

# Sales Presentation Checklist



The items on this checklist are reminders of points Producers want to be sure to cover during Health Net Medicare Advantage sales presentations. Use **only** Marketing Materials, Sales Presentations and Documents that have been approved by Health Net and the Centers for Medicare & Medicaid Services (CMS). The Producer 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.**

<b>Introduction</b>	
<input type="checkbox"/> Presenter name, company represented and contact information (business card) <input type="checkbox"/> Presenter is a state licensed insurance agent and may receive compensation as a result of enrollment <input type="checkbox"/> Presenter 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 (include all plans filed with event in HPMS) <input type="checkbox"/> Permission to Call cards may be offered, but it must be clearly stated that completion is optional. Sign-in sheets are prohibited at Health Net specific events. <input type="checkbox"/> Introduce Pre-Enrollment Packet – Explain where Summary of Benefits, Multi-Language Insert, Enrollment Form, and Plan Star Ratings can be found	
<b>Medicare Overview</b>	
<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	
<b>Eligibility Requirements</b>	
<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 C-SNP or D-SNP products)
<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 Net Plan Types</b>	
<input type="checkbox"/> <b>PPO</b> - Explain that out-of-network care may result in higher health care costs <input type="checkbox"/> <b>HMO</b> – <i><b>In-network</b></i> Primary Care Physician (PCP) required <input type="checkbox"/> Explain Provider Directories and Health Net’s online provider search tool	
<b>Health Plan Costs</b>	
<input type="checkbox"/> Clearly state the plan’s premium or if there is no monthly premium <input type="checkbox"/> Review deductibles, copayments, coinsurances and MOOPs for all plans presented	

<b>Benefits / Product Overview</b>	
<input type="checkbox"/> Provide and review contents of pre-enrollment kit <input type="checkbox"/> Present and explain Summary of Benefits <input type="checkbox"/> Explain covered services / cost sharing <input type="checkbox"/> Explain the Health Net Dental and Vision Optional Supplemental Benefits (OSBs) & costs	<input type="checkbox"/> Overview of SNP benefits and Case Management Program (if presenting SNPs) <input type="checkbox"/> Explain Appeals and Grievance process <input type="checkbox"/> Discuss Plan Star Ratings
<b>Prescription Drug Coverage (if covered under plan)</b>	
<input type="checkbox"/> Explain prescription drug coverage stages <input type="checkbox"/> Explain 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	<input type="checkbox"/> Explain network pharmacies (retail standard cost-sharing vs. retail preferred cost-sharing pharmacies) <input type="checkbox"/> Explain Low Income Subsidy <input type="checkbox"/> Explain Late Enrollment Penalty
<b>Enrollment Process</b>	
<input type="checkbox"/> Explain enrollment options and timeframes <input type="checkbox"/> Short Enrollment Form may be used for <u>current</u> members switching to a different Health Net plan within the <u>same state and plan type</u> (ex. AZ-HMO to AZ-HMO, CA-PPO to CA-PPO) <b>Exception:</b> <i>CA Amber II and Sapphire enrollments require long enrollment form</i> <input type="checkbox"/> Long Enrollment form for all other enrollments <input type="checkbox"/> Explain Attestation of Eligibility Form <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 Net ID card instead of Red, White & Blue card <input type="checkbox"/> Explain when members can expect to receive confirmation letter, post enrollment kit and Health Net ID card <input type="checkbox"/> Explain Outbound Enrollment Verification process and importance of a good contact number for beneficiary <input type="checkbox"/> Mark the Optional Supplemental Benefit box according to the beneficiary's selection <input type="checkbox"/> Explain Chronic Condition Physician Verification Form (when presenting C-SNPs)
<b>Prohibited Actions</b>	
<ul style="list-style-type: none"> <li>• Providing cash or cash equivalents to beneficiaries</li> <li>• Providing gifts with a fair market value greater than \$15 per person</li> <li>• Offering food and/or beverages that could be considered a meal</li> <li>• Require beneficiaries to fill out Permission to Call cards or sign-in sheets</li> <li>• Discussing plans not included on event registration in HPMS</li> <li>• Use of the word 'Free' to describe zero dollar premium plans</li> </ul>	<ul style="list-style-type: none"> <li>• Convey the false impression that you, the business, or product is approved or endorsed by Medicare or any other government agency</li> <li>• 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</li> <li>• Conduct sales activities in healthcare settings except in common areas</li> </ul>