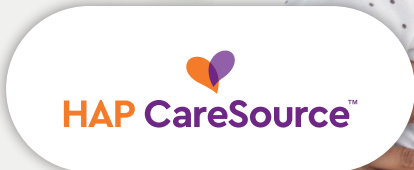




Broker Brief

Q3 2024



CareSource has initiated a new co-branded partnership for 2025 on-exchange Marketplace business in Michigan with Health Alliance Plan called HAP CareSource! We are thrilled about this partnership and our expansion into the Michigan market. To ensure clarity amidst communications about conducting business in this new market, the CareSource team wishes to clarify several points.

- You can continue to use your existing FMO relationship to sell HAP CareSource business.
- Your current CareSource agent contract covers you to sell HAP CareSource provided you hold the appropriate Michigan license. You need to request a MI state appointment before you are considered ready to sell in MI so please contact your FMO or send an email to salesupport@caresource.com to request that MI be added to your profile.
- You DO NOT need to recontract to sell HAP CareSource.
- If you haven't heard about this new opportunity to sell in Michigan, we will discuss it at all our upcoming road shows across our markets. Please make every effort to attend or contact your current FMO. If you need assistance contacting your FMO, please reach out to your Broker Account Manager or the CareSource Sales Support team for more information.



PY2025 DSNP Product Certification

Access the training via our learning management systems (Litmos) [here](#).

- CareSource now has a number for brokers to call to check an individual's Medicaid level and obtain Medicaid ID number if needed. Call 1-800-833-3239, 8am - 8pm, 7 days a week during AEP.

We're excited to share our upcoming DSNP plans for 2025, available in Georgia and Ohio!

Thanks to your valuable feedback, we've made significant enhancements to our offerings and invested heavily to support these improvements. Here's a glimpse of what's new:

- ✓ Our top-tier Healthy Benefits card now includes rollovers and covers Utilities, Pet Care and Personal Care items.
- ✓ \$0 copay for prescription drugs.
- ✓ Enhanced dental coverage with both Preventive and Comprehensive allowances.
- ✓ Unlimited transportation benefits.
- ✓ \$255 monthly healthy benefits card in Ohio and \$215 monthly healthy benefits card in Georgia now includes rollovers, covers utilities, pet care and personal care items.
- ✓ \$0 copays on prescriptions drugs.
- ✓ \$6,000 dental coverage in Ohio and \$4,000 dental coverage in Georgia shared annual preventive and comprehensive allowance.
- ✓ Unlimited transportation benefits to health care visits, renewal appointments with job and family services, pharmacy, gym and grocery store.
- ✓ Vision benefits allowance per year toward eyeglasses, \$600 in Ohio and \$500 in Georgia.



Diabetes Plan

On the pharmacy benefit, we include two continuous glucose monitors (CGMs) in our preferred brand tier – Dexcom and Freestyle Libre. Both of these require a prior authorization and will be approved for members with type 1 diabetes or members with type 2 diabetes who are using insulin. The cost-share for tier 2 depends on the plan. Both of these CGMs are also available for a \$0 cost-share on the diabetic silver & gold plans; however, the prior authorization requirement/criteria still apply.

Be on the lookout! Virtual Heat Map presentations invites for all markets except NC will be coming your way late September. The Heat Maps will be held mid-October.

Broker Portal Search Trick – When searching for a member on the book of business card by last name, be sure to include an asterisk before and after the name. Example: *Name*

Marketplace Compliance:

- [FAQ: 2024 Payment Notice Requirements – Consent and Eligibility documentation requirements](#)
 - [CMS Model Consent Form for Marketplace Agents and Brokers](#)
- [Frequently Asked Questions: Social Security Numbers](#)
- [CMS Statement on System Changes to Stop Unauthorized Agent and Broker Marketplace Activity](#)

Medicare Compliance

SEP rules for individuals affected by an emergency or major disaster declared by a Federal, State or local government entity. The SEP ends two (2) full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced or the date the incident automatically ends under applicable state or local law. If the incident end date of an emergency or major disaster is not otherwise identified, the incident end date is one (1) year after the SEP start date, or, if applicable, the date of a renewal or extension of the emergency or disaster declaration whichever is later. The maximum length of this SEP if the incident end date is not otherwise identified is 14 full calendar months after the SEP start date or, if applicable, the date of a renewal or extension of the emergency or disaster declaration.

- Individuals who move within the service area of their current plan and have new Medicare health or drug plan options available to them, as well as to those who are not currently enrolled in a Medicare health or drug plan to move and have new plan options available to them.
- An individual is considered to be temporarily absent from the plan service area when any one or more of the required materials and content referenced in §§ 422.2267(e) and 423.2267(e) if provided by

mail is returned by the United States Postal Service as undeliverable and a forwarding address is not provided.

- Extension of the timeframe for an individual to elect MA when first eligible. Specifically, the rule allows an individual who newly enrolls in Part A and/or Part B beyond their initial Medicare enrollment period to elect to join an MA plan up to two (2) months after the date they have both Part A and Part B coverage. Currently, a person who does not elect MA before the effective date of their Part A and B coverage generally must wait until the next enrollment period that is available to them to make an MA election.
- Codification of existing manual guidance on an authorized representative making an MA election on behalf of a beneficiary or enrollee. Specifies that an authorized representative is one with state-issued legal authority to act and make health care decisions on behalf of the beneficiary. The rule adds new paragraphs §§ 422.60(i) and 423.32(j).
- Personal beneficiary data may only be shared for marketing or enrollment purposes **only** if written consent is obtained from the relevant beneficiary. Consent is needed for each marketing and enrollment interaction. Effective October 1, 2024, this includes data collected prior to October 1, 2024.