

# Agent

## MANUAL



**CHAMPION**  
HEALTH PLAN



# Introduction

Champion Health Plan is designed to meet the healthcare needs of Medicare beneficiaries, including those with chronic medical conditions. Operating in 13 counties across California and Nevada, Champion Health Plan provides cost-effective, coordinated care for conditions such as chronic kidney disease, end-stage kidney disease, diabetes, cardiovascular disease, congestive heart failure, and behavioral health conditions.

## OUR FOCUS

Champion Health Plan is committed to helping members navigate the complex healthcare system and improve their quality of life, whether they're seeking competitive benefits or assistance with care navigation. Our approach supports the unique needs of members, caregivers, and physicians through a comprehensive Model of Care. In addition to specialized care through Champion's Model of Care, Champion also offers comprehensive benefit programs designed to meet the needs of various populations as further defined below.

Champion Health Plan provides:

- Affordable, reliable coverage
- Preventive care and ongoing support
- A trusted network of providers
- Experienced, friendly help from a team that cares

## COMPREHENSIVE BENEFIT PROGRAMS

Champion Health Plan offers tailored benefits to meet the diverse needs of our members. Our plans are best suited for individuals as described below; however, any Medicare beneficiary who qualifies may enroll in the plan that they feel best suits their needs.

- Individuals with Medicare only
- Individuals with both Medicare and Medicaid
- Individuals eligible for Extra Help with prescription drugs (Low-Income Subsidy, LIS)

## SERVICE AREA

Champion Health Plan is licensed in approved counties in California and Nevada.

### **California Counties:**

Fresno, Imperial, Kern, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Diego

### **Nevada Counties:**

Churchill, Clark, Carson City, Washoe

## CHAMPION HEALTH PLAN 2026 BENEFIT PLANS

**NOTE:** Agents cannot bar an individual that may have Medi-Cal or LIS from pursuing enrollment in any Medicare Advantage Plan that they believe best suits their needs or desires. Plans are open to all Medicare beneficiaries that meet eligibility criteria.

Plan Name	Enrollment Consideration	Conditions Covered
<b>Champion Ally</b> HMO MAPD	Medicare only or Medicare + Medicaid (Medi-Cal)	No qualifying C-SNP condition
<b>Champion Care</b> HMO C-SNP (Diabetes/ Cardiovascular Disease)	Medicare only	Any one of the following: Cardiac arrhythmias, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, chronic heart failure, diabetes mellitus (Type 1 or 2)
<b>Champion Choice</b> HMO C-SNP (Diabetes/Congestive Heart Failure/Cardiovascular Disease)	Medicare only or Medicare + Medicaid (Medi-Cal)	Any one of the following: Cardiac arrhythmias, coronary artery disease, peripheral vascular disease, chronic venous thromboembolic disorder, chronic heart failure, diabetes mellitus (Type 1 or 2)
<b>Champion Advantage</b> HMO-POS C-SNP (ESRD/CKD)	Medicare only	End-Stage Renal Disease (ESRD) Chronic Kidney Disease (CKD) We also cover individuals who have had a kidney transplant within the past 36 months.
<b>Champion Connect</b> HMO-POS C-SNP (ESRD/CKD)	Medicare only or Medicare + Medicaid (Medi-Cal)	End-Stage Renal Disease (ESRD) Chronic Kidney Disease (CKD) We also cover individuals who have had a kidney transplant within the past 36 months.
<b>Champion Select</b> HMO-POS C-SNP (ESRD/CKD)	Medicare only + LIS (Extra Help)	End-Stage Renal Disease (ESRD) Chronic Kidney Disease (CKD) We also cover individuals who have had a kidney transplant within the past 36 months.
<b>Champion Plus</b> HMO C-SNP (Mental Health Conditions)	Medicare only or Medicare + Medicaid (Medi-Cal)	Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorder

# Enrollment Periods

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## MEDICARE ENROLLMENT PERIODS: AEP, IEP, SEP, AND MA OEP

Understanding the different Medicare enrollment windows is essential for agents helping beneficiaries make informed, timely decisions. Each period has its own purpose, rules, and restrictions that are governed by CMS guidelines.

## YEAR-ROUND ENROLLMENT INTO C-SNPS

Individuals who qualify for a Chronic Care Special Needs Plan (C-SNP) have additional “year-round” special enrollment periods (SEPs) available. They are not limited to the standard enrollment periods defined below.

This SEP is available for individuals that receive a new chronic condition diagnosis or have existing CMS-recognized chronic conditions that qualify for them for enrollment in a C-SNP. However, this SEP also has restrictions. For instance, an individual currently enrolled in a C-SNP can only use this SEP to switch to another C-SNP that focuses on a chronic condition that is not the focus of the individual’s current C-SNP and verification of the qualifying condition is still required. Sample: An individual enrolled in a CKD/ESRD C-SNP cannot use this SEP to enroll in a different CKD/ESRD C-SNP.

## INITIAL ENROLLMENT PERIOD (IEP)

The **Initial Enrollment Period (IEP)** is a one-time opportunity for individuals who are first becoming eligible for Medicare to enroll in Part A, Part B, and potentially a Medicare Advantage (Part C) or Part D plan.

### Eligibility Requirements:

- You are turning 65 or becoming eligible for Medicare due to disability
- You must be eligible for Medicare Part A and Part B
- Enrolling in a C-SNP also requires evidence of a qualifying diagnosis or specific health status

### Timing

The IEP spans **7 months**:

- Begins **3 months before** the month that a beneficiary turns 65
- Includes the **birth month** for the beneficiary’s 65th birthday
- Ends **3 months after** the beneficiary’s 65th birth month

### Important Considerations:

- Enrolling early helps avoid coverage delays or late enrollment penalties
- Those delaying Part B (e.g., due to employer coverage) may qualify for a Special Enrollment Period instead

### Effective Date of Enrollment:

- Generally the **first of the month** following the Plan’s receipt of the enrollment request
- If the enrollment request is **made prior** to the beneficiary’s 1st month of entitlement to both Part A and Part B, the request will be effective as of the **1st day of the month in which the beneficiary is entitled to both Part A and Part B**

## ANNUAL ENROLLMENT PERIOD (AEP)

The **Annual Enrollment Period (AEP)** is the primary window each year for making changes to Medicare Advantage and Part D coverage.

### Timing:

- **October 15 to December 7** each year

### Allowed Actions:

- Switch from Original Medicare to a Medicare Advantage plan (or vice versa)
- Change from one Medicare Advantage plan to another
- Join, drop, or switch Part D prescription drug plans

### Effective Date of Changes:

- January 1 of the following year

### Key Points:

- There are **no health questions** or underwriting during AEP

Ideal time for beneficiaries to review plan changes, costs, and networks

## MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD (MA OEP)

The **Medicare Advantage Open Enrollment Period (MA OEP)** allows changes if you're already enrolled in a Medicare Advantage plan.

### Timing:

- **January 1 to March 31** annually

### Who Can Use the MA OEP:

- Only individuals **currently enrolled in a Medicare Advantage plan (MA-only or MAPD)**

### Allowed Actions:

- Switch to another Medicare Advantage plan (MA-only or MAPD)
- Drop Medicare Advantage (MA-only or MAPD) and return to Original Medicare (with or without a standalone Part D plan)

### Effective Date of Change:

- The **first of the month** following the Plan's receipt of the enrollment request

### Limitations:

- Only **one change** allowed during MA OEP
- Not available to those with Original Medicare only

## SPECIAL ENROLLMENT PERIODS (SEPs)

**Special Enrollment Periods (SEPs)** let beneficiaries make changes outside the standard enrollment windows due to specific life events or circumstances.

### Common SEP Scenarios:

1. **Change of Address:** Moved out of plan's service area
2. **Chronic Condition SEP:** For individuals who meet the eligibility criteria for a Chronic Condition Special Needs Plan (C-SNP). Restrictions and verification of chronic condition apply.
3. **Loss of Other Coverage:** e.g., employer group coverage ends
4. **Plan Changes:** Plan terminates or changes its Medicare contract
5. **Dual Eligibility:** Eligible for both Medicare and Medicaid—can switch plans once per quarter (Jan–Sept)
6. **Extra Help:** LIS recipients can change plans once per quarter (Jan–Sept)
7. **Institutionalized Individuals:** SEP applies upon admission to or discharge from a facility
8. **Trial Period Right:** Switch back to Original Medicare within 12 months of joining a Medicare Advantage plan for the first time
9. **Exceptional Circumstances:** SEP may be granted for events like natural disasters or federal emergencies. This SEP requires CMS approval.

### Timeframes:

- Generally, **2 months** following the qualifying event, but it **varies by SEP**

### Documentation & Verification:

- Some SEPs require proof of the event triggering eligibility

Some SEPs (for Chronic Conditions) require proof of a diagnosis for the chronic conditions, like: diabetes, heart failure, mental illness, chronic kidney disease, ESRD, etc.)

### Key Takeaways for Agents

- **Understand timing and eligibility** for each period to guide clients confidently
- **Encourage early review** during AEP and IEP to avoid rushed decisions
- **Leverage SEPs strategically** for clients with changing circumstances
- Ensure beneficiaries are aware of **the penalties associated with late enrollment, particularly** for Part B and Part D.

There are other SEPs available. For additional details on SEP categories and CMS rules, refer to Medicare Managed Care Manual – Chapter 2, or visit [Medicare.gov's SEP page](https://www.medicare.gov/special-enrollment-periods) (Special Enrollment Periods | Medicare).

## ENROLLMENT CHANGES THROUGHOUT THE YEAR

Most enrollees may only switch plans during the annual period designated by CMS. However, CMS does provide for limited circumstances where an enrollee can make a change outside the annual period.

## SELLING CHAMPION HEALTH PLAN

### Licensing, contracting, and appointment.

Champion Health Plan requires that any individual selling our programs be licensed by the Nevada Department of Insurance or California Department of Insurance with no restrictions, show proof of active errors and omissions insurance, and have a contract and formal appointment with Champion Health Plan before enrolling a Medicare beneficiary into a Champion Health Plan benefit plan.

## BLACKOUT PERIOD FOR FMO TRANSFERS

If you are associated with an FMO, Champion Health Plan limits the timing of agents moving between FMOs.

This policy establishes a standardized blackout period during which contracted agents and agencies cannot change their Field Marketing Organization (FMO) affiliation with Champion Health Plan, ensuring operational integrity and regulatory compliance during the Medicare Annual Enrollment Period (AEP).

This policy applies to all independent agents, agencies, and FMOs contracted with Champion Health Plan that adhere to the CMS enrollment calendar.

Champion Health Plan imposes a blackout period for FMO affiliation transfers each year to minimize administrative disruptions and protect the integrity of the enrollment process during critical business periods. During the blackout period, no requests for FMO changes will be accepted or processed.

### Blackout Period

- **Start Date:** September 1
- **End Date:** January 15 (subject to extension based on operational needs)

### During this time:

- No requests for agent releases, recontracts, or FMO transfers will be processed
- Pending transfer requests must be completed prior to August 31 to be effective for the upcoming AEP
- Any requests received after August 31 will be held and reviewed starting January 16 of the following year

## EXCEPTIONS

### Exceptions to this policy may be granted under the following conditions:

- Compliance-related termination of the existing FMO
- Carrier-initiated changes
- Systemic contracting error documented before September 1

All exceptions must be approved by the Contracting and Compliance Department and documented accordingly.



## PROCEDURE

1. **Submission Deadline:** Agents seeking to change FMOs must submit a completed Transfer Request Form and any required release documentation by August 15 to ensure processing before the blackout
2. **Confirmation of Eligibility:** The Agent Support will confirm that the agent meets eligibility criteria (e.g., good standing, no active sanctions)
3. **Processing:** Approved transfers will be completed by August 31
4. **Hold Period:** Requests received between September 1 and January 15 will be acknowledged and queued for review after the blackout ends
5. **Post-Blackout Processing:** Beginning January 16, queued transfer requests will be reviewed and processed in the order received

## ENFORCEMENT

### Non-compliance with this policy may result in:

- Delayed contracting
- Loss of commission eligibility
- Temporary deactivation during AEP

Champion Health Plan reserves the right to amend this policy at its discretion and in alignment with CMS guidelines and internal business needs.





## TRAINING AND CERTIFICATION

Champion Health Plan provides opportunities for learning and development. It offers annual Medicare Certification and training. Annual Medicare Certification is required, and a passing score of 90% or higher is required to enroll a beneficiary in Champion Health Plan.

Champion Health Plan's annual agent certification training courses are typically held in early fall, leading up to the annual enrollment period (AEP) for Medicare-eligible individuals. These trainings are an excellent way to learn about program and benefit plan changes for the upcoming year and allow you to hear from our leadership team about any industry updates.

**Best Practice Tip:** Important tips to help you know when to walk away from an enrollment.

Always be willing to walk away—don't place yourself in a position where you accept a less than satisfactory outcome for the prospective Member to get the sale.

- If the prospective enrollee frequently cancels or doesn't show up to your appointments, **Do Not Enroll. Walk Away.**
- If the prospective enrollee appears hesitant to enroll, **Do Not Enroll. Walk Away.**
- A prospective enrollee must know/understand what they are doing to sign a legally binding contract; if it appears they do not understand, **Do Not Enroll. Walk Away.**
- If you feel frustrated and drained by your dealings with the prospective enrollee, **Do Not Enroll. Walk Away.**
- If it is difficult to convince the prospective enrollee of why they want or need Champion Health Plan benefits, **Do Not Enroll. Walk Away.**
- If they have rules, requirements, or requests outside of standard operating procedures, **Do Not Enroll. Walk Away.**
- If the enrollee has a power of attorney (POA) and the POA is not present at the enrollment, **Do Not Enroll. Walk Away.** If the POA is present, have them sign in the appropriate section on the enrollment form and provide a copy of proof of POA or conservatorship with the enrollment form. Please do not accept the enrollment form without it.

# Compensation

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Champion Health Plan offers competitive compensation for our agents. Our compensation structure rewards agents for their hard work and commitment to Champion Health Plan. To be eligible for payment, you must maintain a state insurance license and complete your yearly training certification.

## Commission Payments

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Champion Health Plan has a Book of Business Portal that provides information on the status of your enrolled beneficiary. You can view enrollments, disenrollments, commission payment status, and credentialing requirements. Please contact the Champion Health Plan Agent Support department to obtain your login.

**To receive commission payments, agents must have all the following items completed and current with Champion:**

- Errors & Omission (E&O) Insurance, declaration page
- Signed Champion Health Plan Agent Contract
- California Department of Insurance Licensure (if selling in California)
- Nevada Department of Insurance Licensure (if selling in Nevada)
- Current year AHIP or NAHU certification and a copy of the agent's score
- Current year certification with Champion Health Plan
- W-9 Tax Form
- Direct Deposit authorization

For current-year enrollment, commissions are paid by the 15th of each month following eligibility. For residuals, commissions are paid by the 15th of the month, provided your beneficiary is still enrolled. Commissions are paid directly to the agent via ACH. Discrepancies must be brought to Champion Health Plan's attention within 90 days of payment. Commissions on any discrepancies will be processed retroactively, up to 90 days. **If an agent's credentials are not valid, commissions are:**

- Withheld immediately for expired California or Nevada Insurance license.
- Withheld for 30 days for expired E&O coverage or AHIP Certifications.
- If Champion Health Plan determines that credentials are not updated and current, commissions will be forfeited, and the Agent's Agreement will be terminated. If the Agent is no longer certified, the commission payment will stop to the Agent.
- Duplicate enrollment forms received by Champion Health Plan will be processed as follows: The last enrollment form received by Champion Health Plan during any month or AEP will be honored, and the Agent will receive credit for the enrollment.
- **Changes to an existing Member's benefit plan will be processed as follows:**
  - Made by the Agent of Record, no change in commission or renewals
  - Made by an Agent other than the initial Agent of Record, the new writing Agent will become the Agent of Record and the new Agent and will receive credit for the enrollment corresponding with the effective date in the benefit plan change

## SALES ALLEGATION REVIEW PROCESS

Champion Health Plan recognizes the seriousness of allegations of improper or incomplete sales presentations and the risk they pose to the Member, the Sales representative, and Champion Health Plan. As such, Champion Health Plan has established a procedure following CMS guidance to investigate sales allegations. Champion Health Plan's procedure is as follows:

The designated Sales Allegation Review Investigator investigates the cases by gathering statements from the member, the Sales Representative, and any witnesses to the sales presentation. Champion Health Plan will require the agent to provide all copies of communications, including the Scope of Appointment form, emails, or other communications establishing a meeting (if it is not during a in person sales presentation). If the enrollment was obtained telephonically,, a copy of the recorded call as required by CMS.

- Sales Representatives are allowed to respond in writing to any Sales Allegations
- Sales Representatives are not permitted to contact the beneficiary after the health plan receives the allegation
- The Investigator furnishes a copy of the allegation along with the interview document to the Sales Representative that is alleged to have given inaccurate information

Sales Representatives are required to respond within five business days. The members' statements will be deemed factual if the Sales Representative fails to respond. Sales Representatives should be prepared to participate fully in the investigation process, including communications with Champion's Chief Compliance Officer and/or the Grievance Department to adequately address any member impacts.

The Sales Allegation Review Committee meets regularly to review the allegations and the subsequent investigation information to determine fault, or no fault based on the evidence provided. In cases where there is insufficient proof supplied by either the member or Sales Representative to make a conclusive decision of "fault" or "no-fault", a decision of "no determination" is rendered.

### **There are three Determinations possible:**

- Fault (the documentation and testimonies proved the sales representative to be at fault—or if a trend of similar allegations is identified even if there is "No Determination," the Determination can be designated as "Fault" due to the trend found)
- No-Fault (the documentation and testimonies proved there was no fault on the part of the sales representative)
- No Determination (the documentation and testimonies were insufficient to prove or disprove fault—usually "he said / she said" conflicting statements unable to be proven)

Should there be a finding of Fault or in some cases No Determination, the Sales Allegation Review Committee may make a recommendation for additional training, suspension of writing privileges or termination of an agreement to represent Champion Health Plan.

# Compliance and Sales Oversight

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We all know the importance of compliance. At Champion Health Plan, we are committed to providing resources and offering support to help you be confident that you are compliant in every sales activity you do. Whenever you need information or have questions, please get in touch with our Agent Support Department at 1-800-885-8000.

**Champion Health Plan has a zero-tolerance policy for the following non-compliant actions. These actions will result in termination of the Agent from Champion Health Plan, and the activities will be reported to CMS to investigate:**

- Door knocking
- Cold calling
- Enrolling beneficiaries who live outside the service area, but using a fake address or P.O. Box
- Fraudulent or malicious enrollment tactics

## **Corrective Action Plan (CAP)**

If Champion is made aware of non-compliant Sales activities, a Corrective Action Plan (CAP) will be created for the Agent based on the offense. The Compliance and Sales departments will work together to ensure that the CAP has been communicated to the agent and completed. If it is found to be required, ongoing monitoring will occur.

## **Business Associate Requirements**

The Privacy Rule from the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), requires that health plans as covered entities obtain satisfactory assurances from their business associates to ensure that protected health information (PHI) is used only for its intended purposes and is adequately protected by law.

Agents typically receive PHI from a beneficiary or health plan and perform services on behalf of health plans. To that extent, they meet the definition of a Business Associate and must have a signed Business Associate Agreement (“BAA”) on file with Champion Health Plan.

## **Medicare Regulatory Requirements**

Medicare regulatory requirements apply to Champion Health Plan’s Medicare Advantage products to the extent required by Federal and/or state law. Champion Health Plan’s contracts with the Centers for Medicare and Medicaid Services (“CMS”) for CMS instructions. See the Resources section for more information.



## FRAUD, WASTE AND ABUSE

### Standards of Conduct

We conduct business with the highest of ethical standards and our compliance program supports this. We have created the Champion Health Plan Standards of Conduct to assist in understanding expectations for how we do business and to outline your responsibilities as an Agent that provides services to Champion Health Plan members. All Agents are required to complete an Annual Training for Compliance and Fraud, Waste and Abuse. Please contact the Agent Support Team to schedule training.

### MIPPA Guidelines and Rules

The Medicare Improvements for Patients and Providers Act of 2008 (“MIPPA”) is the federal legislation that was passed to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics.

### Scope of Appointment and Phone Script

Scope of Appointment (SOA) parameters (and documentation) are required for all one-on-one appointments, regardless of venue (e.g., home, telephone). Agents are required to obtain the SOA at least 48 hours prior to the scheduled meeting. This requirement does not apply for unscheduled meetings (walk-ins) or for meetings during the last 4 days of a valid election period for a beneficiary. Telephonic enrollments require that you record the call with the beneficiary and receive the beneficiary’s consent to enroll the call. The agent must retain the phone recording for 10 years and have a way to retrieve the recording and provide to Champion Health Plan in a timely manner if requested.

During these appointments, discussions may only concern previously agreed upon plan products documented in the SOA. Agents are required to have a beneficiary sign the SOA prior to conducting appointments, for example, when a current member comes to your office for a plan review. A Scope of Appointment form does not need to be used when a current member comes in with questions about a bill from a provider. A Scope of Appointment form must be retained on file for 10 years. If you do an online enrollment, you must record the enrollment, use a CMS approved script, submit using the Medicare.gov Plan Finder, and email or Fax a completed Champion Health Plan Enrollment form with the enrollees PTP, PCP and Dialysis Center. Additionally, you must indicate on the enrollee signature line that “This enrollment was filed Online using the CMS OEC”. You must submit your recording of the enrollment call as well.

## SCOPE OF APPOINTMENT FORM

### CMS-approved Champion Health Plan Script

#### Cross-Selling

This guidance prohibits cross-selling of non-health care related products (such as annuities, or life insurance) during any sales activity or presentation. This is referenced in the Medicare Communication Marketing Guidelines, section 3. – Personal/Individual Marketing Appointments [42 CFR §§ 422.2268(b)(3- 5),(11), 423.2268(b)(3-5) and (11)].

**Best Practice:** Keep a record of the method of initial contact in your files.



## Agent Oversight

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The Champion Health Plan Sales Oversight team is responsible for preventing, detecting, and correcting non-compliant sales activities. This segment has been designed to provide better quality control over Medicare sales and to monitor Agent activity. Ongoing monitoring is conducted by the Sales Oversight Team. Monthly sales-events audits are performed and coaching, and feedback is provided to the Agent and their Agent Sales Representative and/or FMO. If an Agent scores lower than 90%, he or she may be placed on a Corrective Action Plan. Presenting Agents must be licensed, have completed Champion Health Plan's current year Medicare certification, and attended a Compliance Workshop training.

### **Rapid Disenrollments**

A rapid disenrollment rate of ten percent (10%) or less is considered acceptable. A rate between eight to ten percent (8%-10%) is considered above average and will be monitored to see if there is an ongoing trend. A rapid disenrollment rate of eleven percent (11%) or greater will be investigated to see if there is non-compliant sales activity when enrolling these members. An agent who consistently has a high rapid disenrollment rate may be at risk of suspension of writing privileges or termination of the agent agreement.

### **Medicare Communications and Marketing Guidelines (MCMG)**

For Sales/Marketing guidelines and requirements always refer to the Medicare Communications and Marketing Guidelines (MCMG) document produced by CMS. The MCMG documents are posted on Medicare.gov, using this link: <https://www.cms.gov/files/document/medicare-communications-and-marketing-guidelines-3-16-2022.pdf>

# Sales Events

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All Sales/Marketing Events must receive prior approval from Champion Health Plan and be submitted to CMS. Advertisements and invitations to sales/marketing (in any form of media) used to invite individuals to attend a group session with the possibility of enrolling those individuals must include the following statements on marketing materials:

“A salesperson will be present with information and enrollment form.”

“For accommodation of persons with special needs at sales meetings call 1-800-885-8000, or TTY 711.”

For detailed instructions on how to submit a Sales/Marketing Event, refer to the instructions from the Champion Health Plan Compliance Department. It is important that you follow these instructions very closely, the Compliance Department will reject your request if it is in an incorrect format. To receive or submit an electronic Excel template to submit Sales/Marketing Events, please email the Agent Support Team at **Events@championpayer.com**.

The Centers for Medicare & Medicaid Services (CMS) mandate that Medicare Advantage Prescription Drug (MAPD) plans collect and report specific data elements for formal and informal sales events. These requirements are designed to ensure transparency and compliance during marketing activities.

**Submit all Sales/Marketing Event requests to Events@championpayer.com.**

## FORMAL SALES EVENTS:

Formal sales events involve structured presentations where agents provide plan-specific information to an audience. CMS requires the following data elements for these events:

- **Event Type:** Specify that the event is a formal sales event
- **Event Details:** Include the event's date, time, and precise location
- **Products to be Discussed:** List all products and plan types (e.g., HMO, HMO-POS) that will be covered during the event
- **Agent Information:** Provide the names and contact details of the agents conducting the event
- **Event Promotion:** Describe how the event will be advertised or promoted to potential attendees

It's important to note that while sign-in sheets can be used during formal sales events, they must clearly indicate that providing contact information is optional. Agents are prohibited from requiring attendees to provide personal information as a prerequisite for participation. CMS requires all records (like attendance sheets and marketing materials) be retained for a minimum of ten (10) years post-CMS contract termination or CMS audit, whichever is later.



## INFORMAL SALES EVENTS:

Informal sales events are less structured and typically involve agents available at a table, booth, kiosk, or recreational vehicle (RV) to provide plan information upon request. For these events, CMS requires the following data elements:

- **Event Type:** Specify that the event is an informal sales event
- **Event Details:** Include the date, time, and specific location of the event
- **Agent Information:** Provide the names and contact details of the agents staffing the event
- **Products Available for Discussion:** List all products and plan types that agents are prepared to discuss upon beneficiary request
- **Event Promotion:** Describe how the event will be advertised or promoted to the public

Similar to formal events, agents at informal sales events must ensure that any sign-in sheets clearly state that providing contact information is optional. Agents should not initiate contact but may provide information upon beneficiary request.

### Additional Considerations:

- **Notification Requirements:** All sales events, whether formal or informal, must be reported to the plan sponsor so they can be submitted to CMS within established timelines. This ensures that CMS is aware of all marketing activities and can monitor compliance.
- **Prohibited Activities:** Agents are prohibited from conducting health screenings or other activities that could be perceived as “cherry-picking” beneficiaries. Additionally, agents must not require attendees to provide contact information as a condition for attending the event.
- **Event Materials:** Request event materials based on expected attendance for the event by filling out the Event Request Form located in the Agent Portal at [championhmo.com](http://championhmo.com). This form should be submitted to [Events@championpayer.com](mailto:Events@championpayer.com) with your request for approval. You will be informed by email when the event is approved, and materials will be issued.

Champion Health Plan and its agents can conduct compliant and effective sales events by adhering to these guidelines and accurately reporting the required data elements.

Champion Health Plan values cooperation and quality work, and we expect you to embody these values as well. When you participate in a Champion Health Plan sales or education event, you are representing Champion Health Plan. Therefore, it is important that you follow CMS and Champion Health Plan guidelines to ensure that we are always compliant. Enrollment and educational events require a lot of time and effort to plan and execute. Agents must be respectful and considerate of the venues and beneficiaries’ time before, during, and after the event. In addition, always introduce yourself to managers or staff at the premises and facilities.

To request approval for a Sales or Educational Event, please email the **Agent Support Team** at [Events@championpayer.com](mailto:Events@championpayer.com) at least 21 days before the event.

## EVENT REMINDERS

### Be Prepared

All events must be submitted to Champion Health Plan at least 21 business days in advance. You must have all the materials you plan to use prior to the event. All event requests must be submitted at

**Events@championpayer.com.**

All written advertisement materials must be approved by Champion Health Plan and CMS. You can obtain approved material by contacting the Champion Health Plan Agent Support Team. Make sure all Agents present at the event are certified and appointed Champion Health Plan Agents. To order Agent Marketing Flyers send the request to the Agent Support Team at **Marketing@championpayer.com** with the following information:

- Name
- License Number
- Phone Number

During a Champion Health Plan event, you must exclusively market and enroll Champion Health Plan products. No other competitors' plans may be promoted, nor may there be any non-Champion Health Plan materials presented or on display in the immediate selling area (for example, on the same desk).

### Be Ready

You must arrive at least 15 minutes earlier than the actual event time and you must stay at the event for a minimum of 15 minutes. If no one shows up after 15 minutes, you may leave the event. You must be dressed in professional business attire. You must always have your ID. If you must leave the event prior to the scheduled leave time, you must notify Champion Health Plan and your up-line agency. All Champion Health Plan events are subject to secret shopping either by Champion Health Plan or CMS. You will not be notified if or when secret shopping occurs.

### Be Aware and Be Courteous

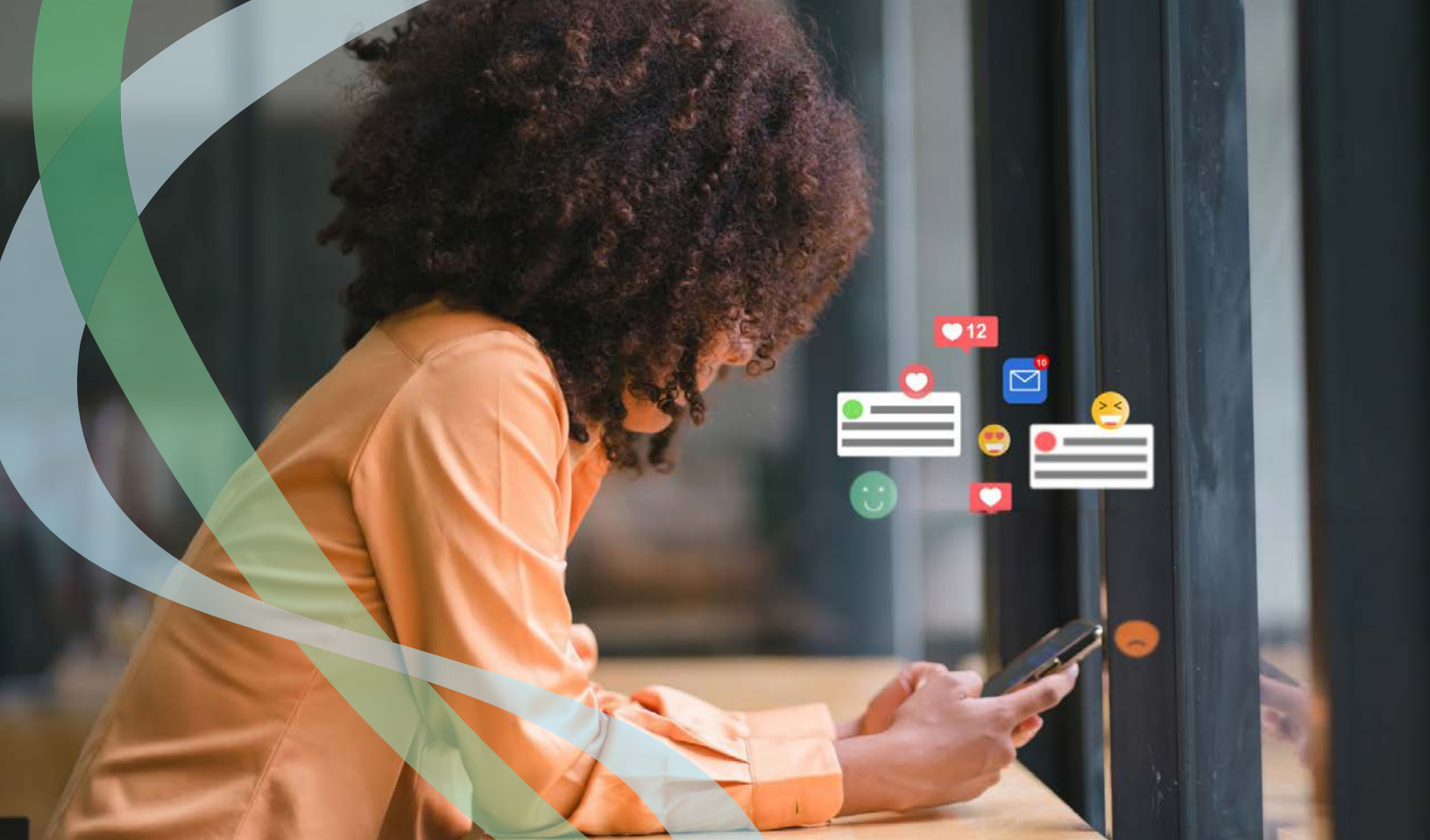
Our non-cancellation policy states that in the case of an emergency, you must find coverage for the day and time of the event. Please contact Champion Health Plan's Agent Support Team to seek approval for an emergency cancellation. Any changes to the schedule, location, or other important issues should be reported immediately to Champion Health Plan's Compliance Team at **1-800-885-8000** or **Events@championpayer.com**. If you have any general questions, you can call the Champion Health Plan Agent Support Team at **1-800-885-8000 | TTY 711** or refer to the Medicare Marketing and Communication Guidelines.

### Canceling an Event

In order to cancel an event, Agents must cancel at least 48 hours prior to the scheduled date/time. CMS states:

"If the event is canceled with less than 48 hours' notice, the plan sponsor must ensure a representative is present at the event site 15 minutes before and 15 minutes after the scheduled start time to inform beneficiaries that the event has been cancelled."

CMS requires that plans keep internal records of cancellation and reasoning. Agents are to submit this information to **Events@championpayer.com** at least 48 hours in advance of the cancellation.



## EVENT MARKETING MATERIALS

### Marketing Material Review

Agents may create their own custom materials, but they must be approved by Champion Compliance prior to publishing. The Champion Health Plan Sales and Compliance team will review materials and determine if the message is compliant and/or when CMS filing is required. After messages have been reviewed and approved or submitted to CMS, they may be used. It is important that once materials are approved, they may not be altered in any way. Any alteration will make them non-compliant.

Your Requirements:

- You must follow Champion Health Plan and CMS marketing and enrollment requirements.
- You may only use CMS and Champion Health Plan approved marketing materials when discussing Champion Health Plan Medicare Plans. You may only use materials that have been created by our marketing team, approved by our compliance teams, and filed with CMS by us.
- You may not alter CMS-approved materials in any way, other than to add personal information like Agent name, phone number, email or event date where permitted.
- Champion Health Plan provides CMS-approved materials. These materials do not require additional review.

### Logo Use

If you would like to use the Champion Health Plan logo on your materials or website, you must have an active logo use contract in place. To request this contract, call or email the Agent Support Team and a Representative will email it to you. After the contract has been countersigned by a Champion Health Plan employee, you may then use the logo only in ways outlined in the contract.

## Website Review

Agents who market Champion Health Plan Medicare products on their websites must submit their website to Champion Health Plan for review and approval. Marketing and Compliance team members will review the site and determine when CMS filing is necessary and/or if the site is compliant. Whenever you make changes to the site, please contact Champion Health Plan to review the site again.

We recommend linking to Champion Health Plan product pages instead of posting a PDF or publishing product information on your sites. This ensures that you always have current information available on your site.

## Social Media Review

Agents may use social media as a marketing vehicle, but messages must be approved prior to publishing. Please send your approval requests to Champion Health Plan. The Champion Health Plan Sales and Compliance team will review materials and determine if the message is compliant and/or when CMS filing is required. After messages have been reviewed/approved or submitted to CMS, they may be used. It is important that once materials are approved, they may not be altered in any way otherwise they are non-compliant.

# Enrollment

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## ENROLLMENT FORM

The enrollment form that is submitted for the beneficiary must be for the correct year for coverage or else it will not be accepted by Enrollment. In addition, it must be filled out correctly and, in its entirety, or it risks being rejected if Champion Health Plan cannot obtain the missing or incorrect information.

Included with the Enrollment Form is the Case Management Form. This is required for a complete enrollment form to be processed even if it is left blank, it's highly encouraged to ask the beneficiary the questions on the form so Champion Health Plan can assist with any ongoing supplies or care the beneficiary is receiving.

See the resources section for access to the most current Medicare Advantage Enrollment Guidelines. Please contact your Agent Support Team to learn how to order approved marketing materials and enrollment kits for the current benefit year.

## Enrollment Options

Champion Health Plan accepts a variety of enrollment methods:

**Mail: Champion Health Plan – Enrollment**  
**5000 Airport Plaza Drive, Suite 100**  
**Long Beach, CA 90815**  
**Fax: 949-850-2552**  
**Email: [enrollment@championpayer.com](mailto:enrollment@championpayer.com)**

## Order Enrollment Kits

Ordering Enrollment Kits is very easy. Call your Agent Support Representative at **1-800-885-8000**

## Tracking Issues

In the event there is an issue with an enrollment form you have submitted, the Champion Health Plan Enrollment Team will contact you. Typically, we need additional information to process the enrollment form. Please respond in a timely way so the enrollment form can be processed in accordance with the CMS timeframe for enrollment form submission.

## Cancellations

If your beneficiary wants to cancel his or her enrollment form before the effective date, it can be done in a few ways. Before the start date of the plan, the Applicant can call the Champion Health Plan Member Services Department at **1-800-885-8000 | TTY 711** to request that the application be canceled before the effective date. Alternatively, the beneficiary may call **1-800-MEDICARE (1-800-633-4227 or TTY 711)** to cancel their enrollment. These are the most efficient ways to cancel an enrollment application. Applicants can send a written, signed request to the Enrollment Department to cancel the enrollment form.

**Mail: Champion Health Plan**  
**Attn: Enrollment**  
**5000 Airport Plaza Drive, Suite 100**  
**Long Beach, CA 90815**  
**Fax: 949-850-2552**  
**Email: [enrollment@championpayer.com](mailto:enrollment@championpayer.com)**

After the policy is in effect, Members must mail or fax a written, signed request to cancel the policy.

**Mail: Champion Health Plan**  
**5000 Airport Plaza Drive, Suite 100**  
**Long Beach, CA 90815**  
**Fax: 949-850-2552**

## Agent Portal

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Champion Health Plan has an Agent Portal which has the following features:

- Check Member IDs
- See your current book of business with Champion Health Plan and export it to Excel
- Check processed and pending applications
- Disenrollment report
- Order marketing and sales materials through the Champion Store

To request access, call Champion Health Plan Agent Support at **1-800-885-8000**.

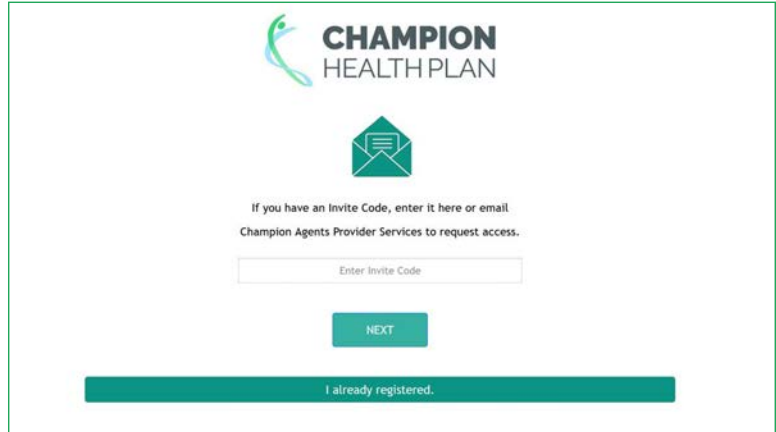
# Agent Portal Instructions

## HOW TO USE THE AGENT PORTAL

### 1. Registration

Start by visiting <https://health.clickmedix.com/chagents/home/index> to begin the registration process.

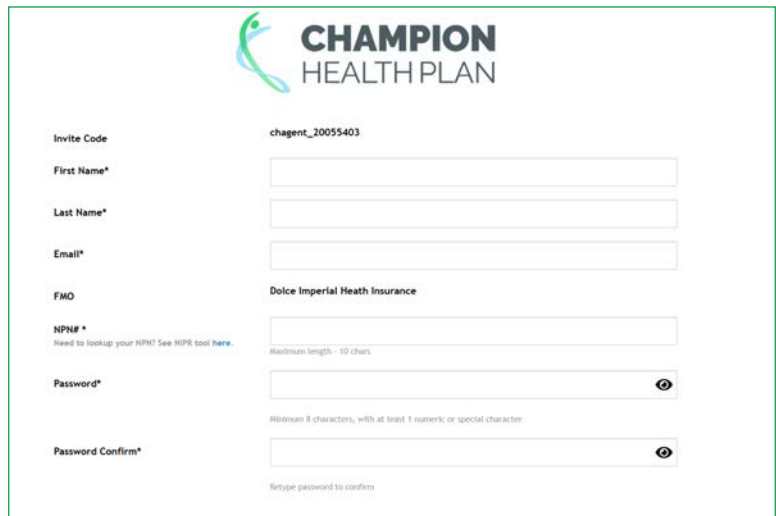
- Enter your **invite code**. If you've already registered, click "**I've already registered**" to return to the login page.
- Complete the required fields:
  - **Name**
  - **SSN**
  - **Work email**
  - **NPN** (your username for login)
  - **Password** (create a secure one)



The image shows the initial registration page for the Champion Health Plan Agent Portal. At the top is the Champion Health Plan logo. Below it is an envelope icon. The text reads: "If you have an Invite Code, enter it here or email Champion Agents Provider Services to request access." There is a text input field labeled "Enter Invite Code" and a green "NEXT" button. At the bottom, there is a green button labeled "I already registered."

Once done, click "**Register**" to submit your registration request.

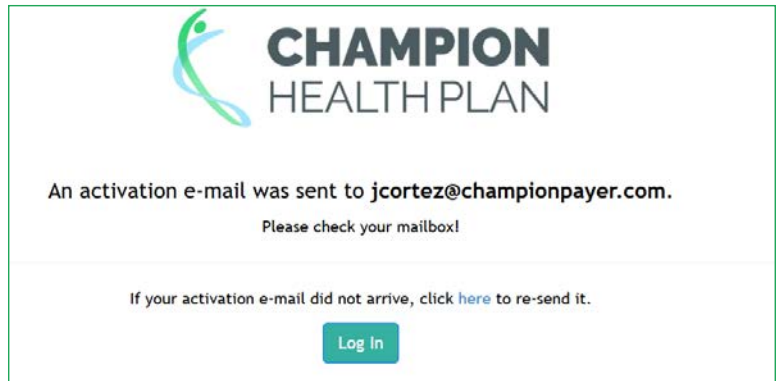
- **Check your inbox:** You'll receive a confirmation email from Champion to confirm that we've received your registration.



The image shows the registration form for the Champion Health Plan Agent Portal. The form is titled "CHAMPION HEALTH PLAN" and includes the following fields: "Invite Code" (pre-filled with "chagent\_20055403"), "First Name\*", "Last Name\*", "Email\*", "FMO" (pre-filled with "Dolce Imperial Health Insurance"), "NPN#\*" (with a link to "Need to lookup your NPN? See NPI tool here."), "Password\*" (with a strength indicator), and "Password Confirm\*" (with a strength indicator). The form also includes a "Maximum length: 10 chars" note and a "Retype password to confirm" note.

### 2. Registration Approval

After the Champion team reviews and approves your registration, you'll receive an email with an activation link and additional instructions. Simply click the link to finalize your registration.



The image shows the activation page for the Champion Health Plan Agent Portal. At the top is the Champion Health Plan logo. Below it is the text: "An activation e-mail was sent to **jcortez@championpayer.com**. Please check your mailbox!". At the bottom, there is a note: "If your activation e-mail did not arrive, click [here](#) to re-send it." and a green "Log In" button.



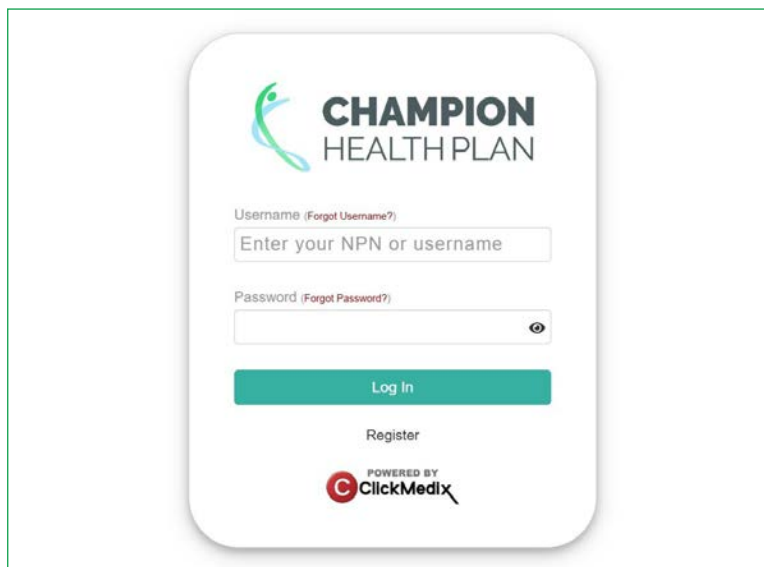
# Agent Portal Instructions (Cont.)

## 3. Login After Activation

Once activated, go to the **login page**.

- Enter your **NPN** (or the username provided in your email) and your **password**.
- If you've forgotten your login details, click "**Forgot Username?**" or "**Forgot Password?**" to reset them.

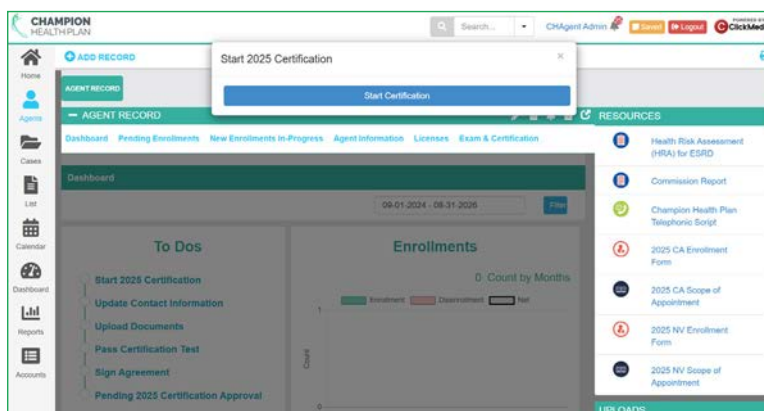
After logging in, you'll be directed to your **Agent Portal Dashboard**, where you'll need to complete your certification.

The image shows the login page for the Champion Health Plan Agent Portal. It features the Champion Health Plan logo at the top. Below the logo, there are two input fields: "Username (Forgot Username?)" and "Password (Forgot Password?)". The "Username" field contains the placeholder text "Enter your NPN or username". Below the password field is a "Log In" button. At the bottom, there is a "Register" link and a "POWERED BY ClickMedix" logo.

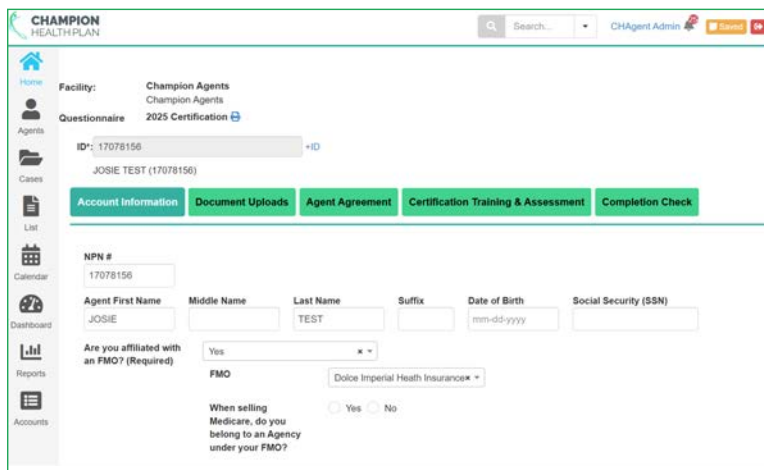
## 4. Complete Required Information

On your dashboard, you'll need to:

- Add your **account information**.
- Upload all **required documents**.
- Review and **sign the Champion Agreement**.

The image shows the Agent Portal Dashboard for a user named "CHAgent Admin". The dashboard has a sidebar with navigation links: Home, Agents, Cases, List, Calendar, Dashboard, Reports, and Accounts. The main content area is divided into several sections. At the top, there is a "Start 2025 Certification" button. Below this, there is a "To Do" list with items: "Start 2025 Certification", "Update Contact Information", "Upload Documents", "Pass Certification Test", "Sign Agreement", and "Pending 2025 Certification Approval". To the right of the "To Do" list is an "Enrollments" section with a "0. Count by Months" chart. On the far right, there is a "RESOURCES" section with links to "Health Risk Assessment (HRA) for ESRD", "Commission Report", "Champion Health Plan Telephonic Script", "2025 CA Enrollment Form", "2025 CA Scope of Appointment", "2025 NV Enrollment Form", and "2025 NV Scope of Appointment".

Once these steps are completed, you can proceed to the **2026 Training Certification Module**.

The image shows the "2025 Certification" questionnaire page. The page has a sidebar with navigation links: Home, Agents, Cases, List, Calendar, Dashboard, Reports, and Accounts. The main content area is titled "Facility: Champion Agents" and "Questionnaire: 2025 Certification". It includes a "ID:" field with the value "17078156" and a "+ID" button. Below this, there is a "JOSIE TEST (17078156)" section. The questionnaire is divided into five tabs: "Account Information", "Document Uploads", "Agent Agreement", "Certification Training & Assessment", and "Completion Check". The "Account Information" tab is currently selected. It contains fields for "NPN #", "Agent First Name", "Middle Name", "Last Name", "Suffix", "Date of Birth", and "Social Security (SSN)". The "NPN #" field contains the value "17078156". The "Agent First Name" field contains the value "JOSIE". Below these fields, there is a question: "Are you affiliated with an FMO? (Required)". The answer is "Yes", and the "FMO" dropdown menu is set to "Dolce Imperial Health Insurance". At the bottom, there is a question: "When selling Medicare, do you belong to an Agency under your FMO?". The answer is "Yes".

# Agent Portal Instructions (Cont.)

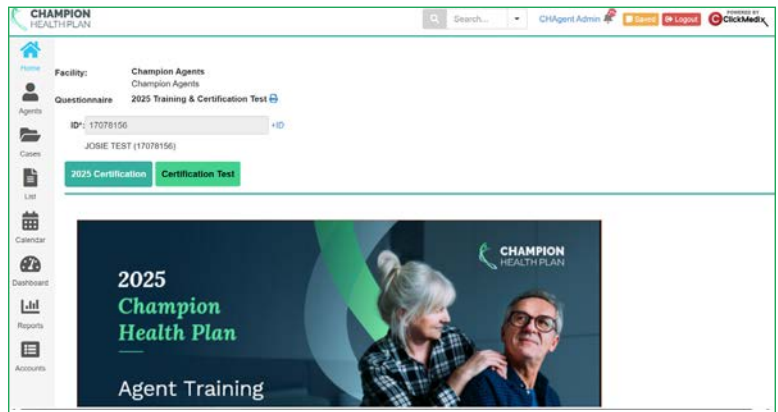
## 5. Training Certification Module & Test

- Review the **training materials** thoroughly. When you're ready, take the certification test.
- You have **3 attempts** to score **85% or higher**.

**Tip:** Make sure to watch the entire training. You'll also have access to additional **reference materials** that can help you on the test.

Once you pass the test, you can:

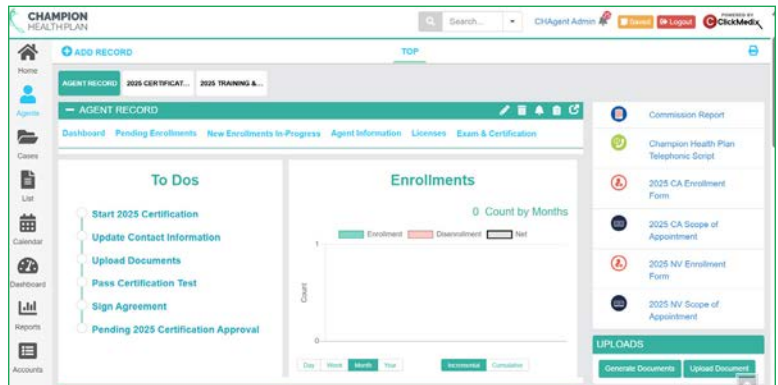
- View your **test results**
- Download your **certificate**
- Provide any **questions or feedback**



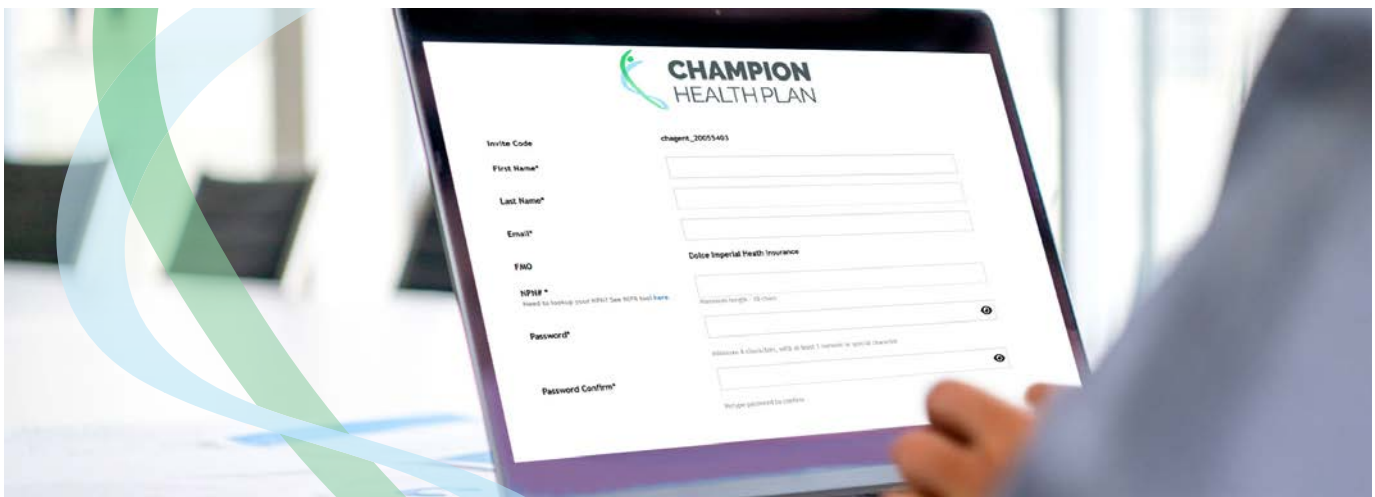
## 6. Dashboard Overview

On your Agent Portal Dashboard, you can easily track your progress:

- View your certification status under **"To Dos"**.
- Receive notifications (both via email and on the dashboard) once you're certified.
- Access details on Enrollments & Disenrollments, Earnings (incentives), and Resources.



You can also visit the Champion Store to download or order copies of the PY26 Enrollment Books and other Champion sales materials.





# Champion Store

## GETTING STARTED

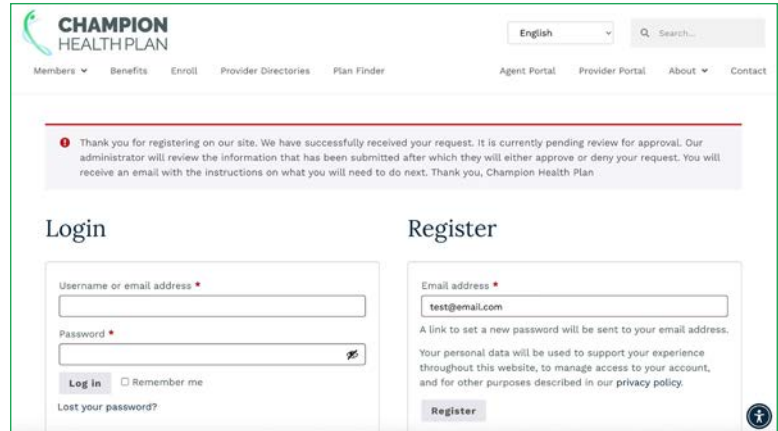
Welcome to your one-stop shop for Champion sales materials and enrollment booklets. Follow these simple steps to register, browse, and order what you need.

### 1. Register Your Email

Start by visiting **championhmo.com/agent-resources**. Under the “**Register**” section, enter your email address and click Submit.

### Check Your Inbox

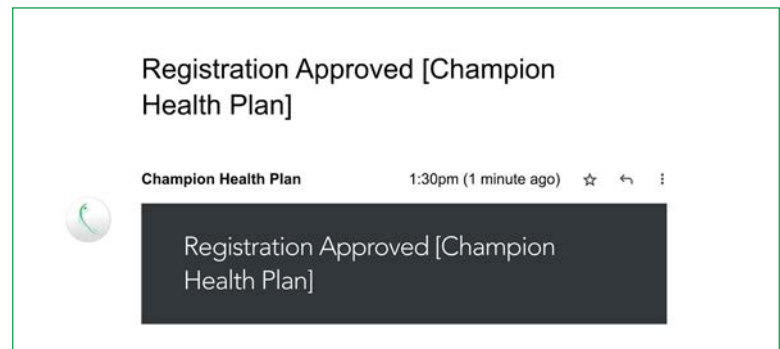
You’ll receive a confirmation email from **brokersupport@championhmo.com** to let you know your request has been received.

The screenshot shows the Champion Health Plan website's registration page. At the top, there's a navigation bar with links for Members, Benefits, Enroll, Provider Directories, Plan Finder, Agent Portal, Provider Portal, About, and Contact. A search bar is also present. Below the navigation bar, a message states: "Thank you for registering on our site. We have successfully received your request. It is currently pending review for approval. Our administrator will review the information that has been submitted after which they will either approve or deny your request. You will receive an email with the instructions on what you will need to do next. Thank you, Champion Health Plan." Below this message are two sections: "Login" and "Register". The "Login" section has fields for "Username or email address" and "Password", with a "Log in" button and a "Remember me" checkbox. The "Register" section has an "Email address" field with "test@email.com" entered, a "Register" button, and a note: "A link to set a new password will be sent to your email address. Your personal data will be used to support your experience throughout this website, to manage access to your account, and for other purposes described in our privacy policy."

### 2. Registration Approval

After your registration is reviewed and approved by the Champion team, you’ll receive another email with login instructions.

**NOTE:** Keep an eye on your spam or promotions folder—just in case!

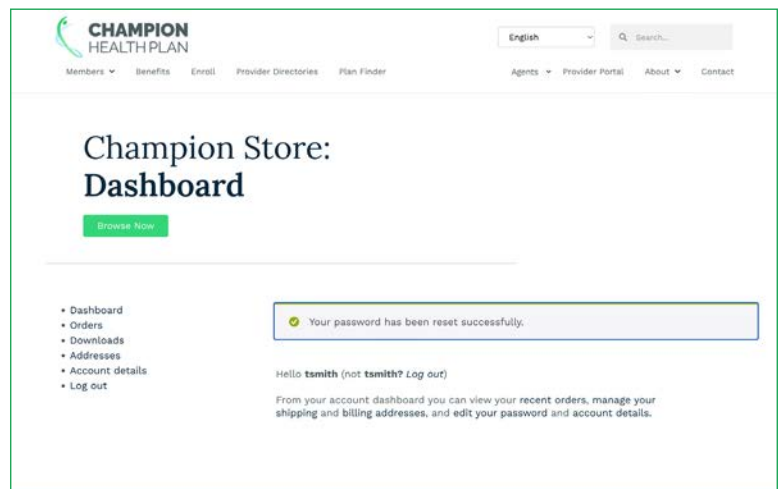


### 3. Login and View Your Dashboard

Once you’re logged in, you’ll land on your Champion Store Dashboard.

From here, you can:

- Browse and order materials
- View your past orders and downloads
- Update your shipping information

The screenshot shows the Champion Store Dashboard. At the top, there's a navigation bar with links for Members, Benefits, Enroll, Provider Directories, Plan Finder, Agents, Provider Portal, About, and Contact. A search bar is also present. Below the navigation bar, the heading "Champion Store: Dashboard" is displayed, followed by a "Browse Now" button. On the left side, there's a sidebar menu with links for Dashboard, Orders, Downloads, Addresses, Account details, and Log out. On the right side, a message states: "Your password has been reset successfully." Below this message, it says "Hello tsmith (not tsmith? Log out)" and "From your account dashboard you can view your recent orders, manage your shipping and billing addresses, and edit your password and account details."

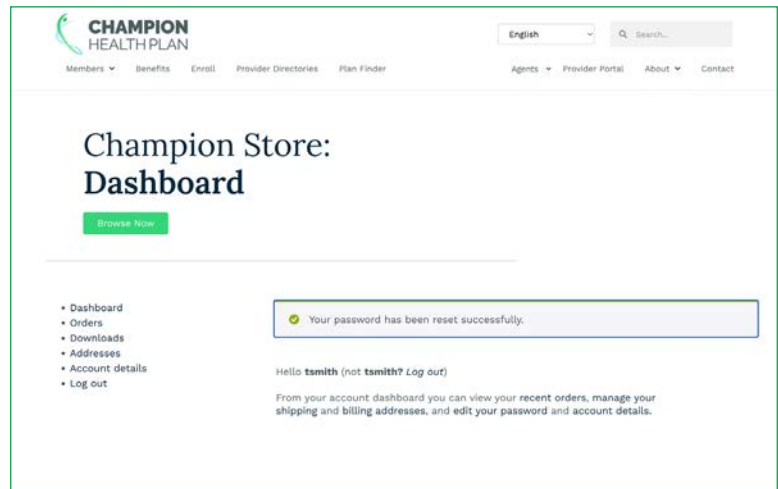
# Champion Store (Cont.)

## 4. Shop for Champion Materials

Click the “Browse Now” button in your Dashboard to start browsing.

### You’ll find:

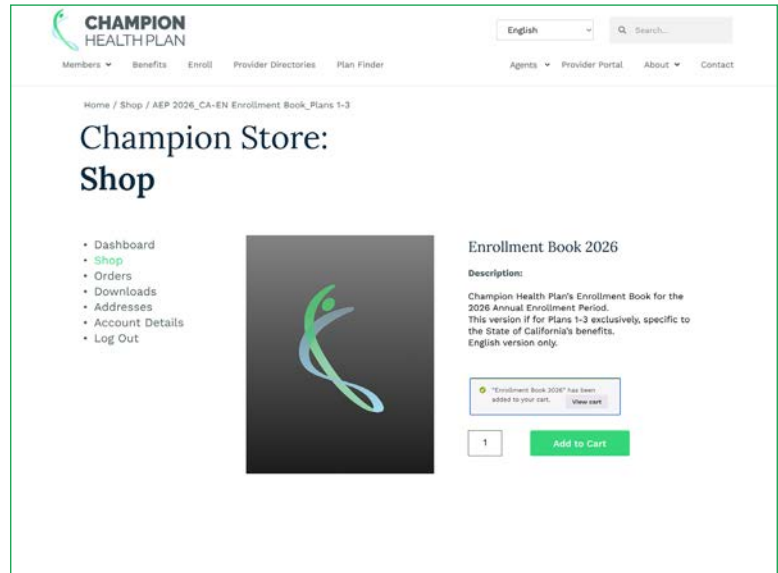
- PY26 AEP Enrollment Booklets (California & Nevada)
- Other approved Champion collateral materials and supplies



### To Request an Item:

- Click “See Details”
- Choose your desired quantity
- Click “Add to Cart”

Repeat as needed to add more items.



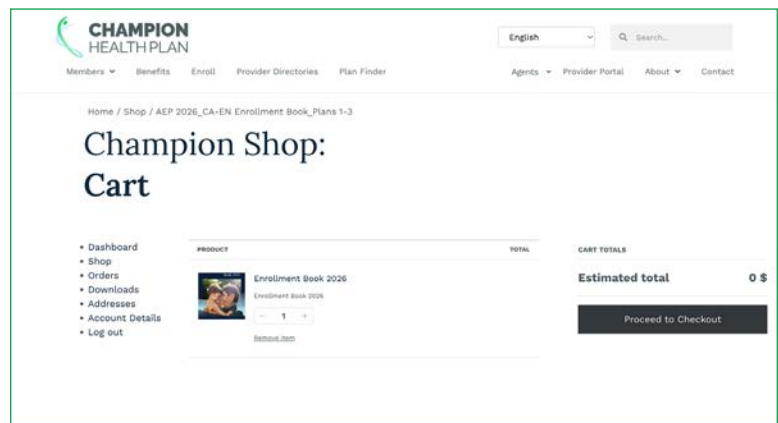
## 5. Checkout and Shipping

### When you're ready:

- Click “View Cart”
- Then click “Proceed to Checkout”

### On the Checkout Screen:

- Enter your shipping information
- Double-check that your email and address are correct
- Click “Place Order” to complete your request



# Champion Store (Cont.)

## 6. Order Confirmation

You'll receive a confirmation email once your order is submitted.

If the Champion team has any questions about the order, they will follow up via email or phone call. Once the review period is over, a Champion team member will submit your order for fulfillment.

The screenshot shows the 'Champion Shop: Checkout' page. At the top, there's a navigation bar with the 'CHAMPION HEALTH PLAN' logo, a language dropdown set to 'English', a search bar, and links for 'Members', 'Benefits', 'Enroll', 'Provider Directories', 'Plan Finder', 'Agents', 'Provider Portal', 'About', and 'Contact'. On the left, a sidebar menu lists: Dashboard, Shop, Orders, Downloads, Addresses, Account Details, and Log out. The main content area is titled 'Champion Shop: Checkout'. It includes a 'Contact information' section with a note 'We'll use this email to send you details and updates about your order.' and an email address field containing 'test@email.com'. Below this is the 'Billing address' section with a note 'Enter the billing address that matches your payment method.' and fields for Country/Region (United States (US)), First name, Last name, Address, City, State (California), ZIP Code, and Phone (optional). At the bottom of the main area, there's a disclaimer: 'By proceeding with your purchase you agree to our Terms and Conditions and Privacy Policy'. At the very bottom, there are two buttons: 'Return to Cart' and 'Place Order'. On the right side, there's an 'Order summary' box showing 'Enrollment Book 2026', 'Enrollment Book 2026', 'Subtotal 0 \$', and 'Total 0 \$'.

## Need Help?

If you run into any issues or have questions, reach out to our support team at [brokersupport@championpayer.com](mailto:brokersupport@championpayer.com)

# Resources

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## **Champion Health Plan—Member Services**

Call toll-free at 1-800-885-8000 | TTY 711

October 1st – March 31st; 8 am – 8 pm, 7 days a week

April 1st – September 30th; 8 am – 8 pm Monday–Friday

Members will speak with live representatives when they call during our business hours unless we are closed for a holiday. Voice mail messages will be returned within one business day.

**Champion Website:** [ChampionHMO.com](http://ChampionHMO.com)

## **Champion Health Plan Premium Billing**

For inquiries, call toll-free at **1-800-885-8000 | TTY 711** October 1st – March 31st, 8 am – 8 pm, 7 days a week, callers will reach a customer service representative trained to answer questions and assist as needed. After hours during this time period, callers will reach a message center that will handle emergencies and will forward non-emergent messages for a call back the next business day.

April 1st – September 30th; 8 am – 8 pm Monday–Friday. After hours and weekends during this time period, callers will reach message center that will handle emergencies and will forward non-emergent messages for a call back the next business day.

## **Champion Health Plan Agent Support**

Call 1-800-885-8000 | TTY 711

Monday – Friday, 8 am – 5 pm

Email: [Sales@championpayer.com](mailto:Sales@championpayer.com)

## **Centers for Medicare and Medicaid Services (CMS)**

Call toll-free at **1-800-MEDICARE 1-800-633-4227 TTY | 711** 24 hours a day, 7 days a week. [medicare.gov](http://medicare.gov)

## **Social Security Administration**

Call toll-free at **1-800-772-1213 TTY | 711** 7 am - 7 pm, 7 days a week, [ssa.gov](http://ssa.gov)

## **CMS Eligibility and Enrollment Guidance**

<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html>

**CMS Medicare Online Enrollment Center:** [medicare.gov](http://medicare.gov)

## **CMS Plan Finder**

[medicare.gov](http://medicare.gov) or (1-877-486-2048) [www.medicare.gov/find-a-plan/questions/home.aspx](http://www.medicare.gov/find-a-plan/questions/home.aspx)

**CMS Star Ratings:** [medicare.gov](http://medicare.gov)

## Resources (Cont.)

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### **HIPAA Privacy Rule and Disclosure Requirements**

<https://www.hhs.gov/ocr/privacy/>

HIPAA Privacy Rule and Security Requirements <https://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/privacyguidance.html>

Internal Revenue Service (IRS) Tax publications <https://www.irs.gov> or 1-800-TAX-FORM (1-800-829-3676)

### **Medicare.gov Complaint Website**

<https://www.medicare.gov/MedicareComplaintForm/home.aspx>

Medicare Part D Model Materials <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Marketing-Materials.html>

### **Medicare Prescription Drug Benefit Manual**

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>

### **National Coverage Determinations (NCD)**

<https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx>

Section 508 of the Rehabilitation Act

<https://www.section508.gov>

**WEDI Health Identification Card Implementation Guide:** [wedi.org](http://wedi.org)



FOR QUESTIONS  
*Call Toll-Free*

**1-800-885-8000, TTY 711**

April 1 - September 30:  
Monday - Friday, 8 am - 8 pm

October 1 - March 31:  
Monday - Sunday, 8 am - 8 pm

[championhmo.com](http://championhmo.com)



**CHAMPION**  
HEALTH PLAN