2016 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.**

Introduction

- ☐ Confirm receipt of completed Scope of Appointment prior to start of appointment
- ☐ Your name, company you represent and contact information (business card)
- ☐ Inquire about legal/authorized representatives

Disclosure information

- ☐ Plans are offered under contracts with CMS which are renewed annually
- ☐ Plan benefits are subject to change annually
- ☐ Presenter is a state licensed insurance agent and may receive compensations as a result of enrollment

- ☐ Presenter does not represent Medicare, the Social Security Administration or any branch of the federal or state government
- ☐ Plan will pay for health care services while you are enrolled (not Medicare)

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 Net will be responsible for covered medical services and prescription drugs (if applicable)
- ☐ Medicare Advantage (MA) plan changes result in automatic disenrollment from other MA/Part D plans

Eligibility Requirements

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

- ☐ No End Stage Renal Disease (ESRD) (some exceptions apply)
- ☐ Additional Special Needs Plan (SNP) eligibility qualifications (For D-SNP/C-SNP plans only)

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 Medi-Cal / AHCCCS eligibility may affect enrollment and/or cost sharing
- ☐ Members should use their Health Net and Medi-Cal/AHCCCS ID cards to obtain health care and Rx coverage

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)

Enrollment Periods

- [ ] Provide overview of election periods and timeframes beneficiaries may enroll in or disenroll from Medicare Advantage plans (i.e. IEP, AEP, MADP, SEP)
- [ ] Member may not change MA plans after December 7th unless they qualify for an SEP

Health Plan Costs

- [ ] Explain requirement for payment of Medicare Part B and Plan premiums
- [ ] Review plan deductible, copayments, coinsurance and MOOP

- [ ] Explain Late Enrollment Penalty
- [ ] Explain Low Income Subsidy
- [ ] Explain PPO in network and out of network costs

Benefits / Plan Information

- [ ] Provide and review contents of pre-enrollment kit
- [ ] Present and explain Summary of Benefits
- [ ] Discuss plan's overall Star Ratings

- [ ] Explain covered services / cost sharing
- [ ] Explain optional supplemental benefits
- [ ] Explain Appeals and Grievance process

Network Information

HMO *(Health Maintenance Organization)*:

- [ ] Explain that only Health Net 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
- [ ] PCP encouraged, but not required
- [ ] Explain the referral process

Prescription Drug Coverage (if covered under plan)

- [ ] Explain prescription coverage (Prior Authorizations, Tiers, Quantity Limits, Transition Fills, Step Therapy)
- [ ] Explain Part D Coverage Gap

- [ ] Review Part D deductible, copays and coinsurance
- [ ] Explain how to look up drugs and drug pricing
- [ ] Explain annual out of pocket limits

Enrollment Process

- [ ] Explain enrollment methods
- [ ] Complete the Attestation of Eligibility for Election Period
- [ ] Provide the correct proposed effective date and explain it is not guaranteed until CMS approves
- [ ] Explain that enrollee must cancel any employer group or Medicare Supplement plan
- [ ] Explain cancellation and disenrollment procedures
- [ ] Explain use of Health Net ID card instead of Red, White & Blue card

- [ ] Explain when member should expect to receive Health Net ID card & post-enrollment materials
- [ ] Explain Outbound Enrollment Verification process
- [ ] Confirm plan selection prior to accepting the completed enrollment form
- [ ] Provide a copy of the completed application to beneficiary
- [ ] **Enrollment applications and SOAs must be submitted to Health Net no later than the next calendar day following receipt from beneficiaries**