

IMPORTANT INFORMATION

2010 BROKER CERTIFICATION – ACTION REQUIRED

As required by CMS, Medical Associates Health Plans is contacting all brokers who market our Medicare products to complete the 2010 broker certification test. This test is now available on the broker portal of our website at www.mahealthcare.com. You will need to log in with your user name and password. If you need this information, please contact Diane Peil at 563-584-4863.

Prior to taking the certification test, please review the new Medicare Marketing Guidelines released August 7, 2009, the MIPPA Summary and the MAHP Medicare Marketing Presentation.

To access the certification test:

- Go to www.mahealthcare.com
- Click on Health Plans (left side)
- Click on Agents Tab (top tab)
- Click on Medicare (left side)
- Enter User name and password, click submit
- Click on 2010 Agent Certification Test

Once you have completed the test, you will receive an e-mail indicating your test score. If you do not receive a passing score, you will need to retake the test. A test retake cannot be taken for 48 hours. If you do not receive a passing score on the second test, you will be contacted about the re-training process.

In order to market MAHP Medicare plans, you will need to take the MAHP specific certification regardless of other certifications you may have completed. The MAHP certification will need to be completed by Tuesday, November 3rd.

IMPORTANT: If you do not complete the certification by November 3rd, 2010 selling privileges will be suspended and commissions will be withheld until training/certification is complete.

Please let us know if you have any questions.

SCOPE OF APPOINTMENT FORM REMINDER

As a part of the Medicare Improvements for Patient and Providers Act of 2008 (MIPPA), a Scope of Appointment form needs to be signed by each beneficiary prior to appointment; this form cannot be signed at time of appointment. Appointment calls could be recorded if phone tracking availability. The Line of Business must be clearly identified prior to marketing and/or in-home appointment with a potential enrollee.

CMS issued model form, which MAHP has now included in each sales packet and **the form will need to be submitted with each sale.**

If a beneficiary is interested in discussing other products, then a separate appointment will need to be set up for 48 hours later.

A beneficiary may sign a Scope of Appointment form at a sales presentation to a group of beneficiaries for a follow-up appointment. (The follow-up appointment does not need to be held 48 hours later; it may even be held at the venue immediately following the sales presentation).

PLAN NAME CHANGE

MAHP is pleased to announce that for the year 2010, the Advantage Plan has been renamed to **SmartPlan**. We feel this should help reduce the overall confusion with our plan name and CMS defined Medicare Advantage plans. The benefits will remain the same in all of our plans for 2010. All current members will receive information about the plan name change and new rates by December 1, 2009.

2010 MEDICARE RATES

2010 MAHP Medicare plan rates have been established and the new monthly rates are as follows:

Iowa

SmartPlan	\$94.00
Community Plan	\$114.00
Freedom Plan	\$125.00

Illinois

SmartPlan	\$94.00
Community Plan	\$114.00
Freedom Plan	\$125.00

Wisconsin

SmartPlan	\$94.00
Community Plan	\$114.00
Freedom Plan	\$125.00

REGULATION REMINDERS

As a general reminder, on September 15, 2008, the Centers for Medicare and Medicaid Services (CMS) issued new regulations to implement the provisions in the Medicare Improvements for Patient and Providers Act of 2008 (MIPPA).

Please review again the attached Agent CMS Marketing Summary which gives an overview of some important regulations recently implemented by CMS that are applicable to MAHP and our licensed brokers. A link of the CMS memo is provided so you may review all of the changes in further detail.

2010 MAHP MEDICARE PLAN VERIFICATION CALL PROCEDURES

New member verification calls will be conducted by MAHP in keeping with CMS guidelines. Calls are conducted:

- **To confirm that the enrollee understands what he or she has purchased.**
- **To assist the enrollee in better understanding the plan benefits.**
- **To ensure that the enrollee understands how to access benefits.**

During 2010, Verification calls will be handled by a MAHP Member Services Representative. Following CMS guidelines, calls must be attempted three times to reach the new member. MAHP will attempt a fourth call to ensure a higher rate of completion. The member will also receive an education letter after the first failed attempt. In situations when spouses enroll together, a designated spouse may complete the call on the couple's behalf.

MAHP is requesting that you mention in your sales appt./meeting with the Medicare beneficiary that a MAHP representative will be contacting the member to complete this verification call.

If you have any questions about the Medicare plans, please contact Judy Martens or Jodi Millius at (563) 556-8070. If you have any questions about the log in process or about licensing, please contact Diane Peil at (563) 584-4863.

BROKER COMMISSION

To ensure continued compliance with Medicare regulations, Medical Associates Health Plans has revised our current Medicare commission schedule applicable for all products including; MAHP Basic Plan, SmartPlan, Community Plan, and the Freedom Plan.

The current commission schedule for existing membership sold prior to January 1, 2009 will continue to be compensated at 15% of the monthly premium for the duration of the Medicare member's enrollment.

The current schedule for 2009 business will continue to be compensated at 17% of the monthly premium for the initial year (first twelve months) enrolled and 8.5% of monthly premium for every year after for first time Medicare Plan enrollees. For both initial and renewal year, members transferring to Medical Associates Health Plans from a different carrier the compensation will be 8.5%.

Effective January 1, 2010, first time enrolled Medicare members to a Medicare Advantage plan and members that transfer from different carriers will be paid as follows:

First time Medicare Plan enrollees

Plan Description	First Year Monthly Commission	Renewal Years Monthly Commission
Iowa Basic Plan	\$15.25	\$7.63
Iowa/Illinois SmartPlan	\$15.67	\$7.84
Iowa/Illinois CHP Plan	\$18.17	\$9.09
Iowa/Illinois Freedom Plan	\$19.92	\$9.96
Wisconsin SmartPlan	\$16.17	\$8.09
Wisconsin CHP Plan	\$18.67	\$9.34
Wisconsin Freedom Plan	\$20.42	\$10.21

Members transferring to Medical Associates from different carriers

Plan Description	First Year Monthly Commission	Renewal Years Monthly Commission
Iowa Basic Plan	\$7.63	\$7.63
Iowa/Illinois SmartPlan	\$7.84	\$7.84
Iowa/Illinois CHP Plan	\$9.09	\$9.09
Iowa/Illinois Freedom Plan	\$9.96	\$9.96
Wisconsin SmartPlan	\$8.09	\$8.09
Wisconsin CHP Plan	\$9.34	\$9.34
Wisconsin Freedom Plan	\$10.21	\$10.21

To ensure proper commission payment, it is important that you clearly mark on all Medicare applications where the **Name of current supplement/Medicare Advantage Plan this will replace** and write “None” if the member did not come from another carrier or if the member is a first time enrollee to a Medicare Advantage Plan. If this space is not completed, the commission will be paid at the renewal amount.

If you have any questions regarding this change in commission, please feel free to contact the Ron Fahey, Director of Finance at (563) 584-4841.