

Medicare Updates

SelectHealth Medicare – New Name for 2023

Changing our plan name to SelectHealth Medicare in 2023 will offer the following benefits:

- **Quick recognition.** From internet searches to advertising, the Medicare name is well-recognized and makes it clear what type of product SelectHealth offers.
- **Clarity.** A straightforward naming convention makes it easier for consumers and approved agents to identify products and plan types during the shopping and evaluation process.
- **Growth Opportunities.** The new naming structure will make it easier to expand our offerings in the future.

New Name, New Benefits, New Year

SelectHealth Medicare now has more plans with \$0 premiums and exciting benefits!

- \$0 premiums in most service areas
- Lower Medicare Part D deductibles
- New PPO plans in Utah and Nevada
- Increased over the counter (OTC) benefits
- SelectHealth Flex card used for OTC, gym memberships, weight loss programs, and other activities to improve the health of our members
- Enhanced dental offerings that cover preventive care and comprehensive dental with first dollar coverage and no additional premium
- \$0 Primary Care Physician (PCP) copays and lower Specialty Care Physician (SCP) copays are available on most plans
- Papa Pals companionship program with more hours on enhanced plans
- Annual vision benefit with more dollars

Contact your Account Executive for questions or support.

Be sure to visit [Agent Resources](#) in SelectHealth Link to download or order Medicare sales materials.

SelectHealth Medicare Awarded 5 Stars Two Years' Running

We're pleased to announce that SelectHealth Medicare was awarded the highest rating from the Centers for Medicare and Medicaid Services (CMS) for the second year in a row! We received a 5 out of 5 quality Star Rating for 2023 HMO plans. This ranks us among the highest-rated Medicare Advantage plans in the country, and it makes us the only 5-star option in most of our service areas.

Each year, CMS rates Medicare-certified health plans—parts C and D—on a scale of 1 to 5 stars (with 5 stars representing the highest quality) using the [Medicare Star Quality Ratings system](#). The overall scores are based on care and service quality measures across more than 40 categories, including staying healthy, managing chronic conditions, member experience and satisfaction, pharmacy services, and customer service.

What does a 5-Star Rating mean for you? SelectHealth can continue to offer the flexibility of an added Special Enrollment Period. Our 5-Star Rating offers clients the freedom to switch to a SelectHealth HMO plan from December 8, 2022, through November 30, 2023. You'll be able to sell SelectHealth Medicare plans all year long!

Note: SelectHealth Medicare PPO plans are excluded from the 2023 5-Star Special Enrollment Period as they are too new to rate.

Agents may market the current and prospective year simultaneously provided materials [clearly indicate what year is being discussed](#).

Remember, agents must be licensed, appointed, and certified with 2023 AHIP or NAHU certification to sell with SelectHealth. New agents interested in appointment can contact Stephanie.Crandall@selecthealth.org.

Questions? Contact your Account Executive for assistance.

Material Ordering

Thanks to those who attended our AEP Kick-off events last month. It was nice to finally meet in person! For those we missed, material ordering is now available in Link. Locate them below the *Agent Tools* heading, under *Agent Resources*. Use the filters in the right-hand column to select year and product type. We offer downloadable and sharable versions as well as physical copies. There is no login needed. When sharing a link to a specific brochure, there is no login needed for the recipient.

SelectHealth Medicare – More Providers, More Choices with the University of Utah Network

As previously announced, SelectHealth has added access to University of Utah hospitals, clinics, and providers to its Medicare Advantage (now SelectHealth Medicare) network effective July 1, 2022 for Utah members.

This means your SelectHealth Medicare clients will have access to a full range of services and facilities such as:

- University of Utah Hospital (including the Burn Center)
- Moran Eye Center
- Huntsman Cancer Institute
- Huntsman Mental Health Institute
- University Orthopedic Center
- University of Utah Orthopedic Center
- Community clinics—including the South Jordan, Sugar House, and Farmington Health Centers.
- ARUP Laboratories

The network also includes all professional providers, from primary care physicians (over 350 providers) to specialists (over 1100) and emergency care.

This change creates excellent access to the entire range of services and locations available through the University of Utah Health system. Covered services received by these providers will be paid as in-network allowing more clients to see the providers of their choice.

For network questions, contact your account executive.

New Medicare Enrollment platforms for 2023

Great news! SelectHealth Medicare now offers additional electronic methods to enroll your clients. Along with our current SelectHealth LINK Portal enrollment hub, our plans are available on the SunFire* and Connecture* electronic enrollment platforms. With SunFire and Connecture, you will be able to educate, quote, and enroll your clients with the SelectHealth Medicare plans. If you do not have access to either of these programs (SunFire or Connecture), please contact your general agency, FMO, or NMO for assistance. These options are provided to support you and your business in adherence of the new 2022-2023 Medicare requirements shared below.

SunFire and Connecture are also available for agents who elect to contract directly. If you would like more information regarding direct contracting, please contact ConnectureDRX or SunFireMatrix for pricing and contracting guidelines.

Please note, the SelectHealth Medicare Health Risk Assessment (HRA) may only be accessed and completed on the SelectHealth LINK agent portal at this time.

* SelectHealth coordinates with these companies but is not accountable for them and does not endorse a specific platform.

Medicare Agent Administrative Expense Reimbursement Program

We're excited to extend your marketing dollars as we continue our Agent Expense Reimbursement program into 2023. This program is for allowable services and administrative expenses, in addition to benefits enrollment beginning January 1, 2023 through December 1, 2023. After enrolling five new policies, agents receive \$500 in marketing support, with an additional \$100 in support for each additional enrollment. This is in accordance with current Third-Party Marketing Organization (TPMO) rules established and approved by the Centers for Medicare and Medicaid Services (CMS) and the CMS Code of Federal Regulations at [ecfr.gov](https://www.ecfr.gov). Terms and Conditions apply.

Questions? Contact your Account Executive.

New Medicare Requirements for 2022, 2023

Every year, Medicare passes new regulations to be implemented and adhered to by qualifying plans and representatives. New immediate sales and marketing regulations include:

- Effective **October 1, 2022**, Third-Party Marketing Organizations (TPMO), which, by definition, includes individual agents, are required to record all sales and marketing calls. These calls include discussions of plans, benefits, comparisons, sales quotes, and enrollment.
- Effective **October 1, 2022**, Agents are required to store call recordings in a secure manner that meets HIPAA requirements for 10 years with availability for review upon request.
- Effective **October 1, 2022**, agents must state the following disclaimer on the call within the first 60 seconds of messaging and within all advertising to Medicare beneficiaries:

Disclaimer: "We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

To see the full details please visit <https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and>

Final Rule Guidance

The Centers for Medicare & Medicaid passed a new final rule regulation in June 2022 that advances CMS' strategic vision of expanding access to affordable health care and improving health equity in Medicare Advantage and Part D through lower out-of-pocket prescription costs and improved consumer protections. This final rule revises the MA and Part D regulations related to marketing and communications; the criteria used to review applications for new or expanded MA and Part D plans, including compliance with MA provider network adequacy requirements, quality ratings for MA and Part D plans and more.

To see the full details please visit: <https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and>

To implement some of the new requirements, we are giving notice that each Medicare Advantage (SelectHealth Medicare) Agent/Agency/FMO agreement is revised to substitute the Exhibit C below for the for the Medicare Advantage Requirements previously in place. This updated version adds section 8 for TPMO oversight.

EXHIBIT C

MEDICARE ADVANTAGE REQUIREMENTS

Agent and SelectHealth agree to be bound by the following:

1. Regulatory Requirements. Agent agrees to comply with all applicable Medicare laws, regulations, and Centers for Medicare and Medicaid Services (“CMS”) instructions.
2. Audit. Notwithstanding anything to the contrary contained in the Agreement, the Department of Health and Human Services (“HHS”), the Comptroller General, or their designees have the right to audit, evaluate, collect, and inspect any pertinent information including books, contracts, computer or other electronic systems, including medical records and documentation related to SelectHealth’s contract with CMS. The foregoing right to inspect, evaluate, collect, and audit any pertinent information exists for 10 years from (1) the final date of SelectHealth’s contract period with CMS, or (2) from the date of completion of any audit, whichever is later. Also, the foregoing right is applicable to Agent as well as any other first tier, downstream, or related entity. Agent shall make available to SelectHealth, government agencies, and their designees its premises, physical facilities, and equipment to accommodate periodic auditing as described in this paragraph. In addition, if this the Agreement is determined to be subject to the provisions of Section 952 P.L. 96-499, which governs access to books and records of subcontractors of services to Medicare hospitals where the cost or value of such services under the contract exceeds \$10,000 over a 12-month period, then Agent agrees to permit representatives of the Secretary of the Department of Health and Human Services and of the Comptroller General, in accordance with criteria and procedures contained in applicable federal regulations, to have access to its books, documents, and records as necessary to verify the cost of services provided under the Agreement. Agent will immediately notify SelectHealth if Agent receives a request for access to books, documents, and/or records from any of the parties named in this section.
3. Confidentiality and Privacy. Agent will safeguard enrollees’ privacy and confidentiality and ensure the accuracy of enrollees’ health records. In addition to any privacy related provisions contained within the Agreement, Agent agrees to abide by all Federal and State laws regarding confidentiality and disclosure of medical records, or other health and enrollment information. Agent further agrees to safeguard the privacy of any information that identifies a particular enrollee and have procedures that specify: (1) for what purposes the information will be used within the Agent organization, and (2) to whom and for what purposes it will disclose the information outside the Agent’s organization. Also, Agent will ensure that medical information is released only in accordance with applicable Federal or State law or pursuant to court orders or subpoenas, maintain records and information in an accurate and timely manner, and ensure timely access by enrollees to the records and information that pertain to them.
4. Enrollee Liability. Agent will not hold enrollees liable for the payment of any fees that are the legal obligation of SelectHealth. In no event, including, but not limited to, non-payment by SelectHealth, SelectHealth’s insolvency or breach of the Agreement, shall Agent bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an enrollee, or person other than SelectHealth acting on an enrollee’s behalf.

5. CMS Contractual Obligations. Agent and SelectHealth agree that the services and obligations provided under the Agreement are consistent and comply with SelectHealth's contractual obligations with CMS. Also, SelectHealth and Agent agree that any services or other activity performed by a first tier, downstream, or related entity in accordance with a contract or written agreement are and will be consistent and comply with SelectHealth's contractual obligations with CMS.

6. Delegated Responsibilities. The parties acknowledge that SelectHealth maintains ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of its contract with CMS, and that SelectHealth is ultimately accountable for any activity or responsibility under its contract with CMS that is delegated. The parties acknowledge and agree that SelectHealth has only delegated to Agent those activities and responsibilities under its contract with CMS that have been specifically identified and delegated in the Agreement, or a separate delegation agreement ("Delegated Activities"). Agent and any downstream and related entities or transferees shall perform all Delegated Activities in a manner consistent with applicable federal laws and regulations, SelectHealth's contract with CMS, CMS instructions and any delegation agreement entered into with SelectHealth. All Delegated Activities shall be monitored and audited by SelectHealth on an ongoing basis. SelectHealth and Agent acknowledge that SelectHealth is ultimately accountable for any Delegated Activities and shall have the right to revoke any Delegated Activities or take corrective action against Agent in the event Agent and any downstream and related entities or transferees are not satisfactorily performing their obligations related to the Delegated Activities or Agent is failing to submit regular or required reports to SelectHealth on the Delegated Activities in accordance with the terms of the Agreement, applicable federal laws, rules and regulations, CMS instructions, SelectHealth's contract with CMS or the delegation agreement. SelectHealth may immediately terminate any delegation agreement upon Agent failing to satisfactorily perform its obligations.

7. Federal Funds. Agent acknowledges that it is receiving federal funds from SelectHealth and is subject to laws and regulations applicable to individuals/entities receiving federal funds.

8. TPMO Oversight. Agent agrees to: (i) disclose to SelectHealth any subcontracted relationships used for marketing, lead generation, and enrollment; (ii) record all calls with beneficiaries in their entirety, including the enrollment process; (iii) report to SelectHealth monthly any staff disciplinary actions or violations of any requirements that apply to SelectHealth's MA Plan; and (iv) use the TPMO disclaimer as required under 42 CFR § 422.2267(e)(41).