

producer guide



 **scan**
HEALTH PLAN®
CELEBRATING 40 YEARS

2017

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Welcome



Leadership Team (L-R)

- Holly Ackman** - VP, Sales Operations
- David Milligan** - SVP, Sales
- Francine Chong** - Director, Broker Sales
- Chris Bond** - Director, Sales
- Julie Kiefer** - Director, Sales Systems
- Dick Peitzmeier** - VP, Sales
- Edith Monge** - Manager Employer Group Sales
- Michael Lucens** - Director, Sales Operations

On behalf of our Sales Leadership team, I welcome you to SCAN!

We've produced this guide as a handy reference containing "everything you need to know" to sell our plans. Our goal is to make SCAN the most agent-friendly MAPD with whom you contract.

This leadership team is committed to you--our selling agents, and to the Medicare beneficiaries that we serve. But we are equally dedicated to ensuring that our agents abide by all federal and state regulatory guidance, and that they "sell with integrity" every time they interact with a client. That's why we contract only with agents who possess and maintain the highest level of personal and business ethics.

SCAN's commitment to CMS and DHCS sales and marketing guidelines is reflected in the manner in which we onboard, educate and provide sales tools for our agents. Our objective is to set you up for business success, and if we succeed, we'll expect to see it in your results as you compliantly sell SCAN plans in 2017 and beyond.

Sincerely,

David Milligan
SVP, Sales

About SCAN Health Plan

SCAN Health Plan®, headquartered in Long Beach, California, is a Medicare Advantage plan serving the needs of over 170,000 members. Founded in 1977, we employ over 1,000 people who work diligently to help our members stay healthy and independent.

Today SCAN is the second largest not-for-profit Medicare Advantage plan in California. Our service areas include Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura counties in Southern California, and Marin, Napa, Sonoma, San Francisco, San Joaquin and Santa Clara counties in Northern California.

Our Mission

Keeping seniors
healthy and independent.



The Best Reasons to Sell SCAN

- SCAN is the second largest not-for-profit MAPD plan in CA – also the 4th largest in the nation – and one of the fastest growing in the United States!
- We have served seniors from our Long Beach, CA location for 40 years.
- We only serve people on Medicare.
- Our expert Customer Service Advocates are located in Long Beach, so they know the marketplace.
- When your clients call SCAN, they'll reach a "live" person. There are no "talk-time" limits.
- SCAN offers a broad portfolio of products for your eligible clients in selected markets.
- We have competitive plans with rich benefits that can be sold year-round.
- SCAN disenrollment rates are low - so during AEP you can concentrate on new business, not retention.
- Our Network Management team works to ensure that we have a full range of quality physicians and respected providers to meet your clients' healthcare needs.

And...ask us about our stars!

Here's what SCAN does to help you succeed

- 1 There is a dedicated Sales Support Team available to take your calls Monday-Friday 8 a.m.-6 p.m.
- 2 There is a dedicated Broker Account Executive (BAE) in each market to service our broker agents.
- 3 You'll be provided with extensive training programs that give you the tools you need to be successful.
- 4 Your writing number is available within three to five business days of successful completion of SCAN's contracting and training certification requirements.
- 5 SCAN pays commissions at CMS maximum allowable rate – and we offer lifetime renewals to certified agents.
- 6 We furnish a variety of CMS - approved marketing pieces and customizable marketing tools to help you build your business.
- 7 You'll receive our "Sales Core" monthly newsletter – it highlights relevant sales tips and updates.
- 8 In addition, SCAN's Sales Training team offers various face-to-face courses in local markets such as:
 - > Annual Benefit-Certification Training
 - > Selling to Duals (Connections)
 - > Community-Based Marketing
 - > Selling During Lock-In
 - > The "Art" of Referrals

Star Ratings

What you should know...

The Five-Star Quality Rating System for Medicare Advantage Plans is overseen by the Centers for Medicare and Medicaid Services (CMS). The rating was developed to help consumers understand how well each Medicare Advantage plan:

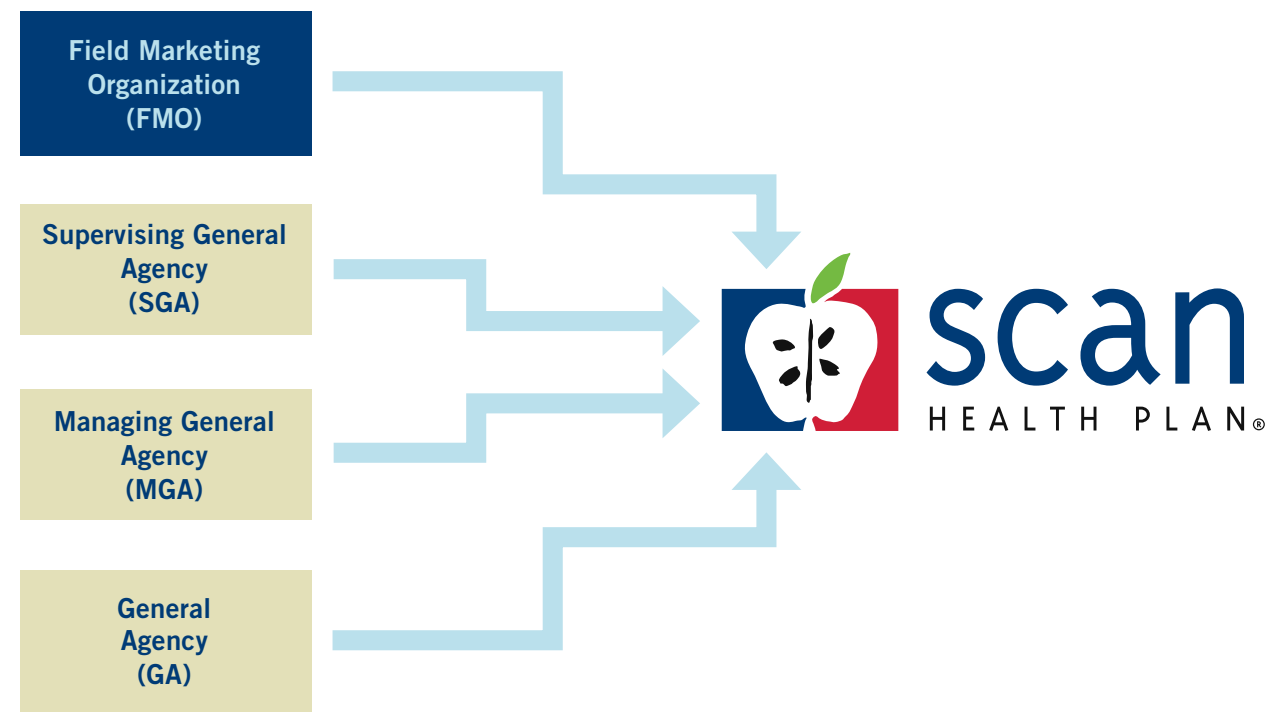
- > Helps members stay healthy via preventive services such as screenings and vaccines
- > Manages their members' chronic conditions
- > Is rated for plan responsiveness and care
- > Handles complaints, appeals, and voluntary disenrollment
- > Provides telephone customer service

Data to support these star ratings come from surveys, observation, administrative (claims) data, and medical records. Based on criteria established by CMS, each plan's rates and scores are calculated and stars are awarded and published annually prior to Open Enrollment.



Agency/Agent Hierarchy

SCAN contracts with numerous Field Marketing Organizations (FMO's) and our FMO's are responsible for the oversight of the various types of agencies in their hierarchy.



Hierarchy Transfer Requests

SCAN allows agents with a current active status to change agency hierarchy once a calendar year; however, no hierarchy changes are permitted between September 16 – November 30. “Active status” means that you have completed the contracting and training process, and your state license and Errors and Omission policy is current.

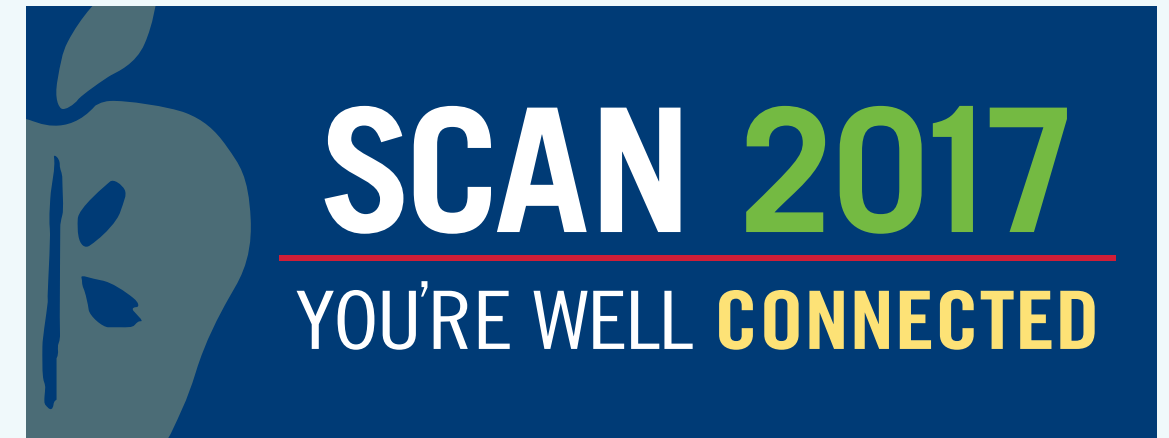
To initiate the request, email SCANbrokercontracting@scanhealthplan.com and you will electronically receive:

- > Hierarchy Transfer Form (NOTE: Forms must be signed and submitted by agent.)
- > W-9 with current signature date

Must be signed and returned no later than the 15th of the month for the transfer to be effective on the 1st of the following month.

Not contracted with SCAN yet?

REMEMBER → Contracting begins once you've selected a SCAN contracted agency. If you have questions about SCAN's contracted agencies, email: SCANbrokercontracting@scanhealthplan.com.



Becoming a SCAN Certified Agent

Contracting

To be authorized to sell SCAN's products, you must be affiliated with an Agency that contracts with SCAN and fully certified for the products you wish to sell.

Interested in contracting?

Contact your agency and they'll let SCAN know!

Electronically complete and submit the following paperwork

- > Hierarchy Form
- > Current CA State Insurance license
- > Current Errors & Omissions Insurance Document
- > Signed W-9
- > Agent Contact Form
- > Agent Agreement

Licensing

You must have a current California Accident & Health license to sell SCAN plans (must not expire within 45 days of contracting).

Errors & Omissions (E&O)

Applicants must provide evidence to SCAN that E&O coverage is current (must not expire within 45 days of contracting). Your minimum E&O policy must be written for \$1,000,000 per occurrence and \$1,000,000 aggregate limit. After onboarding, agents are required to continue to maintain active E&O coverage.

Training

Once you are fully contracted and have completed all training requirements (see the process on page 10), you'll receive a “Welcome” email containing your agent writing number and officially CERTIFYING you as an authorized SCAN sales agent. Now you can begin selling!

Questions about your writing number?

Contact us at:
SCANbrokercontracting@scanhealthplan.com
or call 562-989-5157

The Path to Certification for 2017

For new and returning Agents and Brokers

New Agents

Please complete all your contracting paperwork and then begin the certification process.

Returning Agents

Please recertify according to the instructions below.

- > = For New Agents
- > = For Returning Agents

1 TO START Go to <https://scan.cmpsystem.com> FOR TIER 1, PASS THE AHIP EXAM FOR THESE ONLINE COURSES WITH A SCORE OF AT LEAST 90%.

- > Overview of Medicare Program Basics
- > Medicare Health Plans
- > Medicare Part D Prescription Drug Coverage
- >> Marketing Medicare Advantage Part D Plans
- >> Enrollment Guidance for Medicare Advantage & Part D Plans
- >> Fraud, Waste and Abuse & General Compliance Training

2 FOR TIER 2, COMPLETE THE COURSES BELOW TO GAIN ACCESS TO OUR TIER 3 TRAINING CALENDAR.

- >> Complete our online “Selling with Integrity” Video
- >> Attest to reviewing our Policies and Procedures (P & P’s) and SCAN’s Code of Conduct

3 FOR TIER 3, SUCCESSFULLY COMPLETE OUR FACILITATOR-LED COURSE AND PASS THE EXAM WITH A SCORE OF AT LEAST 85%:

- >> Sales Presentation requirements
- >> Market-Specific Products

Once you have completed all certification requirements, we’ll follow-up with you. Our “Welcome” email provides new agents with their writing number and returning agents will be notified that their yearly recertification is complete. Make sure you don’t present SCAN plans prior to receiving your email. Enrollments submitted prior to the date on the email are not eligible for commission.



You are now certified to sell the SCAN products available in your market!

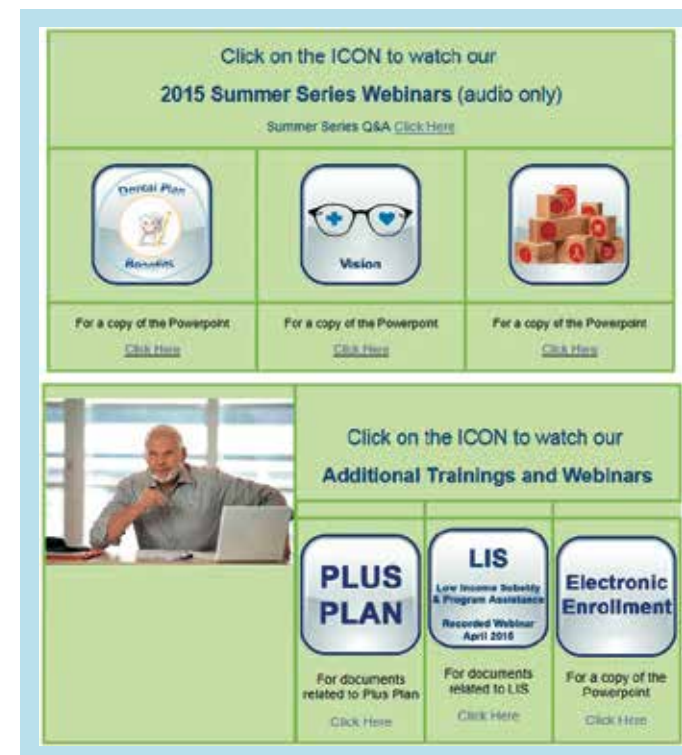
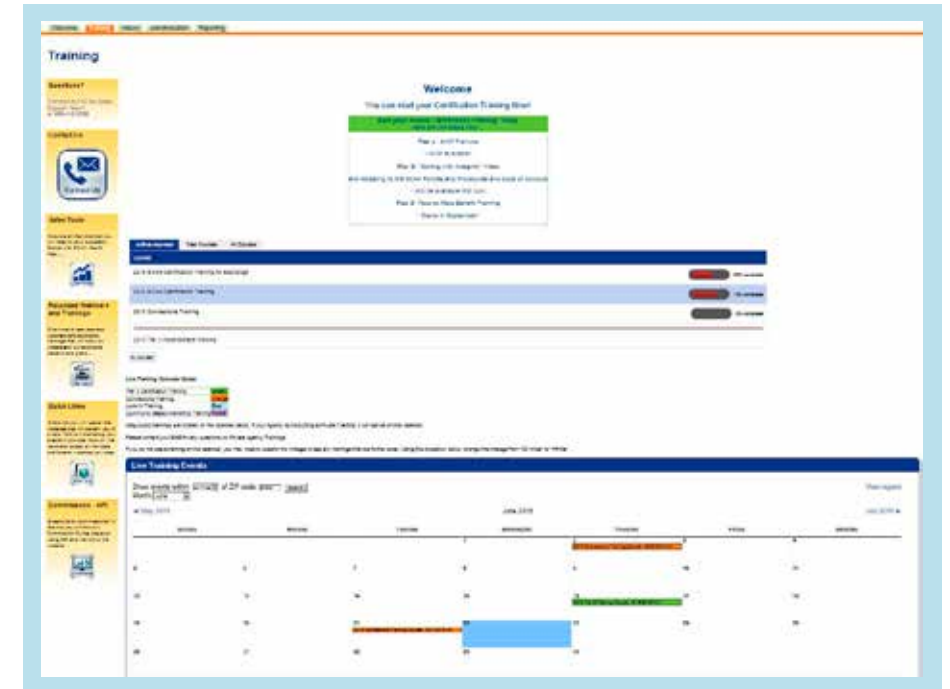
Note: You will be terminated if you do not keep a current CA Insurance and E&O insurance or don’t complete your yearly training.

Training Portal

Access our Training portal to enroll in additional training that SCAN has to offer. Check it out at <https://scan.cmpsystem.com>

You must complete your Annual Certification Training before you can access the additional trainings below:

- > Connections Certification (Required to sell Connections in Southern California.)
- > Lock-in Products
- > Community-Based Marketing
- > Referral



Click on “Recorded Webinars and Trainings” to see additional pre-recorded trainings:

- > Plus Plan
- > LIS – Low Income Subsidy
- > SCAN Supplemental Benefits Training (Vision, Dental, and other ancillary products)
- > Electronic Enrollment

Client Eligibility

Is your client eligible? They are if they:

- > Are entitled to Medicare Part A, and enrolled in Part B.
- > Live in SCAN's service area.
- > Understand that they must continue to pay Part B premiums (if not paid for by Medicare or another third party).
- > Don't have End Stage Renal Disease and are not currently undergoing a regular course of dialysis. (Exceptions may apply.)

Enrollment Periods

For those just turning 65

Three months before, the month of, and three months after their 65th birthday.



For all others

Annual Enrollment Period **October 15 - December 7, 2016**
 Special Election Period **All year round**

Other important dates

MA Disenrollment Period **January 1 - February 14, 2017**
 Lock-in Period **February 15 - December 31, 2017**

Some Enrollment Exceptions

They may enroll at any time of the year if they:

- > Move out of their existing plan's service area
- > Are institutionalized
- > Have limited income and resources, and qualify for Extra Help
- > Have certain other circumstances

Whenever they enroll in a new Medicare Advantage plan, they are automatically disenrolled from their previous plan.

Enrollment Lock-In

Between January 1 and February 14:

- > One allowable switch from their existing MA plan to Original Fee-For-Service Medicare plus Prescription Drug plan.

After February 14:

- > No further plan switching is permitted unless they qualify for a special election.

Beginning October 15 (and ending December 7):

- > Switch to any plan they wish. Their new plan will go into effect on January 1.

With SCAN, you can sell even during Lock-In! In addition to Special Election periods, (which may allow applicants to join, switch or drop an MA Plan outside the AEP or ADP), we have products you can sell even during lock-in.

SEP Eligibles*

CATEGORY	WHO CAN I SELL TO?	WHEN CAN I SELL IT?	INFORMATION NEEDED
Age-In's & Disability	Anyone turning 65	From 3 months before birth month to 3 months after (7 months total)	Restrictions apply if they delay Part B Medicare Card is proof they recently received Medicare A & B entitlement
	Disabled Medicare Recipient turning 65	From 3 months before birth month to 3 months after (7 months total)	
	24th month of Disability	From 3 months before to 3 months after their 24th month of disability benefits	
Move-In's	Moved and now outside plan's service area or new plan options are available	From 1 month before to 2 months following the month of move	Member Verbal Attestation
	Returned to U.S.	2 months following return	
	Moved to or from a Long-Term Care facility	From the 1st day in the facility & up to 2 months after discharged	Date of Discharge & Name of Long Term Care Facility
Low Income	Dual Eligible - Full or Partial	Ongoing from date notified	Medicaid # or Award Letter
	Part D Subsidy (LIS)	Ongoing from date notified	SSA Award Letter
	State Pharmacy Assistance Program	The effective enrollment date to the year's end	Application or Award Letter
Chronic SNP	Qualifies for SNP due to Diabetic diagnosis or Congestive Heart Failure (CHF)/ Cardiovascular Disease (CVD) diagnosis	Year-round	Patient Authorization Form and Pre-Enrollment Qualification Assessment Tool
Losing Coverage	Part D Subsidy (LIS) terminated	From the month notified to 2 months after coverage loss	SSA, Medicaid or SPAP letter
	PACE Disenrollment	Up to 2 months after the effective disenrollment date	Disenrollment letter
	Loss of Creditable Drug Coverage	From the month notified to 60 days after coverage loss	Loss of coverage letter
	Employer Group Coverage Termination	Up to 2 months after the month that coverage ends	Term Letter from Group - w/proof of creditable coverage
	Medicare Ending Contract	Oct 15 - Feb 28 or Specific Dates on Term Letter	Term Letter from MA Plan
	Loss of CSNP Criteria	Up to 3 months after the month that coverage ends	Term Letter from CSNP Plan
	Dual Eligible loss of status	Within 3 months after loss of eligibility	State Notice
Administrative Delay	Entitlement determination is not made timely by SSA and/or received by individual in a timely manner	From date notified and continues for 2 months	SSA Notice of Administrative Delay Letter

*CMS may grant SEP's to individuals or groups in certain exceptional conditions. Contact us for additional details.

SCAN's Products and Benefits

TARGET: Healthy/Average	MAPD	"Classic" "Signature"
Benefits	Details	
<ul style="list-style-type: none"> > Preventive care > Gym membership (for most plans) > Additional benefits such as transportation/vision* > Competitive Rx (gap coverage*) 	<ul style="list-style-type: none"> > Core lock-in products > Large network of providers > Physician referrals for most services (specialist, hospital, etc.) 	* See plans for availability

TARGET: Chronic Conditions	C-SNP	"SCAN Balance" "Heart First"
Benefits	Details	
<ul style="list-style-type: none"> > Affordable doctor and hospital visits > Low Rx copays for chronic condition medications > Robust Case Management services > Additional benefits such as routine Transportation and Podiatry > In-home meal benefit post-hospital discharge > Gap coverage for most plans 	<ul style="list-style-type: none"> > Year-round products > Select network of providers > For members who have the qualifying heart condition and/or diabetes. 	* See plans for availability

TARGET: Dual Eligible Beneficiaries	D-SNP	"Connections" SoCal – LA, RV, SB NoCal – San Joaquin
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NOTE Requires additional certification to sell this plan.

SoCal Benefits	NoCal Benefits
<ul style="list-style-type: none"> > Integrated Medicare/Medi-Cal product > \$0 Benefit design > Additional benefits such as routine Chiropractic, Acupuncture, Podiatry, Vision, and Comprehensive Dental > Unlimited Routine Transportation > Personal Assistance Line (PAL) > OTC drug benefits 	<ul style="list-style-type: none"> > Coordinates with Medi-Cal > FFS Benefit design > LIS-directed prescription benefit design > Additional benefits such as routine Transportation, Chiropractic, Vision and Podiatry > Personal Assistance Line
SoCal Details	NoCal Details
<ul style="list-style-type: none"> > Year-round product > Enrollee assigns their Medi-Cal to SCAN > Coordinated Medi-Cal benefits 	<ul style="list-style-type: none"> > Year-round product > Enrollee doesn't assign their Medi-Cal to SCAN

TARGET: Full Dual Eligibles	MAPD	"Plus Plan"
For full Dual Eligibles seeking an MAPD that coordinates with FFS Medi-Cal/Medi-Cal Managed Care or for Duals Pilot "Opt Outs"		
Benefits	Details	
<ul style="list-style-type: none"> > Coordinates with Medi-Cal/Medi-Cal Managed Care > FFS benefit design > LIS-directed prescription benefit design > Additional benefit coverage such as routine Transportation, Chiropractic, Acupuncture, Podiatry, Hearing, and Vision 	<ul style="list-style-type: none"> > Year-round products > Enrollee does not assign their Medi-Cal to SCAN 	

All Products and Benefits may not be available in all counties. Check your benefit highlights for your county-specific Product and Benefits.

SCAN's Pharmacy Overview

Understanding Part D Stages

- 1 Yearly Deductible**
Most SCAN Plans do not have a Yearly Deductible.
- 2 Initial Coverage**
This stage begins when members fill their first prescription of the year.

Members will pay the applicable copayments or a coinsurance for each prescription. SCAN pays the rest.

SCAN members stay in this stage until the "Total Drug Costs" reach \$3,700 for the year. When this happens, members move into Coverage Gap.

SCAN cost + Member's cost = Total Drug Cost

Initial Coverage
Total Drug Cost = \$3,700
- 3 Coverage Gap (aka Donut Hole)**
The member may continue paying copayments (flat amount) for some drugs and/or 40% of the price for brand-name drugs and up to 51% of the price for generic drugs.

Members stay in this stage until their "Out-of-pocket costs" for the year reach \$4,950. When this happens, they will move into Catastrophic Coverage.

Coverage GAP
Out-of-pocket costs = \$4,950
- 4 Catastrophic Coverage**
In this stage, members' copayments or coinsurance are smaller.

SCAN pays the rest until the end of the year!

Catastrophic Coverage
Until the end of the year

Introducing the Preferred Pharmacy Network

In 2017, SCAN members will have a new option to save money on their medications: by filling their prescriptions at a SCAN Preferred Pharmacy.

The Preferred Pharmacy Network offers SCAN members lower copayments for many drugs. Members will also pay preferred copays for many drugs at Mail Order, which offers home delivery convenience as well as cost savings. The SCAN Preferred Pharmacy Network is offered in all areas and across all plans.

There are many reasons why people choose a pharmacy, including location and pharmacy staff as well as cost. Our sizable network helps ensure that our members have a large selection of pharmacies to choose from.

If a member is already using a pharmacy that is part of the Preferred Pharmacy Network, they automatically receive the lower copays. If they use a pharmacy in our Standard network, they can continue to utilize that pharmacy at the Standard copayments in most plans. To take advantage of additional cost-savings, however, they can easily switch to one of our Preferred Pharmacies. The choice is theirs.

To find the pharmacies that offer preferred copayments, please visit the searchable Pharmacy Directory located on our website: www.scanhealthplan.com

Help keep your member's healthy!

Encourage them to take their medications as prescribed.

Here's what you need to know to help:

- > Medication adherence is a way of measuring whether members are taking their medications the way that they've been prescribed. CMS measures adherence to certain medications as part of the Star Rating program.
- > Encouraging members to switch to 90-day prescriptions is a good way to help them take their medications as they should—many members will save money with 90-day, and they are less likely to forget to refill their prescriptions.



Supplemental Benefits and Services Available in Certain Products

ACUPUNCTURE/CHIROPRACTOR

American Specialty Health (ASH)
(800) 678-9133
 Website: www.ashcompanies.com/
 Provider Lookup: www.choosehealthy.com/

DENTAL

Delta Dental
(800) 422-4234
 Website: www.deltadental.com
 Provider Lookup: www.deltadental.com/DentistSearch/DentistSearchController.ccl

EMERGENCY RESPONSE SERVICES

Tunstall
(866) 435-2617
 Website: www.tunstall.com
 Provider Lookup: Not available

FITNESS

SilverSneakers
(888) 423-4632
 Website: www.silversneakers.com
 Provider Lookup: www.silversneakers.com/tools/fitness-locations

HEARING

TruHearing Network
(844) 255-7148
 Website: www.truhearing.com
 Provider Lookup: Not available

MEAL DELIVERY

LifeSpring
(800) 798-5767
 Website: www.lifespringmeals.com/
 Provider Lookup: Not available

PODIATRY

Podiatry Plan Organization
(800) 367-7762
 Website: www.podiatryplan.com/
 Provider Lookup: www.podiatryplan.com/podiatrist_locator.php

TRANSPORTATION

National MedTrans Network
(844) 714-2218
 Website: www.natmedtrans.com
 Provider Lookup: Not available

VISION

EyeMed
(844) 226-2850
 Website: www.eyemedvisioncare.com
 Provider Lookup: www.scanhealthplan.com



SCAN Discount Marketplace

In addition to the benefits you have through your SCAN health plan, we are pleased to offer you the discounts listed in this booklet. Contact the companies listed directly for more information, to order products, or arrange for services. Be sure to identify yourself as a SCAN member to get your discount.

CELL PHONE SERVICE

GreatCall® is the creator of The Jitterbug®, specifically designed for those who want a simplified cell phone. GreatCall is offering SCAN members the Jitterbug at \$69.99 when purchased with the Life House 24/7 access to a live nurse for friendly, efficient advice and MedCoach Medication Reminder (an easy-to-use reminder program with operator support) services at \$9.99 per month for 6 months. Also included is GreatCall's Customer Care support team—available anytime at the touch of a button. Call for full details.

 GreatCall
 1-800-587-5769
www.greatcall.com/scanhealthplan



SCAN Discount Marketplace offers SCAN members additional value-added services like these:

- > Personal Care and Homemaking Services
- > Incontinent Supplies
- > Weight Loss Program
- > Cell Phone Services
- > Pet Insurance
- > And more...

Tools To Help You Sell

You'll find all the sales resources you need when you access these portals:

SCAN Health Plan's website

<https://www.scanhealthplan.com/scan-resources/>

Provider Look-up

<https://www.scanhealthplan.com/lookup-tools/>

Plan Comparison

<https://www.scanhealthplan.com/discover-enroll/scan-plans-coverage/>

Ready-to-print Plan Materials

<https://www.scanhealthplan.com/scan-resources/plan-materials/>

Training Portal

<https://scan.cmpsystem.com>

Once logged in, you'll gain access to the following:



Contact Us

A list of all the resources available to help with your sales activities

Sales Tools

- > Everything you need to sell our benefits and services
- > Materials from our Tier 3 face-to-face training
- > Enrollment Meeting Presentations
- > Links to Provider Lookup and Formulary
- > How to submit Marketing Materials
- > How to link to the Storefront to order Sales Kits and other sales materials, including creating your own flyers

Trainings and Webinars

Pre-Recorded Trainings

Quick Links

Links to Government sites that you might need...



To get the materials listed here, access the Marketing Storefront portal at www.scanhealthplan.com/storefront

- > Enrollment Sales Kits
- > Benefit Highlights
- > Brochures
- > Flyers (Event and Non-Event)
- > Provider Directories
- > Formularies
- > Dental Information
- > Enrollment Forms
- > Temporary ID Cards
- > Sales Tool Kit includes:
- > Lead Card
- > SCAN Balance Pre-Enroll Qualification Assessment
- > Coordination of Services Form
- > C-SNP Patient Authorization Form
- > Heart First Pre-Enroll Qualification Assessment
- > Scope of Appointment Form
- > Silver Sneakers Flyer
- > Plan Rating Sheets

See the following section for log-in and ordering instructions.

Access to SCAN's Marketing Tools

There are 3 ways to get SCAN materials

- 1 Contact your Agency first. They should have a supply on site.
- 2 If you don't have access to a local Agency or SCAN office, order from the Marketing Storefront at: www.scanhealthplan.com/storefront
- 3 Your local SCAN office will supply up to five kits. Call your Sales Coordinator (see "CONTACT US" for phone numbers) to make arrangements for pick-up.

Marketing Storefront Instructions

- > User name is the email address or NPN number you have on file with us.
- > If you forget your password, click the prompt on the screen and an email will be sent to you. Follow the link to change your password.
- > Select the county, materials, and which language you wish to order.
- > Check out, review order in cart, and confirm shipping address.
- > Email confirmation will be sent after your order is placed, and a UPS tracking number will be sent when the materials ship. Allow two business days for ordering and processing and two to three business days for delivery.



Submitting Marketing Materials for Approval

All materials that promote Medicare Advantage products or that use the SCAN logo, either in print or on your website, must be submitted to SCAN for review prior to use.

Send your materials or the request to use our logo to: SCANMarketingSubmissions@scanhealthplan.com
We'll reply within two business days with either our approval or the time frame for CMS approval (which is dependent on your material's content).

- 1 If the materials contain no benefit information or sales events, they will typically be reviewed and approved within two business days.
- 2 If your materials do contain specific benefits and/or a list of sales events, they must be filed with CMS, which typically requires five days. In some cases, it may require the full 45-day CMS approval.

The SCAN name, logo, and MA promotional materials may only be used with express written consent. Do not use or distribute materials until you have received an approval email from SCAN. Websites must not state, or imply, that you represent Medicare or any branch of the federal government.

To order customized flyers from the Marketing Storefront

- 1 For Non-Event flyers, select the County and the Preferred Flyer Layout.
- 2 For Event flyers, you must register your events with SCAN first. If they are already registered and approved by CMS, they'll be listed on the left side of any event flyer. Select up to two events per flyer.
- 3 Use the "Update Preview" button on the site to review and correct your customized flyer prior to ordering.
- 4 Check out, review order in cart, and confirm shipping address.
- 5 An email confirmation will be sent to you after order is placed; a UPS tracking number will be sent to you once shipment is mailed.



Marketing Storefront FAQ's

Why can't I access the Storefront?

There may be several reasons. You are not yet entered into the system as a new Agent. Typically, it takes about two to four days to gain access to the storefront once you've become active to sell SCAN. Another reason is you may be trying to access the site with an email address that is different from the one you registered with SCAN. Contact the SCAN Sales Support Team for help at (888) 445-2038.

What if I forget my password?

Follow the steps below:

1. Click on "Forgot Password or Username"
2. Enter your email in the user name field and click "Send"
3. You will receive an email from SCAN Storefront titled "SCAN Forgot Password" with a temporary password.
4. Go back to log-in screen, enter your user name and the temporary password
5. Once you have logged in, a "Change Password" box will appear. Enter the temporary password in the "Current Password" field and then create a new password.
6. Click "Change Password"

How do I add sales events to a flyer?

You must first review the "Sales Job Aid CMS Event Reporting" document you received from your SCAN BAE. This guides you through the process of registering your events with SCAN through CMS. Once approved, the events will be uploaded to the Storefront for you to include on any event flyer layout. PLEASE NOTE: Under no circumstances may you add events on blank flyer shells that have not been previously approved by CMS. Any other changes that are not approved by CMS may result in termination.

My information (name, mailing address, or phone) is incorrect and needs to be changed. How can I update or change my personal information?

Here are 2 ways:

1. You can update your information on the Storefront by clicking on the "Edit Profile" on the upper right-hand corner of the home page.
2. Contact the SCAN Sales Support Team and provide them with the correct information. It can be corrected in the system typically the same day or sooner.

Can I add my photo or more than one phone number to materials/flyers?

Not at this time. Only one phone number per Agent is allowed.

What if I'm trying to order an item on the Storefront and it's out of stock or not available?

Please contact the SCAN Sales Support Team and let them know about the item you wish to order. They will contact SCAN Marketing and provide you with an estimate of when the item will be back in stock. We appreciate your patience.

Questions?

Contact the SCAN Sales Support Team for help at (888) 445-2038. You may also contact your SCAN Broker Account Executive for questions or assistance.

Your Sales Event Submission Process

Work directly with your agency's designated coordinator. They are responsible for processing all Event Submission requests from contracted agents. They will:

- > Complete "SCAN Broker Sales Event Template" or the CMS MCE template. (Contact Seminarsubmission@scanhealthplan.com for a template.)
- > Submit requests **10 business days** in advance of the event or the event's advertisement to: Seminarsubmission@scanhealthplan.com

NOTE We are closed weekends and holidays.

The email subject line must include your **Agency Name**, "**New Event**", and the **event month and year**.

Example: ABC Agency - New Event – January 2017

SCAN's Sales Event Coordinator will respond within two business days of receipt of your request. If accepted, we will submit to CMS for approval. If rejected, your agency will be asked to make corrections and resubmit.

Wait for CMS approval before marketing or conducting your sales event. We'll send a confirmation email to your agency as soon as we receive CMS approval for your sales event.

Now you are ready to advertise and/or conduct your sales event!



Sales Event Modifications and Cancellations

In the event that you need to modify or cancel a scheduled sales event, notify your agency coordinator immediately.

To Cancel or Modify Your Submission

Communicate all cancellations and modifications to your agency coordinator no less than 72 hours prior to the scheduled date. SCAN will send an email confirmation of the cancellation/modification to your agency coordinator.

A. If cancelled within 48 hours of scheduled date:

- > Post a sign stating that the event was cancelled and include notice of alternate event opportunities
- > You must appear at the site at the scheduled time and stay 15 additional minutes, unless event was cancelled due to weather
- > Advise attendees of the cancellation and distribute permitted info
- > Event cancellations must also be submitted to CMS

B. If cancelled more than 48 hours prior to the scheduled date:

- > Notify beneficiaries in the same way you advertised the event, (e.g., phone call, newspaper announcement)
- > If unable to attest that you reached attendees, follow the method stated in A

C. If cancelled due to non-attendance, follow the method stated in Bullet A.

D. If beneficiary sent an RSVP, personally call them and advise of cancelled event.

- > Ensure you have permission to call (PTC)

E. Keep documentation of your cancellation for CMS request. Include the list of beneficiary names, phone numbers, and the date and time you notified them.



Guidelines for Planning and Working an Event

ALL sales events must be submitted to SCAN for upload into CMS' HPMS. Our process requires that you work through your contracted broker agency who will submit events on your behalf.

	EDUCATIONAL EVENTS	FORMAL & INFORMAL MARKETING & SALES (M&S) EVENTS
Definition	Any event that is advertised as Educational and does NOT include a sales presentation or other M&S activities.	ANY event that includes a sales presentation or M&S activities.
What are M&S Activities?	Giving any type of sales presentation. Handing out or mentioning plan-specific benefits info and advertising materials. Discussing premiums or copay amounts. Handing out or collecting applications.	
Report to CMS?	Not required. CMS may secret shop these events.	YES. CMS secret shops these events. All events must be submitted on the approved CMS template to SCAN (seminarsubmission@scanhealthplan.com) for broker agents.
Important to Note	Advertisements must display this disclaimer: "This event is only for educational purposes and no plan-specific benefits or details will be shared."	All products to be discussed must be announced at the start of any formal presentation.
Meals & Gifts?	Both are permitted: Up to a total of \$15 per attendee (retail value). Promo items may have SCAN's name, website & toll-free number. All advertising and explanatory material promoting free gifts must include "There is no obligation to enroll" verbiage.	Light snacks only and no-obligation gifts permitted up to a total of \$15 per attendee (retail value). Promo items may have SCAN's name, website & toll-free number. All advertising and explanatory material promoting free gifts must include "There is no obligation to enroll" verbiage.
Hand-Outs?	Any defined by CMS as Educational, but no plan-specific info or bias toward one plan type over another.	All plan brochures and pre-enrollment advertising materials including enrollment forms, Business Reply Cards, and lead cards. Scope of Appointment forms are required if subsequent meeting is requested. Additionally, a CMS-approved sales presentation is available for use at SCAN.cmpsystem.com
Business Cards?	Permitted ONLY on request. May not be attached to educational materials.	Permitted.

	EDUCATIONAL EVENTS	FORMAL & INFORMAL MARKETING & SALES (M&S) EVENTS
What CAN I Do?	<p>Respond to questions asked.</p> <p>Give an informational presentation that pertains to Medicare history/disease management/types of MA options, but no benefit-specific info on MA plan can be provided.</p> <p>Display a banner with SCAN's name and logo.</p>	<p>Accept applications, enroll beneficiaries, set up one-on-one sales appointments (requires an SOA), and request permission to call the attendee.</p> <p>Proactively discuss a plan's merits.</p> <p>If the event is informal, you must wait to be approached before discussing our products.</p>
What CAN'T I Do?	<p>Discuss plan-specific premiums, benefits, options.</p> <p>Distribute or display BRC's, Scope of Appointments, or sign-up sheets.</p> <p>Accept or help them complete applications.</p> <p>Ask if they want info or steer them toward any specific plans. Set up sales one-on-one appointments or request permission to call.</p> <p><i>Next go to pg 24</i></p>	<p>Serve meals.</p> <p>Provide meals or gifts that may be turned into cash.</p> <p>Approach prospects at informal sales events. They must always approach YOU.</p> <p>Require attendees to provide contact info on sign-in sheets, to participate in a raffle or as a prerequisite for attending event.</p> <p>Compare one plan to another by name, unless both sponsors have agreed.</p> <p>Conduct "cherry-picking" activities such as health screenings.</p> <p>Solicit enrollment prior to the start of the AEP (October 15-December 7).</p>

- > No outbound enrollment calls (Telesales and telephonic brokers)
- > Achieve 90% compliance with call script adherence (Telesales and telephonic brokers)
- > No deficiencies identified on CMS' Telesales Language interpreter/TTY assessments
- > No substantiated sales allegations
- > No deficiencies identified in random broker enrollment audit
- > No deficiencies identified in website reviews
- > No deficiencies identified in broker advertisement reviews
- > No deficiencies identified in Permission to Contact (POC) & Scope of Appointment (SOA) audits
- > No deficiencies identified in contracting, licensing, appointment, and certification status assessments
- > Attend all sales events filed with SCAN and confirmed with CMS/DHCS ("approved sales event") unless there is a valid exception.

An unexcused failure to attend an approved sales event will result in a written warning. The second time an unexcused failure to attend an approved sales event occurs in a 12-month time period will result in termination from being able to sell SCAN to beneficiaries through any sales channel.

Failure to consistently meet SCAN's sales compliance standards and expectations will result in disciplinary action. The impact to beneficiaries resulting from non-compliant sales practices as well as prior precedent will be taken into account in determining appropriate disciplinary action. SCAN's progressive disciplinary action includes counseling, performance coaching, additional training, written warning, corrective action, last and final written warning, suspension, and termination.

How to Stay Compliant

SCAN Sales Integrity Performance Audits

As a SCAN sales agent, you are expected to conduct your sales and marketing efforts in an ethical and compliant manner. This includes complying with established performance standards for selling SCAN to beneficiaries. The purpose of SCAN's sales training program is to ensure you know what constitutes acceptable sales activities and performance in accordance with governing federal and state laws, and SCAN requirements.

SCAN's Sales Integrity Standards for all Agents and Brokers Include the Following Minimum Performance Levels:

- > Achieving less than a 10% rate of rapid disenrollments, denials, or withdrawals for new enrollees with the plan
- > No late enrollment application submissions (submit applications to SCAN within 24 hours of beneficiary signature date)
- > No deficiencies identified in Sales Integrity field assessments
- > No deficiencies identified in CMS Secret Shopper assessments of sales events



Here are the components of a compliant Sales Presentation that – if you do them all – will reward you with a CMS Secret Shopper score of 100%.

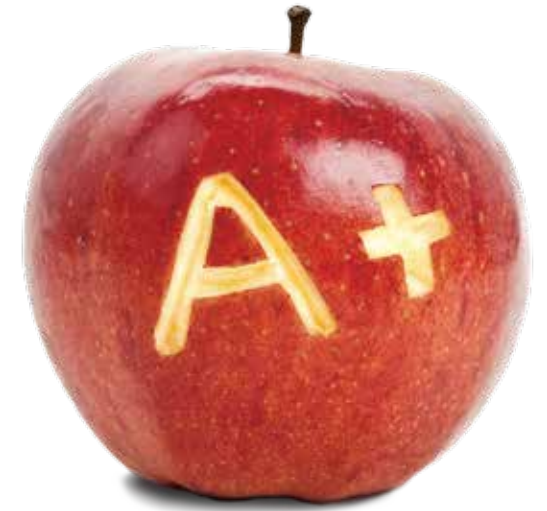
THINGS YOU SHOULD ALWAYS DO	
✓	Show up on time and be where you said you would be
✓	Clearly identify any sales event venue with signage
✓	If a sign-in sheet is used at a sales event, it must clearly state "Optional"
✓	State that you don't represent Medicare or any branch of the Federal Government
✓	Have Scope of Appointment (SOA) signed prior to beginning presentation (you must keep these forms for 10 years and provide a copy if requested)
✓	Discuss ONLY the products identified on the SOA
✓	Cover all pages of your PowerPoint or flip-book sales presentation
✓	Hand out only CMS-approved materials (carries a CMS code)
✓	Schedule appointments in Long Term Care facilities (upon beneficiaries request only)
✓	Conduct sales in common areas like cafeterias, conference or recreational rooms, and pharmacies (but away from counter and waiting areas)

THINGS YOU SHOULD NEVER DO	
✗	Not show up to your scheduled sales event that was filed with SCAN & CMS
✗	Approach beneficiaries in common areas
✗	Conduct door-to-door solicitation, including leaving information such as a leaflet or flyer at a residence or car
✗	Conduct unsolicited telephonic or electronic solicitation, including leaving electronic voicemail messages or text messaging
✗	Discuss any product NOT identified on the SOA
✗	Serve meals – snacks are OK
✗	Give gifts over \$15 retail value
✗	Require attendees to provide contact information
✗	Use personal contact information obtained to notify individuals of raffle or drawing winnings for any other purpose
✗	Have a sign-in sheet that does not state "Optional" and/or insist that sales event attendees sign your sign-in sheet
✗	Insist that sales event attendees sign your sign-in sheet
✗	Make any absolute statements ("We are the best!")
✗	Use high-pressure tactics
✗	Make inaccurate statements
✗	Make disparaging remarks about the Federal Government or another MA organization
✗	Market or discuss the coming year's plans prior to October 1 or enroll a prospect before October 15th*
✗	Conduct any sales activities whatsoever in hospital patient rooms, waiting rooms, dialysis treatment areas, or at pharmacy counters

*Note: Compensation will not be paid and disciplinary action may occur for January 1st effectives, if SCAN receives the enrollment prior to October 15th with your Rep Code.

THINGS YOU SHOULD ALWAYS EXPLAIN

- > The Plan Star Rating and refer to www.medicare.gov for more info
- > Where to find the Multi-Language insert
- > Eligibility requirements
- > Enrollment, disenrollment and lock-in periods
- > Requirement to continue to pay Part B
- > The Late Enrollment Penalty (LEP)
- > Plan premiums, co-insurance & co-pays
- > Possible higher costs or non-payment if a non-network provider is used
- > SNP's, eligibility, and the loss of coverage (disenrollment) criteria
- > Where to find covered prescription drugs (formulary)
- > The cost of covered prescription drugs
- > That members must use network pharmacies
- > The "coverage gap"
- > Prior authorization/step therapy/exception/transition process and quantity limits
- > How drug coverage works with SNP's



THINGS HEALTH CARE PROVIDERS MAY (AND MAY NOT) DO

Health Care Providers must remain neutral in MA enrollment decisions but may engage in discussion if asked for advice.

THEY ARE PERMITTED TO

- > Provide plan names and marketing materials, as long as they do so for ALL their contracted plans
- > Display posters and flyers in waiting rooms
- > Provide information on LIS
- > Offer information sources such as Plan marketing reps, Medicaid & Social Security office info, CMS website and Medicare 800 number
- > Include materials in admissions packets (for Long-Term Care facilities) that advise of their plan contractual relationships

THEY ARE NOT PERMITTED TO

- > Offer Scope of Appointments or accept enrollment forms
- > Distribute plan materials or applications
- > Mail marketing materials on behalf of plan
- > Make phone calls or offer anything of value to persuade patients to enroll in a specific plan
- > Accept compensation directly or indirectly from plan for enrollments
- > Conduct health screenings as a marketing activity
- > Provide patient information (i.e., patient lists)

Submitting Enrollments

Is the Application Complete? Just a Few Things to Remember...

- > Any changes or errors must be initialed by the enrollee
- > Just one plan name should be checked
- > A post office box number is unacceptable
- > If a plan has a premium or if the prospect is determined to owe a Part D late enrollment penalty – a payment option must be chosen
- > The Primary Care Physician's name and Group ID number need to be included
- > Have the member (or Authorized Representative) sign and date the form and leave a copy with the enrollee
- > Make certain your enrollment form is legible
- > If enrolling electronically, use the Receipt of Enrollment form since there isn't a copy of the completed application

To ensure you get paid, remember to also include your name and writing number!

Just a Few More Things to Remember

If you are notified that you submitted an incomplete enrollment –
Correct and resubmit that enrollment within 21 days of the application date. Missing that deadline means you will have to submit a new application.

For SEP incomplete enrollments –
Resolve within seven days or a new application must be submitted.

C-SNP eligibility changes—
Resolve within 30 days of enrollment or client will be disenrolled due to loss of C-SNP status. If a prospect does not qualify for the C-SNP and wants to enroll in another plan, they can call Member Services to complete a telephonic agreement rather than a long enrollment form.

Required Forms

These forms should accompany every application, if applicable:

All plans

- > Scope of Appointment
- > Coordination of Services

Heart First and SCAN Balance

- > Chronic SNP Pre-Enrollment Qualification Assessment and Patient Authorization

C-SNP, D-SNP and Plus plans

- > Dental Provider Selection

Classic, Options and Signature plans

- > Dental Enrollment (for optional Dental coverage)



Enrollment Process

NOTE The process described here may differ for your agency. If so, follow your agency guidelines.

Your goal should be to submit all paper applications within 24 hours of the beneficiary's signature date; any delay in submission could put you out of compliance with CMS guidelines.

Electronic Enrollments (EE) must be submitted within 24 hours.

To be processed for enrollment eligibility for the first of the following month, all applications must be received by the end of the previous month.

Incomplete enrollment applications will be pended to obtain additional information. If complete information is not received, the application could be denied.

You may not enroll a member over the phone unless you are an exchange.

There are several ways to submit a paper enrollment application once you receive the hard copy. But you should only use ONE of these methods...

1 ENTER ELECTRONICALLY

Instructions follow on next page

2 OVERNIGHT TO*

SCAN – Enrollment & Reconciliation Department
3800 Kilroy Airport Way, Suite 100 Long Beach, CA 90806

3 HAND DELIVER TO

SCAN office (Monday – Friday between 8:00 a.m. – 5:00 p.m.)

***Reminder: All paper applications must be retained for 10 years.**

Accessing SCAN's Electronic Enrollment Portal

Simply contact your agency. They will provide a username, password, and in-depth training instructions. Then use these links below:

To submit Electronic Enrollments (EE's) with a 2016 effective date

<https://scan.destinationrx.com/PlanCompare/Professional/Type1/2016/Compare/Home>

To submit Electronic Enrollments (EE's) with a 2017 effective date

<https://scan.destinationrx.com/PlanCompare/Professional/Type1/2017/Compare/Home>



Questions? Watch our recorded Webinar on "How to Use the EE Website" at <http://scan.cmpsystems.com>

When completed and submitted with your client present, this is a "real time" enrollment.

If you used a paper enrollment and are completing electronically AFTER the meeting, key in the enrollment within 24 hours of the time the paper application is signed.

Per CMS, the time clock for Health Plan compliance starts from the moment the broker accepts the enrollment.

Therefore, if an enrollment is received on a weekend or holiday it must be entered electronically or sent by FedEx directly to the Enrollment and Reconciliation office.

If you leave an enrollment form with a beneficiary, make certain it has your **writing number** on it before you leave it. The beneficiary can mail it back directly to the Enrollment and Reconciliation Department using the postage paid envelope enclosed in the sales kit.

Occasionally it is impossible for you to complete the electronic enrollment at the time of enrollment with the Medicare beneficiary. When a "real time" electronic enrollment cannot take place, you may fill out a paper enrollment form and enter the electronic enrollment within **24 hours** from when you accept the paper enrollment form.

You must submit the original paper enrollment form to the Kilroy office by FEDEX, regular mail or drop-off. Please ensure that "EE DUP" is written on the first page at the top of the enrollment application. After completing the paper enrollment, provide a copy to the beneficiary.

Note: All AEP enrollments with an agent assigned that are received by mail **prior to October 15** will be denied.



C-SNP Verification Process

Pre-Enrollment

- > When enrolling a new member into Balance or Heart First, complete both the Pre-Qualification Assessment Tool and the Patient Authorization Form. Submit with enrollment forms as usual.
- > Provide the extra Patient Authorization Form to the enrollee. Encourage scheduling an appointment with their new PCP during the first month of enrollment so that we can receive the PCP's diagnosis quickly.

MONTH 1

DAYS 1-31

SCAN verifies diagnosis by contacting the member's previous or new PCP.

If we discover this month that the required diagnosis doesn't exist, then your Broker Account Executive (BAE) will advise (via phone or a report) that you need to find another SCAN product that is appropriate.

NOTE → *Members are still active, so no additional Permission to Contact is required.*

MONTH 2

DAYS 1-30

If SCAN is unable to verify the diagnosis, we'll send out a Disenrollment Letter (Day 2-7) but we'll still continue to attempt verification during the rest of the month. If we can subsequently confirm the diagnosis, then we may stop the disenrollment process and send a notification letter to the member stating that they continue to be eligible for the plan.

DAYS 15-30

Your BAE will let you know if you need to contact your member to urge them to get an appointment with their new PCP to verify the diagnosis. (Provide another Patient Authorization Form, as needed.) You should not call the physician or SCAN.

NOTE → *Member is still ACTIVE, so no additional Permission to Contact is required.*

MONTH 3

SCAN sends out the disenrollment letter within the first 10 days of this month if a member remains on the "unable to verify" report. This letter indicates the member is now disenrolled and explains the Special Election Period.

- > You cannot contact your disenrolled members.
- > If you receive a call from any of these disenrolled members, obtain a new Permission to Contact. Then you can work with client to determine which alternative SCAN plan works best for them.

NOTE → *SEP is open through the two calendar months following the disenrollment date.*

What's Next?

After your member's enrollment form is approved, here's what they'll receive:

- > An approval letter
- > A letter confirming membership and full understanding of their chosen plan.
- > Their SCAN member ID card
- > Our New Member Welcome Kit
- > A letter informing them how to get help with Medicare premiums (if they qualify)
- > A health questionnaire
- > A Welcome call from SCAN
- > Information on how to sign up to receive SCAN materials via email for those who wish to "Go Green"



3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806

<Larry Smith>
<12 Any Street>
<Sacramento, CA 99999>

Member Card for Proof of Insurance

PLAN: <XXX X>		
ID: <30000000-01>		
NAME: <LARRY SMITH>		
DR: <MARY SMITH>	PH: <XXX-XXX-XXXX>	
MEDICAL GROUP: <GREAT BENEFITS>		
HOSPITAL: <GENERAL HOSPITAL>		
PRIMARY PHYS <X.XX>	SPECIALIST <X.XX>	EMERGENCY <X.XX>
Prescription Drug Plan		
RxBin: <003858>	Issuer: <80840>	
RxPCN: <MD>	RxGrp <AN9A>	

Sales Agent Compensation

Compensation policies & procedures

To be eligible for payment, you must maintain a current state insurance license and complete your yearly training certification. Please refer to the section "YOUR ELIGIBILITY FOR COMMISSIONS" in the SCAN Broker Commission Guide for further details.

SCAN pays commissions:

- > In accordance with CMS guidelines and at the maximum allowable amount.
- > If an enrollment is completed by a non-certified broker, no override or enrollment commission is paid.
- > Monthly & consistently – a commission calendar with key dates is published annually.
- > Lifetime Renewal for your members
- > For renewal membership in pro-rated amounts. Renewable payments are paid at the start of the calendar year – not the anniversary date.
- > At the CMS maximum allowable rate in a lump sum for members who are new to Medicare.
- > At the CMS maximum allowable pro-rated amount for members who move from an existing MAPD (Prior Year or Cycle Year 2 or more).
- > At the CMS maximum allowable rate based on the MARx cycle year data from CMS.
- > At the pro-rated amount upfront each month. If an adjustment to compensation is necessary due to changes to MARx data, over/under payments are corrected the following month.
- > If the agency is no longer certified, the commission payment will stop to the agency and the up-line.

(L-R)
Jessica Escoto, Daniel Montoya,
Yadira Flores-Duarte



2017 Commission Rate for Contracted Agents

Initial year enrollments \$553

Renewal commissions \$277

Questions about commissions?

For any issues, email us at
SalesCompensation@scanhealthplan.com.

For complete information, review the 2017
SCAN Broker Commission Guide.

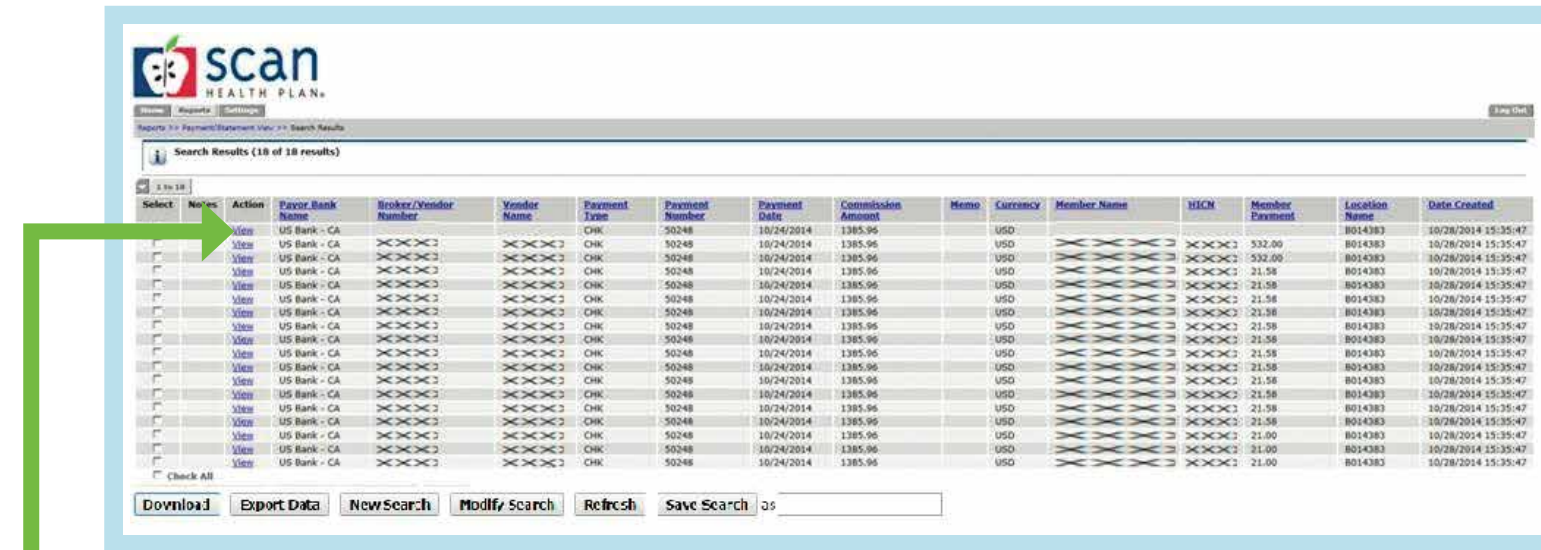
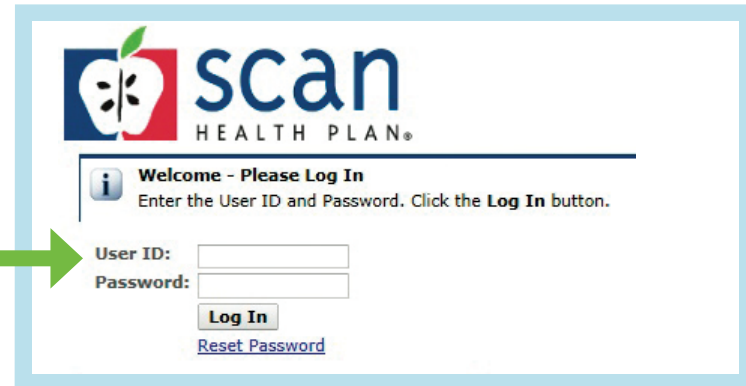
Using Our Broker Commission Portal

LOG IN

Using Internet Explorer or Chrome, go to <https://www0.apiclient.com/SHP/login.html> (that's a zero after the "www").

Username: That's the email address you used when you contracted with SCAN.

Password: Enter your password and click **Log in**. First time user or forgot your password? Click on **Reset Password** and instructions will be sent to your email address.

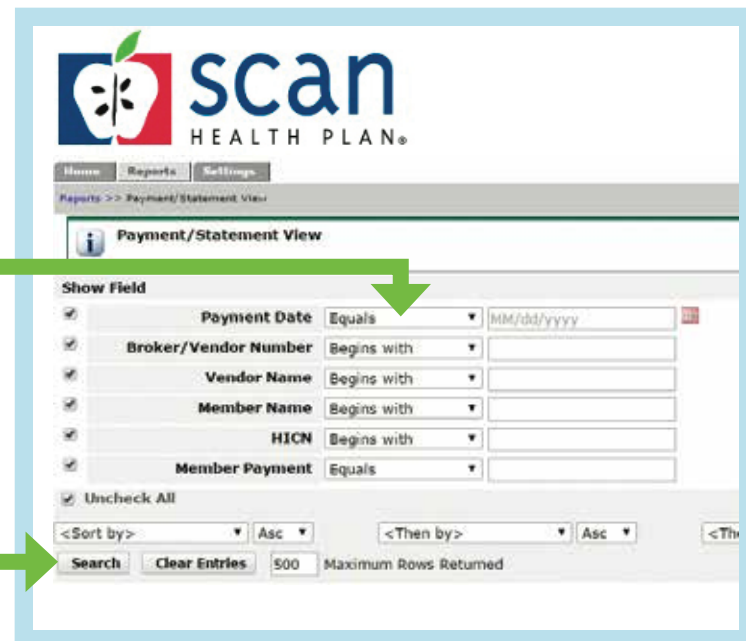


4. To view an image of the statement that is listed, click **View**, which provides an option to save or print the statement. The first page that appears will be an image of your check and the next page is your statement.

To access your Monthly Statements in API

To view, download, and print your statements:

- 1.** Click on **Payment/Statement View**
- 2.** In the **Payment Date** field, change the "Equals" parameter to "Between" (from the drop down menu) so that you can enter a date range. Example: 01/01/2017-01/31/2017
- 3.** Click on **Search**. After a few seconds the results will appear



Sales Operations (L-R)
Aida Castellanos
Christian Guerrero - Sales Ops Coordinator
Nichelle Brown

To set up Direct Deposit (Electronic Fund Transfer) for your commission checks

SCAN's new Broker Commission Portal makes it easy to have your commission checks deposited directly to your bank account via Electronic Fund Transfer (EFT). (You must receive one manual check first before you are eligible for EFT.)

Once you have logged in, you have the option to:

- > Do NOTHING to continue receiving a manual check, OR
- > Have your funds electronically transferred to your bank by providing your bank information

Here's how...

1. Log in
2. Click on the **Reports** tab to set up your Direct Deposit.
3. Click on **Broker Bank Account Maintain**.



4. Then click **Search** at the bottom of the screen.

The screenshot shows the 'Broker Bank Account Maintain' search form. It includes a 'Show Field' section with checkboxes for 'Vendor Number', 'Vendor Name', 'Broker Bank Name', 'Routing Number', 'Account Number', 'Account Type', 'Payment Type', 'Broker Name', and 'Active'. Below this is an 'Uncheck All' button and sorting options for '<Sort by>', '<Then by>', and '<Then by>'. At the bottom, there are buttons for 'Search', 'Clear Entries', and a '50 Maximum Rows Returned' indicator.

5. When the results come up, click **View** on the left side.

The screenshot shows the search results page for 'Broker Bank Account Maintain'. It displays 'Search Results (2 of 2 results)'. A table is shown with the following data:

Action	Vendor Number	Vendor Name	Broker Bank Name
View	C000007	Tracey Patrick	Enter Your Bank Name Here

6. Then fill out ALL your bank account information. Finally, change **Payment Type** to "ACH" and click **Save**.

The screenshot shows the 'View Details' form for the selected vendor. It includes fields for 'Vendor Number', 'Vendor Name', 'Broker Bank Name', 'Routing Number', 'Account Number', 'Account Type', 'Payment Type', 'Currency', 'Broker Name', and 'Address'. The 'Payment Type' is currently set to 'CHK' and needs to be changed to 'ACH'. A 'Save' button is at the bottom.

Accessing Your Dedicated Service Team



Got sales support questions?

For help with benefits, eligibility, enrollment, network, formulary, and more, contact the Sales Support Team.

Monday through Friday
8 a.m. - 6 p.m. Pacific Time
(Extended hours during AEP)
(888) 445-2038



Got general questions?

Reach out to your local Broker Account Executive (see last page of this guide). This is your Concierge Team. They're in your neighborhood and there to help.

The Sales Support Team is HERE in Long Beach. Here's a sample of the questions they are most frequently asked:

Q: Will the SST be able to answer my Commission questions?

A: The SST can help you with commission pay dates. Any other commission questions should be directed to Sales Compensation by calling (562) 637-1220 or sending an email to salescompensation@scanhealthplan.com. Your questions will be answered within 24 to 48 business hours.

Q: Can the SST help with member issues?

A: Unfortunately, no. The SST doesn't have access to members' files. The member should call a Member Services Advocate for assistance at (800) 559-3500.

Q: My client is new and has not received his SCAN membership card. Can I order a card through the SST?

A: The SST can't order a card, however they can connect you to the Post Enrollment line for assistance.

Q: Will the SST be able to speak to my client on the phone?

A: No. The SST is not allowed to speak directly to clients or members due to CMS regulations.

Q: Can I call Member Services on behalf of my member for a billing issue?

A: Due to HIPAA guidelines, the member must be present on the phone with you. You can complete a conference call to Member Services with the member on the line.

Q: My client is a SCAN member and I lost their phone contact information. Can the Sales Support Team give me the information?

A: Per HIPAA guidelines the SST cannot give out any member's personal information.

Resources and Contact List

Member Services

Monday through Friday
8 a.m - 8 p.m. Pacific Time
(800) 559-3500

Best time to call? Wednesday, Thursday, and Friday afternoons

Sales Support Team (SST)

Monday through Friday
8 a.m - 6 p.m. Pacific Time
Extended hours during AEP
(888) 445-2038

Commission Assistance

SalesCompensation@scanhealthplan.com

Sales Materials

www.scanhealthplan.com/storefront

Sales Training

ScanSalesTraining@scanhealthplan.com

Sales Training Website

<https://scan.cmpsystem.com>

Contracting Department

SCANBrokerContracting@scanhealthplan.com
(562) 989-5157



SST (L-R)

Elizabeth Norman
Jessica Carlos
Dannette Fuentes
Denise Sylva
Britney Jenkins

SCAN Offices

CORPORATE OFFICE

3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806
Main Line: (562) 989-5100

REGIONAL OFFICES - CALIFORNIA

WEST

Los Angeles and Ventura Counties

Glendale Regional Office

450 North Brand Blvd., Ste. 600
Glendale, CA 91203

Sales Coordinator:

Ana Martic – (562) 989-5100

Broker Account Executive:

Stanton Sasaki – (310) 782-4020 (LA West & Ventura)
ssasaki@scanhealthplan.com
Norma Woodside – (310) 938-8521 (LA East)
nwoodside@scanhealthplan.com

NORTH

Marin, Napa and Sonoma, San Francisco, Santa Clara and San Joaquin Counties

Northern California Regional Office

1255 Treat Blvd., Ste. 300
Walnut Creek, CA 94597

Executive Assistant

Dana Metheny – (562) 308-1131

Broker Account Executive:

Julie Rowlands – (415) 404-2306
jrowlands@scanhealthplan.com

EAST

Riverside and San Bernardino Counties

Corona Regional Office

555 Queensland Circle, Ste. 101
Corona, CA 92879

Sales Coordinator:

Sarah Cordova – (562) 989-8387

Broker Account Executive:

Dan Rivera – (949) 929-6124
drivera@scanhealthplan.com

SOUTH

Orange and San Diego Counties

San Diego Regional Office

9655 Granite Ridge Drive, Ste. 200
San Diego, CA 92123

Sales Coordinator:

(562) 989-8387

Broker Account Executive:

Gale Gajardo – (714) 403-7874
ggajardo@scanhealthplan.com



Stanton Sasaki – LA West & Ventura

Norma Woodside – LA East

Julie Rowlands – North

Dan Rivera – East

Gale Gajardo – South



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G10008 - 2017 Broker Producer's Guide

