

ATTACHMENT C

CODE OF CONDUCT ACKNOWLEDGMENT FORM

In the performance of my duties as a CBA or Subagent for Baptist Health Plan, I hereby acknowledge the following:

1. I shall abide by all applicable laws, regulations, and rules, including, but not limited to, those of the Centers for Medicare & Medicaid Services (CMS) and the laws of the state(s) for which I maintain a valid state insurance license. I shall cooperate and comply with any and all policies, procedures, instructions and directives, oral and written, Baptist Health Plan may require. I shall be familiar with and maintain good working knowledge, through self/independent means, of the policies and procedures of Baptist Health Plan as well as Medicare Marketing Guidelines and Medicare Operational Letters and Manuals.
2. I understand that in order to market, solicit or sell Medicare Advantage and/or Medicare Part D plans, I must annually complete training and pass a certification test as set forth by Baptist Health Plan and required by CMS.
3. I understand that I may not market, solicit or sell Medicare Advantage D plans until I have been appointed to do so and until I have been provided an Agent Writing Number (AWN) by Baptist Health Plan as confirmation of such appointment. I have been informed that I may engage prospective Beneficiaries only in accordance with annual enrollment guidelines established by CMS and only for enrollment periods and products for which I have been certified and provided an AWN.
4. I will use only the AWN assigned to me by Baptist Health Plan on enrollment applications. I will not use the AWN of another broker on any enrollment applications solicited by me, nor will I place my AWN or signature on an application that I did not solicit.
5. I authorize Baptist Health Plan, in their sole discretion, to: (a) conduct an investigation relating to my background and qualifications including but not limited to, reviewing criminal, education, state insurance records and regulatory sanctions or exclusions; and (b) monitor my performance through (i) outbound verification letters, (ii) examination of my rapid disenrollment and cancellation frequencies, (iii) Secret Shopper Activities (iv) any other lawful means chosen.
6. I shall maintain a valid State(s) Accident and Health Insurance license (as applicable in the State(s) in which I am soliciting insurance product(s) for Baptist Health Plan) and Errors & Omissions Insurance (E & O), and shall provide proof of in-force E & O coverage to Baptist Health Plan. I shall notify Baptist Health Plan immediately upon limitation, suspension, cancellation or expiration of such license(s). I shall also promptly notify Baptist Health Plan of any disciplinary proceedings related to my license(s) or any investigatory proceedings instituted by CMS, and/or the insurance regulation departments of any other state or commonwealth.
7. I shall comply with all the terms of the Health Insurance Portability and Accountability Act (HIPAA) privacy and confidentiality laws and the Business Associate Agreement held directly with the Contracted Broker Agency (CBA). I shall notify Baptist Health Plan immediately upon failure to safeguard Medicare beneficiary protected health information that is in my possession.
8. I have the affirmative duty to notify Baptist Health Plan within five (5) days of any and all actions regarding my non-compliance with any of the policies and procedures of Baptist Health Plan,

and/or non-compliance with Medicare Marketing Guidelines, and/or non-compliance with the applicable state laws.

9. In soliciting enrollment applications and maintaining retention, I shall use best efforts to establish and maintain a positive relationship between Baptist Health Plan and each Beneficiary. I shall not, under any circumstances, compromise the quality of my presentation and responsibility to the sales/marketing ethics of Baptist Health Plan, CMS, and/or the state(s) in which I maintain a valid State(s) insurance license to prospective Beneficiaries.
10. I will not ask a Beneficiary to sign an incomplete enrollment application. I shall follow the enrollment process and provide all enrollment applications to Baptist Health Plan within 48 hours following receipt of the acknowledged application from the Beneficiary. Failure to comply with the 48 hour submission requirement and the required enrollment process may result in non-payment of commissions due to non-compliance.
11. I shall, at all times, fully explain the plan or plans the prospective Beneficiary is interested in and clearly identify the types of products that I will be discussing before I market to the prospective Beneficiary. I will adhere to the CMS scope of appointment requirements, and fulfill this obligation prior to any face-to-face meetings, where applicable. As required by CMS, I will provide a fully executed copy of the Scope of Appointment document when submitting all enrollment applications as required by the Baptist Health Plan enrollment process.
12. With regard to a CMS marketing disclosure requirement, I shall, prior to or at the time of enrollment, present, the following to a prospective Beneficiary:

“The person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.”
13. I shall, at all times, convey truthful benefit information, or otherwise that is known to me at the time as truthful information and not make confusing, misleading or false statements to prospective enrollees in my role as advisor and educator. I will do what is best for the beneficiary without regard to compensation and ensure that the Beneficiary's needs come first.
14. I understand that beneficiaries may make allegations of potential misconduct or misrepresentation by me and I further understand that I am obligated to report such allegations to Baptist Health Plan within two (2) days of directly receiving a complaint from a Medicare beneficiary
15. I am aware that marketing activities in connection with the sales of products to consumers are strictly regulated by both state and federal regulations and I agree to comply with these regulations. I shall not engage in any prohibited sales practices including, but not limited to:
 - a. Making unsolicited home visits;
 - b. Soliciting Beneficiaries door-to-door prior to receiving an invitation from the Beneficiary;
 - c. Sending unsolicited emails to a Beneficiary unless the Beneficiary agrees to receive emails and has provided his/her address to the organization;
 - d. Misrepresenting, intimidating, or using high-pressure sales tactics. If Beneficiary says he or she is not interested, the conversation must end;

- e. Offering Beneficiaries a cash payment as an inducement to enroll in a Medicare Advantage Part C or Medicare Advantage Prescription Drug (Part D) plan;
- f. Stating that I work for or am contracted with the Social Security Administration (SSA) or the Centers for Medicare & Medicaid Services (CMS);
- g. Misrepresenting a product being marketed as an approved Medicare Advantage Prescription (Part D) plan;
- h. Using an unapproved presentation or material. I shall use only those subscription forms, insurance applications, printed materials, and any other sales or marketing materials as are provided by Baptist Health Plan may otherwise approve in writing;
- i. Marketing or enrolling other lines of business. Additional products that were not identified, agreed upon, and documented in the scope of appointment cannot be discussed unless the Beneficiary requests this information. A separate appointment is required to discuss additional products and a 48 hour "cool off" period must be observed before a second appointment can be scheduled;
- j. Requesting Beneficiary identification information such as bank account number, credit card number;
- k. Conducting outbound telephone enrollment, which also includes transferring outbound calls to inbound lines for telephone enrollment;
- l. Engaging in forgery, including manually assisting Beneficiary with the signing of the enrollment application;
- m. Engaging in unauthorized language interpretation;
- n. Dissemination of inaccurate or false enrollment materials;
- o. Enrolling Beneficiary(s) at educational events, or in health care settings (waiting rooms, exam rooms, hospital patient rooms, dialysis center, etc.); and
- p. Scheduling unauthorized group presentations. I must obtain approval from Baptist Health Plan prior to organizing or advertising a group presentation (30) days in advance.
- q. Charging or attempting to charge a Beneficiary any marketing fee

A copy of this form has been provided to me as well as placed in my individual file at Baptist Health Plan. By signing this Acknowledgment Form, I understand the contents and I will abide by the requirements as set forth above. I understand that any breach of the above could result in correction action up to and including appointment termination.

ACKNOWLEDGED AND AGREED BY:

Signature

Date

Print Name & Title

Organization