals and programs for individuals eligible for Medicare and Medi-Cal (Duals) and an institutionalized plan (I-SNP) for individuals who reside in a Long Term Care Facility, Assisted Living Community or equivalent living arrangement.

Grouped by Counties:

Fresno, Imperial, Kern, Kings, Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, San Mateo, Tulare, San Francisco, Madera, San Joaquin and Madera (16 counties)

- Brand New Day Harmony Care Plan (HMO C-SNP) 32
- Brand New Day Classic Choice Plan (HMO) 33

Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, Tulare, Yolo, Alameda, Contra Costa, Stanislaus, Placer, Solano (19 counties)

- Brand New Day Dual Access Plan (HMO D-SNP) 24

Los Angeles, Orange, Riverside, San Bernardino, San Diego, Kern (6 counties)

- Brand New Day Classic Care I Plan (HMO) 25
- Brand New Day Embrace Care Plan (HMO C-SNP) 39-1
- Brand New Day Embrace Choice Plan (HMO C-SNP) 40-1

Alameda, Fresno, Imperial, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Stanislaus, Tulare, Yolo (14 counties)

- Brand New Day Embrace Care Plan (HMO C-SNP) 39-2

Alameda, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Stanislaus, Tulare, Yolo (20 counties)

- Brand New Day Classic Care II Plan (HMO) 37

Contra Costa, Solano (2 counties)

- Brand New Day Classic Care III Plan (HMO) 46
- Brand New Day Embrace Care (HMO C-SNP) 47

Los Angeles, Orange, Riverside, San Bernardino (4 counties)

- Brand New Day Part B Savings Plan (HMO) 49
- Brand New Day Select Care I Plan (HMO I-SNP) 42
- Brand New Day Select Choice I Plan (HMO I-SNP) 44

Alameda, Contra Costa, Fresno, Imperial, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo (16 counties)

- Brand New Day Embrace Choice Plan (HMO C-SNP) 40-2

Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Sacramento, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare, Yolo (15 counties)

- Brand New Day Bridges Care Plan (HMO C-SNP) 28
- Brand New Day Bridges Choice Plan (HMO C-SNP) 29

Brand New Day 2022 Benefit Plans

Fresno, Kern, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Tulare (13 counties)

- Brand New Day Harmony Care Plan (HMO C-SNP) 32

Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Tulare (15 counties)

- Brand New Day Harmony Choice Plan (HMO C-SNP) 20

Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare (16 counties)

- Brand New Day Valor Care Plan (HMO) 48

Grouped by Type:

MAPD plan

- Brand New Day Classic Care I Plan (HMO) 25
- Brand New Day Classic Care II Plan (HMO) 37
- Brand New Day Classic Care III Plan (HMO) 46
- Brand New Day Part B Savings Plan (HMO) 49
- Brand New Day Classic Choice Plan (HMO) 33

Medicare Advantage Part C Only Plan (Does not include Part D Prescription Drug Coverage)

- Brand New Day Valor Care Plan (HMO) 48

D-SNP (for individuals Medicare and Medi-Cal)

- Brand New Day Dual Access Plan (HMO D-SNP) 24

C-SNP (for individuals with behavioral health issues)

- Brand New Day Harmony Care Plan (HMO C-SNP) 32
- Brand New Day Harmony Choice Plan (HMO C-SNP) 20

C-SNP (for individuals with Cardiovascular Disease and/or Diabetes and/or History of Stroke)

- Brand New Day Embrace Care Plan (HMO C-SNP) 39-1, 39-2, 47
- Brand New Day Embrace Choice Plan (HMO C-SNP) 40-1, 40-2

C-SNP (for individuals with Dementia)

- Brand New Day Bridges Care Plan (HMO C-SNP) 28
- Brand New Day Bridges Choice Plan (HMO C-SNP) 29

I-SNP (for individuals who reside in a Long Term Care Facility)

- Brand New Day Select Care I Plan (HMO I-SNP) 42
- Brand New Day Select Care II Plan (HMO I-SNP) 43
- Brand New Day Select Choice I Plan (HMO I-SNP) 44
- Brand New Day Select Choice II Plan (HMO I-SNP) 45

Beneficiary Eligibility

They are eligible if they:

- Are entitled to Medicare Part A, and enrolled in Part B.
- Live in Brand New Day's service area.
- Understand they must continue to pay Part B premiums (if not paid for by Medicaid or another third party).

Veterans Affairs (VA) Benefits and Medicare

It is important to note that Veteran's Affairs (VA) plans and Medicare do not supplement each other. In other words, VA plans only cover care at VA facilities, and Medicare only covers care at Medicare assigned facilities. These plans do not overlap. Therefore, a member can use their VA benefits and also enroll in Brand New Day.

Should a beneficiary enroll in Medicare Part A if they have VA Benefits?

Veterans can have both Medicare and Veterans Affairs (VA) benefits at the same time and this is recommended. It is recommended that all Medicare-eligible veterans enroll in Medicare Part A (Hospital Coverage) and usually there is no additional cost. This will allow your VA qualified beneficiary to receive hospital Coverage, should they go to a non-VA facility. According to the VA's website "[We] encourage you to keep your private [Medicare] health insurance."

Should a beneficiary get Medicare Part B if they have VA Benefits?

It is strongly recommended that all Medicare-eligible veteran enroll in Medicare Part B (Medical Coverage). There is usually a monthly fee for Part B but it is worth it. If your VA Benefits are dropped at some point OR, and this is important, if your beneficiary's local VA facility does not cover all health services, they could pay 100% out of pocket for a serious illness. The VA highly recommends that your beneficiary enroll in Part B as well. Please contact Veterans Affairs directly with questions about specific care at your local facility.

Should a beneficiary get a Medicare Advantage Plan if they have VA Benefits?

Many sources say that veterans will not need a Medicare Advantage Plan if they qualify for ChampVA or TriCare. However, if they are not enrolled in ChampVA/TriCare, a Medicare Advantage Plan will fill in the gaps such as deductibles, copays, and coinsurance, as well as other benefits when seeking care outside of the VA, or outside of the U.S. and its territories. Make sure you advise a beneficiary to speak with their TriCare or CHAMPVA representative before enrolling in any supplemental plan to ensure that it is actually beneficial for them.

The reasons why a beneficiary may want to enroll in a Medicare Advantage Plan:

- They do not live near a VA facility
- They are enrolled in one of the VA lower priority groups, and could potentially lose their benefits
We encourage you to sign up for Medicare as soon as you can. This is because we don't know if Congress will provide enough funding in future years for us to provide care for all Veterans who are signed up for VA health care. If you're in one of the lower priority groups, you could lose your VA health care benefits in the future." Source: va.gov website, <https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>

VA Benefits and Medicare Part D

If your beneficiary is a veteran, the choice of whether to enroll in Part D is up to them. They may not need a Medicare Prescription Drug Plan, aka Medicare Part D, as VA plans may offer more coverage than Medicare's Rx coverage. Remember that any prescription prescribed by a non-VA doctor needs to be approved by a VA doctor for the VA to approve it. This may take extra time and the VA doctor can say that the prescription is unnecessary. If your beneficiary chooses not to enroll in Part D when they are first eligible, they can still enroll in Part D without paying a penalty. VA drug coverage is considered creditable coverage.

Please note: We are only able to give general information about Medicare related issues. If you have specific questions about your beneficiary's VA coverage, please contact Veterans Affairs directly.

Enrollment Periods

Listed below are the types of election periods during which eligible individuals may enroll in and/or disenroll from a Medicare health plan. There are several factors, including timing and the individual's particular circumstances, that determine which enrollment or disenrollment period is available for the beneficiary.

It is important to understand each to help ensure that the beneficiary is eligible to enroll.

Annual Election Period (AEP)

The Annual Election Period (AEP) runs from October 15 - December 7 of every year. During this time, beneficiaries may change prescription drug plans, change Medicare Advantage plans, return to Original Medicare, or enroll in a Medicare Advantage plan for the first time. Enrollment changes take effect on January 1.

Open Enrollment Period (OEP)

Allows a one-time enrollment election from January 1 - March 31. Starting January 1st a beneficiary may make "like plan" changes until March 31st. OEP will allow a beneficiary to disenroll from their current plan and switch to a different Medicare Advantage plan one time only. They can also disenroll from Medicare Advantage plan and go back to Original Medicare and then purchase a supplement and/or a PDP.

The beneficiary can only enroll in the PDP plan if they had drug coverage with the MAPD they dropped. The effective plan dates will be the first of the following month after the client's signature date.

Below is an example of the criteria for allowed changes:

- **MAPD to MAPD**
- **MAPD to Original Medicare and a Part D MA Only plan to MA Only plan**
- **MA Only plan to Original Medicare**

Initial Coverage Election Period (ICEP)

The Initial Coverage Election Period (ICEP) is the period during which an individual is first eligible to enroll. In general, an individual is eligible to enroll when an individual is entitled to Part A and enrolled in Part B. Once an ICEP is made and enrollment takes effect, this election has been used.

Open Enrollment Period For Institutionalized Individuals (OEPI)

The Open Enrollment Period For Institutionalized Individuals (OEPI) is continuous for eligible individuals (i.e., individuals moving into, residing in, or moving out a CMS-certified institution). For purposes of enrollment under the OEPI election period, an institutionalized individual is defined as an individual who moves into, resides in, or moves out of a CMS-certified institution such as a long-term care hospital, skilled nursing facility, or a swing-bed hospital. The OEPI ends two months after the month the individual moves out of the institution.

An MA-eligible institutionalized individual can make an unlimited number of MA enrollment changes during the OEPI. An MA organization is not required to accept requests to enroll into its plan during the OEPI, but if it is open for these enrollment requests, it must accept all OEPI requests to enroll into the plan.

Since the OEPI is continuous for eligible individuals, Original Medicare is also open continuously. Therefore, MA organizations must accept requests for disenrollment from their MA plans during the OEPI, whether or not the MA plan is open to accept enrollment.

Enrollment Periods

Special Election Period (SEP)

The Special Election Period (SEP) is a period that occurs outside of the standard enrollment/disenrollment election period due to specific circumstances. A number of SEPs exist for enrollment and disenrollment. SEPs occur outside of the standard enrollment/disenrollment election periods. The reason for a SEP can vary and so can the SEP rules. CMS has the authority to create SEPs for exceptional circumstances and define the eligibility requirements for the SEP.

The SEP starts the month the enrollee is informed of the network modification and continues for an additional two months. Enrollment in the new plan is effective the first day of the month after the plan sponsor receives the enrollment request. CMS will provide detailed instructions directly to the affected Part D Sponsor, including instructions on required member notifications and information to be provided to affected members regarding other enrollment options, if applicable.

Examples of SEPs include:

- The beneficiary moves out of the service area.
- The beneficiary has a chronic diagnosis that qualifies for one of Brand New Day's C-SNP plans. All C-SNP plans are available for year round enrolling. See Appendix I of this document for a full list of diagnosis that qualify.
- The beneficiary has lived in a Long Term Care Facility for at least 90 days he or she qualifies for the I-SNP, which is available for year round enrolling.
- The beneficiary has Medi-Cal or Low Income Subsidy ("Extra Help" paying for prescriptions).
- The plan leaves the Medicare program.
- The plan reduces its service area.
- There is an Extended Marketing Period for Plans with Five-Star Ratings. With CMS' push to improve quality in Medicare health plans and the assignment of star ratings, an additional incentive offered to five-star plans is the ability to market to and enroll beneficiaries throughout the year under the Five-Star SEP.
- There is a significant change in provider network.

Depending on the nature of the particular special election period, an individual may:

- Discontinue enrollment in a Medicare health plan and enroll in Original Medicare.
- Switch from Original Medicare to an MA.
- Switch from one MA to another MA.

Initial Enrollment Period (IEP) for Part D

The initial enrollment period for Part D (IEP for Part D) is the election period where an individual is first eligible to enroll in a Part D plan. An individual is eligible to enroll in a Part D plan when he or she is entitled to Part A OR is enrolled in Part B, AND permanently resides in the service area of a Part D plan. CMS provides the Part D eligibility effective date and maintains it in CMS systems. Generally, individuals will have an IEP for Part D that is the same period as the IEP for Medicare Part B.

Enrollment changes throughout the year

Most enrollees may only switch plans during the annual period designated by CMS. However, CMS does provide for limited circumstances where an enrollee can make a change outside the annual period. This will be discussed later in this chapter.

Brand New Day Service Area

The Brand New Day service area includes:

- Alameda
- Contra Costa
- Los Angeles
- Madera
- Orange
- Placer
- Riverside
- San Bernardino
- San Diego
- Imperial
- Kern
- Kings
- Fresno
- Tulare
- San Mateo
- Santa Clara
- San Francisco
- San Joaquin
- Sacramento
- Solano
- Stanislaus
- Yolo



Selling Brand New Day

Licensing, contracting and appointment

Brand New Day requires that any individual selling our programs be licensed by the California Department of Insurance with no restrictions, show proof of an active errors and omission insurance, have a contract and formal appointment with Brand New Day prior to enrolling a Medicare beneficiary into a Brand New Day benefit plan.

Training and certification

Brand New Day provides opportunities for learning and development. Brand New Day offers annual Medicare Certification, online agent certification and trainings. Annual Medicare Certification is required with a passing score of 85% or higher to enroll a beneficiary into Brand New Day.

Brand New Day's annual agent certification trainings are typically held in early fall, leading up to the annual enrollment period (AEP) for Medicare eligible individuals. These trainings are a good way to learn about program and benefit plan changes for the upcoming year and also give you the opportunity to hear from our leadership team about any industry updates. Brand New Day announces agent certifications and trainings via bndhmo.com/brokers and online certification is available.

Best Practice Tip: Important tips to help you know when to walk away from an enrollment

Always be willing to walk away - don't place yourself in a position where you accept a less than satisfactory outcome for the prospective Member just to get the sale.

- If the prospective enrollee frequently cancels or doesn't show up to your appointments, Do Not Enroll. Walk Away.
- If the prospective enrollee appears hesitant to enroll, Do Not Enroll. Walk Away.
- A prospective enrollee must know/understand what they are doing in order to sign a legally binding contract, if it appears they do not understand, Do Not Enroll. Walk Away.
- If you feel frustrated and drained by your dealings with the prospective enrollee, Do Not Enroll. Walk Away.
- If it is difficult to convince the prospective enrollee of why they want or need Brand New Day benefits. Do Not Enroll. Walk Away.
- If they have rules, requirements or requests outside of standard operating procedures, Do Not Enroll. Walk Away.
- If the enrollee has a power of attorney (POA) and the POA is not present at the enrollment, Do Not Enroll the member. Walk Away. If the POA is present have them sign in the appropriate section on the enrollment form and provide a copy of proof of POA or conservatorship, with the enrollment form. Do not accept the enrollment form without it.

Compensation

Brand New Day offers competitive compensation for our agents. Our compensation structure allows agents to be rewarded for their hard work and commitment to Brand New Day. To be eligible for payment you must maintain a current state insurance license and complete your yearly training certification.

Commission payments

Brand New Day has an FMO Book of Business Portal that provides information to the status of your enrolled beneficiary. You can view enrollments, disenrollments, commission payment status and credentialing requirements. Please contact the Brand New Day Broker Support department to obtain your log in. If you are an independently contracted agent, you also have access to this portal.

- In order to receive commission payments, agents must have all of the following items completed and current with Brand New Day:
 - ▶ Errors & Omission (E&O) Insurance, declaration page
 - ▶ Signed Brand New Day Agent Contract
 - ▶ Signed Business Associate Agreement
 - ▶ California Department of Insurance Licensure
 - ▶ Current year AHIP Certification
 - ▶ Current year certification with Brand New Day
 - ▶ W-9 Tax Form
- For current year enrollment, commissions are paid by the 15th of each month following eligibility to the FMO or directly contracted Agent.
- For residuals, commissions are paid by the 15th of the current month your beneficiary is still enrolled.
- Commissions are paid directly to agent or FMO via ACH.
- Discrepancies must be brought to Brand New Day's attention within 90 days from the date of payment. Commission on any discrepancies will be processed retroactively up to 90 days.
- When an agent's credentials are not valid, commissions are:
 - Withheld immediately for expired California Department of Insurance license.
 - Withheld for 30 days for expired E&O coverage or AHIP Certifications.
- If Brand New Day determines that credentials are not updated and current, commissions will be forfeited and the Agent's Agreement will be terminated. If the Agent is no longer certified, the commission payment will stop to the Agent and FMO.
- Duplicate enrollment forms received by Brand New Day will be processed as follows:
 - ▶ Last enrollment form received by Brand New Day during any month or AEP will be honored and the Agent and their associated FMO will receive credit for the enrollment.
 - ▶ Changes to an existing Member's benefit plan will be processed as follows:
 - ▶ Made by the Agent of Record, no change in commission or renewals.
 - ▶ Made by an Agent other than the initial Agent of Record, the new writing Agent will become the Agent of Record and the new Agent and their associated FMO will receive credit for the enrollment corresponding with the effective date in the change of the benefit plan. (i.e. Member move from a Classic Plan to a qualifying C-SNP or other legitimate change in benefit plan).

Sales Allegation Review Process

Brand New Day recognizes the seriousness of allegations of improper or incomplete sales presentations and the risk it poses to the Member, the Sales representative and Brand New Day. As such, Brand New Day has established in accordance with CMS guidance a procedure to investigate sales allegations. Brand New Day's procedure is as follows:

The designated Sales Allegation Review Investigator investigates the cases by gathering statements from the member, the Sales Representative, and any witnesses to the sales presentation.

Sales Representatives are given the opportunity to respond in writing to any and all Sales Allegations. Sales Representatives are not permitted to contact the beneficiary after the allegation is received by the health plan.

- The Investigator furnishes a copy of the allegation along with the interview document to the Sales Representative that is alleged to have given inaccurate information.
- Sales Representatives are required to respond within 5 business days.
 - ▶ If the Sales Representative fails to respond, the member's statements will be deemed factual.
 - ▶ The Sales Allegation Review Committee meets regularly to review the allegations and the subsequent investigation information in order to make a determination of fault or no fault based on the evidence provided. In cases where there is insufficient proof provided by either the member and or Sales Representative to make a conclusive decision of fault or no fault, a decision of "no determination" is rendered.
- There are three Determinations possible:
 - ▶ **Fault** (the documentation and testimonies proved the sales representative to be at fault - or if a trend of similar allegations is identified even if there is "No Determination" the Determination can be designated as "Fault" due to the trend found).
 - ▶ **No Fault** (the documentation and testimonies proved there was no fault on the part of the sales representative).
 - ▶ **No Determination** (the documentation and testimonies were not sufficient to prove or disprove fault - usually "he said / she said" conflicting statements unable to be proven).

Should there be a finding of Fault or in some cases No Determination, the Sales Allegation Review Committee may make recommendation for additional training, suspension of writing privileges or termination of an agreement to represent Brand New Day.

Marketing Opportunities

We encourage you to take advantage of Brand New Day's marketing support to grow your book of business. We provide ways to advertise and promote your agency by providing leads (when available), co-op dollars, Brand New Day sponsored workshops, events and more. And with our C-SNP, D-SNP and I-SNP programs, you can enroll qualified Medicare beneficiaries year round.

Sales Materials

Brand New Day is committed to supporting your marketing efforts and helping you grow your business. We'll keep you in the know with timely and relevant communications.

Please contact your Broker Support Team to learn how to order approved marketing materials and enrollment kits for the current benefit year.

Compliance and Sales Oversight

We all know the importance of compliance. At Brand New Day, we are committed to providing resources and offering support to help you be confident that you are compliant in every sales activity you do. Whenever you need information or have questions, please contact our Broker Support Department at 1-866-255-4795 ext. 2018.

Brand New Day has a zero tolerance policy these non-compliant actions:

These actions will result in termination of the Agent from Brand New Day and the activities will be reported to CMS to investigate.

- Door Knocking
- Cold Calling
- Enrolling beneficiaries who live outside the service area, but using a fake address or P.O. Box
- Fraudulent or Malicious Enrollment Tactics

Corrective Action Plan (CAP)

If Brand New Day is made aware of non-compliant Sales activities, a Corrective Action Plan (CAP) will be created for the Agent based on the offense. The Compliance and Sales departments will work together to ensure it has been communicated to the agent and completed. If it is found that it is required, there will be ongoing monitoring.

Business Associate Requirements

The Privacy Rule from the Health Insurance Portability and Accountability Act of 1996, as amended (HIPPA), requires that health plans as covered entities obtain satisfactory assurances from their business associates to ensure that protected health information (PHI) is used only for its intended purposes and is adequately protected in accordance with law.

Agents typically receive PHI from a beneficiary or health plan and perform services on behalf of health plans. To that extent, they meet the definition of Business

Associate and must have a signed Business Associate Agreement (“BAA”) on file with Brand New Day.

Medicare Regulatory Requirements

Medicare regulatory requirements apply to Brand New Day’s Medicare Advantage products to the extent required by Federal and/or state law. Brand New Day’s contracts with the Centers for Medicare and Medicaid Services (“CMS”) for CMS instructions. See the Resources section for more information.

Fraud, Waste and Abuse

Standards of conduct

We conduct business with the highest of ethical standards and our compliance program supports this. We have created the Brand New Day Standards of Conduct to assist in understanding expectations for how we do business and to outline your responsibilities as an Agent that provides services to Brand New Day members. All Agents are required to complete an Annual Training for Compliance and Fraud, Waste and Abuse. Please contact the Broker Support Team to schedule training.

MIPPA guidelines and rules

The Medicare Improvements for Patients and Providers Act of 2008 (“MIPPA”) is the federal legislation that was passed to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics.

Scope of appointment and phone script

Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of venue (e.g., home, telephone).

During these appointments, discussions may only concern previously agreed upon plan products documented in the SOA. Agents are required to have a beneficiary sign prior to conducting appointments – for example, when a current member comes to your office for a plan review. A Scope of Appointment form does not need to be used when a current member comes in with questions about a bill from a provider. A Scope of Appointment form must be retained on file for 10 years. If you do an online enrollment while face) you must record the enrollment and use a CMS approved script.

- Scope of Appointment Form
- CMS-approved Brand New Day Script

Cross-Selling

This guidance prohibits cross-selling of non-health care related products (such as annuities, or life insurance) during any sales activity or presentation.

This is referenced in the Medicare Communication Marketing Guidelines, section 3. – Personal/Individual Marketing Appointments [42 CFR §§ 422.2268(b)(3- 5),(11), 423.2268(b)(3-5) and (11)].

Best Practice: Keep a record of the method of initial contact in your files.

Agent Oversight

The Brand New Day Sales Oversight team is responsible for preventing, detecting and correcting noncompliant sales activities. This segment has been designed to provide better quality control over Medicare sales and to monitor Agent activity.

Ongoing monitoring is conducted by Sales Oversight Team. Monthly sales-events audits are performed and coaching and feedback is provided to the Agent and their Agent Sales Representative and/or FMO. If an Agent scores lower than 80%, he or she may be placed on a Corrective Action Plan. Presenting Agents must be licensed, have completed Brand New Day’s current year Medicare certification and attended a Compliance Workshop training.

Rapid Disenrollments

A rapid disenrollment rate of eight percent (8%) or less is considered acceptable. A rate between eight to twelve percent (8%-12%) is considered above average and will be monitored to see if there is an ongoing trend. A rapid disenrollment rate of twelve percent (12%) or greater will be investigated to see if there is non-compliant sales activity when enrolling these members. An agent who consistently has a high rapid disenrollment rate may be at risk for suspension of writing privileges or termination of the agent agreement.

Medicare Communication and Marketing Guidelines (MCMG)

For Sales/Marketing guidelines and requirements always refer to the Medicare Communications and Marketing Guidelines (MCMG) document produced by CMS.

The MCMG documents are posted on Medicare.gov, using this link:
https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY2019-Medicare-Communications-and-Marketing-Guidelines_Updated-090518.pdf

Sales Events

All Sales/Marketing Events must receive prior approval from Brand New Day and be submitted to CMS. Advertisements and invitations to sales/marketing (in any form of media) used to invite individuals to attend a group session with the possibility of enrolling those individuals must include the following statements on marketing materials:

- “A sales person will be present with information and enrollment form.”
- “For accommodation of persons with special needs at sales meetings call 1-866-255-4795, or TTY 711.”

For detailed instructions on how to submit a Sales/Marketing Event, refer to the instructions from the Brand New Day Compliance Department. It is important that you follow these instructions very closely, the Compliance Department will reject your request if it is in an incorrect format.

To receive an electronic Excel template to submit Sales/Marketing Events, please email the Broker Support Team at Marketing@universalcare.com.

To request approval for a Sales/Marketing Event, please email the Broker Support Team. at least 21 days before the event.

To order promo items for a Sales/Marketing Event, please email the Broker Support Team. with the following information:

- Date
- Place of Event
- Time
- Expected Attendance
- Quantity of Materials needed (see the Event Request form in the Agent Portal at bndhmo.com/brokers.) This form should be submitted with your request for approval.
- You will be informed by email when the event is approved and materials will be issued.

Sales Events

Or, ask the Broker Support Team to issue you a username and password for the Brand New Day store front. On this online ordering platform you are able to order enrollment kits, promo items, benefit highlights and educational materials for your events. Items that are in stock usually ship between 3-5 business days. The Broker Support Team can also help you if you encounter any difficulty using this site.

Brand New Day values cooperation and quality work, and we expect you to embody these values as well. When you participate in a Brand New Day sales or education event, you are representing Brand New Day. Therefore, it is important that you follow CMS and Brand New Day guidelines to ensure that we are always compliant.

Enrollment and educational events require a lot of time and effort to plan and execute. Agents must be respectful and considerate of the venue's and beneficiaries' time before, during, and after the event. In addition, always introduce yourself to managers or staff at the premises and facilities.

Be aware and be courteous.

Our non-cancellation policy states that in the case of an emergency, you must find coverage for the day and time of the event. Please contact Brand New Day's Broker Support Team to seek approval for an emergency cancellation.

- Any changes to the schedule, location, or other important issues should be reported immediately to Brand New Day's Compliance Team at 1-866- 255-4795 or Sales.Events@universalcare.com.
- If you have any general questions, you can call the Brand New Day Broker Support Team at 657-400-1900 ext. 2018 or refer to the Medicare Marketing Guideline.

Be prepared.

All events must be submitted to CMS at least 21 business days in advance. You must have all the materials you plan to use prior to the event.

- All event requests must be submitted at Sales.Events@universalcare.com.
- All written advertisement materials must be approved by Brand New Day and CMS. You can obtain approved material by contacting the Brand New Day Broker Support Team.
- Make sure all Agents present at the event are certified and appointed Brand New Day Agents.
- To order Agent Marketing Flyers send the request to the Broker Support Team at Marketing@universalcare.com with the following information:
 - ▶ Name
 - ▶ License Number
 - ▶ Phone Number
 - ▶ Which plan flyer: Classic Care I (Plan 25), Classic Care II (Plan 37), Dual Access D-SNP (Plan 24) or Embrace Care (39-1 or 39-2).
 - ▶ **Which Language(s): English, Spanish, Chinese, Korean or Vietnamese Expectations during the event.**

During a Brand New Day event, you must exclusively market and enroll Brand New Day products. No other competitors' plans may be promoted, nor may there be any non-Brand New Day materials presented or on display in the immediate selling area (for example, on the same desk).

Be ready.

- You must arrive at least 15 minutes earlier than the actual event time and you must stay at the event for a minimum of 15 minutes. If no one shows after 15 minutes, you may leave the event.
- You must be dressed in professional business attire.
- You must have your ID at all times.
- If you have to leave the event prior to the scheduled leave time, you must notify Brand New Day and your up-line agency.
- All Brand New Day events are subject to secret shopping either by Brand New Day or CMS. You will not be notified if or when secret shopping occurs.

Marketing Material Review

Agents may create their own custom materials, but they must be approved by Compliance prior to publishing. The Brand New Day Sales and Compliance team will review materials and determine if the message is compliant and/or when CMS filing is required. After messages have been reviewed and approved or submitted to CMS, they may be used. It is important that once materials are approved, they may not be altered in any way. Any alteration will make them noncompliant.

Your requirements:

- You must follow Brand New Day and CMS marketing and enrollment requirements.
- You may only use CMS and Brand New Day approved marketing materials when discussing Brand New Day Medicare Plans. You may only use materials that have been created by our marketing team, approved by our compliance teams and filed with CMS by us.
- You may not alter CMS-approved materials in any way, other than to add personal information like Agent name, phone number, email or event date where permitted.
- Brand New Day provides CMS-approved materials. These materials do not require additional review.

Logo Use

If you would like to use the Brand New Day logo on your materials or website, you must have an active logo use contract in place. To request this contract, call or email the Broker Support Team and a Representative will email it to you. After the contract has been countersigned by a Brand New Day employee, you may then use the logo only in ways outlined in the contract.

Website Review

Agents who market Brand New Day Medicare products on their websites must submit their website to Brand New Day for review and approval. Marketing and Compliance team members will review the site and determine when CMS filing is necessary and/or if the site is compliant. Whenever you make changes to the site, please contact Brand New Day to review the site again.

We recommend linking to Brand New Day product pages instead of posting a PDF or publishing product information on your sites. This ensures that you always have current information available on your site.

Social Media Review

Agents may use social media as a marketing vehicle, but messages must be approved prior to publishing. Please send your approval requests to Brand New Day. The Brand New Day Sales and Compliance team will review materials and determine if the message is compliant and/or when CMS filing is required. After messages have been reviewed/approved or submitted to CMS, they may be used. It is important that once materials are approved, they may not be altered in any way otherwise they are noncompliant.

Enrollment

Enrollment form

The enrollment form that is submitted for the beneficiary must be for the correct year for coverage or else it will not be accepted by Enrollment. In addition, it must be filled out correctly and, in its entirety, or it risks being rejected if Brand New Day cannot obtain the missing or incorrect information. Included with the Enrollment Form is the Case Management Form. This is required for a complete enrollment form to be processed even if it is left blank, it's highly encouraged to ask the beneficiary the questions on the form so Brand New Day can assist with any ongoing supplies or care the beneficiary is receiving.

Health Risk Assessment

A Health Risk Assessment is a survey the member completes. It asks questions regarding the member's health. The answers help Brand New Day Nurses assess the member's needs to create an individualized care plan which is shared with the member's providers.

When the member completes the HRA, they take the first step towards accessing health care based on their medical needs. Additionally, the member becomes eligible for the Brand New Day Rewards Plus Program. The Rewards Plus Program rewards members for completing preventive tests and screenings. After the member is effective, and the HRA is completed the Member will receive \$10 on their Rewards Plus Card. Brand New Day encourages the Insurance Agent to assist their clients with the HRA to increase member retention and satisfaction.

Applications effective December 1, 2019 and after are eligible for an agent admin fee of \$50 when the HRA is completed in its entirety and submitted. The HRA form is available in two formats: Paper and Electronically.

- Paper: The HRA is located at the end of the enrollment kit and is four pages. All four pages must be submitted, and it must be filled out in its entirety to be eligible for the agent admin fee. The HRA should be submitted together with the enrollment form as usual to your FMO or directly to Brand New Day's Enrollment Department. The HRA must be submitted before the effective date of the Member to be eligible for the Agent HRA admin fee.
- Electronic: The HRA is available online through this link:
<https://health-cron.clickmedix.com/bnd/forms/index?qid=3706&fid=1886>

Brand New Day will pay the Agent a one-time admin fee of \$50 per HRA that is filled out in its entirety (if it is not complete, it is not eligible for the admin fee). Only one HRA per member will be paid, duplicates will not be counted.

The Agent will be paid 120 days after the effective date of the Member. This is to avoid any issues with potential rapid disenrollments. The member must still be effective with Brand New Day for the Agent to be eligible for the HRA admin fee.

The HRA admin fee will be paid directly to the agent regardless of being an independently contracted agent or one who is contracted through an FMO partner. It will not affect the Agent's commissions and will be paid separately. This is why it is a requirement that Brand New Day has a W-9, Direct Deposit form and voided check on file for the Agent before paying this admin fee because we cannot release payment without one.

Medicare enrollment guidelines




Per CMS, all enrollments with must be processed in accordance with the guidance requirements, including new model enrollment forms and notices, as appropriate. Please see the Resources section for access to the most current Medicare Advantage Enrollment Guidelines.

Please contact your Broker Support Team to learn how to order approved marketing materials and enrollment kits for the current benefit year.

Enrollment Continued...

Enrollment options

Brand New Day accepts a variety of enrollment methods:

-  Mail: Brand New Day – Enrollment
5545 Garden Grove Blvd, 5th Floor Westminster, CA 92683
-  Fax: 657-400-1207
-  Online: Online Enrollment is available, please contact Broker Support to request a login to gain access.

Order enrollment kits

Ordering Enrollment Kits is very easy, to request access to the Brand New Day store, go to: bndhmo.com/store. In addition to Enrollment Kits, you will find benefit highlights and other marketing materials.

Tracking issues

In the event there is an issue with an enrollment form you have submitted, the Brand New Day Enrollment Team will contact you. Typically, we need additional information to process the enrollment form. Please respond in a timely way so the enrollment form can be processed in accordance with the CMS timeframe for enrollment form submission.

Broker portal

Brand New Day has a Broker Portal which has the following features:

- Check Member IDs
- See your current book of business with Brand New Day, and export to Excel
- Check processed and pending applications
- Disenrollment report


To request access, call Brand New Day Broker Support at 1-866-255-4795 ext. 2018.


Cancellations

If for some reason your beneficiary wants to cancel his or her enrollment form before the effective date, it can be done a few ways.

Prior to the start date of the plan


- Applicant can call the Brand New Day Member Services at 1-866-255-4795 to request the policy be canceled prior to the effective date. This is the most efficient way to cancel a policy.
- Applicant can send in a written, signed request to the Enrollment Department to cancel the enrollment form.


 Mail: Brand New Day – Enrollment
5545 Garden Grove Blvd, 5th Floor Westminster, CA 92683

 Fax: 657-400-1207

After the policy is in effect

- Member must mail or fax a written, signed request to cancel the policy.

 Mail: Brand New Day – Enrollment
5545 Garden Grove Blvd, 5th Floor Westminster, CA 92683

 Fax: 657-400-1207

Agent of Record Changes

Agent of record changes are permitted in certain circumstances. If an application is submitted for a current Brand New Day member for a different PBP (or Plan change) the original agent remains the agent on record. If an agent submits an agent of record change request it must be handwritten by the member and include the following information:

- The member's full name, date of birth and Member ID number
- The agent's name and license number
- The reason why the member wants to switch agents

After this is submitted to Brand New Day's Broker Support Team either by fax or email, it is reviewed once a month to approve or deny the Agent of Record requests. Most are approved, however an example of one that would be denied is an agent who has zero (or very few) active clients with Brand New Day submits the Agent of Record request(s) to take clients from an agent who is actively producing with Brand New Day.

Resources

Brand New Day member services



Call toll-free at 1-866-255-4795 TTY 711
October 1st - March 31st; 8 am - 8 pm 7 days a week
April 1st - September 30th; 8 am - 8 pm Monday - Friday

Members will speak with live representatives when they call during our business hours unless we are closed for a holiday. Voice mail messages will be returned within one business day.

Brand New Day website



Visit: bndhmo.com

Brand New Day premium billing



Inquires Call toll-free at 1-866-255-4795 TTY 711

October 1st - March 31st, 8 am - 8 pm, 7 days a week, callers will reach a customer service representative trained to answer questions and assist as needed. After hours during this time period, callers will reach a message center that will handle emergencies and will forward non-emergent messages for a call back the next business day.

April 1st - September 30th; 8 am - 8 pm Monday - Friday. After hours and weekends during this time period, callers will reach message center that will handle emergencies and will forward non-emergent messages for a call back the next business day.

Brand New Day broker support team



Call 1-866-255-4795 ext. 2018
Monday - Friday 8 am - 6 pm



Fax: (714) 933-4803



Email: marketing@universalcare.com

Resources

Centers for Medicare and Medicaid Services (CMS)

Call toll-free at 1-800-MEDICARE 1-800-633-4227 TTY:711 24 hours a day, 7 days a week
www.medicare.gov

Social Security Administration

Call toll-free at 1-800-772-1213 TTY:711 7 am - 7 pm, 7 days a week, www.ssa.gov

CMS Eligibility and Enrollment Guidance

<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>

CMS Medicare Online Enrollment Center

<https://www.medicare.gov>

CMS Plan Finder

www.medicare.gov or (1-877-486-2048) www.medicare.gov/find-a-plan/questions/home.aspx

CMS Star Ratings

www.medicare.gov

HIPAA Privacy Rule and Disclosure Requirements

<https://www.hhs.gov/ocr/privacy/>

HIPAA Privacy Rule and Security Requirements

<https://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/privacyguidance.html>

Internal Revenue Service (IRS) Tax publications

<https://www.irs.gov> or 1-800-TAX-FORM (1-800-829-3676)

Medicare.gov Complaint Website

<https://www.medicare.gov/MedicareComplaintForm/home.aspx>

Medicare Part D Model Materials

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html>

Medicare Prescription Drug Benefit Manual

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>

National Coverage Determinations (NCD)

<https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx>

Section 508 of the Rehabilitation Act

<https://www.section508.gov>

WEDI Health Identification Card Implementation Guide

www.wedi.org

Appendix I: C-SNP and I-SNP Diagnoses

C-SNP Embrace

- Cardiovascular Disease
- Heart Failure of any kind
- Hypertension/High

Blood Pressure (Stage A of CHF)

- Hypertensive Heart of any kind
- Hypertensive Heart with Chronic Kidney Disease
- History of Stroke
- Diabetes
- Borderline Diabetes
- High Blood Sugar

Bridges

- Dementia
- Parkinson's Disease
- Frontotempora

Dementia (FTD)

- Picks (PiD)
- Mild Cognitive Impatient (MCI)
- Dementia with Lewy Bodies (DLB)
- Alzheimer's disease
- Creutzfeldt-Jakob disease (CJD)
- Huntington's Disease (HD)
- Vascular Dementia
- Multi-Infarc Dementia (MID)
- Normal Pressure Hydrocephalus

Harmony

- Major Depression
- Bipolar Disorder
- Paranoid Disorder
- Schizoaffective Disorder
- Schizophrenia

I-SNP Select Care

- Member must be living in a Long Term Care Facility, Assisted Living Community or equivalent setting for at least 90 days.