2016 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.**

Introduction		
 Presenter name, company represented and contact information (business card) Presenter is a state licensed insurance agent and may receive compensation as a result of enrollment Presenter does not represent any branch of the federal or state government Identify the plan(s) and type of product(s) to be presented (include all plans filed with event in HPMS) 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. Introduce Pre-Enrollment Packet – Explain where Summary of Benefits, Multi-Language Insert, Enrollment Form, and Plan's Star Ratings can be found 		
Medicare Overview		
 Review the four Parts of Medicare (A,B,C,D) Provide an overview of Medicare Advantage Explain how a Medicare Advantage plan differs from original Medicare and Medicare Supplements 		
Eligibility Requirements		
 MA/MAPD Plans - Medicare Parts A and B Beneficiary must continue to pay Medicare Part B Permanent residency in service area (at least 6 months per year) 	 No End Stage Renal Disease (ESRD), some exceptions Explain additional SNP eligibility and verification requirements (if presenting C-SNP or D-SNP products) 	
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 Net 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 Health Net's 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	
 Provide and review contents of pre-enrollment kit Present and explain Summary of Benefits Explain covered services / cost sharing Explain optional supplemental benefits 	 Overview of SNP benefits and Case Management Program (if presenting SNPs) Explain Appeals and Grievance process Discuss Plan Star Ratings
Prescription Drug Coverage (if covered under plan)	
 Explain prescription drug coverage stages Explain Tiers, Prior Authorizations, Quantity Limits, Transition Fill, Step Therapy, Exception Requests Explain on-line formularies Review copays and coinsurance 	 Explain network pharmacies (retail standard cost-sharing vs. retail preferred cost-sharing pharmacies) Explain Low Income Subsidy Explain Late Enrollment Penalty
Enrollment Process	
 Explain enrollment options and timeframes 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) <i>Exception: CA Amber II and Sapphire enrollments</i> require long enrollment form Long Enrollment form for all other enrollments Explain Chronic Condition Physician Verification Form (when presenting C-SNPs) Explain Attestation of Eligibility Form 	 Use of Health Net ID card instead of Red, White & Blue card Explain when members can expect to receive confirmation letter, post enrollment kit and Health Net ID card Explain Outbound Enrollment Verification process and importance of a good contact number for beneficiary Explain cancellation and disenrollment procedures
Prohibited Actions	
 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 Require 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 Imply that any of Health Net's MA plans are Medicare Supplement plans 	 Compare Health Net to another plan by name unless you have written concurrence from all plan sponsors being compared, or using CMS Star Rating documents Convey 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 Conduct sales activities in healthcare settings except in common areas