

SCOPE

- Obtain a scope-of-appointment prior to discussing any MA/MAPD products during 1:1 Sales Presentations

MATERIALS

- Use only current year approved materials
- Plan materials must contain the current CMS approval ID
- Provide an Enrollment Kit to each consumer
- Do not modify consumer materials in any way (e.g., add sticker or content, or business card, remove pages, write on)

PLAN PRESENTATION

- State your name, the plan sponsor you represent, the plan you are presenting, and provide your contact information and that you do not work for Medicare/CMS
- Conduct the CMS-approved plan presentation provided by the plan

CLEARLY STATE AND EXPLAIN:

- A Medicare Advantage plan is not a Medicare Supplement plan and describe the differences between them to ensure understanding
- Members must continue to pay their Part B premium
- Members must use their Member ID card when obtaining plan-covered services
- How other coverage might be affected if the consumer enrolls in the plan
- How to cancel or withdraw an enrollment application and dis-enroll from the plan
- For HMO plans, that in-network providers must be used to receive benefits except in emergencies
- For HMO-POS plans that use in-network providers, you will likely experience less costs than using out-of-network providers

FOR PLANS WITH PRESCRIPTION DRUG COVERAGE:

- Low-Income Subsidy or Extra Help
- Late enrollment penalty – explain what it is and process for attesting to creditable coverage
- Cost-sharing: Copayments, coinsurance, and pricing
- Formulary, drug tiers, quantity limits, step therapy, prior authorization, and where to find additional information
- Initial coverage, coverage gap, and catastrophic coverage
- Pharmacy network and preferred pharmacies and cost-sharing impacts – Show member where to locate formulary lists

REVIEW WITH THE BENEFICIARY:

- Enrollment election periods / OEP opportunity
- Enrollment eligibility requirements
- Appeals and grievance processes

- Summary of Benefits or Benefits Highlights including cost-sharing
- Provider network including limitations, referral requirements, in-network and out-of-network cost-sharing, network benefits for routine care and emergency care – Show member where to locate providers
- Plan disclaimers
- Multi-language insert
- Star Rating: Provide the current Star Rating information document

DO NOT:

- Use absolute, or qualified superlative (including qualified), and/or disparaging statement, such as “This carrier is one of the largest Medicare Advantage plans”
- State you represent Medicare or any government agency
- State plans are endorsed, sponsored, or recommended by Medicare, CMS, or the federal government
- Use high-pressure/scare tactics or intimidating behavior
- Describe the plan as “free” if it has a \$0 premium
- State there are no claim forms, paperwork, or similar
- Present non-health related products such as final expense or life insurance

AT THE CLOSE OF YOUR APPOINTMENT

- Make sure that the member has a firm understanding of the benefits that they are enrolling in
- Answer and address all of their questions and concerns
- Be sure to leave your business card and/or contact information and let the member know that you will be their first point of contact, should they have any additional questions or concerns
- Make sure all items containing consumer Protected Health Information/Personally Identifiable Information (PHI/PII) is secure
- Sign, date, and completely overlook your enrollment to make sure you have completed all areas of the application (Incomplete applications can delay processing or enrollment can be denied.)
- Submit the completed enrollment applications within 24 hours of receipt
- Make sure that you are using the proper submission process for the chosen plan
- Always obtain proof of receipt of an application at the plan and keep it as part of the beneficiary record (All records must be retained for 10 years.)