

SALES APPOINTMENT CHECKLIST

This is a tool for Producer reference only and is not approved for public distribution or for use as a presentation script. Do not submit with enrollment applications. All sales and marketing presentations must always include all of the following steps.

****All Virtual Sales Must Be Recorded, and recordings must be retained for 10 years. Limited plan offering disclosure must be stated at the beginning of all sales calls and share the call is being recorded.****

****The following disclosure must always be shared in all written correspondence and for all virtual sales.****

Introduction

- Confirm receipt of completed Scope of Appointment prior to start of appointment...Signature Required 48 hours in advance. There are a few exceptions.
- Include the TPMO disclaimer in electronic correspondence, read it in the first minute of a sales call, and share it during virtual sales meetings.
- Your name, company you represent and contact information (business card)
- Inquire about legal/authorized representatives

Disclosure information

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| <ul style="list-style-type: none"><input type="checkbox"/> Plans are offered under contracts with CMS which are renewed annually<input type="checkbox"/> Plan benefits are subject to change annually<input type="checkbox"/> Presenter is a state licensed insurance agent and may receive compensations as a result of enrollment | <ul style="list-style-type: none"><input type="checkbox"/> Presenter is not endorsed by or affiliated with Medicare, the Social Security Administration or any branch of the federal or state government<input type="checkbox"/> Plan will pay for covered health care services while you are enrolled (not Medicare) |
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Eligibility Requirements

- MA/MAPD Plans - Medicare Parts A and B
- Must continue to pay Medicare Part B monthly premium
- Must maintain residency within plan service area (at least 6 months per year)

When selling D-SNP

- Explain dual eligibility requirements
- Explain additional health care management requirements, governed by federal regulation for D-SNP members
- Explain that changes in state Medicaid eligibility requirements may affect enrollment and/or cost sharing coverage
- Members should use their MAPD Plan ID Card and Medicaid ID cards to obtain health care and Rx

When selling C-SNP

- Explain chronic condition(s) eligibility requirements
- Explain additional health care management requirements, governed by federal regulation for C-SNP members
- Health care provider contact information must be provided at time of enrollment for eligibility verification purposes
- Provider or staff must verify qualified medical condition(s)

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Medicare Overview

- Explain the four parts of Medicare (Parts A,B,C,D)
- Explain how a Medicare Advantage plan differs from original Medicare and Medicare Supplements

Health and Drug Plan Costs

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| <ul style="list-style-type: none"><input type="checkbox"/> Explain Late Enrollment Penalty<input type="checkbox"/> Explain Low Income Subsidy and Medicaid if applicable<input type="checkbox"/> Plan will be responsible for covered medical services and prescription drugs (if applicable)<input type="checkbox"/> Medicare Advantage (MA) plan changes result in automatic disenrollment from other MA/Part D plans<input type="checkbox"/> Present and explain Summary of Benefits<input type="checkbox"/> Discuss plan's overall Star Ratings | <ul style="list-style-type: none"><input type="checkbox"/> Explain covered services / cost sharing<input type="checkbox"/> Explain prescription coverage (Prior Authorizations, Tiers, Quantity Limits, Transition Fills, Step Therapy)<ul style="list-style-type: none">• Look up any and all medications requested and review costs<input type="checkbox"/> Explain drug coverage changes from Inflation Reduction Act.<input type="checkbox"/> Review Part D deductible, copays and coinsurance<input type="checkbox"/> Review plan deductible, copayments, coinsurance and MOOP |
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Enrollment Periods

- Provide overview of election periods and timeframes beneficiaries may enroll in or disenroll from Plans

Medicare Advantage Plans (i.e. IEP, AEP, OEP, ADP, SEP)

- Member may not change MA plans after December 7th unless they qualify for an SEP

Network Information

HMO (Health Maintenance Organization):

- Explain that only In Network contracted physicians may be seen
- Verify all of beneficiary's current physicians participate in plan and are in network

PPO (Preferred Provider Organization):

- Explain that out-of-network care may result in higher health care costs
- Explain PPO in network and out of network costs
- PCP encouraged, but not required
- Explain the referral process

Enrollment Process

- Complete the Attestation of Eligibility for Election Period
 - Explain cancellation and disenrollment procedures
 - Explain when member should expect to receive ID card & post-enrollment materials
- Confirm plan selection and intent to enroll prior to accepting the completed enrollment form