

Ascension
Personalized Care

2024 Agent Handbook



Ascension

Introduction

Welcome! Thank you for being a part of the Ascension Personalized Care (APC) family. As an agent, you are partnering with US Health and Life Insurance Company (USHL). USHL is dedicated to providing care and services to the most vulnerable communities.

This handbook contains information about selling Ascension Personalized Care health insurance plans and becoming appointed with USHL. It also provides additional information regarding member benefits and who to contact with questions.

Exclusive Provider Organization

Ascension Personalized Care is an Exclusive Provider Organization (EPO). Members of APC have enrolled in a managed care plan where services are covered only if they visit doctors, specialists or sites of care in the plan's network (except in an emergency).

Out-of-network doctors are not covered by the Ascension Personalized Care plan. If a member sees a doctor outside of the Ascension Personalized Care network, **they will be responsible for the full amount of the service.**



Ascension Personalized Care

Ascension Personalized Care is a Health Benefits Plan offered by US Health and Life Insurance Company through the health insurance exchange in Indiana, Kansas, Tennessee and Texas.



Ascension is the parent company of Ascension Personalized Care. Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. Ascension is the leading non-profit health system and operates more than 2,600 sites of care.



MaxorPlus is the Pharmacy Benefits Manager (PBM) that provides prescription drug coverage for Ascension Personalized Care members.



Ascension Personalized Care (Automated Benefit Services) is the Third-Party Administrator (TPA) that works with clinicians and Ascension Personalized Care to pay claims within the Ascension Network.



Ascension Care Management Insurance Holdings is the utilization management and care management vendor for Ascension Personalized Care. Their team includes a panel of U.S. licensed nurse and physician reviewers with close integration with clinical practices of the Ascension delivery system.



Ascension Personalized Care insurance policies are underwritten by US Health and Life Insurance Company.

Table of contents

Selling Ascension Personalized Care plans	5
FFM registration and certification requirements	5
How to become certified	5
General Agents	5
Commission and bonus structure	5
Agent compensation disclosure	6
Agent portal	6
States and counties	7
Indiana	7
Kansas	8
Tennessee	8
Texas	9
Benefit overview	10
Get appointed with USHL	11
Get started with HealthSherpa	11
General plan information	12
Automatic payments	12
Binder payments	12
Commissions	12
Prior authorizations	12
Services requiring prior authorizations	12
Monthly invoice	13
Monthly payments	13
Terminations	13
Report life changes	13
Special enrollment period (SEP)	13
Agent service experience	14
Uniquely Ascension Service Center	14
Ascension Care Management	14
Agent support	14
Accreditation	15
Member checklist	16

Selling Ascension Personalized Care health plans

To begin selling Ascension Personalized Care, agents will need to follow the steps below.

- Select and contact the appropriate state General Agent (GA) for the agent/agency appointment links for USHL
- Complete the appointment documents through the DocuSign links
- Register through the CMS website
- Complete training and obtain Federally Facilitated Marketplace (FFM) certification or recertification
- Receive an email confirming appointment with USHL
- Ready to sell!

FFM registration and certification requirements

Agents that plan to sell individual plans through the Federally Facilitated Marketplace must complete the FFM agent certification. Agents are required by CMS to be certified every plan year in which they sell or make active changes. The certification is required prior to the sale of a policy and/or an active change. **Please note:** Agents must complete the FFM certification to be appointed with USHL.

How to become certified

CMS offers registration and training sessions for new and returning agents. For more information and to complete your training, visit healthcare.gov. Remember to include your National Producer Number (NPN).

General agents

To locate a general agent in your state, visit the Ascension Personalized Care [Agents](#) page.

Commission and bonus structure

New, current and/or renewing business: **\$20 PMPM***

Bonus compensation program:

- **10-24 new policies - \$10 PNM****
- **25-49 new policies - \$25 PNM**
- **50-99 new policies - \$40 PNM**
- **100+ new policies - \$50 PNM**

Bonus commissions are paid on a quarterly basis for the three months immediately preceding. Bonus commissions are paid on policies that USHL has received a minimum of 2 months premium. Bonus commissions are paid on new policies only.

**PMPM - Per Member Per Month*

***PNM- Per New Member*

Agent compensation disclosure

Among its many new requirements for employee benefit plans, the Consolidated Appropriations Act, 2021 (CAA) created new compensation disclosure requirements. The new rules require brokers and consultants anticipated to earn \$1,000 or more in direct or indirect compensation to disclose that compensation to the plan sponsor prior to entering into an agreement to provide that service.

The requirement is effective for contracts entered into, extended, or renewed on or after December 27, 2021. The Department of Labor issued Field Assistance Bulletin No. 2021-03 as there are many unanswered questions on how to comply.

USHL is providing the DOL bulletin and an Agent Compensation Disclosure on our websites to assist in disclosing compensation. Here are the links to the form and Field Assistance Bulletin No. 2021-03.

[Compensation Disclosure - ACA](#)
[Field Assistance Bulletin No. 2021-03](#)

The GA/Agent should maintain a signed copy of the disclosure document for all contracts should an audit occur. USHL reserves the right to request verification of compliance.

Direct any questions to the Employee Benefits Security Administration's Office of Regulations and Interpretations at 202-693-8500.

Agent portal

Agents can log in to the member portal to view information about their members and dependents including:

- Effective and termination dates
- Plan information
- Deductible accumulators
- Request ID cards
- View/print member ID cards

To access the agent portal, visit ascensionpersonalizedcare.com and click the log in button at the top right of the screen and choose Agents.

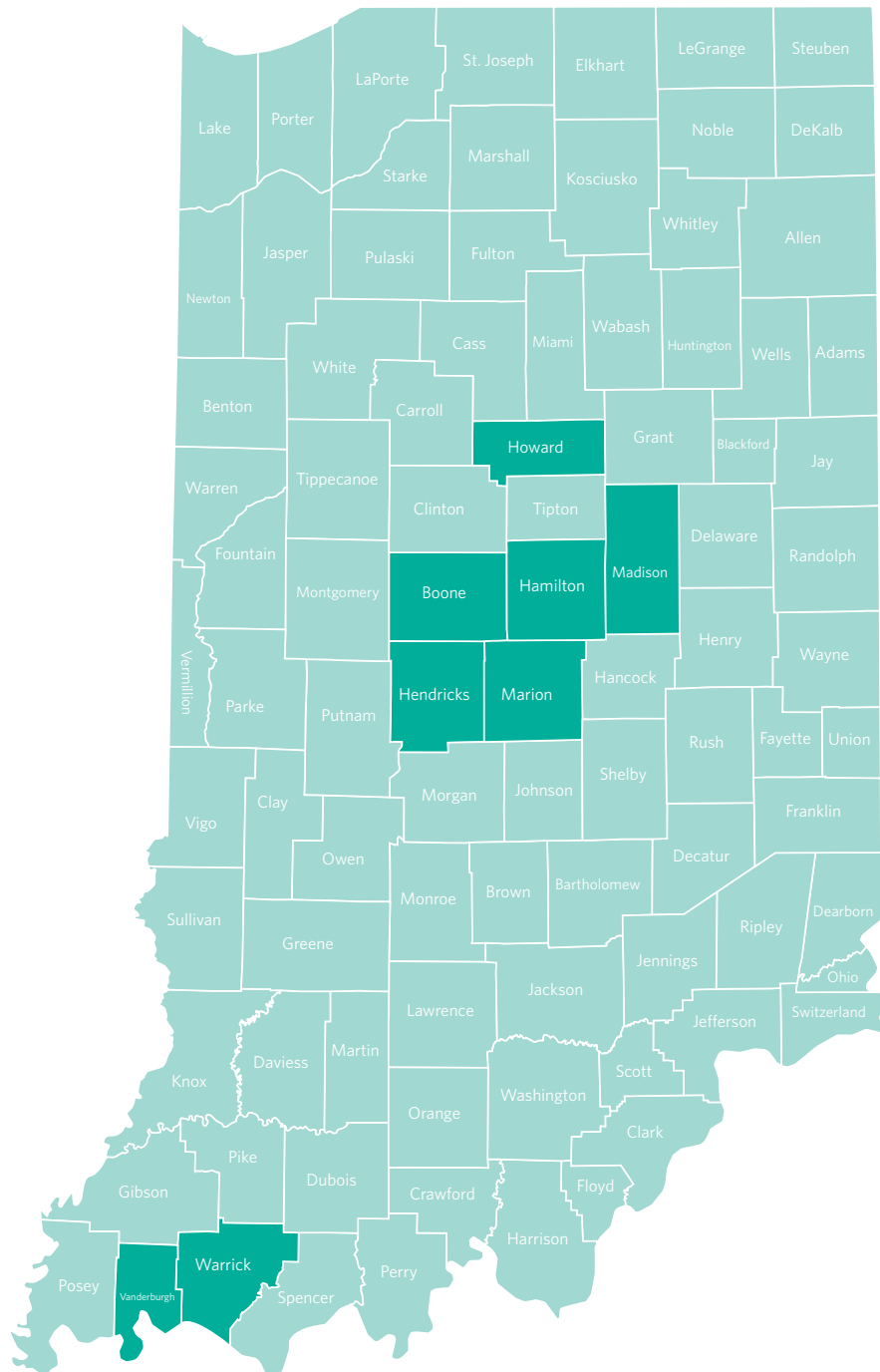


States and counties

Indiana

Indianapolis area counties: Boone, Hamilton, Hendricks, Howard, Madison, and Marion

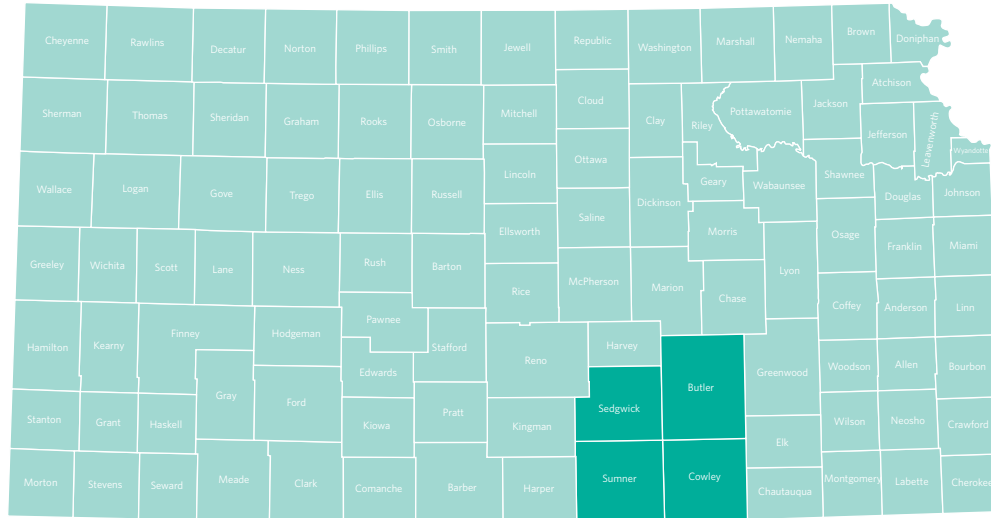
Evansville area counties: Vanderburgh and Warrick



States and counties

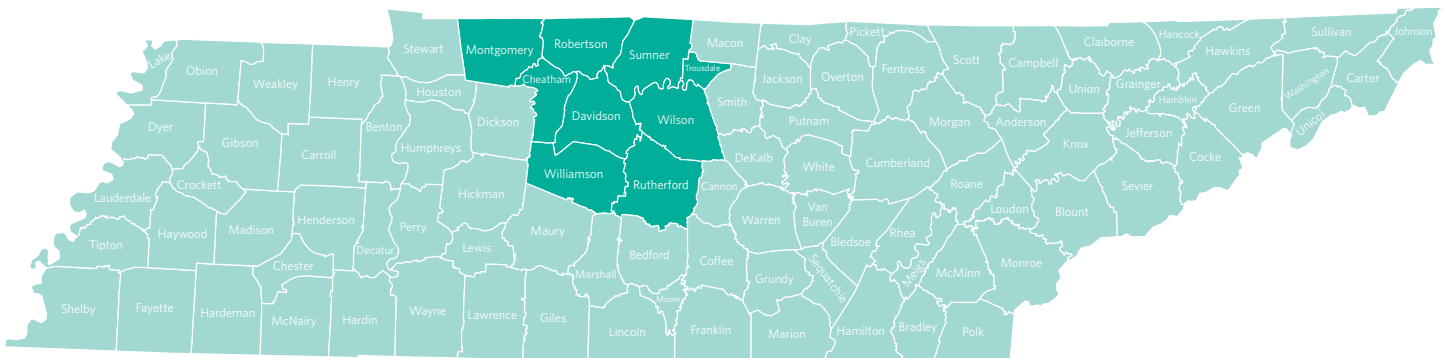
Kansas

Butler, Cowley, Sedgwick and Sumner



Tennessee

Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, and Wilson

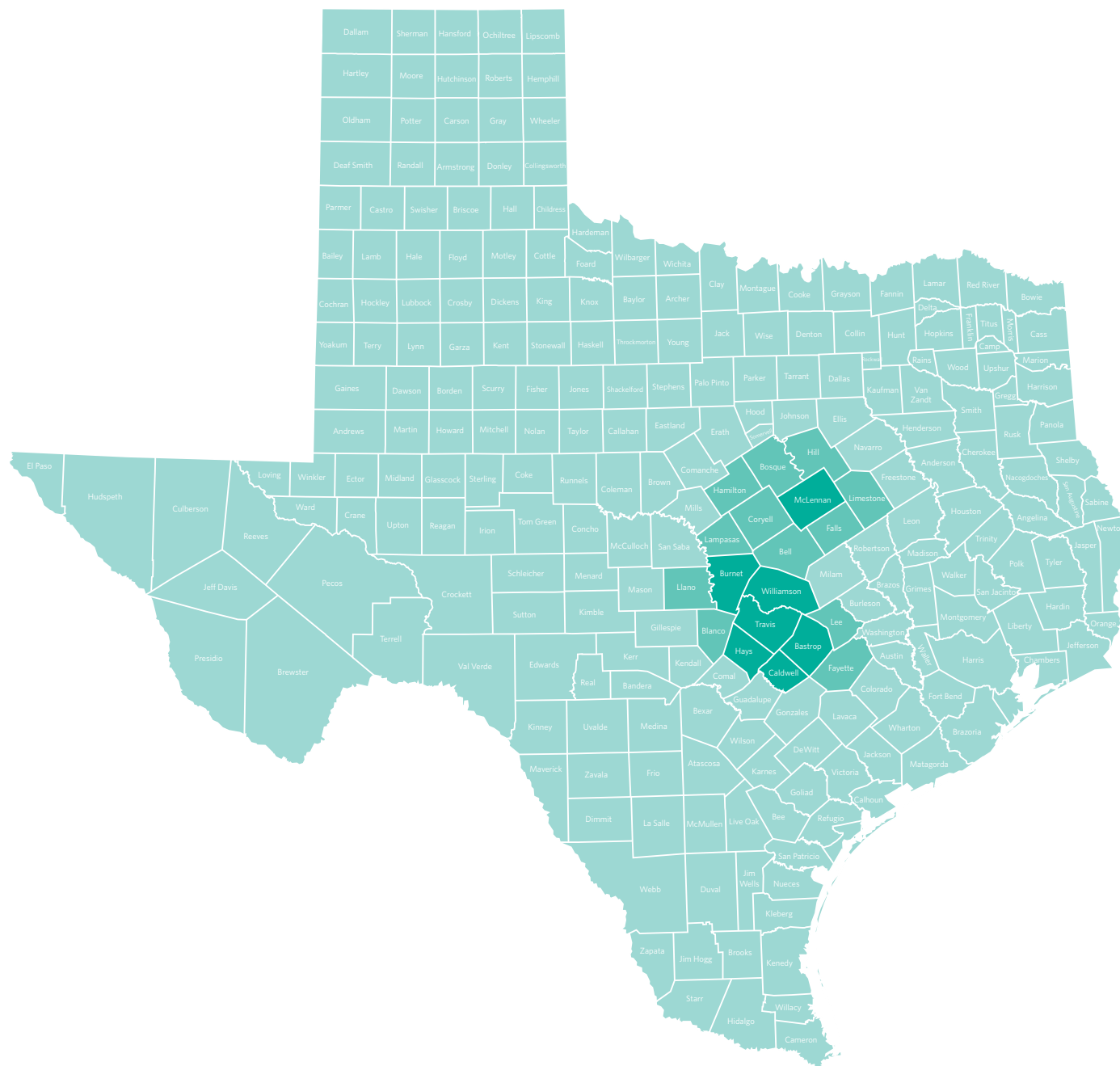


States and counties

Texas

Bastrop, Burnet, Caldwell, Hays, McLennan, Travis, and Williamson

Off-exchange counties only: Bell, Blanco, Bosque, Coryell, Falls, Fayette, Hamilton, Hill, Lampasas, Lee, Limestone and Llano



Benefit overview

Plan	Member deductible in-network Single/Family	Coinsurance	Copay office visit PCP/Specialist
Standard Gold	\$1,500 / \$3,000	25% after deductible	\$30 / \$60
Low Premium Silver	\$4,000 / \$8,000	50% after deductible	\$40 / \$80
No Deductible Silver	\$0 / \$0	40% after deductible	\$30 / \$60
Standard Silver	\$5,900 / \$11,800	40% after deductible	\$40 / \$80
Low Premium Silver 73	\$3,500 / \$7,000	40% after deductible	\$30 / \$60
No Deductible Silver 73	\$0 / \$0	40% after deductible	\$30 / \$60
Standard Silver 73	\$5,700 / \$11,400	40% after deductible	\$40 / \$80
Low Premium Silver 87	\$1,000 / \$2,000	40% after deductible	\$10 / \$20
No Deductible Silver 87	\$0 / \$0	40% after deductible	\$25 / \$50
Standard Silver 87	\$700 / \$1,400	30% after deductible	\$20 / \$40
Low Premium Silver 94	\$0 / \$0	20% after deductible	No charge / \$10
No Deductible Silver 94	\$0 / \$0	40% after deductible	\$25 / \$50
Standard Silver 94	\$0 / \$0	25% after deductible	No charge / \$10
Balanced Bronze	\$9,450 / \$18,900	0% after deductible	\$25 / No charge after deductible
No Medical Deductible Bronze	\$5,000 (Rx only) / \$10,000 (Rx only)	50% after deductible	\$50 / \$100
Standard Expanded Bronze	\$7,500 / \$15,000	50% after deductible	\$50 / \$100

Preventive care

Ascension Personalized Care plans cover preventive services at 100%. Preventive care is not subject to copayments, deductibles or annual limits when received from an in-network clinician. For more information, please refer to the Evidence of Coverage documents.

Added benefits

Ascension Personalized Care is proud to offer additional benefits for our members. These include \$0 medical deductible Bronze and Silver plans, no referrals needed within the Ascension network, 24/7 nurse line and Ascension Care Management.

Get appointed with USHL

Agents are required to meet FMM license and certification requirements in each state in which they intend to sell on the ACA Marketplace.

Agents will need to complete the appointment process in order to receive commission. Each DocuSign link provides the necessary forms and the required attachments needed. This process may only be completed through DocuSign. Agents will not be appointed until USHL is notified of sold business.

- Agent and agency appointment form
- Agent and agency information questionnaire
- Agent and agency agreement
- W-9 for agent (only if receiving commissions directly)
- W-9 for agency
- Hitech Business Associate Agreement for agent and agency
- Copy of current Life and Health License for both agent and agency
- Copy of current certificate for E&O Insurance Coverage for both agent and agency

Agencies also need to submit the following to USHL:

- Registration as a business entity with Secretary of State or State Corporations Divisions or
- DBA registration (assumed name: fictitious name) if a sole proprietorship

If the agent assigns compensation to an agency, the agency must also be appointed.

To check the status of your appointment paperwork, please contact the GA. For agents and agencies to maintain their appointment status, an updated E&O and state license must be submitted as they are renewed.

If you need any assistance in the appointment process, contact sales support at

APCAgentSupport@ushealthandlife.com or call 844-828-5968.

The sales support team will automatically receive a completed copy of the documents.

Get started with HealthSherpa

USHL is partnering with HealthSherpa to provide enhanced direct enrollment (EDE) for Ascension Personalized Care members. HealthSherpa provides agents and consumers an easy way to shop and compare plans and enroll in a plan that is right for them.

To get started with HealthSherpa, agents can visit the training section at ascensionpersonalizedcare.com/agents/agent-appointment. To begin enrolling a member, visit enroll.ascensionpersonalizedcare.com to get a quote today.

General plan information

Automatic payments

Members can set up automatic monthly payments to pay their premiums. To get started, members need to log in to the member portal. This will be available for the 2024 Open Enrollment Period.

Binder payments

Enrollees must pay their first month's premium (binder payment) by the plan's due date. The payment must be received and processed by the effective date to be fully enrolled in an Ascension Personalized Care plan.

Commissions

For more information regarding commission structure, please contact your GA.

Prior authorizations

A prior authorization is an approval that a member must receive from their health plan before receiving certain treatment, medications, or services. A doctor will request a prior authorization for the member. Members must have a prior authorization from Ascension Personalized Care before the service or procedure is completed. **Please note**, in case of an emergency, prior authorization is NOT required. If the member is admitted to the hospital because of an urgent or emergency care need, Ascension Personalized Care should be notified by the second business day of their stay by the doctor or admitting facility.

Services requiring prior authorization

Admissions to the hospital (with the exception of maternity admissions). These can be elective, planned in advance, or not related to an emergency.

- Maternity stays in the hospital longer than 48 hours after vaginal delivery or 96 hours after a C-section
- Hospital stays for rehabilitation (short-term inpatient recovery)
- Home healthcare (including nursing and some home infusion)
- Certain durable medical equipment (DME)
- Transplants — solid organ (e.g. liver) or bone marrow/stem cell
- Surgery and/or outpatient procedures

A full list of services that require prior authorization is posted to ascensionpersonalizedcare.com as well as in the EOC.

Members can also call Ascension Personalized Care customer service at 833-600-1311 or call Ascension Care Management Insurance Holdings directly at 844-995-1145.



Monthly invoices

- Monthly invoices are generated on the 20th day of each month for the next month's premium payment.
- Invoices include the monthly premium amount minus the member's Advanced Premium Tax Credit (APTC) minus payment received since the last invoice.
- Late notices will be sent on the 10th day of the month.
- Payments are due on the 1st day of each month.

Monthly payments

Ascension Personalized Care makes it easy for members to pay their premiums each month by offering a number of ways to pay:

Members can make a one-time payment on the website or by logging in to the member portal. Members can make a premium payment online with a debit/credit card, prepaid debit card, Google Pay or Apple Pay.

Members may submit payment using the address below by mailing a paper check, cashier's check, or money order to:
US Health and Life Insurance Company
PO Box 72152
Cleveland, OH 44192

Checks should be made payable to: US Health and Life Insurance Company

Please note: The invoice number or Federal Exchange ID must be included on each check

For payment assistance via phone, contact our customer service team at 833-600-1311. Representatives can only assist in making online payments. Payments cannot be made over the phone.

Terminations

The Affordable Care Act provides a 90-day grace period for APTC members and a 30-day grace period for non-APTC members to help avoid having coverage canceled. If a member is past the grace period, coverage will be terminated and they could be responsible for full payment of all claims during that time.

Report life changes

If a member experiences a life changing event (i.e., address change, has a baby, gets married, etc.), the change must be reported via the Marketplace or HealthSherpa within 30 days. For more information on how to report these changes, visit marketplace.cms.gov/outreach-and-education/already-enrolled.

Special enrollment period (SEP)

A special enrollment period is a set time when a consumer or member can enroll in health insurance if they have had a certain life event. This can include losing health coverage, moving, getting married, having a baby or adopting a child. An SEP allows consumers to change plans or choose their same plan outside the yearly Open Enrollment Period (OEP). If they qualify, they'll have up to 60 days from the date of the qualifying event to enroll in a new health plan. Documents may need to be submitted to confirm eligibility for a SEP if the consumer moves or loses health coverage. Please visit the CMS website for more information.

Please note: Not all changes will affect coverage or savings, but they should still be reported to the Marketplace.

Agent service experience

We're here for you. Whether your member has questions regarding enrollment, benefits and claims, or needs help scheduling an appointment, or care management, we can help you find the answers you need by contacting one of the centers below.

Uniquely Ascension Service Center

We are committed to providing a superior customer service experience for our members, clinicians and agents. The Uniquely Ascension Service Center offers:

- High staff to member ratio
- Extensive on-going training
- Each customer service rep has more than 5 years of health industry and call center experience

For member questions regarding scheduling appointments, finding a doctor, billing, benefits coverage, deductibles, explanation of benefits and more, please contact a member of our customer service team at 833-600-1311.

Ascension Care Management

Ascension's national care management team is made up of registered nurses, licensed social workers and wellness coaches to help you make informed choices about your care. Our services include:

- Disease management
- Transitional care management
- Wellness and prevention programs
- Health coaching
- Complex care management
- Local resource referrals to help alleviate barriers to transportation, medication costs and more.

Members can call us at 866-243-6703 or email us at acmmembers@ascension.org to get started.

Agent support

You may have questions regarding the Ascension Personalized Care plans. Below are resources designed specifically for agents:

- Contact your local GA or select one from the our list of contracted GAs
- Contact USHL sales support team at 844-828-5968 or APCAgentSupport@ushealthandlife.com
- Local Ascension Insurance Navigator

An Ascension associate assigned to service areas to serve as a local resource. The navigator is a single point of contact and can help coordinate getting you the support you need.

Billing, EOB, benefits coverage,
deductibles, provider search,
scheduling

Uniquely Ascension Service Center

Care management,
health coaching

Ascension Care Management

GA,
USHL sales support,
Ascension Insurance Navigator,

Agent Support

Accreditation



Ascension Personalized Care has earned Marketplace Health Plan Accreditation from URAC. "Ascension Personalized Care earned a recognition of its health plan with URAC accreditation that is recognized in all 50 states and the District of Columbia. It proved compliance with rigorous standards, proving an ability to adhere to the mandates of the Affordable Care Act and compete in insurance marketplaces nationwide," said URAC President and CEO Shawn Griffin, M.D. "Ascension Personalized Care demonstrates its quality and compliance with standards that align with state and federal expectations for a more value-based delivery of care."

Indiana

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 35755
NAIC Company Code: 97772
NAIC Group Code: NULL

Kansas

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 32542
NAIC Company Code: 97772
NAIC Group Code: NULL

Tennessee

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 31663
NAIC Company Code: 97772
NAIC Group Code: NULL

Texas

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 57125
NAIC Company Code: 97772
NAIC Group Code: NULL

Member checklist

Help Ascension Personalized Care members get the most out of their health insurance plan and benefits. The checklist below is designed to help alleviate stress and help our members enjoy all that APC has to offer.

- ☐ To get started, enroll or re-enroll a client on enroll.ascensionpersonalizedcare.com
- ☐ Make the first binder payment
- ☐ Set up the member portal at member.ascensionpersonalizedcare.com
- ☐ Know when premium payments are due and make a plan. Set a reminder or enroll in automatic payments. Share payment options available.
- ☐ Help the member choose a PCP, OB/GYN, Lab, Radiology, Hospital, etc.
- ☐ Educate the member on asking their doctor the right questions and [preparing for their visit](#).
- ☐ Remind the member that their Ascension Personalized Care health plan is an Exclusive Provider Organization (EPO). Out-of-network services will not be covered unless in an emergency.
- ☐ Inform the member that their handbook, medical and pharmacy ID cards will be arriving in the mail in a few weeks.
- ☐ Remind the member to check their email for important benefit information, plan updates and newsletters.
- ☐ Share with the member all the free benefits that are included with their APC health insurance plan:
 - 24/7 nurse line
 - PCP and urgent care services available
 - Active&Fit membership
 - TruHearing discounts
 - Local discounts to restaurants, sports, and entertainment venues
 - Cost estimator tool (coming soon)
 - Enhanced customer service
 - No referral requirement in the Ascension network
 - Care management services

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ascensionpersonalizedcare.com