

2026 Certification Module

Use this document to answer onboarding test questions

- No additional resources needed
- Three attempts allowed
- Minimum passing score: 85%



Ready to Sell FAQs



Will passing this test allow me to sell across all service areas for Essence Healthcare plans?

Yes! You must be licensed and appointed in applicable states.

What's Next?

Sign your producer documents and ensure your background check is processed. You'll see a checkmark in your portal, which indicates you're ready to sell.

Who's my health plan contact?

Once you're Ready to Sell, your dedicated market manager will reach out directly. We also have producer support specialists available at **1-877-259-8657**.

Our Specialty: Provider Teamwork and Support

Doctor founded and backed by Lumeris—
a leader in value-based-care technology.



By giving doctors the tools and technology they need to better care for patients, Essence has been able to **boost quality of care** for its members while **decreasing the cost of care**.

Essence Healthcare & Value-Based Care

- **Essence was designed by doctors** to deliver care differently.
- We reward providers for improving patient health, not just delivering more services.
- Our goal: **better outcomes, better experiences and smarter spending.**

Core Principles:

- **Quality over quantity**—focus on results, not procedures
- **Improved patient outcomes**—keep members healthy and out of the hospital
- **Cost efficiency**—reduce wasteful or unnecessary care



Essence Healthcare & Value-Based Care

Essence delivers care that's coordinated, preventive and patient centered.

How We Do It:

- Coordinate care between doctors and specialists.
- Focus on prevention and chronic care management.
- Use data to identify and support high-risk members.
- Empower patients to take charge of their health.

The Result:

Healthier members. Happier providers. Lower costs.

That's the Essence of value-based care.



Our Reach

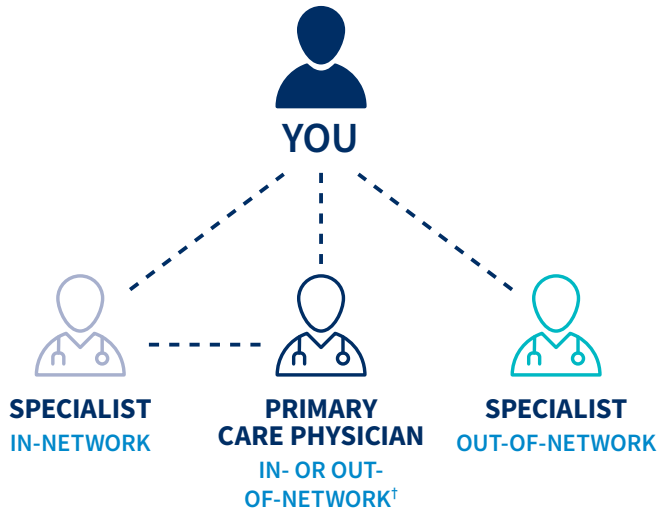


More than 55,000 members and 2,000 agents

MARKETS: Greater St. Louis Area (MO & IL), Chicago, Mid-Missouri, Southwest Missouri, Northwest Arkansas, Little Rock Area, Louisville/Lexington Areas (KY & IN)

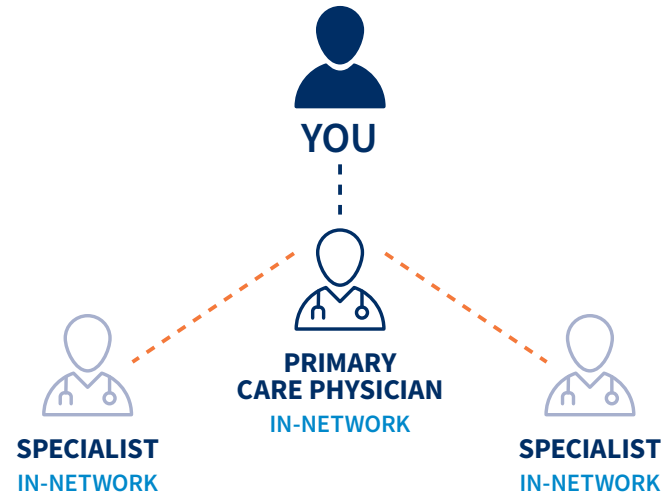
A Plan for Everyone

PPO: More Freedom in Doctor Choice



- In- and out-of-network care
- No referrals
- Primary care physician encouraged but not required

HMO: Coordinated Care



- In-network care for better communication and coordination
- Costs for in-network services are usually lower
- Primary care physician required

Sell Your Way. We've Got You Covered.



Write applications electronically through our Producer Portal, MedicareCenter, HealthSherpa and Sunfire.



- Sell policies over the phone by recording the member's verbal consent.
- Producers must follow CMS regulations.



Our support team is here to take an enrollment with you and your member on the line; just call Producer Support.



Paper applications should be electronically entered into our system and received in our office within 30 days of agent signature date.

Scope of Appointments are required, and Agent Checklists are highly encouraged to avoid complaints. Agent Checklists also give producers a plan-specific checklist that covers common member questions.

Stay Connected



Health Plan Trainings

Register for a virtual or in-person training by visiting [The Broker Beat](#). (Trainings strongly encouraged)



The Broker Beat

Save [The Broker Beat](#) to your browser and learn about everything Essence on your own time.



Producer Portal

Use the [portal](#) to write policies, view commissions, track applications, order supplies and much more.



Contact Us

[Producer Support](#)

1-877-259-8657

Mon–Fri
8am–6pm, CST

Sat
8am–1pm, CST

Staying Compliant

Provider & Directory Recap

- When determining the network status of a provider, only use the plan's online Provider Directory as the source of truth.
- When determining the coverage of a beneficiary's medication, only reference the plan's online formulary for the most up-to-date information.

Carefully review the following:

- Generic vs. brand name
- Dosage and form (e.g., capsule, tablet, injectable)
- Release mechanism (e.g., extended release, standard)
- Special requirements
- Part B vs. Part D classification



Staying Compliant

Third Party Marketing Organizations (TPMOs)

- Obtain prior approval from Essence to independently conduct telephonic enrollments.
- Disclose to beneficiaries when a call is being recorded.
- Use the TPMO disclaimer in accordance with CMS regulations.
- Obtain prior express written consent before sharing a beneficiary's personal data with another TPMO for marketing or enrolling them into an MA plan.



Staying Compliant

Sales Enrollments & Marketing Materials

- All sales, marketing, and enrollment calls must be recorded, stored and be readily available to the plan upon request.
- Marketing materials for or related to Essence must be reviewed and approved by Essence prior to use (submit materials via MFT system).
- All appropriate CMS topics must be reviewed with beneficiaries prior to enrollment (see CMS Agent & Broker Training & Testing Guidelines). The Agent Checklist is also a good resource to ensure beneficiaries are informed on all required topics.



Staying Compliant

Avoiding Complaints to Medicare: Enrollment Without Consent

Root Cause

Enrolling a beneficiary without their knowledge or full understanding

Tips

- **Record and document consent.** All telephonic enrollments must be recorded. For in-person meetings, consider asking permission to record the interaction.
- **Confirm plan choice verbally and in writing.** Before submission, repeat the selected plan, premium and effective date. Have the client repeat it back.
- **Use SOA effectively.** Always secure a completed and signed Scope of Appointment (SOA) before discussing plan options—and review it during the call/visit.



Staying Compliant

Avoiding Complaints to Medicare: Unsuitable Plan Types

Root Causes

- Failure to review the required elements within Sales Presentation topics.
- Recommending a plan that doesn't align with the beneficiary's needs or financial status
- Lack of clarity about the MA plan (e.g., it is not a Med Supp) and implications of enrollment (e.g. disenroll from another MA plan or Med Supp plan).

Tips

- **Conduct a structured needs assessment** that covers:
 - Prescription drug needs
 - Providers
 - Financial situation
 - Travel habits
 - Chronic conditions
- **Ensure all applicable CMS topics and questions are reviewed** with the beneficiary prior to enrollment. Refer to the [HIPPA Module 4: Communications and Marketing Rules for Medicare Advantage and Part D Plans](#).

Staying Compliant

Avoiding Complaints to Medicare: Inaccurate Benefit Description

Root Causes

- Misrepresenting coverage, using terminology such as “free dental” or failing to explain coverage limits or dental networks
- Failing to explain Flex Card and/or OTC benefits, the difference between each benefit and their limitations accurately
- Failure to advise beneficiaries that cost-share could be different out of network vs. in network on certain PPO plans
- Failure to explain that benefits may change each year

Tips

- **Be specific.** Avoid vague terms such as “It covers everything.”
- **Review the EOC or Benefit Summary** with beneficiary.
- **Verify provider participation** before enrollment.
- **Understand Flex Card and OTC** differences and limitations.
- **Reinforce plan year**, and state that benefits are updated on January 1.

Staying Compliant

Avoiding Complaints to Medicare: Inaccurate Provider Information

Root Causes

- Assuming providers are in network without verifying.
- Not verifying provider specialty when checking network status.
- Not advising beneficiary that network participation can change.
- For PPO plans: using terminology such as, “You can see any doctor you want.”

Tips

- **Use the plan’s official online directory** to verify a provider’s participation status, including any future effective dates..
- **Remind beneficiaries that provider networks can change** at any time. Recommend confirming with their provider before receiving services.
- **Explain service area limitations** on PPO plans.
- **Ensure beneficiaries understand that out-of-network providers are not required to bill the plan** for services, and some may expect payment up front from the member.

Staying Compliant

Reporting Compliance Concerns or Violations

- You can report concerns or violations in person, by phone, fax, letter or through our anonymous and confidential Compliance, Ethics and Fraud Hotline (1-800-450-0068, **Report.Syntrio.com/Lumeris**.)
- Email is not recommended for reports due to confidentiality limits, but emailed reports will still be processed.
- The Hotline is available at any time and managed by an independent vendor.



Ready to Sell with Essence



Let's Medicare Together™

Producer Support

Toll-free: 1-877-259-8657

Mon–Fri | 8am–6pm, CST

AEP Saturdays | 8am–1pm, CST

producersupport@lumeris.com

