## Medicare Agent Locator Tool

In order to be listed as a Medicare agent on the <u>Find local help</u> locator we are asking agents to submit specific documentation and participate in a short webinar and test.

<u>Note this is a voluntary process</u>, so agents are not required to go through this process unless they choose to opt in. If you do not participate, however, your listing on the locator tool will say you do not provide Medicare assistance.

## **Required documentation:**

- Include the Code of Conduct
  - Copy the language below in the email response or a signed copy of this document in acknowledgment you agree
- Current AHIP certification
- Documentation showing current appointment with 2 Medicare carriers
  - A certificate or email from the insurer to prove you are authorized to sell policies by that company
- Medicare health insurance experience for at least 2 years
  - An AHIP certificate from 2 years ago, or documentation from an insurer from over 2 years ago

 $\star$ 

 $\star$ 

- This requirement cannot be waived under any circumstance
- Address of your storefront or home-based location
  - More than one address may be submitted
  - To be listed in another area an address is required
- Email this documentation to <u>agents.marketplace@Oregon.gov</u> with "Agent Locator/Medicare" in the subject line
- We will be checking the NPN database to verify you have a current license

Once all of the above are submitted and verified, you will be given access to the online video (less than 10 minutes of key highlights) and testing program. Passage of the test with 80% or better score is required adding your name in the locator tool.

We do recommend that you check your registration annually to make sure we have your current information.

## Code of Conduct:

Participation in the agent locator tool will require the following:

- I will follow all of the guidelines spelled out by the Marketplace for participation.
- I will keep all of my required certifications & appointments up to date and current.
- I will follow all of the rules and regulations set forth by CMS regarding the sale of
- Medicare plans.
- I will do my best to find the best plan for each and every person based upon their needs. By agreeing to the above, I also understand that my participation can be terminated at the discretion of the Marketplace.