



Policy: MA.2012
Title: **Training and Oversight of
CalOptima Health-Employed
Community Partners**
Department: Network Operations
Section: Member Outreach and Education

CEO Approval: /s/ Michael Hunn 11/22/2024

Effective Date: 07/01/2007

Revised Date: 11/01/2024

Applicable to: ☐ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the training and oversight of CalOptima Health Community Partners in compliance with the Title 42 Code of Federal Regulations (CFR) Part 417, 422 and 423, Subpart V, Centers for Medicare & Medicaid Services (CMS) Medicare Communications and Marketing Guidelines (MCMG), Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans (D-SNP) Policy Guide, and CalOptima Health Marketing policies.

II. POLICY

- A. CalOptima Health shall ensure that all Community Partners complete a thorough training program prior to independently conducting an enrollment session.
- B. CalOptima Health shall monitor Community Partners through a variety of mechanisms on an ongoing basis to ensure continuous compliance with all State and Federal requirements as they pertain to sales and Marketing Activities.
- C. Upon employment, CalOptima Health shall provide a Community Partner with a copy of the 42 CFR Part 417, 422 and 423, Subpart V, CMS MCMG, DHCS CalAIM D-SNP Policy Guide and CalOptima Health policies contained herein, including, but not limited to, CalOptima Health Policies MA.2001: Marketing Material Standards and MA.2002: Marketing Activity Standards.
- D. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall review 42 CFR Part 417, 422 and 423, Subpart V, MCMG, DHCS CalAIM D-SNP Policy Guide, and CalOptima Health Marketing policies to ensure Community Partners and other Marketing staff remain informed and compliant with the latest applicable Marketing rules and regulations as set forth by CMS, DHCS and DHMC.
- E. CalOptima Health Community Partners shall complete CMS required annual training and testing on Medicare rules and regulations and obtain a Medicare Fraud, Waste, and Abuse Training Certification. Training and testing must take place prior to enrolling Members into OneCare and renewed annually before October 1.
- F. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall review all sales and Marketing Activities, production, rapid disenrollment reports, and community outreach activities with each CalOptima Health Community Partner on a monthly basis.

- G. CalOptima Health shall conduct an annual performance review of its Community Partners to ensure compliance with the CFR, MCMG, DHCS CalAIM D-SNP Policy Guide, and CalOptima Health Marketing policies and to review activities set forth in Section II.F. of this Policy.
- H. CalOptima Health Manager, Supervisor of Member Outreach and Education, or Program Specialist shall monitor three (3) random recorded telephonic enrollments per month for each CalOptima Health Community Partner – or as often as deemed necessary, to observe a CalOptima Health Community Partner’s performance for telephonic enrollments to ensure compliance with 42 CFR Part 417, 422 and 423, Subpart V, CMS MCMG, and CalOptima Health Marketing policies.
- I. The CalOptima Health Manager, Supervisor of Member Outreach and Education or Program Specialist shall listen to one (1) random sales/marketing/enrollment call per month in real-time for each CalOptima Health Community Partner, or as often as deemed necessary, to observe a CalOptima Health Community Partner’s performance for telephonic enrollments to ensure compliance with 42 CFR Part 417, 422 and 423, Subpart V, CMS MCMG, and CalOptima Health Marketing policies.
- J. The CalOptima Health Manager or Supervisor of Member Outreach and Education shall arrange a ride-along session with a Community Partner quarterly – or as often as deemed necessary, but no less than twice a year, to observe a Community Partner’s performance in the field and to ensure compliance with the 42 CFR Part 417, 422 and 423, Subpart V, CMS MCMG, DHCS CalAIM D-SNP Policy Guide, and CalOptima Health Marketing policies.
- K. An evaluation shall be completed for each of the audits and discussed with each of the Community Partners immediately if the findings require immediate action or during the following one-on-one meeting.
- L. The CalOptima Health Manager or Supervisor of Member Outreach and Education shall conduct “secret shopper” evaluation for education and Marketing/Sales Events, and secretly shopping web-based education and Marketing/Sales Event for each Community Partner quarterly, or as often as deemed necessary, but no less than two (2) times per year, to observe a Community Partner’s performance at Marketing/Sales Events and to ensure compliance with the 42 CFR Part 417, 422 and 423, Subpart V, CMS MCMG, DHCS CalAIM D-SNP Policy Guide, and CalOptima Health Marketing policies.

III. PROCEDURE

A. CalOptima Health Community Partner Training

- 1. Upon employment, CalOptima Health shall provide a Community Partner with the following:
 - a. Code of Federal (CFR) Regulations, Title 42 – Public Health, Part 417, 422 and 423 - Medicare Advantage Program, Subpart V- Medicare Advantage Communication Requirements;
 - b. CMS Medicare Manual Chapter 3 - Medicare Communication and Marketing Guidelines (MCMGs);
 - c. DHCS CalAIM D-SNP Policy Guide;
 - d. CMS Medicare Manual Chapter 2 - Medicare Advantage Enrollment and Disenrollment Guidance;
 - e. CalOptima Health Sales & Marketing policies;
 - f. CMS-approved Marketing materials;

- g. CMS-approved sales presentation for OneCare Program;
 - h. CMS-approved Sales and Enroll Telephonic Talking Points/Scripts for OneCare Program;
 - i. CMS-approved Summary of Benefits for OneCare Program; and
 - j. CMS-approved OneCare Evidence of Coverage/Member Handbook.
2. Upon employment, a CalOptima Health Community Partner shall participate in a training program that includes a thorough review of the following:
 - a. CFR Part 417, 422 and 423, Subpart V;
 - b. MCMG;
 - c. DHCS CalAIM D-SNP Policy Guide;
 - d. CalOptima Health Sales & Marketing policies;
 - e. OneCare program benefits; and
 - f. Sales presentation training.
 3. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall directly observe at least two (2) enrollment sessions conducted by a new Community Partner with prospective Members prior to independently conducting an enrollment session.
 4. CalOptima Health shall provide additional training, as necessary, to reinforce specific Marketing practices and as a result of any updates to the Code of Federal Regulations, Medicare Communications and Marketing Guidelines (MCMG), and DHCS CalAIM D-SNP Policy Guide. CalOptima Health shall document and retain training with agendas, sign-in sheets, and training handouts.
 5. Upon receipt of 42 CFR Part 417, 422 and 423, Subpart V, Medicare Communications and Marketing Guidelines, and DHCS CalAIM D-SNP Policy Guide and completion of the training program, a CalOptima Health Community Partner shall receive an “E-Attestation” to be filed in his or her employee file.
 6. Prior to completing any enrollments, and annually before October 1, a CalOptima Health Community Partner shall complete American Health Insurance Plan (AHIP) training and testing with a score of eighty-five percent (85%) or better. Certificate of completion to be filed in his or her employee file, uploaded on the agent portal, and submitted to the CalOptima Health Human Resources Department.
 7. Prior to completing any enrollments, and annually before October 1, a CalOptima Health Community Partner shall complete certification, training, and testing on the agent portal with a score of eighty-five percent (85%) or better.
 8. Before October 1, the CalOptima Health Community Partner will upload onto the agent portal valid credentials such as their California Department of Insurance (DOI) license and AHIP Certificate in order to be allowed to enroll in OneCare.

B. Oversight and Monitoring of Community Partners

1. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall conduct oversight, monitoring, and training activities of the Community Partners as follows:
 - a. Monthly department meetings to review OneCare program updates, sales goals, regulatory updates, and CalOptima Health announcements.
 - b. Monthly tracking and trending of each CalOptima Health Community Partner, his or her sales goals, sales activities, and rapid disenrollment rate. Individual sales training shall be conducted, as necessary.
 - c. An annual performance review shall be completed for each CalOptima Health Community Partner.
 - d. A CalOptima Health Community Partner shall be trained and tested annually utilizing America's Health Insurance Plans (AHIP) and the Agent Portal Certification online training and testing courses. A Community Partner must annually achieve a passing score of eighty-five percent (85%) or better. Failure to achieve a score of eighty-five percent (85%) or better will result in the CalOptima Health Community Partner no longer being permitted to conduct enrollments until a score of eighty-five percent (85%) or better is achieved.
 - e. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall review, with each CalOptima Health Community Partner, any Member Grievances filed against the Community Partner.
 - f. The CalOptima Health Manager, Supervisor of Member Outreach and Education or Program Specialist shall listen to one (1) random sales/marketing/enrollment call per month in real-time for each CalOptima Health Community Partner – or as often as deemed necessary, to observe a CalOptima Health Community Partner's performance for telephonic enrollments to ensure compliance regulations and CalOptima Health Marketing policies. An evaluation or score card will be completed for each of the audits and review results of the evaluation with the Community Partner during monthly one-on-one meetings unless non-compliance requires immediate attention and correction.
 - g. The CalOptima Health Manager, Supervisor of Member Outreach and Education or Program Specialist shall conduct three (3) monthly audits and monitoring of recorded telephonic enrollments per month for each Community Partner. The audits may be conducted more frequently if necessary due to Community Partner's experience and observations by the Manager and/or Supervisor. CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall document a Community Partner's compliance or non-compliance with the Code of Federal Regulations, CMS Chapter 2 – Medicare Advantage Enrollment and Disenrollment Guidance and Chapter 3 – Medicare Communication and Marketing Guidelines on telephonic enrollment audit score card and shall review results of the evaluation with the Community Partner during monthly one-on-one meetings unless non-compliance requires immediate attention and correction.
 - h. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall conduct a semi-annual ride-along for each Community Partner for enrollments conducted in-person. The ride-along may be conducted more frequently if necessary due to a Community Partner's experience and observations by the Manager and/or the Training Program Coordinator. CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall document a Community Partner's compliance or non-compliance with CFR, CMS Chapter

2 – Medicare Advantage Enrollment and Disenrollment Guidance and Chapter 3 – Medicare Communication and Marketing Guidelines on ride-along score card and shall review results of the evaluation with the Community Partner during monthly one-on-one meetings unless non-compliance requires immediate attention and correction.

- i. The CalOptima Health Manager or Supervisor of Member Outreach and Education shall conduct secret shopping evaluation of education and Marketing/Sales Events, and secretly shopping web-based education and Marketing/Sales Events for each Community Partner quarterly – or as often as deemed necessary, but no less than two (2) times per year, to observe a Community Partner’s performance at Marketing/Sales Events and to ensure compliance with regulations and CalOptima Health Marketing policies. CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall document an evaluation of the Community Partner’s compliance or non-compliance on an event score card and shall review results of the evaluation with the Community Partner during monthly one-on-one meetings unless non-compliance requires immediate attention and correction.
2. If a CalOptima Health Community Partner is compliant with regulations, CMS Chapter 2 – Medicare Advantage Enrollment and Disenrollment Guidance and Chapter 3 – Medicare Communication and Marketing Guidelines, the CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall review audit score cards, event score cards and ride along score cards with the Community Partner and document results in his or her employee file.
3. At a minimum during monthly one-on-one meetings with Manager or Supervisor to review program updates, individual sales goals, enrollments, disenrollments, audit results, regulatory updates, and CalOptima Health announcements.
4. If a CalOptima Health Community Partner is non-compliant with guidelines:
 - a. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall work with the Community Partner to develop a performance improvement plan. The plan shall include a review of relevant parts of the regulations, MCMG, MA Enrollment and Disenrollment Guidance, DHCS CalAIM D-SNP Policy Guide, and CalOptima Health Marketing policies.
 - b. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall schedule a follow-up meeting to test the Community Partner’s knowledge of and compliance with the regulations, CMS Chapter 2 – Medicare Advantage Enrollment and Disenrollment Guidance and Chapter 3 – Medicare Communication and Marketing Guidelines.
 - c. The CalOptima Health Manager and/or Supervisor of Member Outreach and Education shall schedule a second ride-along session and increase the number of telephonic enrollment audits for assessment of the Community Partner’s performance improvement.
5. If the CalOptima Health Community Partner continues to be non-compliant, the CalOptima Health Manager and/or Supervisor of Member Outreach and Education may implement disciplinary action, up to and including termination of employment.

IV. ATTACHMENT(S)

- A. Enroll Script for Telephonic Enrollment _ OneCare
- B. Sales Script for Telephonic Enrollment _OneCare
- C. Sample Ride-Along Score Card _OneCare
- D. Real-Time or Pre-Recorded Telephonic Audit Score Card _OneCare

E. Event Audit Score Card _OneCare

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Policy MA.2001: Marketing Material Standards
- C. CalOptima Health Policy MA.2002: Marketing Activity Standards
- D. Agent and Broker Training & Testing Minimum Requirements (Re-issued on July 06, 2022)
- E. Contract Year (CY) 2025 Agent and Broker Compensation Rates, Submissions, and Training and Testing Requirements (Re-issued on July 18, 2024).
- F. Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans (D-SNP) Policy Guide (Issued July 2024)
- G. Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment (Issued August 8, 2024)
- H. Medicare Managed Care Manual, Chapter 3, Medicare Communications and Marketing Guidelines (MCMG) (Issued February 9, 2022)
- I. Title 42, Code of Federal Regulations (C.F.R.), Parts 417, 422 Subpart V, and 423

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2007	MA.2012	Oversight of Sales Representatives	OneCare
Revised	10/01/2007	MA.2012	Oversight of Sales Representatives	OneCare
Revised	01/01/2009	MA.2012	Training and Oversight of Sales Representatives	OneCare
Revised	04/01/2010	MA.2012	Training and Oversight of Sales Representatives	OneCare
Revised	07/01/2015	MA.2012	Training and Oversight of Community Partners	OneCare OneCare Connect
Revised	09/01/2016	MA.2012	Training and Oversight of CalOptima-Employed Community Partners	OneCare OneCare Connect
Revised	09/01/2017	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare OneCare Connect
Revised	10/01/2018	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare OneCare Connect
Revised	12/01/2019	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare OneCare Connect
Revised	12/01/2020	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare OneCare Connect
Revised	10/01/2021	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare OneCare Connect

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2022	MA.2012	Training Oversight of CalOptima Health-Employed Community Partners	OneCare
Revised	11/01/2023	MA.2012	Training and Oversight of CalOptima Health-Employed Community Partners	OneCare
Revised	11/01/2024	MA.2012	Training and Oversight of CalOptima Health-Employed Community Partners	OneCare

IX. GLOSSARY

Term	Definition
Abuse	A Provider practice that is inconsistent with sound fiscal, business, or medical practice, and results in an unnecessary cost to CalOptima Health and the OneCare program, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes Member practices that result in unnecessary cost to CalOptima Health and the OneCare program.
Communications	For purposes of this policy, communications mean activities and use of materials created or administered by the MA organization or any downstream entity to provide information to current and prospective enrollees.
Community Partner	A CalOptima Health employee who is a liaison between CalOptima Health and the community and acts as an advocate for CalOptima Health Members. Such employee performs education, Marketing, and enrollment tasks for CalOptima Health programs and shall possess California Department of Insurance (DOI) licensure, required to be renewed every two (2) years.
Fraud	An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law, in accordance with Title 42 Code of Federal Regulations section 455.2, Welfare and Institutions Code section 14043.1(i).
Marketing	Activities and use of materials that are conducted by CalOptima Health with the intent to draw a beneficiary's attention to CalOptima Health and to influence a beneficiary's decision-making process when selecting a plan for enrollment or deciding to stay enrolled in a plan (that is, retention-based marketing). Additionally, marketing contains information about the CalOptima Health's benefit structure, cost sharing, measuring or ranking standards.
Marketing Activity	Any product or activity intended to encourage retention of or an increase in Contracted Membership or any occasion during which Marketing Materials are presented to Members or persons who may become Members through verbal exchanges or the distribution of Marketing Materials. Marketing Activities may include but are not limited to: health fairs, workshops on health promotion, after school programs, raffles, informational sessions hosted by Providers, community-based social gatherings, and posting of Marketing Materials on the internet.
Marketing/Sales Event	Market/sales Events are events designed to steer, or attempt to steer, potential enrollees toward a plan or a limited set of plans. At Marketing/sales Events, the Plan/Part D Sponsor may promote specific benefits/premiums and/or services offered by the plan. Plans/Part D Sponsors may conduct a formal event where a presentation is provided to Medicare beneficiaries or an informal event where Plans/Part D Sponsors are only distributing health plan brochures and pre-enrollment materials. Plans/Part D Sponsors may also accept enrollment forms and perform enrollment at marketing/sales event.
Member	A beneficiary enrolled in a CalOptima Health OneCare program.

Term	Definition
Talking Points	Talking Points are standardized text. Informational Talking Points are designed to respond to beneficiary questions and requests and provide objective information about a plan or the Medicare program. Sales and enrollment Talking Points are intended to steer a beneficiary towards a plan or limited number of plans, or to enroll a beneficiary into a plan.
Waste	The overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to a CalOptima Health Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.