



HEALTH PLAN



Agent Manual

McLaren Health Plan
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**MCLAREN HEALTH PLAN
AGENT MANUAL**

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Introduction

McLaren Health Plan, Inc. is a Michigan nonprofit corporation certified by the State of Michigan as a health maintenance organization (“**HMO**”). In this Manual, the terms “**McLaren Health Plan**” and “**MHP**” also include reference to McLaren Health Plan Community, a Michigan nonprofit corporation and HMO that is a wholly-owned subsidiary of McLaren Health Plan, Inc. and McLaren Health Advantage, a Michigan third party administrator (“**TPA**”) that is also a wholly-owned subsidiary of McLaren Health Plan, Inc.

This Manual is designed to make it easier to conduct business with us. It is intended to be used along with McLaren Health Plan’s website, McLarenHealthPlan.org. Please let us know if you have any questions or suggestions about the Manual’s content.

SECTION 1: RESOURCES

1.1 Contact Information

Customer Service (888) 327-0671 (toll free)

Primary contact for questions, inquiries and information regarding:

- Billing
- Claims
- Enrollment services
- Eligibility
- Medical benefits
- Pharmacy services
- Physician/health care professional status
- Health plan identification cards

Sales Department/Sales Support (888) 327-0671 (toll free) or (810) 733-9530

Primary contact for questions, inquires and information regarding:

- Quotes
- Large group/small group/individual renewals
- Medicare Advantage products
- Wellness programs
- Forms or materials
- Commission Customer Service

Each agent will have access to an Account Service Representative to ensure that your administrative needs are met. The Account Service Representative serves as a primary point of contact to facilitate quick and efficient rate quotes, member education, and open enrollment.

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McLaren Health Plan Telephone Numbers

Department	Telephone Numbers	Fax Number
Sales Department/Sales Support	(888) 327-0671 (toll free) (810) 733-9530	(810) 733-9596
Customer Service	(888) 327-0671 (toll free)	(877) 502-1567 (toll free)
Finance	(888) 327-0671 (toll free) (810) 733-9749	(810) 733-9652
Provider Services/Network Development	(888) 327-0671 (toll free)	(810) 733-9651
Medical Management	(888) 327-0671 (toll free)	(810) 733-9645
Membership/Enrollment	(888) 327-0671 (toll free) (810) 733-9530	(810) 733-9665

McLaren Health Plan Addresses

Department	Address
Premium Remittance	McLaren Health Plan, Inc. Attn: Finance Department G-3245 Beecher Road Flint, MI 48532
Claims	McLaren Health Plan, Inc. P.O. Box 1511 Flint, MI 48501-1511
Membership/Enrollment	McLaren Health Plan, Inc. Attn: Membership Department G-3245 Beecher Road Flint, MI 48532
Sales Department	McLaren Health Plan, Inc. Attn: Sales Department G-3245 Beecher Road Flint, MI 48532

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1.2 Information Available on Website

The most current materials can be obtained at www.mclarenhealthplan.org. Agent materials on-line include:

- Approved service areas maps and zip codes
- Benefit and Customer Information
- Delta Dental Plan Summary
- Form: Delta Dental Eligibility Enrollment/Update
- Form: Employee waiver of medical insurance
- Form: Individual Census - Off Exchange
- Form: Individual Pediatric Dental Attestation – Off Exchange only
- Form: Large Group 51+ High Deductible Health Plans
- Form: Large Group Non-Grandfathered POS rider options
- Form: Large Group Quote Request
- Form: Member enrollment and change
- Group Status Verification Form
- Group Underwriting Roster Payroll Register
- Large Group Enrollment & Coverage Agreement
- McLaren POS Large Group Member Handbook
- New Group Submission
- Sales Sold Group Checklist - Large Group
- Sales Sold Group Checklist - Small Group
- Small Group Census On/Off Exchange
- Small Group - Master Contract

SECTION 2: MCLAREN HEALTH PLAN AGENTS OF RECORD

2.1 Agent of Record

What is an Agent of Record and how do I become an Agent of Record?

2.1.1 Large Group (51+ active, full-time equivalent employees)

The Agent of Record is designated by the large group as the current servicing agent, and the group must tell us who should receive the commission. The Agent of Record's name and producer identification number must be clearly written on the applicable section of the group agreement signed by each new group.

Agent of Record letters must be on the group's company letterhead and signed by an authorized individual within the organization. The letter should contain a company fax number for confirmation purposes. Agent of Record letters can be sent to McLaren Health Plans Sales Support staff (see contact table for fax or mailing information).

2.1.2 Small Group (50 or less active, full-time equivalent employees)

Small groups have the option of purchasing McLaren Health Plan benefit plans either on the Michigan Health Insurance Marketplace (“SHOP Marketplace”) or off the SHOP

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Marketplace directly from McLaren Health Plan. In either case, the small group must designate the agent as the agent or record in order for McLaren Health Plan to pay commissions to the agent.

2.1.2(A) Small Group - On SHOP Marketplace:

The agent who intends to sell On-SHOP McLaren Health Plan products must be appointed and contracted with McLaren Health Plan before selling its products.

When the small group completes its application on the SHOP Marketplace at HealthCare.gov, the group may enter the name and National Producer Number of the agent who assisted them with enrollment. Employers must authorize a SHOP Marketplace-registered agent or broker to work on their behalf.

To authorize a SHOP Marketplace-registered agent or broker, employers must: Create an account and verify their identity at HealthCare.gov. Search for an agent or broker by name, National Producer Number (“NPN”), or location and click “Authorize”. Once an employer sends an authorization to an agent or broker, the agent or broker can log in to his or her SHOP Marketplace Agent/Broker Portal account and accept the authorization. Once authorized, SHOP Marketplace-registered agents and brokers may complete the entire application on behalf of their clients.

Through the SHOP Marketplace Agent/Broker Portal, SHOP Marketplace-registered agents and brokers can: Assist employers with their applications and enrollments. View clients’ premium payments and enrollment statuses. Manage clients’ accounts, including adding/removing employees and dependents from coverage.

Note: In order to assist a small group with enrollment on the SHOP Marketplace, the agent must first meet certain training and registration requirements. The following are resources you should use to help you meet those requirements and understand the SHOP enrollment process:

- Learn more about the SHOP Marketplace and use tools to help your clients enroll in SHOP Marketplace coverage at www.HealthCare.gov/small-businesses/
- Find SHOP Marketplace resources, fact sheets, and user guides at Marketplace.CMS.gov
- Watch step-by-step SHOP Marketplace application and enrollment videos at <http://go.hc.gov/shop-videos>

The SHOP Marketplace will notify McLaren Health Plan of the small group’s authorization.

2.1.2(B) Small Group – Off-SHOP Marketplace:

McLaren Health Plan small group products may also be purchased Off-SHOP and directly through McLaren Health Plan. Before selling McLaren Health Plan groups the

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agent must be appointed and contracted with McLaren Health Plan.

The process for selling an Off-SHOP small group is the same as the process for Large Group. Refer to Section 1.4.1.

2.1.3 Individual Plans

Individuals have the option of purchasing McLaren Health Plan benefit plans either on the Michigan Health Insurance Marketplace (“**Marketplace**”) or off the Marketplace directly from McLaren Health Plan. In either case, the individual must designate the agent as the agent or record in order for McLaren Health Plan to pay commissions to the agent.

2.1.3(A) Individual Plans – On the Marketplace

The agent who intends to sell On-Marketplace individual McLaren Health Plan products must be appointed and contracted with McLaren Health Plan before selling its products.

When the individual completes his or her application on the Marketplace at HealthCare.gov, the individual may enter the name and National Producer Number of the agent who assisted him/her with enrollment. An individual must authorize a Marketplace-registered agent or broker to work on his/her behalf.

Note: In order to assist an individual with enrollment on the Marketplace, the agent must first meet certain training and registration requirements. Please review the guidance on CMS’s Agents and Brokers Resources webpage (<http://go.cms.gov/CCIOAB>) and Marketplace.CMS.gov to learn more.

2.1.3(B) Individual Plans – Off the Marketplace

McLaren Health Plan individual products may also be purchased off the Marketplace and directly through McLaren Health Plan. Before selling McLaren Health Plan individual plans, the agent must be appointed and contracted with McLaren Health Plan.

When assisting individuals wishing to purchase individual plans off the Marketplace, the agent should contact the McLaren Health Plan Sales Department—either by e-mail or telephone—to obtain a quote. If the individual wishes to enroll in a McLaren Health Plan benefit plan, he or she must complete an enrollment form designating the agent as the individual’s agent of record.

2.1.4 Scope of Appointment (SOA) for Medicare Advantage Products

When conducting marketing activities for McLaren Health Plan’s Medicare Advantage products, agents may not market any health care related product during a marketing appointment beyond the scope that the beneficiary agreed to before the meeting with that individual. McLaren Health Plan’s agents must document the scope of the agreement

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(“SOA”) before any appointment. Agents must use McLaren Health Plan’s standard Scope of Appointment Form, which can be found on our website at McLarenHealthPlan.org. For purposes of this section, distinct lines of plan business include Medicare Advantage, Prescription Drug Plan and Cost Plan products. If an agent would like to discuss additional products during the appointment that the beneficiary did not agree to discuss in advance, the agent must document that fact forty eight (48) hours in advance, when practicable. If it is not practicable and the beneficiary requests to discuss other products, the agent must document a second scope of appointment for the additional product type to continue the marketing appointment.

To further clarify the requirements around documentation, the documentation must be in writing, in the form of an agreement signed by the beneficiary. McLaren Health Plan’s agents may not use an oral recording. Agents must obtain the Scope of Agreement in writing using McLaren Health Plan’s standard SOA form.

The following must be included when documenting the SOA:

- Product type (e.g., Medicare Advantage, PDP) that the beneficiary has agreed to discuss during the scheduled appointment,
- Date of appointment,
- Beneficiary contact information (i.e., name, address, telephone number),
- Documentation of beneficiary or appointed/authorized representative agreement,
- Signature (beneficiary or authorized representative),
- Method of contact (e.g., walk-in),
- Agent information (name and contact information) and signature,
- A statement that beneficiaries are not obligated to enroll in a plan, their current or future Medicare enrollment status will not be impacted, and the beneficiary is not automatically enrolled in the plan(s) discussed, and
- If the SOA was not signed 48 hours prior to the appointment, an explanation as to why it was not completed.

A beneficiary may sign a SOA at a marketing/sales event for a future appointment. If an agent conducts a personal appointment with more than one Medicare-eligible beneficiary, the agent must obtain a signed and completed a SOA form for each individual.

Note: All business reply cards used for documenting beneficiary SOA or agreement to be contacted must be submitted to CMS for review and approval

2.2 Agent of Record Changes

Commissions will be paid only to the licensed and appointed Agent of Record assigned by the customer. McLaren Health Plan reserves the right to accept or reject requests to change the Agent of Record. All requests to change Agent of Record assignments must be (1) made in writing by a group’s authorized representative or by the subscriber/contract holder of an individual plan; and (2) approved by an authorized representative of McLaren Health Plan prior to the change being made.

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2.3 Annual Qualification

Your status for selling McLaren Advantage, McLaren Health Plan's Medicare product line, and SHOP or Individual Marketplace products is conditioned upon annual qualifications being met.

SECTION 3: COMMISSION PAYMENTS

An agent or broker must be licensed and appointed and contracted as an agent of McLaren Health Plan to solicit, negotiate and affect coverage for large group, small group (on or off the Michigan Health Insurance Marketplace) individual (on or off the Michigan Health Insurance Marketplace) or Medicare Advantage. No agent or broker will be paid commissions until they are contracted with McLaren Health Plan consistent with applicable laws and McLaren Health Plan policy.

SECTION 4: MCLAREN HEALTH PLAN PRODUCTS

The commercial large group, small group and individual products are plans offered through McLaren Health Plan Community—a Michigan nonprofit health maintenance organization that is a wholly-owned subsidiary of McLaren Health Plan, Inc. McLaren Health Advantage is a Michigan third-party administrator (“TPA”) that administers self-funded products. As mentioned earlier, in this Manual, these companies are often collectively referred to as “**McLaren Health Plan**”.

4.1 Product Definitions

4.1.1 Products with Provider Networks

- **Health Maintenance Organization (HMO)** is a product that, in most cases, requires a member to obtain services from McLaren Health Plan in-network providers. This limitation does not pertain to emergency or urgent care services, or to services that cannot be provided by an in-network provider. The customer pays a fixed annual fee (or **premium**) for the coverage.
- **Point of Service (POS)** is a product that combines elements of both HMO and PPO plans. As with the McLaren Health Plan HMO plans, a member is required to designate a primary care physician to assist in the coordination of the member's care. Members may receive many covered services from out-of-network providers, but with greater out-of-pocket costs (i.e., higher deductibles, coinsurance and copayments). The customer pays a fixed annual fee (or **premium**) for the coverage.

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- **PPO** is a product that provides members with a higher level of coverage when they use in-network providers, but provides coverage for most if not all covered benefits provided by an out-of-network provider with higher member out-of-pocket costs (i.e., higher deductibles, coinsurance and copayments).

4.1.2 Products and Services Offered by McLaren Health Plan

- **Ancillary Services:** McLaren Health Plan offers ancillary services that enhance groups' selected health benefits. These services include:
 - COBRA
 - Flexible spending accounts (FSA's) for child care and health care spending
- **Individual Plans:** Individual plans (also known as “non-group plans”) are plans purchased by individuals that cover themselves and their qualified dependents. The individual is responsible for payment of the premium, although advanced tax credits are available to certain individuals who purchase their plans on the Michigan Health Insurance Marketplace (“**Marketplace**”). McLaren Health Plan offers individuals plans both on and off the Marketplace.
- **Large Group Commercial Plans:** In Michigan, “large groups” are defined as employer groups with 51 or more full-time equivalent employees. Large Group Plans are not offered on the Marketplace, but must be purchased directly from McLaren Health Plan. As of 2017, McLaren Health Plan offered large group HMO, POS and High Deductibles plans, with a variety of benefit options to meet the needs of its customers.
- **Medicare Advantage:** McLaren Health Plan, Inc. contracts with CMS to offer a variety of Medicare Advantage products to Medicare-eligible beneficiaries. Please contact McLaren Health Plan Sales/Sales Support for information about our current Medicare Advantage offerings.
- **Self-Funded or Administrative Services Only (“ASO”)** is a “self-insurance” arrangement, whereby an employer provides health or disability benefits to employees with its own funds. In turn, the employer contracts with a Third Party Administrator (“**TPA**”) such as McLaren Health Advantage to administer the adjudication of claims and, in the case of McLaren Health Advantage, contract with a provider network.
- **Small Group Commercial Plans:** In Michigan, “small groups” are defined as employer groups with 50 or less full-time equivalent employees. As of 2017, McLaren Health Plan Community offered small group HMO plans on and off the SHOP Marketplace.