



# Sales Policy Job Aid

## Permission to Contact and Lead Generation

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## Permission to Contact Overview

The permission to contact (PTC) rules outlined in this document are only applicable to UnitedHealthcare Medicare plans, consumers inquiring about, or eligible for enrollment in UnitedHealthcare Medicare plans, and agents who market those plans. Note that “agent” will also apply to “agency” or “solicitor” unless otherwise noted throughout this document.

Permission to contact (PTC) is consent given by a consumer or plan member for an agent to contact the consumer or member regarding Medicare plans. PTC has limits based on:

- Who may be contacted, and who may respond to the contact request,
- What may be provided in response to the contact request,
- How contact may be made and
- When PTC begins and expires.

Consumers may provide permission to contact to an agent by:

- Completing and submitting a business reply card (paper or electronic), or
- Telephoning, texting, or emailing the plan or a plan representative.

Prior to interacting with a consumer, agents must ensure that the PTC is valid and not expired. Once PTC received has expired, new PTC must be obtained to contact the consumer. Contact with a consumer without valid or using expired PTC is “unsolicited contact”. Unsolicited contact other than by postal mail, email, or mass market advertisements is prohibited and is subject to corrective and, or disciplinary action.

**When PTC ends without renewal**, you must cease contact and update your PTC documentation. As a best practice, while PTC is still active, renew the PTC during your latest contact with consumer by asking the consumer if they consent to further contact. Once PTC ends without renewal you must only contact the consumer through postal mail or email.

You **must not** contact any member who initiates disenrollment from their Medicare plan to renew PTC or to discuss a complaint with any member associated with a complaint filed against you.

Regardless of whether PTC exists, marketing the upcoming plan year’s plans prior to October 1 of the current year is prohibited.

## UnitedHealthcare Book of Business

UnitedHealthcare owns all information pertaining to its plan members as its general book of business. Agents are granted access at UnitedHealthcare's discretion. All information in UnitedHealthcare's book of business is confidential and proprietary. It must not be distributed, reproduced (either in part or whole) without the express permission of UnitedHealth Group.

Agents with an active Party ID (PID) can view in Jarvis the members for which they are currently receiving commissions. UnitedHealthcare does not grant solicitors access to their UnitedHealthcare upline agency's book of business.

Any information in UnitedHealthcare's book of business to which an agent has access must only be used for conducting business on behalf of UnitedHealthcare to the extent permitted by UnitedHealthcare and must not be used for any other purpose.

UnitedHealthcare maintains a system for documenting leads it gathers named "MIRA". If you are granted access to use MIRA, you must only use it for conducting UnitedHealthcare business and must only utilize the information on leads assigned to you.

## Permission to Contact Types

Permission to Contact (PTC) may be categorized as follows:

- Explicit PTC is documentation specifically identifiable as permission to contact from the consumer.
- Implied PTC is based on an active business relationship between the agent and the consumer.
- Delegated PTC is granted by UnitedHealthcare or an agent's upline to an agent, not directly to the agent from a consumer or member.

## Explicit Permission to Contact

Consumers may grant explicit PTC by:

- Documenting their request for contact on a paper Business Reply Card (BRC) or electronically through a website's electronic Business Reply Card (eBRC).
- Verbally agreeing during a phone call to future contact with the agent. In which case, the agent is responsible for documenting the PTC granted by the consumer.

The time frame for explicit PTC begins on the date that the PTC has been received by the entity to which the consumer provided their permission to contact. For example, a consumer sends a BRC to UnitedHealthcare. The PTC is then delegated to you by UnitedHealthcare. You must calculate the start date using the date received by UnitedHealthcare.

Explicit permission to contact ends the earliest of the following when:

- PTC has been withdrawn or ended by the consumer or delegating entity, or
- 90 days has passed after the original date of receipt for consumers requesting information on Medicare Supplement insurance or who are on the federal Do-Not-Call Registry, or
- 12 months after the original date of receipt for MA plan and PDP.

## Implied Permission to Contact

Implied permission to contact (PTC) exists in three main circumstances.

**Circumstance one: Consumer Initiated Contact** creates implied PTC.

- When a consumer initiates a request for contact via phone call, text, or email, an agent must only respond in the same way the request was received (e.g., email to email, phone call to phone call) unless the consumer specifies otherwise.
- If a consumer approaches an agent at the agent's office, an informal event, or attends a formal event to obtain information about Medicare plans the agent may interact with the consumer at that time without documented permission to contact.

This PTC ends once that specific interaction with the consumer has been completed. For any subsequent interaction, the consumer must initiate contact, or the agent must have received explicit permission to contact.

**Circumstance Two: Agents of Record (AORs)** may contact members in their active book of business to discuss existing plan details and benefits and other Medicare plans that may benefit the consumer. Note: Members are not required to work exclusively with their AOR.

This permission to contact ends when:

- The agent is no longer the AOR, or
- Requested by the member, or
- The member initiates disenrollment from the plan

**Caution:** When a member drops from your UnitedHealthcare agent book of business or there is indication that they are disenrolling from the plan, you no longer have implied permission to contact. Before initiating unrequested contact with any member for whom you have been AOR, check their status in your book of business on Jarvis. If the member no longer appears on your book of business, but you believe that you should be the AOR, reach out to the PHD for confirmation. Do not reach out to the member to ask if they have changed plans.

Additional information about UnitedHealthcare's AOR Retention Program is found in the Agent Guide located on Jarvis.

**Solicitors** may also contact UnitedHealthcare members to discuss existing plan details and benefits and other Medicare plans that may benefit the member when:

- The UnitedHealthcare member is in the book of business assigned to the solicitor, and
- The solicitor is still under the same UnitedHealthcare hierarchy (upline) as when the solicitor enrolled the member, and
- The solicitor's upline has not re-assigned the consumer to another agent or solicitor.

This permission to contact ends when:

- The consumer is no longer active in the book of business assigned to the solicitor, or
- The solicitor has changed their UnitedHealthcare hierarchy, or
- The solicitor's upline has re-assigned the member to another agent or solicitor, or
- Requested by the consumer.

Solicitors do not own a UnitedHealthcare agent book of business. It is owned by their UnitedHealthcare immediate upline. When a solicitor leaves a hierarchy, the book of business remains with that upline.

Solicitors may be subject to additional book of business ownership rules by any agency with which the solicitor is employed or contracted.

**Circumstance Three: Agents of Record (AOR) for Other Products** (e.g., life, home or auto) may contact consumers actively in an agent's book of business as an enrollee in other products the agent offers (e.g., Life, Home, or Auto). Proof of an active business relationship must be provided upon request to UnitedHealthcare.

This permission to contact ends when:

- The consumer disenrolls from the product and thus no longer active in the agent's book of business, or
- Requested by the consumer.

### **Delegated Permission to Contact**

A UnitedHealthcare member's contact information (i.e. name and phone number) may be provided (delegated) by UnitedHealthcare or External Distribution Channel, or eAlliance to an agent that is not the agent of record (AOR) for specific business purposes.

The UnitedHealthcare member's PHI/PII must only be used to the extent necessary to conduct business on behalf of UnitedHealthcare. Any other use of PHI/PII obtained through delegated PTC is prohibited.

If the member becomes part of your book or business, refer to the previous section about implicit permission to contact. (See also UnitedHealthcare AOR Retention Program in the UnitedHealthcare Agent Guide.)

### **UnitedHealthcare Delegated Permission to Contact**

UnitedHealthcare may delegate permission to contact (PTC) to an agent not the agent of record (AOR) for its members in the following categories:

- A current UnitedHealthcare *Commercial member* aging-in to Medicare to discuss UnitedHealthcare Medicare products, including benefits, or to inform them of general plan information.
- A current UnitedHealthcare *MA plan, PDP, or Medicare Supplement plan member* to discuss other UnitedHealthcare Medicare products, including benefits, or to inform them of general plan information.
- A current UnitedHealthcare *Medicaid/MMP member* to discuss UnitedHealthcare Medicare products, including benefits, or to inform them of general plan information.
- A consumer who submitted an enrollment application to conduct business related to the enrollment.

### **UnitedHealthcare MMP Ohio**

UnitedHealthcare participates in MyCareOhio, Ohio's MMP, in Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, and Wayne counties. For full dual-eligible consumers residing in these counties, agents must contact the Producer Help Desk (PHD) to determine if the consumer is a possible MyCareOhio member. If yes, the agent must not present a plan or discuss any MA plan (including DSNP) until after the consumer has been contacted by the UnitedHealthcare MyCare Ohio Call Center Team which will ensure that the consumer is making an informed decision in moving forward with their marketing request and confirm the consumer's desire to receive contact from the agent.

## External Distribution Channel (EDC)/eAlliance Delegated Permission to Contact

An EDC agency or eAlliance may delegate PTC to an agent in its downline. For example, if a UnitedHealthcare member was enrolled by a solicitor under an eAlliance, the eAlliance is permitted to delegate PTC to another solicitor in its downline for the purpose of conducting marketing/sales activities on behalf of UnitedHealthcare.

If an agent (not a solicitor) who is the agent of record is released from the up-line's hierarchy or has submitted to UnitedHealthcare a notice of intent to move hierarchy, that agent's up-line is prohibited from contacting a downline agent's UnitedHealthcare members to retain the agent's UnitedHealthcare book of business. Such contact includes but is not limited to telephone, email, text message, voice message, and postal mail. This provision does not apply to solicitors.

## Unsolicited Contact

Unsolicited contact other than by postal mail (e.g., direct postal mailing campaign) or email is strictly prohibited. Unsolicited contact happens when an agent initiates contact with a consumer without that consumer's permission or invitation, for a product the consumer has not requested, or by a method not expressly permitted by the consumer. This includes:

- Phoning, automated dialing, voice messaging, or text messaging, or using electronic means, including proximity/push marketing, and smart phone applications or social media interactive functionality (or equivalent service).
- Leaving *unrequested* materials on the consumer's property (home or auto). A consumer's personal room and mailbox at assisted living, nursing home, or other group residences are included in this category. Materials may be left for consumers who are not at home for a pre-arranged appointment.
- *Uninvited* approach to consumers in locations outside of a consumer's residence (door knocking) or publicly accessible areas. This includes outside a formal marketing/sales or educational event's location. Consumer residence includes and is not limited to rooms at assisted living facilities or nursing homes. Even though you have received PTC, you must never go to a consumer or member's home without first having an agreed upon appointment with the consumer or current member.
- *Actively approaching or calling consumers over* to speak to you at an informal event for the purpose of marketing a plan. Agents may exchange pleasantries or greetings with passersby at informal events but must not actively approach or ask the consumer over to their location. This also includes indirect invitations such as, "Are you interested in saving money?" and "Are you or your family member on Medicare?"
- Using "*bait and switch*" tactics by engaging the consumer on a non-Medicare plan, then introducing a Medicare plan discussion.
- "*Following up*" with consumers who attended an event or to whom material was mailed without documented PTC.
- *Using a third party* such as a provider, provider staff, or building manager for any of the above actions.

Except for requesting an email address to grant access to an online event or online appointment, you must not at any time require consumers to provide contact information as condition for attending an event or providing information verbally or in person.

## Who Can Grant Permission to Contact

PTC can only be provided by the individual for whom contact is requested. Do not accept requests made on behalf of any other individual, including spouses or individuals sharing the same home. Except for “delegated” PTC, PTC received for Medicare plans must not be transferred to another agent or entity (such as financial planners).

If a consumer would like to refer a friend or relative to you, you may provide your contact information such as on a business card that the individual could provide to the friend or relative.

## Product Scope in Permission to Contact

Medicare plans for which permission to contact is granted are limited to:

- Specific plan types (e.g., Medicare supplement, Medicare Advantage, etc.) selected by the consumer, or if specific plan type selection is not provided,
- Medicare plans specified in the permission to contact statement (see “Permission to Contact Statement” section) on a compliant business reply card (BRC) or electronic BRC (an online BRC).

## Method of Contact

A consumer’s consent must explicitly indicate the methods by which the consumer permits contact. This includes telephonic, voice message, auto-dialed calls/messaging, text messaging, and electronic (including social media interactive functionality, direct messaging, and smart phone applications).

## Applicable State and Federal Laws

Agents must comply with all applicable state and federal laws and regulations for the method of contact utilized.

For telephonic contact, agents must comply with applicable state and federal telemarketing rules and CMS requirements, including but not limited to:

- The National Do-Not-Call Registry,
- The Telephonic Consumer Protection Act (TCPA),
- Federal and state calling hours,
- The recording of all sales calls with consumers and
- Use of the TPMO statement as required by CMS

Contact by email and other electronic means must comply with UnitedHealthcare policy as well as applicable state and federal rules, including but not limited to:

- Applicable Federal CAN-SPAM requirements.
- Use of the TPMO statement as required by CMS

Specific requirements around content development are provided in the Agent Guide and in Job Aids, both of which are posted on Jarvis.

## Business Reply Cards (BRCs/eBRCs)

Any form (print or electronic) used to capture consumer contact information for the purpose of Medicare lead generation is considered a BRC/eBRC. Such forms must meet the requirements stated in this section and elsewhere as applicable depending on any additional content.

UnitedHealthcare makes available pre-approved branded and non-branded BRCs and lead generation materials that document PTC on the UnitedHealthcare Agent Toolkit

Agents may develop their own BRC/eBRCs provided they do not contain any UnitedHealthcare brand element. Refer to the Agent Guide for information on materials that meet the CMS definition of marketing.

Image is for display purposes only. Actual item or image may vary.

### Permission to Contact Statement

A permission to contact statement is required verbiage on a Business Reply Card (paper or electronic) that makes a consumer aware that, by completing the BRC/eBRC, the consumer is consenting to receive contact from an agent to discuss Medicare plans by the method(s) indicated.

The required elements for a compliant PTC statement are:

- The consumer's consent to receive contact
- From a licensed sales agent
- To discuss Medicare insurance plans, which may be stated as an all-inclusive "Medicare insurance plans" or specified as "Medicare Advantage Plans, Prescription Drug Plans, and Medicare Supplement Insurance"
- By the stated contact method that match the fields completed by the consumer. For example, if the form has telephone or email, the statement must include the words "by telephone or email".
- "This is a solicitation for insurance" is required for any form that is used to generate leads for Medicare Supplement Insurance.

An example of how a compliant PTC statement may read is as follows:

*"By submitting the information above, you are agreeing to be contacted by a Licensed Sales Agent by email or phone call to discuss information about Medicare Insurance Plans. This is a solicitation for insurance."*

### Consumer Options Provided on a BRC/eBRC

- **Individual Requesting Contact:** Only one BRC/eBRC per person is permitted. Separate fields for a spouse's or another individual's information are not compliant.
- **Product Selection:** If the Medicare plan types (e.g., "Medicare Supplement", "Medicare Advantage", etc.) are provided for selection, the agent must only contact the consumer about those products. Always consider that a consumer interested in a Medicare Supplement may also be interested in a Part D plan.
- **Date of Birth fields:** Must be labeled as "optional" and may only be used to determine eligibility for Medicare Supplements.

The following points are discussed more fully in the [UnitedHealthcare Agent Guide](#) and other Job Aids posted on Jarvis. They are noted here as reminders only. Any other content on the BRC/eBRC must be compliant with applicable guidance, including and not limited to:

- *Agent titles* as provided in the UnitedHealthcare Agent Guide posted on Jarvis.
- *Any marketing material* as defined by CMS must be submitted to UnitedHealthcare for review. Both the definition for “marketing” and the process provided for submission to UnitedHealthcare is described in the UnitedHealthcare Agent Guide.
- *Content that is not misleading* about the agent’s role, purpose, or products offered
- *Non-discrimination* based on age or other demographics.

**The following are not BRCs and must not be used for obtaining PTC:**

- Sign in sheets must not be used for obtaining PTC. Sign in sheets do not provide HIPAA compliant protection for consumer information.
- Scope of Appointment (SOA) forms are **not** the same as and are not interchangeable with BRCs/eBRCs. SOAs cannot be combined with BRCs. A SOA is a CMS required document that must be completed prior to conducting any in-person, telephonic or virtual appointment with a consumer. See the Scope of Appointment job aid for further details on SOAs and their use.

**Permission to Contact Record Requirements**

All permission to contact you receive, whether verbal, written or electronic, must be documented, retained for ten (10) years, and made available to UnitedHealthcare upon request.

If you have access to MIRA, any leads you receive from UnitedHealthcare, must be documented and updated in MIRA. If you do not have access to MIRA, you are responsible for documenting and retaining your PTC documentation for the required ten (10) years. Outside MIRA, UnitedHealthcare does not provide a PTC tracking template for agent use.

Keep records that are retrievable by name or other identifier, and capture the following elements:

- Consumer name (or authorized legal representative name), any products specifically requested or preferred contact method expressed by the consumer.
- Date received by you or if purchased from a third party, the date the third party received the PTC
- End date if the consumer wishes to end the PTC before standard expiration time periods.
- Explicit statement or verbiage indicating the consumer’s consent to be contacted.
- For online forms also capture:
  - Website static or dynamic URL (ad unit and consent language as seen by the
  - individual providing permission)
  - IP address of the individual providing permission

Examples of PTC documentation methods:

- Retaining paper lead cards or BRCs in files. (These should be stamped with a receipt date.)
- Documenting PTC in a consumer file
- Documenting PTC in a spreadsheet or database
- For online forms, documented evidence that either:
  - Captures the real-time consumer completion of an electronic lead form/eBRC (e.g., a

- documentation solution such as Jornaya or TrustedForm); or
- Provides evidence that the consumer completed the electronic lead generation mechanism. Acceptable documentation includes a lead system generated report or screenshot(s) from an internal lead system.

If evidence of PTC is requested, depending on the method by which you document PTC, you must provide scans of the paper documentation, copies of electronic files, system generated reports or screenshots. An email summarizing or attesting that PTC was obtained is not sufficient.

Any PTC stored electronically must be secured and encrypted. Any suspected or known privacy incidents must be immediately reported to UnitedHealthcare. UnitedHealthcare employees are only permitted to store PHI/PII on a company server, not their work computer or any other device. Review UnitedHealthcare's policy on security and privacy incident reporting requirements in the Agent Guides found on Jarvis.

## **Lead Generation**

A lead is a consumer or plan member who has demonstrated an interest in a UnitedHealthcare product. "Actionable Leads" are leads that have been obtained in a compliant manner and not expired. UnitedHealthcare documents and manages the leads it generates in the MIRA system. For any lead you obtain, including leads provided by your up-line, you are responsible for ensuring it meets all federal and state regulations and UnitedHealthcare business rules, prior to using that lead to market any UnitedHealthcare Medicare product. Leads may be generated through any of the following:

- Direct mail campaigns
- Mass marketing advertisements
- Posting flyers in public or common areas as permitted by the location
- Marketing/sales events
- Educational events
- eBRCs provided on Websites or social media platforms

## **Providers and Lead Generation**

Providers are permitted to share information with their patients about the plans in which they participate. However, they are not permitted to market plans on behalf of plans or plan agents. This prohibition includes:

- Accepting or gathering scope of appointment forms; enrollment applications or lead cards (BRCs) to convey to the plan or its representatives.
- Managing lead card stations (e.g., emptying, monitoring, conveying contents to plan representatives).
- Making phone calls or directing, urging, or attempting to persuade their patients to enroll in a specific plan based on financial or any other interests of the provider.
- Mailing CMS-defined marketing materials on behalf of Plans/Part D sponsors.

## **Lead Collection Stations**

Lead boxes and/or collection stations must comply with all CMS regulations and UnitedHealthcare rules, policies, and procedures related to obtaining PTC, contacting consumers, marketing materials usage, and marketing/sales activities. You must:

- Obtain permission from the venue before placement.

- Secure the lead box to prevent consumer contact information from unauthorized access. The collection box must be locked and either integrated into or attached to a fixture to prevent unauthorized removal.
- Only use lead cards and marketing materials meeting CMS and UnitedHealthcare policy requirements.
- Keep consumer information private.
- Only use consumer information for the purpose that has been described to the consumer.
- Empty the lead box or collection station weekly at minimum.
- For UnitedHealthcare branded lead boxes, only use UnitedHealthcare approved materials.
- Immediately report to UnitedHealthcare any suspected or known breach or theft of the lead box, collection station, and/or individual lead cards.

## Lead Referral Programs

UnitedHealthcare does not sponsor a lead referral program.

## Agent Initiated Programs

If you choose to use a third-party lead generating service, you are responsible for ensuring the leads are obtained compliantly, within compensation limits, do not violate any applicable fraud and abuse laws, including the federal anti-kickback statute, and are compliant with all applicable state and federal regulations. If documented PTC for a consumer on a lead list is not provided, only postal mail or email can be used to market UnitedHealthcare Medicare products to the consumer. Validate any claims by entities to be contracted with UnitedHealthcare.

UnitedHealthcare does not approve or endorse any third-party lead generation company or service. You are responsible for ensuring any PTC or any contact information provided or received complies with any applicable state laws that govern these activities. Consult with legal counsel in your state as needed.

## Compensation in Exchange for Leads

- **Members/consumers and providers:** Sending thank you cards or notes is a compliant relationship building activity, but you must not offer any item of value (e.g., gift card, flowers) either up front to solicit, or afterwards as a “thank you” in exchange for a referral, from a provider, member or consumer.
- **Other parties:** You must comply with CMS regulations related to compensation limits, commission splitting, and/or payments to non-licensed/appointed agents. UnitedHealthcare recommends agents consult with their own local legal counsel to determine the compliance of any compensation arrangements they make with referrers.

## Other Resources for Information

UnitedHealthcare **Agent Guide**: Provides guidance on CMS regulations and UnitedHealthcare rules, policies, and procedures. It is available on **Jarvis**.

**Sales Policy Job Aids** (available on Jarvis)

- Agent Created and UnitedHealthcare Toolkit Materials Guidelines Job Aid
- Scope of Appointment Job Aid
- Agent Website and Social Media Guidelines Job Aid

**Compliance Questions**: Submit policy compliance-related questions to [compliance\\_questions@uhc.com](mailto:compliance_questions@uhc.com).

**Jarvis**: [www.uhcjarvis.com](http://www.uhcjarvis.com).

**Producer Help Desk (PHD)**: Call (1-888-381-8581) or email ([PHD@uhc.com](mailto:PHD@uhc.com)) for assistance accessing or using the Jarvis website or the UnitedHealthcare Toolkit.

For assistance in Spanish, please dial 1-866-235-5990.