

Sales Appointment Checklist



The items on this checklist are reminders of points Agents should cover when selling Medicare Advantage plans. Use only Marketing Materials, Sales Presentations and Documents that have been approved by Centene and the Centers for Medicare & Medicaid Services (CMS). Agents are expected to present all information to consumers in an understandable format.

This is a tool for Agent reference only and is not approved for public distribution or for use as a presentation script. Do not submit with enrollment applications.

Introduction	
<input type="checkbox"/> Confirm receipt of completed Scope of Appointment prior to start of appointment <input type="checkbox"/> Your name, company you represent and contact information (business card) <input type="checkbox"/> Inquire about legal/authorized representatives	
Disclosure information	
<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	<input type="checkbox"/> Presenter does not represent Medicare, the Social Security Administration or any branch of the federal or state government
Medicare Overview	
<input type="checkbox"/> Explain the four parts of Medicare (Parts A,B,C,D) <input type="checkbox"/> Explain how a Medicare Advantage plan differs from original Medicare and Medicare Supplements <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	
Eligibility Requirements	
<input type="checkbox"/> MA/MAPD Plans - Medicare Parts A and B <input type="checkbox"/> Must continue to pay Medicare Part B <input type="checkbox"/> Must maintain residency within plan service area (at least 6 months per year)	<input type="checkbox"/> No End Stage Renal Disease (ESRD) (some exceptions apply) <input type="checkbox"/> Additional Special Needs Plan (SNP) eligibility qualifications (For D-SNP/C-SNP)
When selling D-SNP	When selling C-SNP
<input type="checkbox"/> Explain dual eligibility requirements <input type="checkbox"/> Explain additional health care management requirements, governed by federal regulation for D-SNP members <input type="checkbox"/> Explain that changes in Medicaid eligibility may affect enrollment and/or cost sharing <input type="checkbox"/> Members should use their plan and Medicaid cards to obtain health care and Rx coverage	<input type="checkbox"/> Explain chronic condition(s) eligibility requirements <input type="checkbox"/> Explain additional health care management requirements, governed by federal regulation for C-SNP members <input type="checkbox"/> Health care provider contact information must be provided at time of enrollment for eligibility verification purposes <input type="checkbox"/> Provider or staff must verify qualified medical condition(s)

Enrollment Periods	
<input type="checkbox"/> Provide overview of election periods and timeframes beneficiaries may enroll in or disenroll from Medicare Advantage plans (i.e. IEP, AEP, SEP* and new OEP) *Note: Dual Eligible/LIS SEP may now only be used once during each of the first 3 calendar quarters annually	
Health Plan Costs	
<input type="checkbox"/> Explain requirement for payment of Medicare Part B and Plan premiums <input type="checkbox"/> Review plan deductible, copayments, coinsurance and MOOP	<input type="checkbox"/> Explain Late Enrollment Penalty that is imposed by CMS if creditable coverage is not maintained <input type="checkbox"/> Explain Low Income Subsidy <input type="checkbox"/> Explain PPO in network and out of network costs
Benefits / Plan Information	
<input type="checkbox"/> Provide and review contents of pre-enrollment kit <input type="checkbox"/> Present and explain Summary of Benefits <input type="checkbox"/> Discuss plan's overall Star Ratings	<input type="checkbox"/> Explain covered services / cost sharing <input type="checkbox"/> Explain Supplemental Benefits (dental, vision, etc.) benefits & costs <input type="checkbox"/> Explain Appeals and Grievance processes
Network Information	
HMO (Health Maintenance Organization): <input type="checkbox"/> Explain that only plan contracted physicians may be seen <input type="checkbox"/> Verify all of beneficiary's current physicians participate in plan and are in network	PPO (Preferred Provider Organization): <input type="checkbox"/> Explain that out-of-network care may result in higher health care costs <input type="checkbox"/> PCP encouraged, but not required <input type="checkbox"/> Explain the referral process
Prescription Drug Coverage (if covered under plan)	
<input type="checkbox"/> Explain prescription coverage (Prior Authorizations, Tiers, Quantity Limits, Transition Fills, Step Therapy) <input type="checkbox"/> Explain stages of drug coverage (i.e. coverage gap)	<input type="checkbox"/> Review Part D deductible, copays and coinsurance <input type="checkbox"/> Explain how to look up drugs and drug pricing <input type="checkbox"/> Explain annual out of pocket limits
Enrollment Process	
<input type="checkbox"/> Complete the Attestation of Eligibility for Election Period and review the pre-enrollment checklist <input type="checkbox"/> Explain the quarterly limitation on Dual Eligible/LIS SEP (if applicable) <input type="checkbox"/> Verify the PCP selection prior to entering it in the Provider Information section of the enrollment form <input type="checkbox"/> Explain that enrollee must cancel any employer group or Medicare Supplement plan <input type="checkbox"/> Explain cancellation and disenrollment procedures	<input type="checkbox"/> Explain when member should expect to receive their new ID card & post-enrollment materials <input type="checkbox"/> Confirm plan/plan type selection and intent to enroll prior to accepting the completed enrollment form <input type="checkbox"/> Explain premium payment options including electronic payments <input type="checkbox"/> Provide a copy of the completed application to beneficiary or explain how it may be obtained <input type="checkbox"/> Enrollment applications and SOAs must be submitted to no later than one calendar day following receipt from beneficiaries