

<b>POLICY AND PROCEDURE</b>	
<b>Policy # and TITLE:</b> <i>Medicare Sales Policy (D-SNP)</i>	
<b>Primary Policy owner:</b> Community Marketplace & Member Engagement	<b>POLICY #:</b> MAR12
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Case Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input checked="" type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM) 22) <input type="checkbox"/> Medical Management (MM)
<b>PRODUCT TYPE:</b> <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> D-SNP	<b>Supersedes Policy Number:</b>

## I. PURPOSE

To establish clear standards, procedures, and compliance requirements for the sales and marketing of Health Plan of San Joaquin/Mountain Valley ("Health Plan") Medicare Dual Eligible Special Needs Plan (D-SNP) Advantage (HMO). This policy ensures that all sales activities are conducted in a manner that is ethical, compliant with the Centers for Medicare and

Medicaid Services (CMS) regulations, supportive of member needs, and aligned with Health Plan's mission to provide quality, accessible healthcare for dual-eligible beneficiaries. This policy applies to all internal Medicare Sales Agents, sales managers, and any other personnel or partners engaged in the marketing, sales, or enrollment activities of Health Plan's Medicare D-SNP line of business. It covers all sales channels, including individual appointments, community events, inbound and outbound calls, digital and print marketing, and enrollment activities in Health Plan's covered network – Alpine, El Dorado, San Joaquin, and Stanislaus counties.

## **II. POLICY**

- A. Health Plan adheres to the Centers for Medicare and Medicaid Services (CMS) regulations and policies regarding the sales, enrollment, and lead management process. Specifically, the organization shall comply with the requirements set forth under 42 CFR §422.2274, which mandates that Health Plans follow all applicable federal and state laws in handling sales and lead management practices to ensure transparency, accuracy, and protection of consumer information.
- B. Health Plan complies with Centers for Medicare and Medicaid Services (CMS)'s Medicare Managed Care Manual (MMCM) Chapter 3: Medicare Marketing Guidelines, ensuring that all sales representatives and agents involved in lead management are trained, monitored, and held accountable for compliance with applicable laws, regulations, and best practices.

## **III. PROCEDURE**

- A. Sales and Lead Collection
  - 1. Health Plan ensures that all leads are gathered through approved, compliant channels, including but not limited to, phone calls, website submissions, and in-person interactions.
    - a. Sales Team completes an Appointment of Representative (AOR) as required by Centers for Medicare and Medicaid Services (CMS) guidance.

2. Sales representatives and agents obtain and verify consent from the potential member before collecting any personally identifiable information (PII) or health-related data.
3. Health Plan maintains an up-to-date, secure database for storing all collected lead information.

B. Lead Qualification and Follow-Up

1. All leads must meet the criteria defined by Centers for Medicare and Medicaid Services (CMS) and Health Plan's internal policies before progressing to sales discussions.
2. Sales agents follow up on leads within the timeframes defined in Health Plan's sales procedures to ensure prompt and efficient responses to interested parties.
3. A lead management system is used to track each lead's status throughout the lifecycle, from collection to enrollment or disqualification.

C. Compliance and Marketing

1. Health Plan conducts monitoring and auditing of lead management processes to ensure compliance with all relevant guidelines and regulations.
2. Sales staff will be required to complete ongoing training on Centers for Medicare and Medicaid Services (CMS) Medicare Marketing Guidelines, lead management best practices, and data privacy requirements.
3. Any non-compliance or violation of policy will result in corrective actions, which may include additional training, disciplinary action, or termination of employment for severe infractions.

D. Lead Disposition and Record Retention

1. Leads that do not qualify for enrollment are securely disposed of in compliance with Health Plan's data retention policy.
2. Lead data is stored in accordance with federal, state, and organizational data retention requirements.

E. Telephonic Sales (Call) Guidelines

1. Consent and Verification: Prior to any call interaction, Health Plan ensures consent is obtained from the prospective member to discuss Medicare products and services over the phone. This

consent is documented in the lead management system. Call Script: Sales representatives conducting telephonic sales must use Centers for Medicare and Medicaid Services (CMS) approved scripts. These scripts are reviewed and updated regularly to reflect regulatory changes.

2. Disclosure Requirements: At the beginning of each sales call, the sales agent must disclose their name, the purpose of the call, the identity of Health Plan they are representing, and any other required disclosures. This information is verified by the agent before proceeding further with the sales conversation.
3. Call Recording: All calls are recorded for quality assurance and compliance monitoring. These recordings are retained in compliance with Centers for Medicare and Medicaid Services (CMS)'s requirements and Health Plan's record retention policies.
4. Follow-Up and Confirmation: After any telephonic enrollment or plan discussion, a written confirmation is sent to the potential member to verify the information discussed and to provide any necessary documentation. This follow-up is documented in the lead management system.
5. Telemarketing Restrictions: Health Plan does not engage in unsolicited telemarketing. Telephonic sales can only occur after an individual has expressed interest, either through a direct inquiry or prior consent, in learning more about Health Plan's Medicare offerings. Sales representatives must adhere to Do Not Call regulations and maintain proper "Do Not Call" lists.
6. Training for sales calls: Sales agents involved in sales calls receive specialized training on effective communication, compliance with Medicare regulations, and the ethical handling of telephonic leads. This includes ensuring that calls are not misleading, deceptive, or coercive.

#### F. General Inquiries made to Sales Agents

1. Health Plan creates consistent and compliant responses to general inquiries about Medicare plans/products.
2. Health Plan conducts timely follow-up process.
3. Health Plan captures prospect information.

G. Enrollment Application Intake and Processing

1. Enrollment applications must be accurately complete, securely received, and promptly transmitted to ENXT (enrollment system) for processing.
2. Applications are date and time stamped up receipt.
3. Protected Health Information (PHI) safeguards are applied to all channels of receipt.

H. Sales and Marketing Ethics Procedure

1. Processes to ensure Sales Agents conduct activities in accordance with Health Plan Code of Conduct.
2. Health Plan Health monitors a Sales Agent's compliance with the provisions of this Policy through on-going monitoring and annual performance evaluation, in accordance with Health Plan policies and DLPs.

I. Hiring and Training Internal Medicare Sales Agents

1. Ensure a consistent, compliant process for recruiting, hiring, onboarding, and training internal Medicare Sales Agents.
2. Collaboration with Human Resource to verify Sales Agents meet and maintain position eligibility.
3. See Hiring and Training Internal Medicare Sales Agents Desk Level Procedure (DLP) for additional reference.

J. Agent Production

1. Standardize a process for tracking, evaluating, and reporting internal Medicare Sales Agent production performance to ensure enrollment targets, compliance requirements, and quality standards are met..

**IV. ATTACHMENTS**

- A. Desk- Level Procedure (DLP) or Department Job Aide
- B. Enrollment Application Intake and Processing Desk Level Procedure (DLP)
- C. General Inquiry Desk Level Procedure (DLP)
- D. D-SNP Enrollment Application Intake and Processing Desk Level Procedure (DLP)
- E. Sales and Marketing Ethics Procedure Desk Level Procedure (DLP)
- F. Hiring and Training Internal Medicare Sales Agents Desk Level Procedure (DLP)

G. Agent Production and Performance Standards Desk Level Procedure (DLP)

H. [Glossary of Terms Link](#)

**V. REFERENCES**

- A. Health Plan Policy: CMP02 Records Management and Retention
- B. State Medicaid Agency Contract (SMAC)
- C. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)
- D. Medicare Managed Care Manual (MMCM) Chapter 3: Medicare Marketing Guidelines

**VI. REVISION HISTORY**

*\*Version 001 as of 07/14/2025*

Version*	Revision Summary	Date
001	New Policy	09/03/2025
002		
003		
004		
<b>Initial Effective Date: 09/30/2025</b>		
<b>Published Date: 09/30/2025</b>		

**VII. Committee Review and Approval to be Completed by Compliance**

Committee Name	Version	Date
Compliance Committee (CC)	001	09/26/2025
<ul style="list-style-type: none"> <li>• Privacy &amp; Security Oversight Committee (PSOC)</li> </ul>		
<ul style="list-style-type: none"> <li>• Program Integrity Committee (PIC)</li> </ul>		
<ul style="list-style-type: none"> <li>• Audits &amp; Oversight Committee (AOC)</li> </ul>		

<ul style="list-style-type: none"> <li>• Policy Review (PRC)</li> </ul>		
Quality Improvement Health Equity Committee (QIHEC)		
<ul style="list-style-type: none"> <li>• Quality Operations Committee (QOC)</li> </ul>		
<ul style="list-style-type: none"> <li>• Grievance (GC)</li> </ul>		

**VIII. REGULATORY AGENCY APPROVALS**

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			
Department of Managed Care (DMHC)			

**IX. Approval Signature\***

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

\*Signatures are on file, will not be on the published copy