

go big.
grow blue.

2021 MEDICARE SALES EXPO



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Welcome to Florida Blue Medicare

Thank you for choosing to contract with and represent Florida Blue Medicare products.

We understand the valuable role that you play in helping Florida's seniors understand the Medicare options available to them and to help them understand which of those options best suits their individual needs.

You have joined Florida Blue Medicare at an exciting time. This is a time of growth and new opportunities with an established and trusted brand recognized by nearly every Medicare beneficiary in Florida. You are in a unique position to offer Florida Blue's market leading Medicare Advantage products and their excellent provider networks and relationships to your Medicare eligible prospects and clients.

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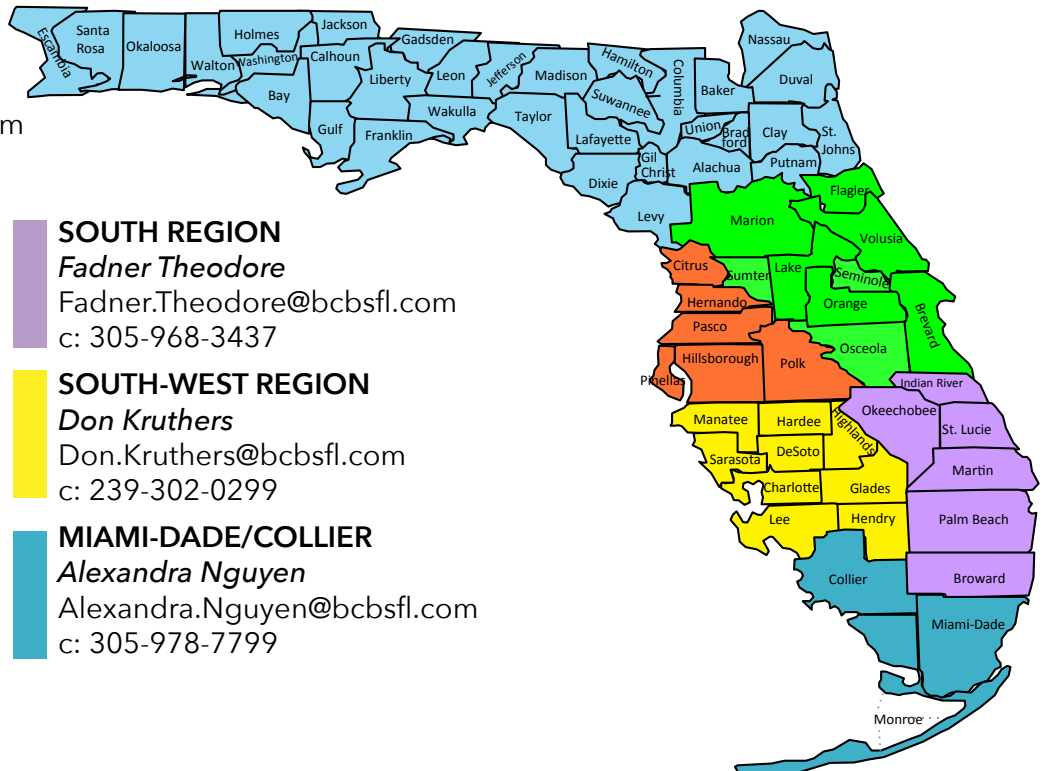
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Who is Florida Blue Medicare

Florida Blue has been serving Floridians since 1965. With a rapidly expanding membership base of ~155K current members and \$1.8 billion in annual revenue, Florida Blue Medicare is an integral part of the GuideWell family.

Florida Blue Medicare currently offers 45 different plans across all counties in Florida. Plans include, but are not limited to, 5 legacy HMO's, 10 high performing network HMO's, 6 D-SNP, 11 LPPO's, and more.

Florida Blue's mission is simple: To help people and communities achieve better health. A key component of bettering our communities is helping get our products out into the market.

We are glad to have you as part of the Florida Blue Medicare team!

Using this Guide

Please note that if guidance provided in the document conflicts with the content of your agreement with Florida Blue, the terms of the agreement will supersede this document.

This guide is an easy-reference tool providing high level guidance for Florida Blue Medicare, Inc. ("FBMI") Agents and Brokers designed to help you easily navigate to the section of the guide to address your concern making it as easy and productive as possible for you to do business with us.

You can access additional information for Florida Blue agents on the AccessBlue / Sales Connect platform located at www.floridablue.com/agents.

Key Terminology

Agency of One: a contracting arrangement where a single agent representing FBMI can solicit, market and enroll Medicare beneficiaries and have compensation paid to their business which must be licensed and have its own tax ID number.

Agent of Record (AOR): the agent, broker, or producer in Good Standing that is to and compensated for an individual FBMI Medicare beneficiary. Every FBMI enrolled Medicare beneficiary must have an AOR attached or assigned.

Agent of Record Change: an FBMI administrative procedure by which an AOR is changed or requested by an enrolled FBMI Medicare beneficiary or assigned by FBMI in the absence of an AOR in Good Standing.

Agent Point: system that houses all agent onboarding data and records

Allegation and / or Complaint: a claim or assertion that an agent and / or upline agency with a relationship has done something wrong, improper, illegal - usually without proof and often will lead to further inquiries often with formal written responses and specified timelines.

Book of Business (BOB): Total of all Medicare beneficiaries submitted by an RTS entity that is issued by FBMI and remains in force at time of inquiry

Carrier Certification: current year active and valid product certification from FBMI - required to attain RTS status.

Centers for Medicare and Medicaid (CMS): the federal agency within the US Department of Health and Human Services that administers and oversees Medicare Programs

Chargeback or Claw back: a financial administrative procedure whereby FBMI recovers compensation paid to an agent, broker, producer or upline agency that was not earned in accordance with applicable regulations, guidelines and / or prevailing practices.

Complaint Tracking Module (CTM): System used by CMS to track and document beneficiary complaints filed with CMS.

Compensation: includes monetary and non-monetary remuneration relating to the sale and / or renewal of a Medicare beneficiary with FBMI, including but not limited to commissions, bonuses, gifts, prizes, awards, referrals, and finder fees.

Connection Point: third party site agents and / or contracted uplines may order a wide variety of marketing and communication collateral.

Dual Eligible Special Needs Plan (DSNP): a Medicare Advantage plan specifically designed for Medicare beneficiaries entitled to both Medicare and Medicaid

Errors and Omissions Insurance: a type of professional liability insurance designed to protect FBMI and the agent from claims arising during the marketing and enrollment of a Medicare beneficiary in FBMI Medicare Advantage Plans which must be current, active and valid policy at \$1M per claim and \$1M aggregate for agent and \$1M and \$2M aggregate for agencies.

Florida Blue Medicare, Inc ("FBMI"): Refers to Florida Blue and its subsidiaries and affiliates that provide Medicare and Medicare-related products limited to the product authority identified in your agreement.

Good Standing: an agent in "Good Standing" possesses all the components below which allows them to market and enroll Medicare beneficiaries to Florida Blue Medicare and continue to be paid selling and servicing the members they enroll:

Contract: active agent agreement with FBMI

License: current and active Florida state Health Insurance license

Active Appointment: current, active and valid state appointment with FBMI

CMS Certification: Current year or applicable for current year CMS certification (currently AHIP.)

Hierarchy Changes: realignment from one FMO or agency to a different FMO or agency; you may request a hierarchy change according to the hierarchy change request rules.

Informal Sales Event: less structured than a formal sale event typically conducted at a table or a kiosk with a smaller audience to provide or to offer a specific plan benefits.

Initial Sale - Initial Commission: refers to beneficiaries enrolling in an individual Medicare plan who were not enrolled in a "Like Plan" in the month immediately preceding the effective date of their new plan. (Define like plan and unlike plan as described by CMS).

Key Terminology

Logo, Branding and Co-branding: the logo, trademark, brand, moniker or likeness thereof for Florida Blue and its affiliates used in media irrespective of form.

Medicare Advantage and Medicare Advantage with Prescription Drug Plan: Medicare approved Part C plans that include medical benefits only or that include medical and pharmacy benefits in a single plan.

Medicare Marketing Guidelines: CMS guidance for Medicare Advantage Plans and other Medicare plans

National Produce Number: a single unique identifying number issued by the National Insurance Producer Registry to identify agents, agencies, and other licensed entities nationally.

Ready to Sell (RTS): When an upline agency, principal, agent, or similar independent contracted entity has successfully completed, satisfied, and maintains all applicable state, CMS, and FBMI requirements to be able to market, solicit, and enroll Medicare beneficiaries into FBMI plans of insurance and who has received formal confirmation of their RTS status from FBMI that all requirements are complete and satisfied in their entirety.

Rapid Disenrollment: When an FBMI Medicare enrollee makes any plan change within the first three (3) months of enrolling in a plan.

Sales Events: Sales and marketing events are defined by CMS and must strictly adhere to CMS Marketing Guidelines. These events are designed to steer, or attempt to steer, potential enrollees toward a plan or set of benefits. Sales and marketing representatives may discuss specific plan benefits and collect enrollment forms.

Formal Sales Event: typically structured in an audience and presenter format providing or offering specific plan information.

Scope of Appointment (SOA): a required documented agreement between a Medicare beneficiary and a Medicare agent, broker, or similar entity listing and limiting the products to be discussed with the beneficiary obtained prior to meeting with the beneficiary

Tele-agent or Tele-broker: FBMI RTS agents and or brokers performing marketing and / or enrollment of Medicare beneficiaries over the phone who are compliant with the terms of their agreement, and with state and CMS Marketing and regulatory laws, rules, and guidelines.

Upline Agency: A contracted firm, agency, or organization with downline agents.



Ready to Sell

Contracted
Onboarded
FBM Approved
Commission Payment Set-up

Ready to Sell

Prior to marketing, promoting, or selling FBMI individual MA, MAPD, and DSNP products, you must complete several requirements to become "Ready to Sell" or "RTS" and must receive an RTS status notification email from FBMI.

Agent "Ready to Sell" Requirements:

1. **Contracted:** Agents must be contracted with Florida Blue Medicare, Inc. – please note that receiving notice that your contract is complete **does not** mean that you have attained "Ready to Sell" status or that you are eligible to begin marketing and sales activities on behalf of Florida Blue Medicare, Inc.
2. **Onboarded:** Once contracted, agents new to Florida Blue Medicare must first complete the on-boarding process
 - a. Agent must possess a current and valid license from the Florida Department of Financial Services to sell Health Insurance in the state of Florida prior to initiating the contracting and on-boarding process with FBMI.
 - b. Agent will receive an email containing an "Appointment Request Form" from FBMI.
 - i. This email was initiated on your behalf by your Upline Agency and connects you to their hierarchy.
 1. his request is non-transferable and is unique to the agent receiving it. It cannot and should not be shared with other agents.
 - c. Complete the Appointment Request Form and upload the requested documents as indicated on the Appointment Request Form.

From: Channel Partner Management Team (donotreply@bcbsfl.com)
Sent: (Date)
To: (Agent's email address)
Cc: agency email address and the CGA appointments mailbox (Only CGAs & MAAs)
Subject: Agent Appointment confirmation (Agent's first name and last name)

Dear (first name) (last name):

Congratulations! Your requested appointment(s) have been completed effective (Start date).
 Your Agent of Record number is ____ - _____. (comma separated, if there are multiple AORs, with a period at the end - include/exclude this sentence based on scenarios matrix)

Welcome nonresident1

All information provided must match the information from the Office of Insurance Regulation (OIR) database. Once started, you must finish the Application within 45 days. The electronic application will not store partial information. Please fully complete the application. For additional information please contact Agent Service Center: 1-800-267-3156

Agent Appointment

Overview Details Questionnaire Signature Authorization

User Information

First Name* Last Name* M.I. Suffix

Date of Birth* Social Security Number (SSN)* Gender*

Contact Information

Work Phone* Home Phone Fax Number

Email Address*

Address Information

Type* Street Address 1* Street Address 2

City* State* Zip Code* County*

Are you currently a resident of the State of Florida?*

☐ Yes ☐ No

Are you currently licensed to sell health insurance products in the State of Florida?*

☐ Yes ☐ No

Do you have active Florida Blue appointments?*

☐ Yes ☐ No

[Next](#)

[Internet Privacy Statement](#) | [Terms of Use](#) | [Nondiscrimination and Accessibility Notice](#)

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Health Options Inc., DBA Florida Blue HMO. Dental, Life, and Disability are offered by Florida Combined Life Insurance Company, Inc., DBA Florida Combined Life. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Language assistance available: Español, Kreyol Ayisyen, Tiếng Việt, Português, 中文, Français, Tagalog, ਪੰਜਾਬੀ, Italiano, Deutsche, 한국어, Polska, Gujarati, ไทย, 日本語

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3. **FBM Approved:** FBMI will begin to process your Appointment Request which requires that you:
 - a. Be successfully licensed and appointed at the state
 - b. Successfully pass a background check
 - c. Submit a complete and accurate Appointment Request Form
 - d. Submit complete, current, and valid documents to accompany your Appointment Request
 - e. Address any identified defects or deficiencies in your submission as directed by FBMI
 - f. Have received notification that your contract is complete
4. **Commission Payment Set-up:** Once your agreement and appointment are processed, you will receive an email from Florida Blue Medicare that contains an electronic form to be completed for the purpose of direct deposit. If this form is not completed, paper commission checks will be issued until a direct deposit form is completed. Please allow approximately two weeks for Florida Blue Medicare to process direct deposit requests.¹

The agent's contract and RTS status is available to their upline agency, their Broker Manager, and the Agent Service Center. The agent will also receive an email stating their status from Florida Blue Medicare.

Contract Termination and Suspension

Violations of company policy, state, or federal rules or regulations may result in various corrective actions including and up to suspension or termination of the agent's agreement depending upon the seriousness of the violation. The agent agreement may be terminated by either party by providing appropriate notice in accordance with the terms of the agreement. This is a "not for cause" termination and the agent remains eligible for commission payments if all other conditions for payment are met. Egregious violations may result in a "termination for cause" which are reported to both the state and CMS at which point the agent is ineligible to receive future commission payments.

Agents may not terminate their current agent agreement for the purpose of changing hierarchies. See Release Rules and Hierarchy Change form to understand who is eligible to change hierarchies and how that process is performed.

Certification and Training Requirements

Florida Blue Medicare accepts CMS certification from AHIP.

Please see the custom link to transfer your AHIP to Florida Blue:

<https://www.ahipmedicaretraining.com/clients/floridablue>

How does this work?

Florida Blue Medicare has now partnered with AHIP for our external sales partners to accept the AHIP certification, in lieu of our internal GuideWell learning core certification, beginning with 2022 product plan year. Once we have the AHIP completion scores aligned under us, IT has built daily automation on our side to then push the remaining required product trainings for the agents to then complete and be deemed 'ready to sell' for Florida Blue Medicare.

Option 1-A sales agent that has not already completed their 2022 Medicare certification with AHIP will utilize our custom link to register, pay, and complete their certification. The cost for this is **\$125** and payment is expected by the agent or agency. We will not be reimbursing this cost to the agent/agency this year.

Option 2- A sales agent that has already completed and passed their 2022 AHIP Medicare certification can log in via our provided custom link which will allow their completion scores to transmit to us. Using this option will not require a fee from the agent as this step would have been met when they first certified.

Once AHIP is submitted to Florida Blue, agents will access Florida Blue Medicare's product certification via the agent portal which is mentioned in a following section of this guide. See the FMO Agent Contracting Guide for the Agent Point registration process.

Once agents have registered on Agent Point, the Medicare training can be accessed there.

¹ Slated for August/September 2021 release

Errors and Omissions Insurance (E&O)

FBM agents, as a condition of contracting, are required to carry Errors and Omission Insurance throughout the duration of their contract. This insurance policy protects agents from errors and omissions when facilitating member needs.

Agents are asked to provide policy numbers, amounts, and effective dates of their E&O contracts. The minimum specified levels required for each agent's policy are \$1M per claim and \$1M in aggregate claims for agents and \$1M per claim and \$2M in aggregate for agencies.



Tools and Resources

Agent Point
Agent Service Center (ASC)
CustomPoint

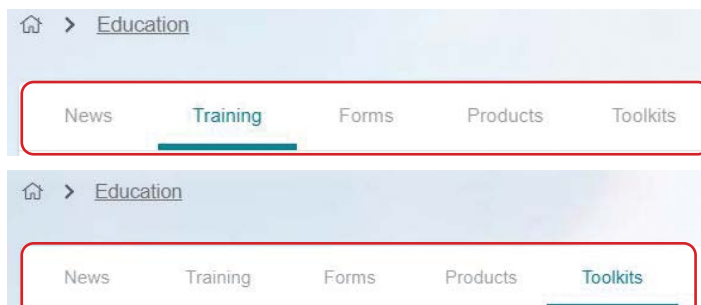
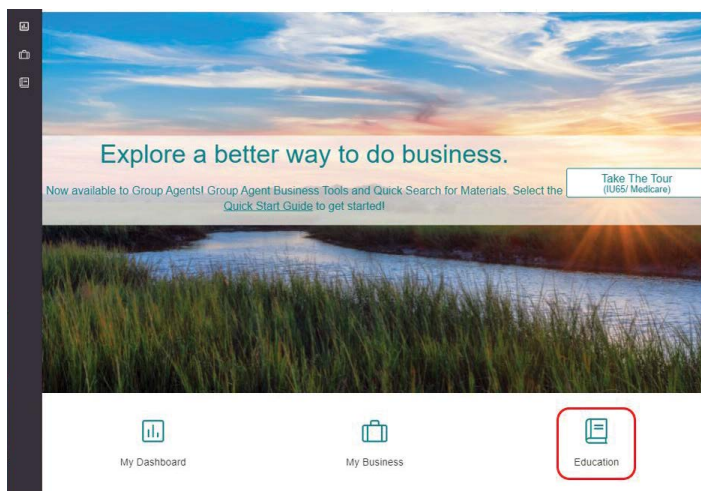
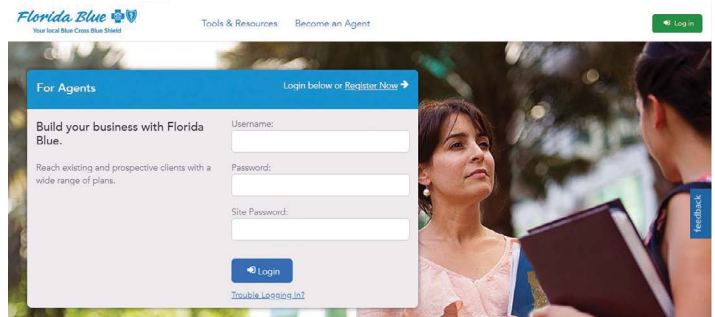
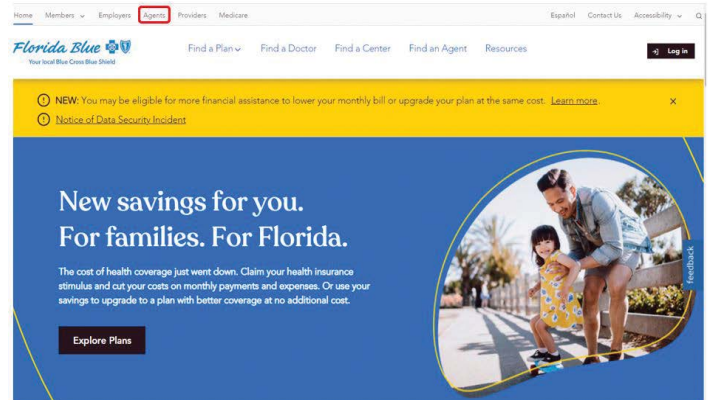
What tools and resources are available to me?

AgentPoint

AgentPoint

How to Access AgentPoint Sales Tools

1. Access www.floridablue.com with a Web Browser
 - a. **Note:** The recommended browser for all required activities is Google Chrome
2. Click on Agents at the top of the page
3. Access the Agent Log-in from the Landing Page
 - a. If you are a new user and do not have credentials, please refer to your FMO Agent Welcome Letter for detailed registration instructions.



AgentPoint allows agents to access:

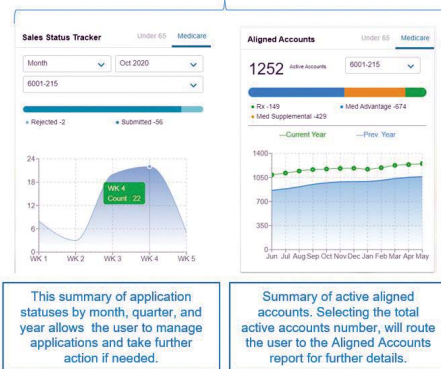
1. Medicare quoting and enrollment tool (linking to SalesConnect directly)
2. Education page - Designed to give agents quick access to reference materials. Several key features include:
 - a. The ability to search for information based on NEWS, TRAINING, FORMS, PRODUCTS and TOOLKITS
 - b. Access to Required Certification Trainings
 - c. Book of Business for reference
 - d. Information on Commission statements and administration
 - e. Information on how to update agent demographics, email, phone number
 - f. Toolkits applicable to Medicare Advantage products and processes
 - g. Access
 - i. Access the education page from the AgentPoint Portal Landing Page

3. Member Insights on:
 - a. Member demographics
 - b. PCPs
 - c. Summary of benefits and coverage
 - d. Ability to print temp ID cards, request replacement cards
 - e. View current and past plans (if applicable) to support member retention
4. Additional Business Tools and Widgets:

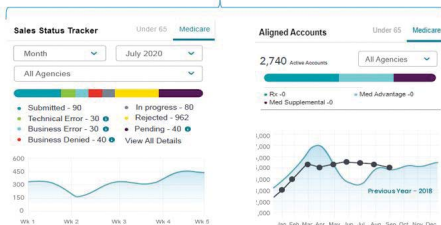
Agency Owners and any Administrator delegated as Tier 3 will have access to the same tools as agents, with additional capabilities:

1. Reporting (the ability to save and export via custom and standard reports)
2. Manage agents
 - a. Onboarding
 - b. Removal and BOB realignment
 - c. Agents CMS certification to remain compliant
3. Submit inquiries/disputes using the Channel Management Request tool
4. PCI Attestation

Current-State Widgets



Future-State Widgets Enhancements



Business Tools

Business Tools				
Quote	Member Insights	ID Card Services	Provider Search	Channel Management Requests
Links out to SalesConnect to create a quote or manage contract for U65, FHCP, and Medicare.	This tool allows you to search for a member or outreach opportunities. By selecting a specific member, you are routed to the Member Insights summary page to view member's demographics, update their PCP, view plan details, payment history, and rewards summary.	Ability to download temp ID cards and order a replacement ID card for members.	Search for an in-network provider for your member by linking out to FloridaBlue.com	Internal agents can submit an inquiry directly to Sales Compensation regarding their book of business alignment and compensation. Agents can also view the status of previously submitted inquiries and final resolution.

Agent Service Center (ASC)

Agent Service Center (ASC) – The ASC is a dedicated team of Sales Relationship Specialists who provide comprehensive sales support. They serve as a valuable resource to agents but should only be accessed after first seeking assistance from a Broker Manager. The ASC can be reached at **1-800-267-3156**. The Agent Service center does not handle D-SNP inquiries. For questions regarding D-SNP eligibility, the agent should connect the D-SNP team at **1-833-828-5454**.

Operational Hours (Eastern Time)

AEP Peak Hour specifics will be communicated via Agent Sales Bulletin:

Non-Peak

Monday-Thursday 8:30am – 5pm
Friday 10am – 5pm

Peak

Monday-Thursday 8:30am – 6pm
Friday 10am – 5pm

While an agent's first point of contact should be their respective Broker Manager, common issues that can be resolved through the ASC are the following:

1. Agent Portal (AgentPoint External)
 - a. Navigational support

- b. Technical Support - To include Registration and Log-in issues (after appointment completion)
- 2. Medicare Certification/Training Support
 - a. Uploading AHIP certificate
 - b. Navigational and technical support related to Medicare Certification
- 3. Product and Benefits
 - a. All Medicare Advantage
- 4. Enrollment Support
 - a. Application/enrollment status
 - b. ID Card
- 5. Post-Enrollment Support
 - a. Claims Billing

Requesting Marketing Materials - The following chart outlines where to order marketing materials:

Custom Docs (On Custom Point) - Agent Marketing Material Personalization Tool	ePowerhouse	Florida Blue's AgentPoint – Medicare Agent Toolkit
Flyers	Sales Brochures	Digital copies of required member materials
Direct Mail	Enrollment Guide	Sales presentations
Post Cards	Benefit at a Glance	Sales Videos
Print Ads	PPO Visitor Traveler program (PPO only)	Job Aids
Digital	Summary of Benefits	
Emails	Applications (Enrollment Forms)	
Billboards	PHI authorization	
Social Media Posts	Scopes of Sales	
Posters	Star Ratings	
Provider materials	Enrollment Checklist	
Radio scripts	Consent to contact Card	
	Medicare Supplement Documents	
	Outline of coverage	

Please contact your Florida Blue Medicare Broker Sales Manager for detailed instructions on how to access and order from these sites.



Marketing and Sales Activity

FAQs

Use of Logo and Colors

Social Media Guidelines

How Do I Conduct Marketing and Sales Activities FAQ

Q: How do brokers inform FBM of sales events? How far in advance should brokers give notice to FBM? This is important as FBM is required to report formal sales events to CMS.

A: Brokers must inform FBM at least one month in advance of holding sales events. This allows for a minimum of time needed for promotion of events. With the providers it also allows sufficient time to plan both from the providers' side as well as FBM CGA agents.

Q: What information is key for brokers to understand marketing and sales activities such as lead generation, mailer (BRC), event RSVP's, formal sales event sign in, consent to contact, scopes of appointment, etc.

A: FBM has a mailer that can be customized to have the leads go back to the agent/agency/broker etc. There are CMS rules against having a sign in sheet at any event. If you use a sign-in sheet it must be made known that the sign-in is "Optional." All pieces used to advertise an event where agents, brokers, etc. are asking for an RSVP, can include a request for prospect's phone numbers.

FBM formal and informal sales events, including table-top events, must be registered in Event Connect. Any lead you get from an event should be documented on a FBM consent to contact card, or an Medicare approved equivalent.

Q: What types of provider-based activities does FBM participate in that an agent should know about?

A: Agents may coordinate with Florida Blue Medicare Broker Managers to understand which provider-based activities may be available to them.

Individual agents should only engage with providers on FBM's behalf only if they have explicit permission from their Broker Managers.

Q: What do brokers need to know on rules governing the use of marketing materials, FBM's logo, and co-branding?

A: The following guidelines are required when applying the Florida Blue logo and agency name/logo to agency communications:

1. The agent' or agency's name or logo must:
 - Appear prior to the Florida Blue name and logo
 - Be equal in size (1:1 ratio) to the Florida Blue logo
 - Not include the words "Blue," "Cross" or "Shield", those initials, or their phonetic equivalents in the agency name, phone number, email address or web address.
2. Agent disclaimer <Agent Name/Agency Name> is an authorized, independent <agent/agency> for Florida Blue and Florida Blue Medicare.
3. You must agree to advertise only in traditional publications. Non-traditional publications must be reviewed by FBMI Legal.
4. The Florida Blue brand may only be promoted in Florida.
5. Florida Blue logo guidelines for correct logo presentation must be followed:
 - Always use the artwork provided by Florida Blue.
 - Do not re-create, distort, or resize the logo in any way (do not make taller/shorter or longer/smaller).
 - Do not retype any part of the logo, including the legal descriptor or tagline.
 - The one-line versions of the Florida Blue logo are preferred over the two-line versions.
6. The following disclaimers must appear on all pieces:
 - Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.
 - [Agency Name] is an Independent Broker of Florida Blue

BRANDING GUIDELINES:

Clear space:

The amount of clear space is in direct proportion to the size of the Florida Blue symbols and must not be altered. Clear space should be equal to the height of the Blue Cross symbol.

Logo colors:

Using the Florida Blue logo in Corporate Blue is always preferred. Keep the signature and symbols the same color at all times. Do not mix colors

100% Pantone Process Blue	100% Black	100% White
C:100 M:13 Y:1 K:3 R:0 G:145 B:204 Web: #0091CC	K:100 R:0 G:0 B:0 Web: #000000	C:0 M:0 Y:0 K:0 R:255 G:255 B:255 Web: #FFFFFF

Florida Blue logo with tagline:

The Florida Blue logo must include the tagline below it. The following disclaimers must be included at the end of the piece: Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. [Agent Name] is an Independent Broker of Florida Blue.

Florida Blue logo with legal descriptor:

The Florida Blue agency logo must the legal descriptor below it. The following disclaimer must be included at the end of the piece: Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc. [Agent Name] is an Independent Broker of Florida Blue.

Florida Blue logo without tagline or legal descriptor:

You can drop the legal descriptor and tagline on signs, business cards and promotional items

Florida Blue logo with Medicare:

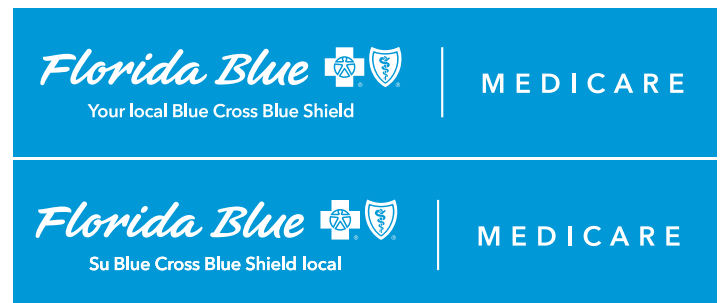
The Florida Blue logo must include the tagline below it. Use the Medicare version of the Florida Blue logo when promoting Medicare products. The following disclaimers must be included at the end of the piece: *Florida Blue and Florida Blue Medicare are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc. [Agent Name] is an Independent Broker of Florida Blue and Florida Blue Medicare.*

Examples of Florida Blue Medicare logo usage below:

Horizontal with tagline:



Horizontal with tagline reversed:



IMPORTANT – Referring to our product and company:

Any reference to Florida Blue **MUST** appear as **Florida Blue Medicare**.

- **Florida Blue Medicare** is the **only allowable** way to refer to our products and company.
- Other than as specified in the disclosure language you are not allowed to use any iteration similar to:
 1. BCBS FL
 2. Florida Blue Cross
 3. Florida Blue
 4. Etc.

Contact your FMO for the approved logos and guidelines.

SOCIAL MEDIA GUIDELINES:

Social media includes web- and mobile-based technologies used to turn communication into interactive dialogue among organizations, communities, and individuals. The intention of most social sites is to instantly connect with a far-reaching audience through content creation and interactive information exchange among organizations, communities, and individuals. Social media use must follow the same guidelines as websites, as well as the core principles listed below.

1. **Protect information:** Do not share confidential company information or identifiable client information such as personal health information, which is a violation of HIPAA. Additionally, be aware of the privacy settings on personal accounts.
2. **Be transparent and responsible in posts:** Do not claim or imply to speak on Florida Blue's behalf. If you identify yourself as an agent working with Florida Blue on an Internet posting, refer to the work done by Florida Blue or link to a Florida Blue website and include this disclaimer:
The views expressed on this post are mine and do not necessarily reflect views of Florida Blue.
If you become aware of inappropriate content related to Florida Blue and shared via social media, inform your Area Manager.

3. **Identify yourself:** We encourage you to connect with our social sites. Do not include the corporate name or a variation in your personal social account or claim a URL likely to be a company web address. Web addresses with "Florida Blue" or variations (i.e., "FL Blue") may only be used by the company.
4. **Be professional:** Use good judgment and be accurate and honest. Errors, omissions, and unprofessional language/behavior reflect poorly on your agency and Florida Blue and may result in liability for the agent/agency and/or the company. Be respectful and professional to customers, business partners, competitors, and members. Posted content could go viral at any time. Integrity and respect are core values and should govern all interactions.
5. **Have fun and connect:** Social media is used to communicate and build connections, whether you are doing it for Florida Blue or yourself. We encourage you to connect with Florida Blue and participate in conversations on these sites:
 - Facebook
 - Blog
 - Twitter
 - YouTube
 - LinkedIn
 - Pinterest
 - Facebook.com/floridablueenespanol



The Enrollment Process

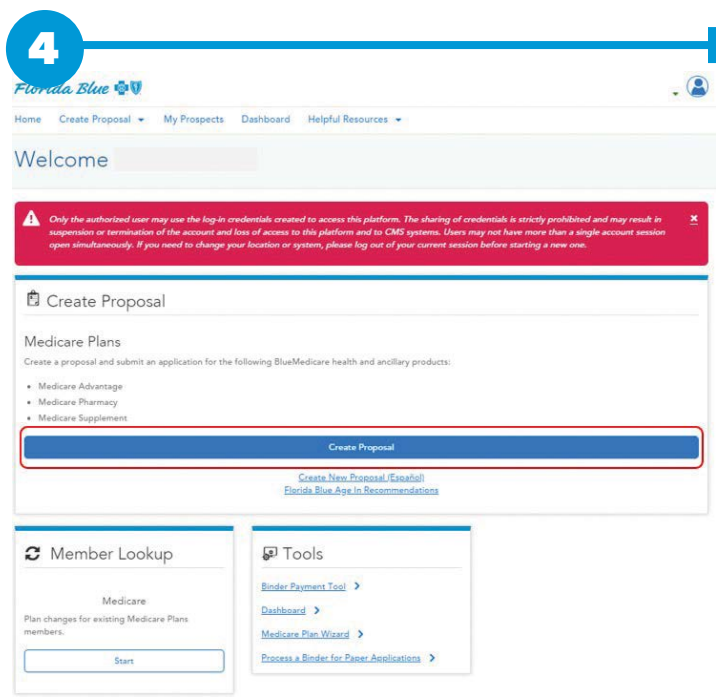
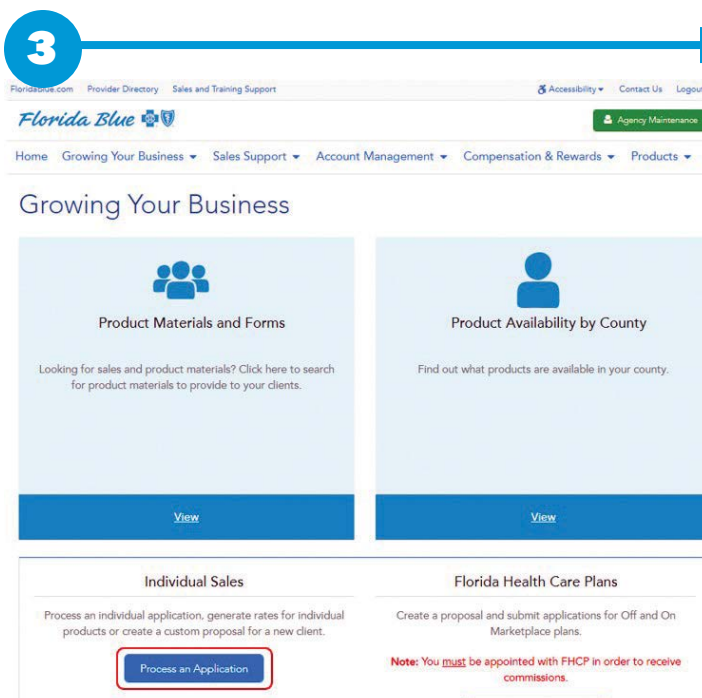
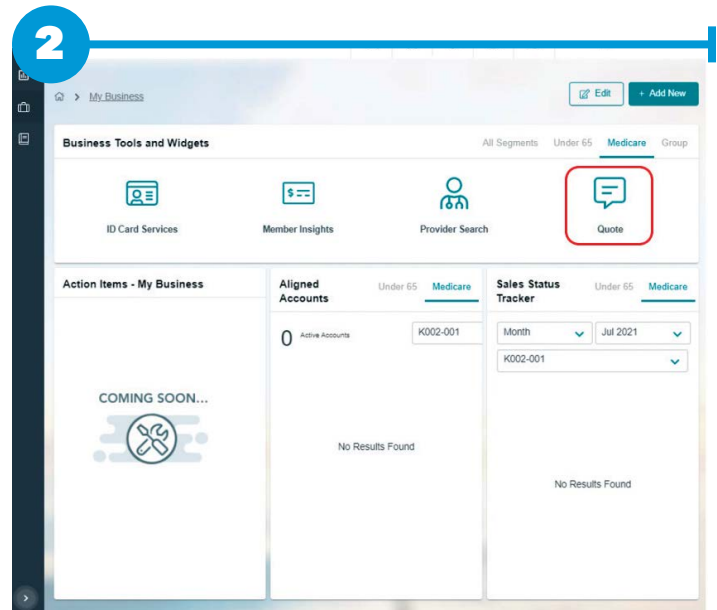
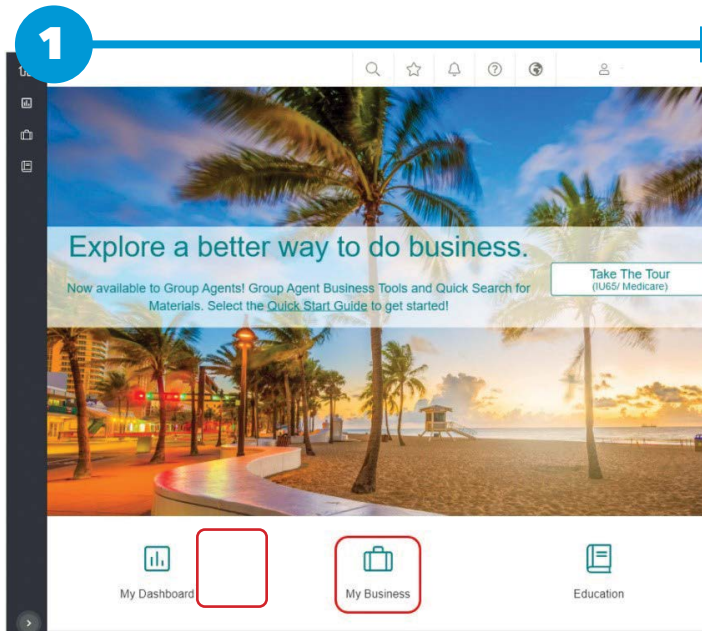
| Submitting Enrollment

The Enrollment Process

SalesConnect

Enrollment for MA, MAPD, and DSNP plans are all typically done via SalesConnect, though paper applications are accepted as well. Agents can access a Medicare Application to complete through [Agent Point](#). The path to access the application is My Business > Quote > Growing your Business

> View > Medicare Eligible Health Products > Medicare Agent Toolkit > Medicare Supplemental Materials, Forms of Medicare Advantage Materials/Form. This cadence is illustrated with the series of screenshots that follow.



5

Create New Proposal

[Change](#)

Applicant Contact Information

* All fields are required unless otherwise stated

First Name:

Last Name:

Daytime Phone Number: Optional

Evening Phone Number: Optional

Applicant Email Address: Optional

Hospital (Part A) Effective Date: mm/dd/yyyy Optional

Are you a currently enrolled Florida Blue Medicare Supplement Member? ☐ Yes ☒ No

IMPORTANT: Please make sure to provide your Part A effective date. This is the only way we can determine your eligibility for certain plans. By not providing this information you may see plans that you are not eligible to enroll in. If you complete an application for a plan you are not eligible for it will not be accepted and you will need to shop for a new plan.

Applicant(s) Details

Tobacco User: Refers to any usage of tobacco (e.g. cigarettes, cigars, pipes, snuff, or chewing tobacco) in the past 12 months.

Relationship	First Name	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
Applicant	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/> mm/dd/yyyy	<input type="text"/> xxxxxx	Select	Select

[Medicare Plan Wizard](#)[Cancel](#)[Continue](#)

6a

Review Proposal

[View details](#)

The following products and plans have been added to your proposal based on your saved favorites and recommendations. You may add, remove, or change plans here before saving your proposal.

[Medicare Plan Wizard](#)

Have a member aging in from an U05 plan? Click on the button to the right to bring up a searchable tool enabling you to locate the member, see their top recommended plans, PCPs in network, Estimated Drug costs, Covered drugs and more! Please use this tool to personalize our member's sales journey, and provide you essential information to guide them into a Medicare plan.

[Florida Blue Age In Recommendations](#)

Select Plans

[Actions](#)


Medicare Advantage



Pharmacy



Medicare Supplement

Total Premium

\$0.00

(Proposal Amount)

[Apply Now](#)[Cancel](#)

6b

Medicare Advantage Plan

[Actions](#)

Select Plan Year: 2021 Plans

	Plan Name	Monthly Premium	Actions
<input type="radio"/>	Florida Blue  MEDICARE BlueMedicare Complete (HMO D-SNP)	\$0.00	Remove
<input type="radio"/>	Florida Blue  MEDICARE BlueMedicare Classic (HMO)	\$0.00	Remove
<input type="radio"/>	Florida Blue  MEDICARE BlueMedicare Value (PPO)	\$0.00	Remove
<input type="radio"/>	None		

Want To Finish Later?

[Save Changes](#)

REQUIRED Downloads







[FloridaBlue Scope of Appointment Form \(PDF\)](#)[FHCP Scope of Appointment Form \(PDF\)](#)[Generate Scope of Appointment](#)

7

Florida Blue  | MEDICARE
[Home](#)
[Create Proposal](#)
[My Prospects](#)
[Dashboard](#)
[Helpful Resources](#)

Select 2021 Medicare Advantage Plans

Search By Plan Name

Favorite Plans	Select	Plan Name	Monthly Premium	Actions
	<input checked="" type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Value (PPO)	\$0.00	Details
	<input checked="" type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Classic (HMO)	\$0.00	Details
	<input type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Premier (HMO)	\$0.00	Details
	<input checked="" type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Complete (HMO D-SNP)	\$0.00	Details
	<input type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Choice (Regional PPO)	\$47.90	Details
	<input type="checkbox"/>	Florida Blue  MEDICARE BlueMedicare Select (PPO)	\$146.80	Details

[Compare Plans](#)[Cancel](#)[Update Proposal](#)

8

Review Proposal

[View details](#)

The following products and plans have been added to your proposal based on your saved favorites and recommendations. You may add, remove, or change plans here before saving your proposal.

[Medicare Plan Wizard](#)

Have a member aging in from an U05 plan? Click on the button to the right to bring up a searchable tool enabling you to locate the member, see their top recommended plans, PCPs in network, Estimated Drug costs, Covered drugs and more! Please use this tool to personalize our member's sales journey, and provide you essential information to guide them into a Medicare plan.

[Florida Blue Age In Recommendations](#)

Select Plans

[Actions](#)


Medicare Advantage



Pharmacy



Medicare Supplement

Total Premium

\$0.00


(Proposal Amount)

[Apply Now](#)[Cancel](#)

Medicare Advantage Plan

[Actions](#)

Select Plan Year: 2021 Plans

	Plan Name	Monthly Premium	Actions
<input type="radio"/>	Florida Blue  MEDICARE BlueMedicare Complete (HMO D-SNP)	\$0.00	Remove

Want To Finish Later?

[Save Changes](#)

REQUIRED Downloads

[FloridaBlue Scope of Appointment Form \(PDF\)](#)[FHCP Scope of Appointment Form \(PDF\)](#)[Generate Scope of Appointment](#)

Submitting Medicare Advantage Applications to Florida Blue can be done through the following ways:

1 SalesConnect

Agents can access a Medicare Application to complete through Agent Point. The path to access the application is **My Business > Quote > Growing your Business**

2 Fax

Faxing an application should only be submitted in case the Broker Agent is having technologic difficulties at time of enrollment, in this scenario, the Application must be Fax to **Florida Blue Billing and Enrollment department** Fax Number: 904-997-5715

3 Mail

Send your completed and signed form to:
Florida Blue Medicare
P.O. Box 45296
Jacksonville, FL 32232-5296



Compensation

- Frequency
- Eligibility for Commission
- General Assumption
- Rules of Engagement
- Chargebacks

Compensation

Commission Frequency

- **Initial Compensation** – Initially Florida Blue plans to pay compensation for sales that are effective in July 2021 and August 2021 on a monthly cycle. Florida Blue plans to transition to paying compensation on a weekly basis beginning September 2021.
 - o Example: July business will be paid in August
 - Payments are released by the 16th business day
 - Business days do not include weekends or Holidays
- **Weekly Compensation** – Commission frequency will change to weekly beginning in November with October effective dates:
 - o All new members to Florida Blue Medicare will be paid on a weekly cycle
 - This includes members in their initial year in an MA product as well as members who have already been in an MA product transferring to Florida Blue Medicare for the first time.
- **Monthly Compensation** – Applies to Renewal Florida Blue Medicare Members (2 years+)
 - o All existing Florida Blue Medicare members in an agent's book of business will be paid a monthly commission value outlined in your Compensation Addendum for all active members in good standing

Eligibility for Commission Payments

- Agents will need to be appropriately licensed, appointed by Florida Blue, Ready-to-Sell, Florida Blue certified, and CMS certified at the time of sale and to receive renewal commission payments.

General Assumption

- This document applies to policies issued by the company effective July 1, 2021, or later.
- Florida Blue reserves the right to define compensation and plan types at its discretion and in accordance with applicable requirements.
- Florida Blue reserves the right to change new sale and renewal rates with appropriate notice.
- Florida Blue reserves the right to modify or terminate commissions, with appropriate notice.
- Payments will be made in accordance with CMS guidelines where applicable.
- Agents are responsible for successfully completing all training, registrations, and certifications required by the Centers for Medicare & Medicaid Services (CMS).
- Agents must be licensed and appointed with Florida Blue to sell our products and must remain in good standing.
- To receive commissions and to be eligible for recognition programs, the agent of record must appear on the insurance application.
- In the case of over/under payment, the amount will be retroactively adjusted in payout(s) following Florida Blue's receipt of notice and verification.
- Florida health plans are only for Florida residents with a physical address in Florida.

Compensation Rules of Engagement

- Compensation will not be paid if an agent does not have a valid CMS Certification. Agents must be certified at the time of the sale and the effective date of the policy.
- Commission rates for Medicare Advantage products are based on percentage calculations published annually by CMS.
- Medicare Advantage commission payments will only be made to Agents who opt-in to sell these products and complete the Centers for Medicare & Medicaid Services (CMS) Certification administered by America's Health Insurance Plans (AHIP) or any other such organization as Florida Blue Medicare, Inc. finds appropriate, with an acceptably passing score (or such designated threshold as required per CMS regulations and guidance) annually.
- FMO must ensure that each Florida Blue Medicare, Inc. member has a CMS-certified Agent assigned at all times.

Chargebacks for Rapid Disenrollments & Compensation Recovery

- **New Sales** - There is a full commission chargeback on Medicare Advantage contracts that cancel within the first three (3) months of enrollment (also known as Rapid Disenrollment, refer to section 110.7.1 of the 2020 Medicare Marketing Guidelines).
- **Renewals** - Renewal commissions follow the same chargeback rules that are in place for new sales commissions. If a contract cancels within the first three (3) months of the annual renewal, a full commission chargeback of that year's renewal commission is applied. Prorated chargebacks will not apply on renewals past the initial three (3) months due to the monthly renewal payment schedule. In cases where a cancellation is applied retroactively, a chargeback will occur for those monthly commission payments already paid. The chargeback will be applied back to the effective date of the cancellation.
- All chargebacks will be applied in the monthly commission cycle regardless of New Sale or Renewal member. Chargebacks will not occur on the weekly commission cycle.
- Renewal commissions will be paid on a pro-rata basis. So long as the member contract remains active, commission will be paid as a proration of the renewal commission each month. The

monthly commission amount would be one-twelfth (1/12) the renewal rate. As noted above in cases where we are notified of a retroactive cancellation, a chargeback can occur back to the effective date of the cancellation.

How Agent Termination Affects Compensation

An agent must remain contracted, licensed, appointed, active, and CMS certified to receive commission payments.

- Termination
 - **For cause** - Any agent terminated for cause will lose access to all systems and tools provided by Florida Blue Medicare immediately. Additionally, no commission or other compensation will be made beyond the date of termination.
 - **Not for cause** - Any agent who no longer wants to sell Florida Blue Medicare MA products can discontinue sales at any time. However, all conditions below are required in order to earn and be paid commissions on an existing book of business.
 - Appointment must be active
 - Contract must be active
 - CMS certification must be maintained annually

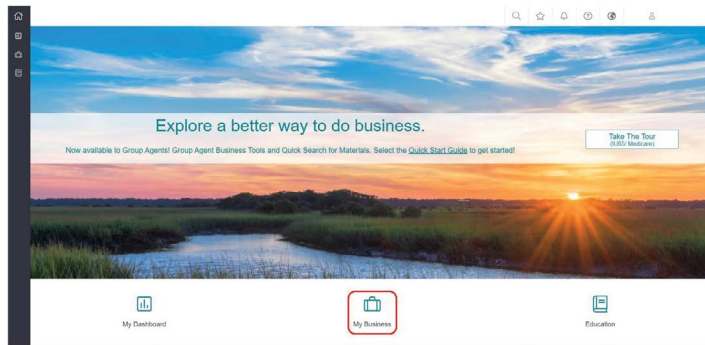
1099s (If you have not received your annual 1099, please follow the steps below)

- Agents can send an email to 1099Admin@bcbsfl.com with their SSN, name, and an email address. Florida Blue will check to see if a 1099 was mailed to the agent and if not will mail a 1099 to the agent.

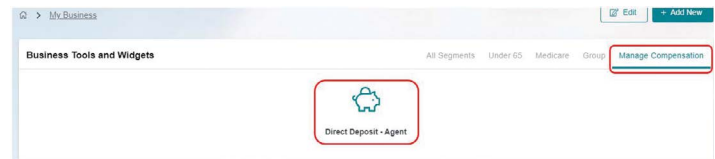
Compensation Tools & Resources

Florida Blue provides an interactive comprehensive business application called [AgentPoint](#) to assist agencies and agents with managing their business. The following are a list of the features available in [AgentPoint](#) for your use:

- **Direct Deposit** – Agency owners and agents will have the capability to add, update, and remove bank account information through the Direct Deposit feature.
- It is critical that Direct Deposit information be kept current so that agency owners and agents can receive their compensation. **Accessing Direct Deposit Set Up can be seen below:**



Select “Manage Agency” then “Manage Compensation” to find the Direct Deposit portal seen below.



If this form is not completed, then paper commission checks will be issued until a direct deposit form is completed. Please allow approximately two weeks for Florida Blue Medicare to process direct deposit requests.

- **Application Tracker** – Agents can use this tool to view and track the status of their submitted contracts. This will help agents maintain awareness of each of their contracts.
- **Aligned Accounts** – Agent can use this tool to view their current book of business.
- **Request Management Tool** – Agency owners and agents can use this feature to submit requests to the Sales Compensation Administration team. Requests can be in the form of an inquiry (e.g., request compensation statements, alignment inquiry, etc.) or a request for a review of compensation.
- **Commission Statements** – Agency owners and agents will be able to access, view, and download their commission statements.



System Requirements

System Requirements

1. For your FMO to take advantage of all of the capabilities that Florida Blue Medicare, Inc. and its affiliates have designed and implemented, and in order for your FMO to remain designated as an FMO in Good Standing, your FMO must:
 - a. Enroll for Electronic Fund Transfer (EFT) with Florida Blue to receive payment of commissions due.
 - b. Adopt the operational systems requirements that are mentioned in this Addendum.
2. The Operation Requirements are:

OS Level	Windows 7 or later or (if Chromebook) Chrome OS 8.3.0.4
Browser	Windows Internet Explorer 11.0 or above Firefox up to version 63.0 or above Chrome up to version 64 or above (Preferred)
Windows Update Sec Patch	If Windows: Service Pack 3 or above
Adobe Acrobat Read	11 or above
Screen Resolution	1024 x 768 or higher



Provider Quick Reference

Florida Blue Medicare

Quick Reference Guide

Important Phone Numbers and Websites

General Contact Information for all plans		
Member Services		1-800-926-6565 BlueMedicare Saver HMO 1-844-783-5189
Online Provider Lookup	<ul style="list-style-type: none"> Find a doctor then choose the plan name from the list of networks 	www.floridablue.com/medicare
Drug Lookup	<ul style="list-style-type: none"> Florida Blue then choose the plan name from the list of plans/products 	www.myprime.com
Provider Services / Contact Center <small>(Availity Transaction ID or Provider NPI required)</small>	<ul style="list-style-type: none"> Claims Payment Eligibility and Benefits Authorizations and Referrals Provider Number Contract Inquiries (Provider Contracting, Provider Practice Changes) Availity Issues Dental Inquiries 	1-800-727-2227 Fee Schedule Requests Form floridablue.com/providers/forms
	<ul style="list-style-type: none"> Technical Support Self-Service Tools 	1-800-AVAILITY / 1-800-282-4548 support@availity.com availity.com
Fraud/Abuse	<ul style="list-style-type: none"> Reporting Fraud and Abuse 	1-800-678-8355 specinvestunit@bcbsfl.com
Benefit Services		
Dental	Florida Combined Life <ul style="list-style-type: none"> BlueMedicare Premier HMO BlueMedicare Classic HMO BlueMedicare Complete HMO DSNP BlueMedicare Saver HMO BlueMedicare Value PPO BlueMedicare Select PPO 	Customer Service Claims and Eligibility/Benefits 1-888-223-4892 Contract Inquiries dentalproviderrelations@fclife.com Fee Schedule Requests floridabluedental.com
Fitness	SilverSneakers	1-888-423-4632
Hearing Aids	NationsHearing	1-866-311-3617

This document is for provider office use only and is not intended to be distributed to patients or consumers.

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Over the Counter

Convey Health Solutions

1-855-824-2011

- BlueMedicare Premier HMO
- BlueMedicare Value PPO
- BlueMedicare Complete HMO DSNP plans in Brevard, Clay, Collier, Duval, Hernando, Hillsborough, Marion, Orange, Osecola, Pasco, Pinellas, and Polk counties only

Walmart

healthybenefitsplus.com/bluemcetc

- BlueMedicare Complete HMO DSNP plans in Broward, Miami-Dade, and Palm Beach counties only

1-833-862-8436 (TTY 711)**Transportation**

Logisticare

1-855-875-5194

(or participating PCP offices)

- BlueMedicare Classic HMO (only Miami-Dade County)
- BlueMedicare Premier HMO

Kaizen

1-833-972-2774

- BlueMedicare Complete HMO DSNP

Vision

iCare

1-855-610-1855**Care Management and Special Programs****Care Management / Disease Management**

- Complex Case Management/Transplant
- Oncology Case Management
- Chronic Condition Management
- Medicare Advantage Care Programs

1-800-955-5692**medicare_casemanagement_vm@bcbsfl.com**

Transplant Requests

1-844-701-2583**Fax: 1-904-357-6331****Utilization Management**

- Preservice Medical Review—Prior Authorizations and Referrals
- Concurrent Review—Inpatient Acute or Sub-Acute Admissions
- Peer to Peer Review—Only for Florida Blue Denied Authorizations

Preservice Medical Review Department

1-800-955-5692

(Use Availity®1 to enter your authorizations, referrals and inquiries)

Transplant Requests

1-844-701-2583

Fax Numbers

(include your authorization number on the medical records being faxed)

General / VPCR / VPSS

1-877-219-9448

Rx

1-904-905-9849

Transplant

1-904-357-6331Medicare Advantage, BlueMedicareSM Medicare PPO**1-904-301-3614**

FEP Preservice / VPCR Request Fax

1-866-441-1569

State Account Preservice /

VPCR Request Fax

1-866-441-1568

Federal Employee Program® (FEP)	<ul style="list-style-type: none"> New Directions Behavioral Health Prior Approval 	Member 1-866-287-9569 Provider 1-866-730-5006 Fax 1-904-371-6912 bcbsfcmreferrals@ndbh.com
	<ul style="list-style-type: none"> Care Coordination / Case Management 	1-800-337-2204
	<ul style="list-style-type: none"> Mail Service Member Customer Service 	1-800-262-7890
	<ul style="list-style-type: none"> Prior Authorization 	1-800-955-5692
State Employees	<ul style="list-style-type: none"> State Employee Group Inquiries 	1-800-825-2583
Vendor Contact Information		
Advanced Imaging Management	<ul style="list-style-type: none"> Non-Emergent Cardiology Services 	1-844-423-0879 Clinical Guidelines aimprovider.com/cardiology
American Specialty Health	<ul style="list-style-type: none"> Chiropractic Services and Massage Therapy (performed by chiropractor) for claims processing, utilization management services and benefits 	1-800-972-4226 ashlink.com
CareCentrix®	<ul style="list-style-type: none"> Durable Medical Equipment (DME) Home Health Home Infusion Coordination Orthotics and Prosthetics SNF prior authorizations 	1-877-561-9910 Fax: 1-877-627-6688 carecentrixportal.com
CareCentrix Sleep Management	<ul style="list-style-type: none"> Sleep Management Program 	1-855-243-3326 sleepsms.com
Quest DiagnosticsSM / AmeriPath® / Dermpath Diagnostics®	<ul style="list-style-type: none"> Clinical Lab Services 	1-866-MYQUEST / 1-866-697-8378 questdiagnostics.com 1-800-890-6220 ameripath.com 1-866-312-7133 dermpathdiagnostics.com

