



Individual Exchange
(IEX)
Agent Guide

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Section 1: Introduction

Welcome to UnitedHealthcare

Using this Guide

Section 1: Introduction

Welcome to UnitedHealthcare

We rely on exceptional agents to help us achieve our mission of providing innovative health and well-being solutions that help consumers achieve healthier and more secure lives.

Here to help you succeed

We are committed to providing you with tools that help you succeed. The *Agent Guide* is a resource providing information you need to conduct business with UnitedHealthcare efficiently and compliantly.

Compliance and integrity

We expect our agents to share our commitment to compliance and to act with integrity by putting the best interest of consumers first in everything they do on behalf of the company.

Easy access

An electronic version of this guide is available on **Jarvis** and is updated regularly. We welcome your comments, suggestions and recommendations for additional content.

Consider this guide your resource to serve consumers. We are proud to be your strong, stable health coverage choice and strive to provide you with a hassle-free experience and members with a superior health care experience.

Section 1: Introduction

Using this Guide

This guide is used to communicate UnitedHealthcare Policies and Procedures. Our policies and procedures provide guidance to ensure compliant and ethical conduct, professionalism, and knowledge of required business processes and responsibilities. Agent guides are confidential and proprietary property of UnitedHealth Group and may not be distributed, reproduced, republished, transmitted, displayed, broadcasted, or otherwise exploited in any manner without express written permission of UnitedHealthcare.

The Agent Guide has been developed for use by Individual Exchange (IEX) agents. Throughout the guide, the words “agent” and “you” are used to refer to any IEX agent unless otherwise indicated.

Section 2: On-Boarding and Readiness

Credentialing

Agent/Solicitor Level, Alignment, or Channel Change Requests

Section 2: On-Boarding and Readiness

Credentialing

You must comply with federal and state regulations related to agent-facilitated enrollment of an individual into a commercial individual health care coverage plan sold via an exchange. When applicable, you must also comply with UnitedHealthcare policies.

Credentialing Requirements

Active non-employee agents/agencies must be appropriately contracted, licensed and appointed (if applicable), and certified. You or your up-line may request a contract packet from Agent Lifecycle Management (ALM). The contract packet must be complete with signature dates within 30 days of receipt by ALM. You must:

- Be licensed in your resident state and in all states for which you have requested appointment. You are responsible for maintaining an active license including all educational requirements. ALM will verify license status using NIPR (National Insurance Producer Registry). Failure to maintain a valid license is grounds for not-for-cause termination.
- Complete any applicable Federally Facilitated Marketplace (FFM) and/or State Based Marketplace (SBM) exchange training, certification, and registration requirements.
- Complete all training and testing without the use of assistance when completing an assessment, including, but not limited to sharing/comparing answers, taking the exam as part of a group, or using answer keys.
- Pass a background investigation (does not include a credit check) for an appointment request to be processed. Any appeal requests are submitted to ALM. On a periodic basis, a background investigation may be request for an agent with an active Party ID (PID). You will receive a notification regarding any upcoming background investigation.
- Carry and maintain continuous Errors and Omissions (E&O)/Professional Liability insurance coverage and provide proof of coverage upon request.
- Be appointed (if applicable) in all states in which they represent UnitedHealthcare in the marketing and/or sale of UnitedHealthcare products.

Employees in a sales or sales management role (or similar) must be appropriately licensed, appointed (if applicable), and certified based on their role.

Employee Telesales agents must:

- Have an active insurance license in Life, Accident, and Health (or similar as determined by the state) with appropriate lines of authority for their state of residence, plus non-resident licenses for any other states where you will market or sell UnitedHealthcare products. You are responsible for all educational requirements to maintain an active state license.
- Complete any applicable FFM and/or SBM exchange training, certification, and registration requirements. All training and testing without the use of assistance when completing an assessment, including, but not limited to sharing/comparing answers, taking the exam as part of a group, or using answer keys.
- Be appointed (if applicable) in your resident state and any other state where you will market or sell UnitedHealthcare products.

Section 2: On-Boarding and Readiness

Agent/Solicitor Level, Alignment, or Channel Change Requests

Agent/Solicitor Level, Alignment, or Channel Change Requests

For all changes in contracting level, hierarchy, or channel, residual override commissions are retained by the hierarchy in place at the time of the original sale and do not follow the moving agent/agency. An agent's up-line is prohibited from contacting a downline agent's UnitedHealthcare member(s) once the agent (i.e. agent of record) is released from the up-line's hierarchy or has submitted to UnitedHealthcare a notice of intent to move hierarchy. Contact includes but is not limited to telephone, email, text message, voice message, and postal mail. This provision does not apply to solicitors.

Release and Notice of Intent Requirements

When an agent/solicitor contracted with UnitedHealthcare wants to align under a new hierarchy a Letter of Release or Notice of Intent is required unless the change results in an employment relationship with UnitedHealth Group or its affiliate or a telesales vendor contracted with UnitedHealthcare.

Release Process

- For an agent/solicitor, only the highest contracted entity in the agent/solicitor's current hierarchy (or UnitedHealthcare if applicable) may, at its discretion, provide the agent/solicitor with a full release to leave the hierarchy (even if the agent/solicitor self-terminated within six months of submitting new contract paperwork).
- Upon receipt of the release, the agent/solicitor may move to a new hierarchy. While there is no waiting period to contract under a new hierarchy, ALM does not process contracting change requests during a blackout period that runs annually October 1 through January 31. The new contracting packet, which must include the Letter of Release, must be received by ALM no later than September 30 in order to align under the new hierarchy by the start of the Open Enrollment Period (OEP).
- The agent/solicitor may only move to a contracting level equal to or lower than their current contract level and must stay at that level for a minimum of one year.
- If the current FMO, GA, or eAlliance (or highest upline agency or UnitedHealthcare, if applicable) will not provide a release, the agent/solicitor may terminate their agreement with UnitedHealthcare and contract under a different FMO, GA, eAlliance, or as a direct agent, at the same or lower contract level no less than six months after their termination effective date or an agent may use the Notice of Intent process. Normal contracting rules apply.

Notice of Intent Process

- Agencies are not permitted to use the Notice of Intent Process.
- The agent/solicitor must be under their current Agency and/or in their current hierarchy level for at least six months prior to submitting a notice of intent and can only change agency hierarchy once every 12 months from the effective date of their current agreement or hierarchy change, whichever occurred most recently.
- The agent/solicitor must email their notice of intent to UnitedHealthcare at shcerts@uhc.com and the top level of their current hierarchy, indicating the name of the hierarchy under which they intend to move.

Section 2: On-Boarding and Readiness

- Upon receipt of the notice of intent, UnitedHealthcare will send a reply letter to the agent/solicitor, with a copy to the current hierarchy and intended hierarchy or applicable UnitedHealthcare sales leader, indicating the date when the six-month waiting period expires.
- A six-month waiting period begins on the date UnitedHealthcare receives the email. During the waiting period, the agent/solicitor and their down-line, if applicable, may continue to write UnitedHealthcare business. If, during the six-month waiting period, the agent/solicitor decides to move to a different hierarchy than indicated in the notice of intent, the agent/solicitor must submit a new notice, which begins a new six-month waiting period.
- Once the notice of intent is submitted to the current up-line, the current up-line may not make changes to the transferring agent/solicitor's hierarchy unless the transferring agent/solicitor provides written notice to make changes.
- ALM must receive required contracting paperwork (i.e. Appointment Application and only if moving level a new contract agreement) within 30 days of the expiration of the waiting period except as noted below:
 - ~ ALM does not process contracting change requests during the Blackout Period (October 1 through January 31). Therefore, in order to move to a new hierarchy by the start of an Open Enrollment Period, the new contracting packet must be received by ALM before the blackout period begins October 1.
 - ~ If ALM does not receive required paperwork within the required timeframe, the agent/solicitor must submit a new notice of intent, which begins a new six-month waiting period.

Section 3: Marketing Activities and Materials

Marketing Activities and Materials

Section 3: Marketing Activities and Materials

Marketing Activities and Materials

You must comply with federal, state, and UnitedHealthcare policies regulations related to marketing/sales activities and the development and use of materials. Failure to comply with any regulations, rules, policies, or procedures may result in corrective and/or disciplinary action up to and including termination.

You must not:

- Knowingly and willfully provide or receive money or other compensation to induce, or in return for, a referral or for recommending a referral or purchasing, or arranging for the purchase, of items or services covered.
- Give or receive anything of value from a consumer in exchange for an enrollment.
- Create any consumer/member-facing materials that include any UnitedHealthcare logo, company/plan name, brand element, or any plan information, such as benefits and costs.
- Begin marketing activities until directed by UnitedHealthcare. Specifically, marketing of exchange plans must not begin in a given market and for a given year until forms and rates have been approved by the state and UnitedHealthcare has received Qualified Health Plan (QHP) Certification and/or fully executed QHP Certification Agreement from the exchange.

You must:

- Use a title or designation that accurately reflects your role as a licensed insurance agent/producer marketing/selling health insurance. Using a title or designation that has the potential to confuse or mislead a consumer is prohibited.
- Use current, UnitedHealthcare-approved materials. You must not modify approved materials beyond approved customization options.
- Provide required materials to the consumer at the time of enrollment.
- Be aware of and sensitive to the needs of the consumer related to language barriers and physical or cognitive impairments/disabilities and must comply with all applicable accessibility requirements.
- Protect consumer/member Protected Health Information (PHI) and Personally Identifiable Information (PII) and report any potential incidents to UnitedHealthcare immediately upon discovery.
- Comply with UnitedHealthcare guidelines related to the use of any UnitedHealthcare or affiliated third-party logo, company or plan name, or brand element, including on agent websites and social media sites.

Section 4: Enrollment Process

Enrollment

Section 4: Enrollment Process

Enrollment

You must comply with all federal and state regulations and all UnitedHealthcare policies related to enrollments and disenrollments. Failure to comply with any regulations, rules, policies, or procedures may result in corrective and/or disciplinary action up to and including termination.

You must not:

- Engage in any intimidating or high-pressure tactics.
- Submit enrollment applications that contain inaccurate information provided by either the consumer or yourself, e.g., inaccurate household income.
- Alter the enrollment application without consumer authorization or falsify business documents.

You must:

- Be appropriately licensed, appointed (if applicable), and certified at the time of sale.
- Conduct a thorough needs analysis, prior to enrolling the consumer, to determine the plan that will best meet the consumer's needs.
- Provide complete and accurate information related to the consumer's plan options and the plan in which the consumer enrolls.
- Comply with all applicable state and federal laws and regulations and all UnitedHealthcare policies related to the disclosure of compensation to consumers at the time of plan selection.
- Explain that subsidy calculations are based off household income for the entire year and inform consumers of the importance of reporting any changes to household income to the exchange as soon as possible so that any subsidy can be adjusted accordingly.
- Use your own exchange login credentials.
- Enroll only those consumers who request to be enrolled and understand the purpose of the enrollment application.
- Accurately and completely fill in the enrollment application.
- Submit the enrollment application timely (i.e. immediately) to ensure the consumer obtains the desired effective date.

Section 5: Compensation

Section 5: Compensation

Compensation

Section 5: Compensation

Compensation

You must comply with all applicable state and federal laws and regulations and all UnitedHealthcare policies related to the disclosure of compensation to consumers at the time of plan selection.

Non-Employee Commissions

You must be appropriately licensed, certified at the time of sale, and appointed (if applicable) prior to being paid commission for an enrollment.

You must not give or receive anything of value from a consumer in exchange for an enrollment.

You must not knowingly and willfully provide or receive money or other compensation to induce or in return for a referral or for recommending a referral or purchasing, or arranging for the purchase, of items or services covered.

Details on the guidelines, requirements, and processes related to the payment of commissions to non-employee agents will be made available in future agent guide versions.

Employee Incentives

For an enrollment to be eligible for an incentive, must be written by an active agent, who at the time of sale was appropriately credentialed. Telesales agent employees may be paid an incentive when specific sales goals have been met.

To be eligible for an incentive:

- Telesales agents must meet all requirements set forth within their Sales Incentive Plan (SIP) in effect at the time.
- Telesales agents must be a participant in a SIP and satisfy any signature requirements.
- Telesales agents must be appropriately credentialed.

Details on the requirements and processes that enable an employee agent to be paid an incentive according to their Sales Incentive Plan (SIP) will be made available in future agent guide versions.

Section 6: Compliance

Section 6: Compliance

Compliance and Expectations

Complaints

Section 6: Compliance

Compliance and Expectations

You must comply with federal and state regulations and UnitedHealthcare business rules, policies, and procedures. This includes disclosing any real or potential conflict of interest. In addition, you must comply with the investigative process and must not contact the consumer/member during the investigation with the purpose of discussing the complaint.

Failure to comply with any regulations, rules, policies, or procedures may result in corrective and/or disciplinary action up to and including termination.

Complaints

Complaints, allegations of agent misconduct, and issues of non-compliance are serious matters that require prompt attention; will have reasonable, timely, and well-documented inquiry into, and identified problems will be promptly and thoroughly corrected to reduce the potential of reoccurrence.

Sources of Complaints

Complaints and allegations of misconduct can originate from both internal and external sources. All complaints against agents must be forwarded to the Agent Complaint Tracking (ACT) team via the agent complaint tracking tool within five business days of initial receipt.

Sources of Complaints and Allegations of Misconduct:

- Internal sources include, but are not limited to, UnitedHealthcare Government Programs, Appeals and Grievances, Sales and Marketing, Service Integrity and Member Support, Provider Services, Care Coordination, Producer Help Desk (PHD), UnitedHealth Group Ethics and Compliance (Ethics Point), and other UnitedHealth Group lines of business.
- External sources include, but are not limited to, the Centers for Medicare & Medicaid Services (CMS), state Departments of Insurance (DOI) or Departments of Health or Public Welfare, state Attorneys General, providers, state or federal law enforcement, and other state or federal regulatory agencies.

Initial Review and Pre-Disposition

Review Process

The ACT team will complete the entry of each complaint as needed into the agent complaint tracking tool and a case number is assigned. Each complaint is reviewed to validate that it is within the scope of the agent complaint process.

- A complaint is closed, the case documented accordingly, and the submitter notified if the following conditions exist:
 - ~ No UnitedHealthcare sales agent is involved in the complaint
 - ~ The product identified in the complaint is not a UnitedHealthcare product
 - ~ The issue in question is not a violation of UnitedHealthcare policies, CMS guidelines, or federal or state rules or laws
 - ~ The basis for the complaint is due to an internal business operational issue and submitted through the agent complaint tracking tool

Section 6: Compliance

- If the complaint is in scope of the agent complaint process, it moves to the pre-disposition stage

Pre-Disposition

The ACT team reviews each complaint using the Complaint Education Contact (CEC) – CEC 2 – Corrective Action Referral (CAR) – Disciplinary Action Committee (DAC) Referral Criteria Grid to determine if the complaint is referred to the CEC process or the Compliance Investigations Unit (CIU) for investigation and in some circumstances, directly referred to Corrective Action Referral (CAR). The status of the complaint is updated in the agent complaint tracking tool.

Complaint Education Contact Process

The Complaint Education Contact process provides two levels of engagement (i.e. CEC and CEC2) and is used as an intermediary measure to proactively address agent complaint behavior in an effort to prevent repeat infractions and/or more egregious behavior by facilitating the training and coaching of agents based upon established criteria. Throughout this guide, the term CEC is used to include the processes related to both levels, CEC and CEC2. The CEC process includes the following steps:

- The ACT team uses the applicable Referral Criteria Grid to determine appropriate outreach.
- For active agents, the ACT team creates a Coaching Request (CR) in PCL and assigns it to the appropriate Agent Coaching & Policy Specialist (ACPS) or UnitedHealthcare agent manager/supervisor.
- For inactive agents, a CR is not created. The ACT team updates the complaint status in the agent complaint tracking tool and notifies ALM to put a Review Before Contracting (RBC) flag on the agent, which serves as an alert in the event the agent attempts to re-contract. When an agent re-contracts and becomes active, any outstanding coaching must be completed prior to conducting any marketing/selling activities.

Agent Complaint Investigation Process

The Compliance Investigation Unit (CIU) is responsible for the investigation of complaints involving agents who market and sell UnitedHealthcare products. Complaints referred to the CIU are repeat issues or severe allegations of misconduct. At any point during the investigation, the ACT team or CIU may determine by using a severity grid that a recommendation to suspend an agent's ability to market and sell UnitedHealthcare products is justified. The CIU will forward the suspension recommendation to the Director or Agent Complaint Tracking.

Initial Review and Assignment of Case

Upon receipt of a complaint referral from the ACT team, the CIU makes a preliminary assessment of the case and assigns the case to an investigator who initiates an investigation as quickly as possible.

Investigation

The investigation process consists of obtaining information, documenting findings, and determining allegation outcomes.

Section 6: Compliance

Obtaining Information and Documenting Findings

- Generally, a Request for Agent Response (RAR) is prepared and sent directly to you and to your UnitedHealthcare sales or management hierarchy. The RAR requests that you provide specific detailed responses to each allegation as well as other pertinent questions, facts, and circumstances. You must submit your own RAR statements with an Agent Attestation of Signature. A written response to the RAR is required within five business days. If a response is not received by the date requested, you, along with your UnitedHealthcare sales or management hierarchy, is sent a Non-Response Letter (NRL) stating that a response must be received within two business days. If no response is received within the prescribed timeframe, an administrative termination is initiated.
- Members or their authorized representatives may be interviewed during an investigation to gather required details regarding the complaint or to confirm identity of the agent and/or other pertinent facts. All contact with members is made in accordance with CMS guidance.
- The investigator may also conduct a telephone interview of the agent. These interviews may occur prior to or as a follow-up to the RAR or NRL when the investigator needs more information or clarification of details.
- Interviews of other witnesses relevant to the investigation are also conducted as determined appropriate.
- System research is conducted to obtain information regarding claims, customer service notes, lead generation, and other details as determined in reviewing the case (CIU investigator, CIU management) to assist investigators resolve allegation outcomes.

Allegation Outcomes

A complaint may contain one or more separate allegations as determined by the investigation. Each allegation is investigated and an outcome determined on its own merits. Therefore, different allegation outcomes may result from one complaint. Following the review of an allegation, investigation, and consideration of the findings, one of the following allegation outcomes is assigned:

- **Substantiated:** Based on the evidence and facts that existed at the time the investigation was conducted and applicable state regulations, CMS Medicare Communications and Marketing Guidelines (MCMGs), internal policy, or other authority, a reasonable person would conclude that the allegation is true.
- **Unsubstantiated:** Based on the evidence and facts that existed at the time the investigation was conducted and applicable MCMGs, internal policy, or other authority, a reasonable person would conclude that the allegation is unfounded.
- **Inconclusive:** There was insufficient evidence, facts, or corroborating evidence that existed at the time the investigation was conducted that would lead a reasonable person to conclude the allegation is neither substantiated nor unsubstantiated.
- **Insufficient Information:** The complaint lacked the minimum amount of information necessary to determine the identity of the agent, member, or other information necessary to conduct a complex investigation.
- **No Allegation:** The complaint is determined not to have been a complaint against the agent for sales or marketing misconduct in accordance with MCMGs and company policy.
- **Non-Response:** You failed to respond within the required timeframes to the RAR and NRL.

Section 6: Compliance

Refer for Disposition

Upon completion of the investigation, the Investigative Report, Investigative Findings, and Allegation Outcomes are generally documented in the agent complaint tracking tool. The case is updated as 'Refer for Disposition' in the tracking tool and is referred back to the ACT team. Supporting documentation, including exhibits, are provided to the ACT team within the tracking tool. Effective 05/05/2021, the CIU may refer for disposition, cases that no longer meet the requirement for CIU investigation back to the ACT team.

Assignment of Final Disposition

The ACT team considers each allegation outcome to determine the final disposition. The following final dispositions are available:

No Action Required

The following situations result in no required action and the case is closed in the agent complaint tracking tool:

- The allegation outcome is Insufficient Information, No Allegation, or Unsubstantiated. If the investigation results in unsubstantiated outcomes for all allegations, the Agent Closure Letter is emailed to you, thanking them for their cooperation and notifying them of the investigative results.
- The allegation outcome is Inconclusive or Substantiated, you had received outreach for the same allegation or the same allegation family within the past twelve months, and the event/enrollment application for the current allegation took place before the outreach occurred.

Referral to the Corrective Action Referral Process

For allegation outcomes of Inconclusive or Substantiated, the ACT team uses the CEC-CEC 2-CAR-DAC Referral Criteria Grid to determine if a referral to the Corrective Action Referral (CAR) process is appropriate. The following situations result in a CAR process referral:

- You **have not** had outreach for the same allegation(s) within the past twelve months and the CEC-CEC 2-CAR-DAC Referral Criteria Grid recommends referral to the CAR process.
- You **have** exhausted all CEC/CEC2 opportunities for the same allegation family (-ies) within the past twelve months and the event/enrollment application for the current allegation took place after those previous CEC/CEC 2 outreaches occurred.

Referral to the Disciplinary Action Committee

For allegation outcomes of Inconclusive or Substantiated, the ACT team will use the CEC-CEC 2-CAR-DAC Referral Criteria Grid to determine if a referral to the Disciplinary Action Committee (DAC) is appropriate. The following situations result in a DAC referral:

- You **have not** had outreach for the same allegation(s) in the past twelve-months and the CEC-CEC 2-CAR-DAC Referral Criteria Grid recommends referral to the DAC.
- You **have** had outreach for a non-CEC eligible allegation (i.e. high-risk) through either the CAR or DAC process within the past twelve months and the event/enrollment application for the current allegation took place after that previous CAR or DAC outreach occurred.
- You **have** repeated instances of lower severity complaints.
- Your behavior posed a continuing risk to company reputation or harm to members.

Section 6: Compliance

- You **have** been terminated for cause from another UnitedHealth Group line of business (e.g., Employer and Individual (E&I)).

Corrective Action Referral Process

The Corrective Action Referral (CAR) process supports the progressive disciplinary process and is a proactive measure intended to address egregious agent behavior. The retraining efforts through the CAR process are delivered in a prompt manner intending to correct the underlying problem that resulted in program violation and to prevent future noncompliance. The following steps are taken when a referral is made to the CAR process:

- For active agents, the ACT team creates a Coaching Request (CR) in PCL and assigns it to the appropriate Agent Coaching & Policy Specialist (ACPS) or UnitedHealthcare agent manager/supervisor.
- For inactive agents, a CR is not created. The ACT team updates the complaint status in the agent complaint tracking tool and notifies ALM to put a RBC flag on the agent, which serves as an alert in the event the agent attempts to re-contract. When an agent re-contracts and becomes active, any outstanding coaching must be completed prior to conducting any marketing/selling activities.

Disciplinary Action Committee

The Disciplinary Action Committee (DAC) is responsible for determining appropriate disciplinary and/or corrective action up to and including agent termination.

Committee Membership and Mechanics

- The DAC, chaired by the Director of Agent Complaint Tracking, is comprised of management-level representatives from Compliance, Regulatory Affairs, sales, and sales operations.
- A representative of the Legal Department serves as a legal advisor to the committee.
- The DAC meets once a week if there are cases to be reviewed or as needed to ensure referrals to the committee are addressed in a timely manner.
- A quorum of voting members is required to review referrals and vote on recommendations for disciplinary action.
- An agenda and minutes are filed for each meeting and the DAC docket and agent complaint tracking tool are updated with the meeting outcomes.

DAC Proceedings

- The DAC reviews the merits of the complaint and the investigation findings, and any other pertinent information (e.g., agent complaint and compliance history).
- If additional information is required, the DAC may request and consider other relevant information. As necessary, the case is deferred and placed on a future DAC meeting agenda.
- The committee determines and votes on an outcome. Approval by a majority of voting members present is required.

Section 6: Compliance

DAC Outcomes

The following outcomes are available to the DAC:

- No Action Required
 - ~ The DAC determines the agent does not require additional training to address the issue presented.
- Corrective Action
 - ~ The DAC recommends appropriate corrective action tailored to address the complaint or issue of noncompliance and timelines for completion. In such cases, the ACT team opens a Coaching Request in PCL, in addition to drafting and sending a formal corrective action letter that is sent to the agent and the agent's manager/supervisor notifying the appropriate manager to facilitate appropriate outreach and training to the agent or the agency if the issue is best addressed at the agency level.
- Deauthorization of Sales and Marketing Activity
 - ~ The DAC deauthorizes the agent from performing sales and marketing activity of a particular product until assigned corrective action is completed. The DAC chairperson is responsible for notifying the agent's manager of the deauthorization and required training. The agent's manager is responsible for monitoring the completion of the assigned training.
- Termination
 - ~ The DAC terminates an agent or recommends the termination of an employee agent. In addition to the decision to terminate the agent, the DAC must determine if the termination is for-cause or not-for-cause. ALM is notified to flag the agent RBC. (Refer to the Agent Termination Process section for termination process details.)

Complaint point System

Points will be assessed to actionable complaints (i.e. Inconclusive or Substantiated outcomes) based on the outcome of the complaint with point accumulation over a rolling 12 months. A CEC or CEC2 is assessed 1 point, a CAR 2 points, and a DAC with actionable outcomes 3 points. Effective 06/01/2021, complaint points will not be assigned to CAR cases that meet eligibility criteria. An agent will receive training/outreach or escalated disciplinary action when their accumulated points meet or exceed a threshold.

Section 7: Termination

Termination

Termination Process

Section 7: Termination

Termination

You must abide by federal and state regulations and the ethical standards and business practices of UnitedHealthcare in marketing and selling on UnitedHealthcare products. UnitedHealthcare may recommend, review, and process terminations who do not abide by regulations, rules, policies, procedures, ethical and company standards, or who damage the reputation of UnitedHealthcare. The review and processing of terminations is conducted in accordance with state and federal regulations, contractual agreements, and ethical standards.

Termination Process

Termination Classification

All terminations must be classified for-cause or not-for-cause.

For-Cause

UnitedHealthcare may initiate for non-employee agents or recommend for employee agents a for-cause termination. Agents terminated for-cause will be flagged RBC in the contracting system. UnitedHealthcare may report for-cause terminations to other UnitedHealth Group lines of business. UnitedHealthcare will report for-cause terminations to the appropriate state Department of Insurance (DOI) and the Center for Medicare and Medicaid Services (CMS).

Not-for-Cause

A not-for-cause termination may be initiated for non-employee agents and recommended for employee agents by UnitedHealthcare, or requested for any reason by an agent or the agent's NMA (if applicable). For non-employee agents, the termination notification period is 30 days or per the agent agreement unless immediately effective as requested by the non-employee agent. Depending on the reason for termination, the agent may be flagged RBC in the contracting system.

Non-employee Agent

For-Cause Termination Process

- A for-cause termination letter, detailing the reason for termination, the termination effective date, and the appeal process is sent to you via email, with a read receipt, to your address in ICM. A copy of the letter is sent to your up-line or UnitedHealthcare agent manager/supervisor and is uploaded to the agent's file.
- ALM is notified of the termination request by the ACT team via a database referral to PCL.
- ALM processes the for-cause state appointment termination with the same termination date as indicated in the agent's termination notification letter. (See the State and CMS Notification Process section).
- If you have down-line agents, the entire down-line is reassigned to the next hierarchy as of your termination effective date. When the terminated agent/agency is the highest entity in the hierarchy, the entire down-line will be reassigned to UnitedHealthcare. Any solicitors in the down-line are terminated as of the terminated agent's termination effective date.
- You are flagged RBC in the contracting system.
- If you are terminated for disciplinary or administrative termination, you may request a reconsideration of a termination.

Section 7: Termination

Not-for-Cause Termination Process

- When UnitedHealthcare initiates a not-for-cause termination, a not-for-cause termination letter, detailing the reason for termination, the termination effective date, and the appeal process (if applicable) may be sent to you via email, with a read receipt if applicable, to your address in ICM. A copy of the letter is sent to your up-line or agent manager/supervisor, uploaded to the agent's file, and submitted to ALM via a database referral to PCL (if applicable).
- When the DAC initiates a disciplinary action not-for-cause agent termination, a not-for-cause termination letter, detailing the reason for termination, the termination effective date, and the appeal process (if applicable), is sent to you via email, with a read receipt, to your address in the contracting system. A copy of the letter is sent to your NMA or UnitedHealthcare agent manager/supervisor, is uploaded to the agent's file, and submitted to ALM via a database referral to PCL by the ACT team.
- Agent and/or NMA initiated not-for-cause termination requests are submitted for processing to ALM via email to UHPCred@uhc.com with the subject "Termination".
- Upon receipt of a not-for-cause termination request, ALM updates the contracting system with the appropriate termination effective date.
- The appointment termination is processed by ALM based on the termination effective date.
- If you have down-line agents and the termination is requested by UnitedHealthcare or is due to an unqualified sale, the entire down-line is reassigned to the next hierarchy as of your termination effective date. When the terminated agent/agency is the highest entity in the hierarchy, the entire down-line will be reassigned to UnitedHealthcare. Any solicitors in the down-line are terminated as of the terminated agent's termination effective date.
- If you have down-line agents and the termination is requested by the up-line, the entire down-line is terminated or reassigned to the next hierarchy.
- You are flagged RBC in the contracting system upon the DAC referral for disciplinary termination, directed by Legal, ACT team (for administrative terminations), field sales leadership, or as the result of an unqualified sale due to no license or repeated appointment or certification failures (i.e., not properly appointed/certified at time of sale).
- If you are terminated for disciplinary or administrative termination, you may request a reconsideration of termination.

Employee Agent

When an employee agent's appointment is terminated, it may necessitate a termination of their employment as well. Therefore, when the termination of the employee agent's appointment is under consideration, the following steps must be followed:

- If the DAC makes a recommendation to terminate an employee agent's appointment, the agent's UnitedHealthcare management will confer with Human Capital to discuss the next steps when a recommendation to terminate the agent's appointment necessitates the need to terminate employment.
- An employee agent will be sent a written notification of employment termination if requested by the agent through HRDirect, unless required by state law, in which case agent notification is automatic. It is the responsibility of the agent's UnitedHealthcare management to notify ALM of the agent's termination. The agent will be flagged RBC in the contracting system.

Section 7: Termination

- A written notification of appointment termination will be sent to an employee agent when the appointment is terminated for-cause.
- UnitedHealthcare agent manager/supervisor submits the agent termination information with an internal request form via email to salescred@uhc.com.
- ALM processes the employee not-for-cause or for-cause appointment termination and appropriate state Department(s) of Insurance (DOI) notification. (See the State and CMS Notification Process section).
- UnitedHealthcare reserves the right to suspend the agent from marketing and sales activities until the termination becomes effective.
- The agent may request a reconsideration of termination. (See Agent Request for Reconsideration section).

State and CMS Notification Process

UnitedHealthcare will comply with all regulatory requirements regarding state and CMS notification of appointment termination of agents.

- If the appointment termination is for-cause, ALM will complete and mail a state notification packet, including a cover letter, to the DOI for each state in which the agent is appointed, or licensed to sell if the state does not require appointment. ALM will copy CMS on the agent's resident state notification.
- If the appointment termination is not-for-cause, ALM will electronically notify the DOI for each state in which the agent is appointed, or licensed to sell if the state does not require appointment, that the agent was terminated not-for-cause.
- A copy of each state notification will be uploaded to the agent's electronic file, archived, and maintained according to regulatory requirements by ALM.

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Glossary of Terms

This glossary is not a complete glossary of terms and should not be copied, used for other documents, distributed and/or reproduced.

Term	Definition
A	
AARP®	AARP (formerly known as American Association of Retired Persons) is a membership organization for people age 50 and over.
AARP Services, Inc. (ASI)	The organization that administers AARP.
Agent Complaint Tracking (ACT) Team	The team that manages the intake, review, and disposition of agent related complaints.
Administrative Termination	A not-for-cause appointment termination that results when an agent fails to respond in the prescribed time to a Request for Agent Response or fails to complete corrective and/or disciplinary action within the prescribed time frame.
Advertising Materials	Advertising materials are intended to attract or appeal to a plan sponsor consumer. Advertising materials contain less detail than other marketing materials and may provide benefit information at a level to entice a consumer to request additional information. Some examples include television, radio advertisements, print advertisements, billboards, and direct mail.
Agent	A global term to refer to any licensed, appointed (if applicable), and certified individual soliciting and selling UnitedHealthcare products, including, but not limited to, NMA, FMO, MGA, GA, ICA, IMO, ISR, IEX Broker, Solicitor, or Telesales agent. See also Solicitor and Producer.
Agent ID	<i>See Writing Number.</i>
Agent Manager	A UnitedHealthcare employee responsible for the relationship between a field agent and UnitedHealthcare.
Agent of Record	The agent that presented the plan information to the consumer, signed the enrollment application, and continues to service the member once enrolled. The agent of record is the agent that is eligible for commission.
Agent Lifecycle Management	The functional area within UnitedHealthcare that manages the centralized contracting and appointment data required to ensure sales agent file information is compliant with CMS and applicable state Department of Insurance (DOI) guidelines.
Allegation	A claim or assertion that an agent violated federal or state regulations, Company policy, or engaged in other inappropriate sales activities.
Americas Health Insurance Plans (AHIP)	A national trade association whose agents sell health insurance coverage and provide health-related services.

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<p>Anti-Kickback Statute</p>	<p>The primary purpose of the federal anti-kickback statutes or laws is to restrict the corrupting influence of money on health care decisions – including knowingly and willingly offering payment or gifts to induce referrals of items or services covered by Medicare, Medicaid, or other federally funded program. (See 42 U.S.C. 1320a–7b)</p> <p>Examples of activities that may be prohibited under the statute:</p> <ul style="list-style-type: none"> • Offering cash reimbursement in exchange for an enrollment or referral. • Offering gifts or services greater than a nominal amount permitted by federal guidelines. • Offering gifts or services dependent on enrollment or referral. <p>A violation of the federal anti-kickback law is a felony offense that carries criminal fines of up to \$25,000 per violation, imprisonment for up to five years and exclusion from government health care programs.</p>
<p>Appointment (Agent)</p>	<p>A procedure required by most states that grants limited authority to an individual to market and sell a company’s insurance products within that state.</p>
<p>Appointment – Sales Presentation</p>	<p><i>See Personal/Individual Marketing Appointment</i></p>
<p>B</p>	
<p>Background Investigation</p>	<p>The investigation of criminal records, credit history, insurance licensing history, Office of Inspector General records, and General Service Administration excluded party records and other factors that UnitedHealthcare reviews regarding an agent applicant’s history during the agent contracting and on-boarding process. Also known as background check.</p>
<p>bConnected</p>	<p>A software application designed to drive sales effectiveness in both the field and telesales environments. From within one integrated system, bConnected enables agents to efficiently create contact and opportunity records, qualify consumers, select plans, send fulfillment information, and schedule consumers for appointments and marketing/sales events. See <i>also Lead</i>.</p>
<p>Book of Business</p>	<p>The collection of leads, contacts, and/or members assigned to a particular agent.</p>
<p>Brand</p>	<p>A name that identifies and distinguishes a product and Company and any associated logos, service marks, images, etc. Brand elements are defined for each of the UnitedHealthcare brands, via a set of brand guidelines that address logos, legal marks and requirements, brand colors, typography, layout requirements and other topics in detail. Complete graphics usage guidelines may also be included.</p>

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C	
Call Monitoring	A quality assurance function used to evaluate inbound and outbound calls either side-by-side or remotely for the purposes of compliance and training (to identify areas of opportunity), while ensuring an agent's or other plan representative's accountability as a representative of the UnitedHealthcare Group brand is compliant as it pertains to CMS guidelines.
Captive Agent	An agent, who by virtue of employment or contract, must solicit and sell exclusively a UnitedHealthcare product or products.
Certified/Certification	The process required by that all agents selling UnitedHealthcare products are annually trained and tested on rules and regulations and company rules, policies and procedures specific to the company's products the agent intends to sell.
The Centers for Medicare & Medicaid Services (CMS)	The federal government agency that oversees the Medicare and Medicaid Programs by establishing regulations and guidance for health care providers, assessing quality of care in facilities and services, and ensuring that both programs are run properly by contractors and state agencies. CMS communicates guidance and regulatory requirements and provides oversight to Medicare Advantage Organizations and Prescription Drug Plans.
Coaching Request	The documentation in PCL of all coaching interaction between the manager/supervisor or Agent Coaching & Policy Specialist (ACPS) and an agent/agency. <i>See also Service Request.</i>
Code of Conduct	<p>The UnitedHealth Group Code of Conduct provides essential guidelines that help the organization achieve the highest standards of ethical and compliant behavior in its work every day.</p> <p>The Code of Conduct applies to all employees, directors, and contractors and represents a core element of the Company's compliance program.</p> <p>UnitedHealthcare and UnitedHealth Group hold themselves to the highest standards of personal and organizational integrity in its interactions with consumers, employees, contractors, and other stakeholders like CMS.</p> <ul style="list-style-type: none"> • Act with Integrity: Recognize and address conflicts of interest. • Be Accountable: Hold yourself accountable for your decisions and actions. Remember, we are all responsible for Compliance. • Protect Privacy. Ensure Security: Fulfill the privacy and security obligations of your job. When accessing or using protected information, take care of it.
Cognitive Impairment/ Cognitive Ability	The consumer's capacity to understand, assemble and reason based on the information provided including a decline in memory and thinking skills.
Commission	<i>Refer to Compensation.</i>
Compensation	CMS defines compensation as monetary or non-monetary remuneration of any kind relating to the sale or renewal of a policy including, but not

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	limited to, commissions, bonuses, gifts, prizes, awards, and referral/finder's fees. Compensation does not include the payment of fees to comply with state appointment laws; costs related to training, certification, and testing requirements; reimbursement for mileage to and from appointments with consumers; and reimbursement for actual costs associated with sales appointments such as venue rent, snacks, and materials.
Compensation Recovery (Charge-backs)	<p>Compensation Recovery (Charge Backs)</p> <p>Plan sponsors must recover compensation payments from agents under two circumstances:</p> <ol style="list-style-type: none"> 1. The member disenrolls from the plan within the first three months of enrollment (rapid disenrollment), and <p>Any other time a member is not enrolled in a plan but the plan sponsor had been paid compensation for that time period.</p>
Complaint	A grievance received from a consumer or member, or any person or organization acting on a consumer or member's behalf, including written grievances from any Department of Insurance or other regulatory or governmental agency.
Complaint Education Contact (CEC)	A process to address agent behavior to prevent repeat complaint infractions through training and coaching.
Compliance Investigations Unit (CIU)	A unit within UnitedHealthcare Government Programs responsible for the investigation of complaints regarding agents selling UnitedHealthcare products. Complaints referred to the CIU are severe allegations of misconduct or repeated complaints of lower severity.
Conflict of Interest	A situation in which an individual's personal, financial, social, or political interests or activities, or those of their immediate family, could affect or appear to affect their decision making on behalf of UnitedHealthcare or where their objectivity could be questioned because of these interests or activities.
Consumer	The customer, lead, or prospect for all products who is not currently enrolled in particular a UnitedHealthcare plan.
Corrective Action Plan (CAP)	When it is determined that an organization or business area is not complying with requirements, the organization or business area is directed by CMS or the internal stakeholders to take all actions necessary to correct the behavior, issue or process that was identified as noncompliant with requirements. A step-by-step plan of corrective action is developed to achieve targeted outcomes for resolution of the identified issues.
Corrective Action Referral (CAR)	A process that supports the progressive disciplinary process and is a measure to address egregious agent behavior with retraining efforts delivered in a timely manner.
Credentialing	Process of contracting, appointment, certification, and approval for an agent to sell any UnitedHealthcare products.
D	

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Disciplinary Action Committee (DAC)	Committee responsible for determining appropriate disciplinary and/or correction action up to and including agent termination.
Distribution Channel (Sales)	Categories of individuals or organizations that market and sell the Company's products.
Down-Line	A term used to describe agents within an NMA hierarchy that are below the management/reporting level of a specific entity/agency.
E	
Enrollment Application	Refers to the form used by consumers to request to enroll in a UnitedHealthcare product.
Errors and Omissions (E&O) Insurance	Errors and Omissions insurance covers UnitedHealthcare contracted agents and solicitors in the event they misrepresent a plan and its benefits to a consumer.
F	
Finder's Fee	<i>See Referral/Finder's Fee.</i>
For-Cause Termination	A termination of an agent's contract and/or appointment that is the result of specified misconduct that violates the agreement.
G	
Geographic Area	A specific region, state, county, or zip code.
H	
Hierarchy	The structure of an NMA down-line that is defined as part of the NMA agent contracting process.
HIPAA	Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA is a federal law that provides requirements for the protection of health information as well as provisions to combat fraud, waste, and abuse.
HIPAA Privacy Statement	<p>A HIPAA Privacy Statement must always be included on a fax cover sheet when sending PHI/PII via fax machine or electronic/desktop fax.</p> <p>Sample HIPAA Privacy Statement:</p> <p><i>CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you</i></p>

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	<i>believe you received this information in error, please contact the sender immediately.</i>
I	
Incentive	<i>Refer to Compensation: ISR, sales management, Telesales.</i>
Inconclusive Allegation	Following review of the allegations against an agent, appropriate investigation, consideration of the evidence and pertinent circumstances, there is insufficient information to determine the truth or falsity of the allegation(s).
In-Home Appointment	A personal/individual marketing appointment that takes place in a consumer's residence. Includes a nursing home/facility resident's room.
J	
Jarvis	The agent website that provides access to product, commission, and resource information. The agent's central point of communication and sales distribution resources.
K	
Knowledge Central	A portal that houses information, materials, and documents. It is the primary source of information, materials, and documents for Telesales agents.
L	
Lead	A consumer who, by their actions, has demonstrated an interest in a UnitedHealthcare product (includes current members). Company-generated leads are documented and managed in bConnected.
Learning Management System (LMS)	Online training and certification portal. UnitedHealthcare's LMS is Learning Lab.
License	A certificate giving proof of formal permission from a governmental authority to an agent to sell insurance products within a state.
Logo	A mark or symbol that identifies or represents a company, business, product, and/or brand.
M	
Marketing Materials	Includes any informational materials that perform one or more of the following actions: promotes an organization, provides enrollment information for an organization, describes the rules that apply to enrollees in an organization, explains how services are covered under an organization (including conditions that apply to such coverage), and/or communicates with the individual on the various membership operational policies, rules, and procedures.
Member	The enrollee or customer who is currently enrolled in a UnitedHealthcare plan.
N	

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New Agent	An agent who has never contracted with UnitedHealthcare or an agent who has not written business for any six-month period under their current name or other alias.
National Insurance Producer Registry (NIPR)	NIPR developed and implemented the Producer Database (PDB), which provides: financial/time savings, reduction in paperwork, real time information, verification of license and status in all participating states, ease of access via the internet, and single source of data versus multiple web sites.
Non-Complaint	A member's withdrawal or nullification (verbal or in writing) of an allegation against an agent or broker. Also includes circumstances where, upon review, a complaint fails to state an allegation of agent or broker misconduct.
Non-Resident License	An agent who is licensed and appointed (if applicable) to sell in a state outside of the state where that agent holds their primary residency.
Not-For-Cause Termination	A type of termination of an agent's contract and/or appointment for reasons other than breach of the for-cause provision of the agent agreement.
P	
Party ID	A number assigned by ALM that provides primary identification of an individual. All writing numbers assigned to the individual are tied to their Party ID.
Permission to Call (PTC)	Permission given by a consumer to be called or otherwise contacted. It is to be considered limited in scope, short-term, event-specific, and may not be treated as open-ended permission for future contacts. Does not apply to postal mail.
Pended Commission	A commission for the sale of a policy that cannot be paid as a result of one or more impedance.
Personally Identifiable Information (PII)	PII is a person's first name or first initial and last name in combination with one or more of the following: <ul style="list-style-type: none"> • Social Security Number • Driver's License Number or State Identification Card Number • Credit card number or debit card number • Unique biometric data (e.g., fingerprint, retina, or iris image) • Tax information • Account Number in combination with any required security code, access code or password that would permit access to an individual's financial account.
Personal/Individual Marketing Appointment	A scheduled face-to-face marketing presentation that typically occurs in a consumer's residence, but may also be conducted in a coffee shop, library, or other public setting. Includes a nursing home/facility resident's room.
Pledge of Compliance	A document signed (electronically) annually by agents pledging compliance with the CMS guidelines and regulations and

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	UnitedHealthcare rules, policies, and procedures.
Policy Center	An internal website that contains a comprehensive inventory of UnitedHealth Group policies and procedures accessible to UnitedHealth Group employees.
Premium	The amount paid by a member to participate in a plan or program. Includes LEP, LIS reductions, Employer Subsidy reductions, and rider premiums.
Producer	A global term introduced in 2007 to refer to any licensed, certified, and appointed individual soliciting and selling UnitedHealthcare Products, including, but not limited to NMA, FMO, MGA, GA, ICA, ISR, IEX, Broker, Solicitor or Telesales representative.
Producer Contact Log (PCL) <i>formerly Service Gold</i>	A contact management system used to document agent/agency interactions with the PHD and/or sales managers/supervisors or Agent Coaching & Policy Specialist (ACPS).
Producer Help Desk (PHD)	A UnitedHealthcare call center whose purpose is to provide support to all agents with issues that pertain to the agent experience.
Protected Health Information (PHI)	PHI is individually identifiable information (including demographics) that relates to health condition, the provision of care, or payment of such care.
Q	
Quality Call Monitoring	A monitoring program evaluating telephonic enrollment conversations between a Telesales agent and the consumer to ensure compliance with CMS guidelines.
R	
Rapid Disenrollment	A voluntary disenrollment by a member within three months of the plan effective date. Rapid disenrollment is a key metric that agents are measured on; a high volume may indicate problems with the sales process.
Ready to Sell	An agent has met the certification requirements for their channel in order to market/sell for the plan year.
Referral – Sales	A consumer who contacts an agent directly upon the recommendation of an existing client, consumer, member, or other third party. In all cases, a referred individual needs to contact the plan or agent/broker directly.
Resident License	An agent who is licensed and appointed (if applicable) to sell in their state of residence.
S	
Sales Distribution	An organization comprised of various distribution channels that market and sell UnitedHealthcare portfolio of products.
Sales Incentive Plan	Employed agents are paid an incentive when specific sales goals have been met. In order to be paid an incentive, the agent must meet all conditions set forth within their Sales Incentive Plan (SIP) in effect at the time. Employed agents should refer to their SIP for details.

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Sales Leadership	A global term used to describe the sales management hierarchy. Includes both field sales and telesales.
Sales Management	Individual or delegate within UnitedHealthcare who is responsible for the management of a sales agent, agency, channel, or geography.
Service Request	The documentation in PCL of all inbound and outbound contacts between the PHD and an agent. <i>See also Coaching Request.</i>
SMRT Agent Onboarding	A tool that resides on the QlikView portal that provides licensing, appointment, and certification status information on agents and sales management.
SMRT Compliance	A tool that resides on the QlikView portal that provides a holistic view of each agent, NMA, or manager. The compliance programs reporting tool is refreshed daily and manager threshold evaluation data is refreshed monthly
Solicitor	A licensed, certified, and appointed agent who sells designated UnitedHealthcare products through a contract with an agency (NMA, FMO, MGA and GA), but does not have a direct contract with UnitedHealth Group.
Substantiated Allegation	Following review of the allegations against an agent, appropriate investigation, consideration of the evidence and pertinent circumstances, there is sufficient information to conclude that the allegations are true.
Successor Agent	The active agent who becomes the Agent of Record (AOR) for the original agent's book of business.
Suspension	Temporary removal of an agent's ability to market and sell products. Suspension is based upon the severity of the allegation(s), the number of pending complaint(s) or investigations, the nature and credibility of information initially provided, and/or the number of members or consumers affected.
T	
Telemarketing	A firm or individual employed by a firm who telephonically contacts consumers on behalf of UnitedHealthcare for the purpose of soliciting or selling designated UnitedHealthcare products. Telemarketing activities may include lead generation, appointment setting, and/or product marketing.
Telesales Agent	A licensed, certified, and appointed agent who telephonically solicits and sells designated UnitedHealthcare products in a call center environment. May be an employee of UnitedHealthcare or an employee of a delegated vendor.
Trademark	A word, phrase, or symbol that signifies or identifies the source of the good or service and describes the level of quality that can be expected from a particular good or service.
Trend	At an individual agent level, a trend or "look-back" is defined as number of inconclusive complaints in the same category on a 12-month rolling basis while under an active contract with UnitedHealthcare or NMA.

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	Corrective action and active management/oversight of complaints will occur on a concurrent basis to include enrollee/member counseling and outreach, agent, or NMA re-training and certification or possible suspension or termination.
Trend (for Telephonic Quality Monitors)	A pattern or percentage change in errors for a particular geography, channel, state, and/or product within a 12-month rolling basis. If a trend is identified, the appropriate Business Unit will be notified, a review for root cause will be conducted and if necessary, the appropriate corrective actions will be carried out in accordance with policies and procedures. Such corrective actions may include, but are not limited to revision of training, coaching and counseling of agent, manager, or entity, and termination of agent or entity.
TTY	A teletypewriter (TTY) is a communication device used by members and consumers who are deaf, hard-of-hearing, or have severe speech impairment. Members and consumers who do not have a TTY can communicate with a TTY user through a Message Relay Center (MRC). An MRC has TTY operators available to send and interpret TTY messages.
U	
UnitedHealthcare Government Programs	A term used internally within the Company to collectively refer to the benefit businesses of UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, and UnitedHealthcare Military & Veterans.
Unsubstantiated Allegation	Following review of the allegations against an agent, appropriate investigation, and consideration of the evidence and pertinent circumstances, there is sufficient information to support the conclusion that the allegations are unfounded.
Up-Line	The contracted entities within an NMA hierarchy that are above the management/reporting level of a specific agent/agency.
V	
Vendor	An entity whose purpose is to perform activities as specified by UnitedHealth Group under mutual agreement.
W	
Writing Number	A UnitedHealthcare generated number, assigned to a contracted, licensed, and appointed agent used for submitting business, to track commissions, and other agent-specific sales statistics. <i>Also known as Writing ID. See Agent ID.</i>

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