

Subject Line: Community Health Choice Agent Commission Statements
Sub-header: July Commission Statement/Broker Incentive Payments

Dear Valued Partner,

Community Health Choice has worked diligently to rectify any reporting errors which have impacted the calculation of the Q1 Health Risk Assessment (HRA) Broker Incentive which you may have received in May 2018.

After additional review, we have determined the error in the calculation and have made the necessary adjustments to be able to provide you with an accurate account of your Q1 HRA Incentive detail.

We sincerely regret the impact this error may have caused and appreciate those of you who returned any overpayment amount to Community as noted in previous communications.

On Friday, July 20, 2018, you will receive your commission statement for the month of July 2018. At the bottom of your **July 2018** commission statement, you will see two tabs to select from. Please note the following:

- **2018 tab (Example 1)**- The 2018 tab on the agent commission statement will show your July 2018 commission summary detail
- **Incentive tab (Example 2 & Example 3)** - The Incentive tab will show four columns. Please review the following:
 - **Paid through March**- This column will be marked with a “Y” or “N” to show if the subscriber had a Paid through Date on their enrollment on or after March 31, 2018.
 - **HRA**- This column shows if the subscriber completed a Health Risk Assessment (HRA) between January 1, 2018 and March 31, 2018 and if applicable, the amount of the HRA incentive earned.
 - **Visits**- This column applies to the Q2 Wellness Incentive and captures any subscribers who have *COMPLETED* their wellness exam no later than the end of the second quarter, June 30, 2018. This information is based on claims data received as of July 15, 2018 and will be finalized as of July 30, 2018. This will allow additional time for claims processing of any wellness visits completed towards the end of the Q2 incentive period. The Q2 incentive amount earned is also indicated in this column.
 - **Total**- This column will show the total incentive due for both the Q1 HRA Incentive and the Q2 Wellness Incentive (for claims data received through July 15, 2018).

In addition to the columns noted above, as a reference, you will also see the Q1 HRA Incentive amount previously paid in May 2018 which was a separate payment from the May commission payment.

At this time the Q2 wellness visits are included in the July calculation so that we can provide a snapshot of Q2 incentives earned through July 15, 2018.

As noted in a previous communication sent May 25, 2018, in the event you received an overpayment for the Q1 HRA incentive, Community will first recoup from the Q2 Broker Incentive (wellness visit) program.

Please note that the Q2 Wellness Incentive payment will be made in August 2018 and paid in a separate remittance and NOT be included as part of your commission payment. Your incentive payment method will be in the same form you receive your commission payment.

While the incentive payments will be made separately, the incentive statement summary will be included in your August commission statement on an "Incentive" tab as in your July commission statement.

If an overpayment amount is not completely recouped by the Q2 Broker incentive, Community will begin recouping from commissions payable in September 2018. Should there be additional funds to recoup in the form of monthly commissions we will provide a second tab on the September 20th commission statement indicating the recoupment amount/members.

EXAMPLE 1- July Commission Statement Tabs

TIN/BrokerID: [Redacted]
 Agency/Broker: [Redacted]
 Report Date: 7/15/2018 12:00:00 AM

2018 Statement

Broker				Subscriber								Enrollment													Member Months																				
Broker Name	Broker NPN	Broker Eff Date	Broker Term Date	Broker Cert Date	Subscriber ID	Subscriber Name	Enrollment ID	Issuer Subscriber ID	Rate Code ID	Plan Type	Subscriber Application Date	Subscriber Eff Date	Subscriber Term Date	Subscriber Paid Through Date	Number Of Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Total Eligible YTD																
										Community	12/15/2017	6/1/2018	12/31/2018	6/30/2018	1	1	1	1	1	1	1	0	0	0	0	0	7	\$185																	
										Community	12/15/2017	6/1/2018	12/31/2018	7/31/2018	1	1	1	1	1	1	1	0	0	0	0	0	7	\$185																	
										Community	12/15/2017	6/1/2018	12/31/2018	4/30/2018	1	1	1	1	1	0	0	0	0	0	0	0	4	\$44																	
Broker Subtotal															3	3	3	3	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$274
Grand Total															3	3	3	3	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$274
															Total Funds Distributed												\$210																		
															Total Due to Broker												\$50																		

Check Date	Check Number	Payee Number	Payee Name	Check Status	ACH	Check Amount

2018 Incentive

EXAMPLE 2- Incentive Tab- Reflects Overpayment Amount Due (First recoupment attempt will be from the Q2 Wellness Visit Incentive)

TIN/BrokerID:
 Agency/Broker:
 Report Date: 7/15/2018 12:00:00 AM

2018 Broker Incentive Q2									
Broker Group Name	Broker Payee Number	Broker Name	Broker NPN	Subscriber Key	Subscriber Name	Paid Through March	HRA	Visits	Total
						Y	\$0	\$0	\$0
						Y	\$0	\$0	\$0
						Y	\$10	\$0	\$10
						Y	\$10	\$0	\$10
						Y	\$10	\$0	\$10
						Y	\$10	\$0	\$10
Grand Total						Y	\$10	\$0	\$10
							Incentive Amount Paid in May	Q1 Payment	\$40
							Overpayment Amount Due to Community	Amount Due	(\$30)

EXAMPLE 3- Incentive Tab- Reflects Incentive Amount Owed to Broker (No overpayment amount is due)

TIN/BrokerID:
 Agency/Broker:
 Report Date: 7/15/2018 12:00:00 AM

2018 Broker Incentive Q2									
Broker Group Name	Broker Payee Number	Broker Name	Broker NPN	Subscriber Key	Subscriber Name	Paid Through March	HRA	Visits	Total
						Y	\$10	\$10	\$20
						Y	\$10	\$10	\$20
						Y	\$20	\$20	\$40
						Y	\$20	\$20	\$40
						Y	\$20	\$20	\$40
Grand Total						Y	\$20	\$20	\$40
							Incentive Amount Paid in May	Q1 Payment	\$30
							Amount owed to Broker	Amount Due	\$10

If any discrepancies are found after review of your July commission statement, please submit an inquiry to Agent.Commissions@CommunityCares.com and include the Subscriber Name and ID# as reference.

We sincerely apologize for any inconvenience and will work diligently to provide any assistance necessary in addressing concerns you may have related to your recent statement.

Thank you for representing Community Health Choice! We value your partnership!

For questions related to application submissions, please contact AgentRelations@CommunityCares.com or by phone at (713) 295-6760.

For questions related to Contracting or Appointment, please contact Agent.Credentialing@CommunityCares.com or by phone at (713) 295-6760.

For questions related to Commissions, please contact Agent.Commissions@CommunityCares.com or by phone at (713) 295-6760.