

# Sales Appointment Checklist

The items on this checklist are reminders of points Producers want to be sure to cover when selling a Medicare Advantage plan. Use only Marketing Materials, Sales Presentations and Documents that have been approved by Health Net 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 Producer reference only and is not approved for public distribution or for use as a presentation script. Do not submit with enrollment applications.**

<b>Introduction</b>	
<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	
<b>Disclosure information</b>	
<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	<input type="checkbox"/> Presenter does not represent Medicare, the Social Security Administration or any branch of the federal or state government <input type="checkbox"/> Plan will pay for health care services while you are enrolled (not Medicare)
<b>Medicare Overview</b>	
<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"/> Health Net 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	
<b>Eligibility Requirements</b>	
<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 plans only)
<b>When selling D-SNP</b>	<b>When selling C-SNP</b>
<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 Medi-Cal / AHCCCS eligibility may affect enrollment and/or cost sharing <input type="checkbox"/> Members should use their Health Net and Medi-Cal/AHCCCS ID 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)

<b>Enrollment Periods</b>	
<input type="checkbox"/> Provide overview of election periods and timeframes beneficiaries may enroll in or disenroll from Medicare Advantage plans (i.e. IEP, AEP, MADP, SEP) <input type="checkbox"/> Member may not change MA plans after December 7th unless they qualify for an SEP	
<b>Health Plan Costs</b>	
<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 <input type="checkbox"/> Explain Low Income Subsidy <input type="checkbox"/> Explain PPO in network and out of network costs
<b>Benefits / Plan Information</b>	
<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 Health Net's Dental and Vision Optional Supplemental Benefits (OSBs) & costs <input type="checkbox"/> Explain Appeals and Grievance processes
<b>Network Information</b>	
<b>HMO (Health Maintenance Organization):</b> <input type="checkbox"/> Explain that only Health Net contracted physicians may be seen <input type="checkbox"/> Verify all of beneficiary's current physicians participate in plan and are in network	<b>PPO (Preferred Provider Organization):</b> <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
<b>Prescription Drug Coverage (if covered under plan)</b>	
<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
<b>Enrollment Process</b>	
<input type="checkbox"/> Complete the Attestation of Eligibility for Election Period <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 that enrollee must cancel any employer group or Medicare Supplement plan <input type="checkbox"/> Explain cancellation and disenrollment procedures <input type="checkbox"/> Explain use of Health Net ID card once enrolled	<input type="checkbox"/> Explain when member should expect to receive Health Net ID card & post-enrollment materials <input type="checkbox"/> Confirm plan selection and intent to enroll prior to accepting the completed enrollment form <input type="checkbox"/> Provide a copy of the completed application to beneficiary <input type="checkbox"/> <b>Enrollment applications and SOAs must be submitted to Health Net no later than the next calendar day following receipt from beneficiaries</b>