

Medicare Part C Presentation Checklist

The items on this checklist are reminders of points agents must cover when selling a Medicare Advantage, Part D, or Special Needs Plan. **This tool is for the agent's reference only and is not intended as a presentation script. It is not to be viewed by the consumer.** The agent is responsible for presenting the information noted to the consumer in clear understandable language.

Introduction	
<input type="checkbox"/> Your Name	<input type="checkbox"/> The company you represent
<input type="checkbox"/> The Plan you will present - only present plans advertised (reference disclaimer, group meeting) or in Scope of Appointment (personal appointment)	
Disclosure Information	
<input type="checkbox"/> Plans are CMS (define) approved	<input type="checkbox"/> Agents receive commissions for enrollments
<input type="checkbox"/> Plans are offered under contract with CMS	<input type="checkbox"/> Explain how Plan varies from Medicare Supplements
<input type="checkbox"/> Contract is renewed annually	<input type="checkbox"/> MA Plan pays covered services, not Medicare
<input type="checkbox"/> Benefits are subject to change annually.	<input type="checkbox"/> Members must use Plan card, not Medicare card
<input type="checkbox"/> Plan must offer Original Medicare benefits	
<input type="checkbox"/> Enrollment impact on other medical coverage (Employer Group Coverage, Medicaid, etc.) Check for other coverage	
<input type="checkbox"/> AARP Products (if applicable) carry the AARP name and are approved by AARP through contract.	
Enrollment Periods and Change Eligibility (Describe Each)	
<input type="checkbox"/> Initial Coverage Election Period (ICEP) – MA only	<input type="checkbox"/> Open Enrollment Period (OEP)
<input type="checkbox"/> Initial Election Period (IEP) – MAPD or PDP	<input type="checkbox"/> Special Election Period (SEP)
<input type="checkbox"/> Annual Election Period (AEP)	
Eligibility Requirements	
<input type="checkbox"/> Residency in service area	<input type="checkbox"/> PDP must have Part A and/or Part B.
<input type="checkbox"/> MA Plans - Medicare Parts A and B	<input type="checkbox"/> No End Stage Renal Disease (ESRD), some exceptions
<u>SNP Dual Plans</u>	<u>SNP Chronic Plans</u>
<input type="checkbox"/> Medicaid enrollment	<input type="checkbox"/> Condition(s) that consumer must have to enroll
<input type="checkbox"/> Medicaid loss means consumer pays cost sharing	<input type="checkbox"/> Provider must verify condition within 30 days of application signature
<input type="checkbox"/> Providers must bill the plan first then Medicaid	<input type="checkbox"/> Provider contact information must be provided at enrollment for verification purposes
<input type="checkbox"/> Explain Medicaid cost sharing coordination	
<input type="checkbox"/> Disenrollment process for Medicaid loss	
Benefits at a Glance (Group) or Summary of Benefit (Point of Sale)	
Have consumer follow along, explain any terms that may be unfamiliar (copay, coinsurance, Out of Pocket Maximums, etc...)	
<input type="checkbox"/> Referral/Authorization requirements	<input type="checkbox"/> Appeals & Grievances process
<input type="checkbox"/> Covered services/cost sharing	<input type="checkbox"/> Refer to Evidence of Coverage for further detail and non-covered services
Prescription Drug Coverage	
<input type="checkbox"/> Copayments and coinsurances	<input type="checkbox"/> Mail order
<input type="checkbox"/> Formulary/Drug List – show how to use	<input type="checkbox"/> Non-Formulary exception process
<input type="checkbox"/> Pharmacy network	<input type="checkbox"/> Coverage in the Gap or "Donut Hole"
<input type="checkbox"/> Tiers (preferred and non-preferred generics), quantity limits and step therapy	
<input type="checkbox"/> Steps that consumers can do on their own to save RX costs	
Network Information	
Cover points applicable to products sold	
HMO	
<input type="checkbox"/> PCP (in-network) required - review <i>Provider Directory</i> .	<input type="checkbox"/> Referral/authorization process, if applicable.
<input type="checkbox"/> Coverage only in-network – except emergency, urgent, or authorized	
<input type="checkbox"/> Non-authorized/referred, non-emergent and/or out of net, member pays full cost. Medicare/Plan will not pay	
PPO	
<input type="checkbox"/> Higher cost sharing for out-of-network services	<input type="checkbox"/> Medicare participating providers only
<input type="checkbox"/> Emergency/urgent care in-network rate coverage	
<input type="checkbox"/> Out of Pocket Max, services that apply (most of out-of-network services don't)	
PFFS	
<input type="checkbox"/> <u>Read aloud the entire required PFFS disclaimer</u>	<input type="checkbox"/> Other Plans better for Medicaid consumers
<input type="checkbox"/> Medicare participating providers only	<input type="checkbox"/> Review materials to share with providers.
<input type="checkbox"/> Providers who accept the Plan's Terms and Conditions of Payment are "Deemed" providers	
<input type="checkbox"/> Deeming must occur each visit, provider is not obligated to remain deemed	

Premiums

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|--|---|
| <input type="checkbox"/> Clearly state the plans monthly premium or if the plan has no monthly premium | <input type="checkbox"/> PDP – explain Part D late enrollment penalty |
| <input type="checkbox"/> Emphasize continued payment of Part B premiums unless receiving assistance | <input type="checkbox"/> PDP – explain Low Income Subsidy |

Enrollment Process

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| <input type="checkbox"/> Inquire about Power of Attorney or trusted assistant/friend | <input type="checkbox"/> Review the <i>Statement of Understanding</i> . |
| <input type="checkbox"/> Review the enrollment and election period checklist. | <input type="checkbox"/> State the application must be filled out completely. |
| <input type="checkbox"/> Provide the correct proposed effective date, <i>or</i> an example of it. | <input type="checkbox"/> Proof of permanent residence if required |
| <input type="checkbox"/> Request Medicare/Railroad Card to facilitate enrollment process | <input type="checkbox"/> Alternate means of enrollment if requested |

Cancellation or Disenrollment

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| <input type="checkbox"/> Application withdrawal/cancellation (prior to effective date) | <input type="checkbox"/> Disenrollment (<i>after</i> consumer is a Plan member) |
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Post Enrollment

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| <input type="checkbox"/> Welcome Letter and copy of application | <input type="checkbox"/> Billing methods if applicable |
| <input type="checkbox"/> Member ID card used instead of Medicare card. | <input type="checkbox"/> Prepare for OEV call |
| <input type="checkbox"/> How to contact customer service | <input type="checkbox"/> Leave application receipt, Summary of Benefits, agent contact info |

Prohibited Actions

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| <input type="checkbox"/> Claims of CMS or AARP endorsement | <input type="checkbox"/> Intimidation or pressure to enroll |
| <input type="checkbox"/> Claims of CMS or AARP representation or employment | <input type="checkbox"/> Cross selling |
| <input type="checkbox"/> Offering meals | <input type="checkbox"/> Altering plan materials |
| <input type="checkbox"/> Market where meals are offered free or subsidized | <input type="checkbox"/> Unsupported superlatives, statements or statistics about the plan |
| <input type="checkbox"/> Gifts beyond nominal retail value (\$15.00) | <input type="checkbox"/> Claims of "No paperwork", or "No claim forms" |
| <input type="checkbox"/> Cash gifts or gift cards that can be converted into cash | <input type="checkbox"/> Venues: poorly lit or not handicap accessible |
| <input type="checkbox"/> Gifts or promotional items dependent on enrollment or referral | <input type="checkbox"/> Unsolicited contact |
| <input type="checkbox"/> Do not use "Free" to describe zero dollar premium plans | |
| <input type="checkbox"/> Using non-approved materials (includes outdated or obsolete materials) | |
| <input type="checkbox"/> Directly comparing competitor's plans or disparaging remarks about competitors. | |
| <input type="checkbox"/> Claiming plans are "Medicare Supplement replacements" or "Work like Medicare Supplements" | |

Required for a Successful Interaction

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| <input type="checkbox"/> Respect consumer's right to an informed decision | <input type="checkbox"/> Take the time to solicit and answer questions |
| <input type="checkbox"/> Dress professionally | <input type="checkbox"/> Explain any unfamiliar terms, or acronyms |
| <input type="checkbox"/> Be early to presentations (15 min.), on time for appointments | <input type="checkbox"/> Do not pressure the consumer for a quick decision |
| <input type="checkbox"/> Be sensitive to the possible need for a POA or trusted friend or assistant | |
| <input type="checkbox"/> Be a gracious host, welcome attendees to events and be considerate of their comfort | |
| <input type="checkbox"/> Restate the consumers needs and demonstrate awareness of what is right for the consumer | |

Marketing Location Reminders

All Locations: no sign-in sheets
 All events that require OnDemand or BConnected entry are subject to change/cancellation guidance

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| Presentation | Personal Appointment |
| <input type="checkbox"/> Report in OnDemand or BConnected | <input type="checkbox"/> Each and every personal appointment Scope of Appointment Required |
| <input type="checkbox"/> Present products advertised | <input type="checkbox"/> 48 cooling off and new Scope of Appointment for other products |
| Health Fairs | Educational Events |
| <input type="checkbox"/> Report in OnDemand or BConnected | <input type="checkbox"/> Medicare Made Clear Booklet |
| <input type="checkbox"/> Pre-enrollment material distribution | <input type="checkbox"/> No appointments |
| <input type="checkbox"/> No sales presentations | <input type="checkbox"/> Business card if asked |
| <input type="checkbox"/> Answer questions about the Plan | <input type="checkbox"/> Name badge |
| <input type="checkbox"/> No applications accepted | <input type="checkbox"/> Table with banner |
| Booths/Camps | <input type="checkbox"/> No sales materials (SOB, BRCs, etc.) |
| <input type="checkbox"/> Report in OnDemand or BConnected | <input type="checkbox"/> Promotional items – no sales number |
| <input type="checkbox"/> No unsolicited sales actions | Food Banks |
| <input type="checkbox"/> No food/snacks of any kind at Wal-Mart™ | <input type="checkbox"/> Report in OnDemand or BConnected |
| Provider Facilities | <input type="checkbox"/> No unsolicited sales actions |
| <input type="checkbox"/> Report in OnDemand or BConnected | <input type="checkbox"/> Keep away from where food is distributed |
| <input type="checkbox"/> Common areas only (no waiting rooms) | |