

## AOR Process for Medicare Carriers

### Anthem:

1. Med Supplement plans: require a letter to be submitted from the client – this can be typed but can not be a form. The request must include the effective date, the Agent's name and NPN number. The letter must also be signed and dated by client – no signature required by Agent
2. MAPD and PDP plans: require a new application submitted

### Aetna:

1. MAPD plans require the member/client call member services at 1-833-570-6670 and verbally request and give authorization to change the Agent of Record

### Cigna:

1. Form is required and can be found in Agent view
2. under service/forms – click on contracting – click on green go button and select the CSB Agent of record form. Turn around time for processing is 3-5 business days

### Humana:

1. Member will need to call member services number 1-800-457-4708. They will need to give member services the requested new agent of record's name and san #. The member will also need to give the reason for the request, example: Member could state, I want to change my Agent of Record because I have never spoken to my agent or know who the agent is. The member must give a

reason for the change and not just request the change without a reason.

#### Optima:

1. Letter needs to be submitted by email to enrollment from the member stating who will be the name of new Agent of record, including the name of the Agent and the agent's NPN number. Letter needs to include the reason as to why the agent is to be the new agent of record. The letter also needs to include the effective date and the signature of the client. This letter can be typed or handwritten

#### Silverscript:

1. PDP plans require the member/client call member services at 1-866-570-6670 and verbally request and give authorization to change the Agent of Record

#### UHC:

**Sample Agent of Record Change Letter-** UnitedHealthcare will accept customer requests to change the Writing Agent and the Agent of Record on a case provided that the request:

- Is made in writing by an authorized representative of the customer on the customer's letterhead;
- Is directed to UnitedHealthcare (not the new Agent of Record);
- Designates the new Writing Agent and Agent of Record using the names by which they are appointed by us;
- Specifies the lines of coverage impacted; and
- States that the customer's instructions to name a new Agent of Record supersede other designations, and terminates commissions and other payments to any prior agent.

**The language in the following sample Agent of Record change letter meets our requirements and may be used by customers to change the agent assigned to their case.**

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**[Must be on customer letterhead]**

[Date]

UnitedHealthcare  
Broker Commissions  
400 Capital Blvd Fl 2  
Rocky Hill, CT 06067

Re: Policy number(s): \_\_\_\_\_

Dear UnitedHealthcare,

On \_\_[enter date]\_\_ we have appointed \_\_\_\_ [Agent's name]\_\_\_\_ [(if applicable) at \_\_\_\_ [Agency name]\_\_\_\_] as our exclusive insurance agent for all lines of coverage [or, if applicable, name specific lines of coverage]. [Adding the Agency's tax ID number or UnitedHealthcare producer ID after the name is optional, but will expedite processing.] The appointment of \_\_\_\_ [Agent or Agency name]\_\_\_\_ rescinds and supersedes all previous agent appointments and shall remain in force until cancelled in writing.

I understand that you will make this appointment effective on the first of the month following your receipt of this letter, and that once effective all commissions and other compensation payable from that date on will be paid to the agent appointed in this letter. I represent that I am authorized to appoint an agent for the lines of coverage that are included in this letter.

Sincerely,

*[The letter must be signed by an executive or officer who has authority to sign legal documents for the customer Please include the title and phone number of the person signing the letter in case there are questions in this matter.]*

Wellcare:

1. Submit a handwritten letter from the client that includes the clients first and last name, member number, Medicare ID number, Date of Birth, and the current Plan name. Request the Change Agent to the Agents name, NPN number and the effective date of the change. Client must sign letter. Letter is to be submitted through the broker portal – create a support ticket and attach the letter to the file after the support ticket is created.