

Sales Presentation Checklist



The items on this checklist are reminders of points Agents want to be sure to cover during Medicare Advantage sales presentations. Use only Marketing Materials, Sales Presentations and Documents that have been approved by Centene and the Centers for Medicare & Medicaid Services (CMS). The Agent is responsible for presenting the information to the consumer 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.**

Housekeeping	
<input type="checkbox"/> Ensure all sales events are reported to Centene by the 10 th of the month prior to the event date <input type="checkbox"/> Ensure all sales event venues are ADA accessible <input type="checkbox"/> Arrive at least 15 minutes prior to the event’s start time and remain at least 15 minutes after the start time (in the event of no-shows) to allow for late comers <input type="checkbox"/> Use only current marketing materials that contain CMS material <input type="checkbox"/> Display the plan’s required Non-Discrimination Notice in a prominent location	
Introduction	
<input type="checkbox"/> Presenter name, company represented and contact information (business card) <input type="checkbox"/> Presenter is a state licensed insurance agent and does not represent any branch of the federal or state government <input type="checkbox"/> Identify the plan(s) and type of product(s) to be presented <input type="checkbox"/> Explain the Non-Discrimination Notice and access to language services <input type="checkbox"/> Permission to Contact cards or sign-in sheets may be offered, but it must be clearly stated and indicated on materials that completion is optional <input type="checkbox"/> Introduce Pre-Enrollment Packet – Explain where Summary of Benefits, Multi-Language Insert, Enrollment Form, and Plan Star Ratings can be found	
Medicare Overview	
<input type="checkbox"/> Review the four Parts of Medicare (A,B,C,D) <input type="checkbox"/> Provide an overview of Medicare Advantage <input type="checkbox"/> Explain how a Medicare Advantage plan differs from original Medicare and Medicare Supplements	
Eligibility Requirements	
<input type="checkbox"/> MA/MAPD Plans - Medicare Parts A and B <input type="checkbox"/> Beneficiary must continue to pay Medicare Part B <input type="checkbox"/> Permanent residency in service area (at least 6 months per year)	<input type="checkbox"/> No End Stage Renal Disease (ESRD), some exceptions <input type="checkbox"/> Explain additional SNP eligibility and verification requirements (if presenting SNP products)
Enrollment Periods	
<input type="checkbox"/> Provide overview and examples of election periods and timeframes beneficiaries may enroll in or disenroll from Medicare Advantage plans - IEP, AEP, SEP* and the new OEP * Note: <u>Beginning 1/1/19</u> - Dual Eligible/LIS SEP may now only be used once during each of the first 3 calendar quarters of each year	

Health Plan Types

- PPO** - Explain that out-of-network care may result in higher health care costs
- HMO** – In-network Primary Care Physician (PCP) required
- Explain Provider Directories and online provider search tool

Health Plan Costs

- Clearly state the plan’s premium or if there is no monthly premium
- Review deductibles, copayments, coinsurances and MOOPs for all plans presented

Benefits / Product Overview

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| <ul style="list-style-type: none"> <input type="checkbox"/> Provide and review contents of pre-enrollment kit <input type="checkbox"/> Explain plan’s (OVERALL) Star Ratings – Use only the most recently released plan year ratings <input type="checkbox"/> Present and explain Summary of Benefits <input type="checkbox"/> Explain covered services, cost sharing and prior authorization process <input type="checkbox"/> Explain Appeals and Grievance process | <ul style="list-style-type: none"> <input type="checkbox"/> Overview of SNP benefits, Case Management Program and the importance of completing a Health Risk Assessment (if presenting SNPs) <input type="checkbox"/> Supplemental Benefits (Dental, Vision, etc.) Explain covered services & costs <input type="checkbox"/> Explain the plan's provider network, how to select a provider, and when members must use network providers |
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Prescription Drug Coverage (if covered under plan)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Explain prescription drug coverage stages <input type="checkbox"/> Explain all of the following: Drug Tiers, Prior Authorizations, Quantity Limits, Transition Fill, Step Therapy, Exception Requests <input type="checkbox"/> Explain on-line formularies <input type="checkbox"/> Review copays and coinsurance | <ul style="list-style-type: none"> <input type="checkbox"/> Explain network pharmacies (retail standard cost-sharing vs. retail preferred cost-sharing pharmacies) <input type="checkbox"/> Explain Extra Help Program <input type="checkbox"/> Explain Late Enrollment Penalty that is imposed by CMS if creditable coverage is not maintained |
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Enrollment Process

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| <ul style="list-style-type: none"> <input type="checkbox"/> Explain enrollment forms, options and timeframes <input type="checkbox"/> Explain Attestation of Eligibility Form and review the pre-enrollment checklist <input type="checkbox"/> Verify the PCP selection prior to entering it in the <i>Provider Information</i> section of the enrollment form <input type="checkbox"/> Explain cancellation and disenrollment process <input type="checkbox"/> Use of health plan ID card instead of Red, White & Blue card <input type="checkbox"/> Explain premium payment options, including electronic payment methods | <ul style="list-style-type: none"> <input type="checkbox"/> Mark the Optional Supplemental Benefit box according to the beneficiary's selection <input type="checkbox"/> Explain chronic condition eligibility requirements and Physician Verification Form (when presenting C-SNPs) <input type="checkbox"/> Explain the dual eligibility requirements and verification process Include details on quarterly SEP availability (when presenting D-SNPs) <input type="checkbox"/> Explain when members can expect to receive confirmation letter, post enrollment kit and new ID card |
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Prohibited Actions

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| <ul style="list-style-type: none">• Providing cash or cash equivalents to beneficiaries• Providing gifts with a fair market value greater than \$15 per person• Offering food and/or beverages that could be considered a meal• Requiring beneficiaries to fill out Permission to Call cards or sign-in sheets• Discussing plans not included on event registration in HPMS• Use of the word 'Free' to describe zero dollar premium plans• Referring to SNPs as zero dollar premium plans | <ul style="list-style-type: none">• Conveying the false impression that you, the business, or product is approved or endorsed by Medicare or any other government agency• Use of unsupported superlatives (absolute or qualified), statements or statistics about the Plan or making inaccurate or misleading statements regarding the product and/or benefits• Conducting sales activities in healthcare settings except in common areas• Use of any marketing materials that do not contain a valid & current CMS approval ID#• Conducting sales presentations or marketing activities during the new Open Enrollment period (OEP) – Unless beneficiaries qualify for another election period |
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