

Sales Presentation Checklist



The items on this checklist are reminders of points agents must cover when selling a Medicare Advantage or Part D plan. You must use Marketing Materials, Sales Presentations and Documents that have been approved by Coventry and the Centers for Medicare & Medicaid Services (CMS). **This is a tool for agent reference only and is not intended to be used as a presentation script. This piece is not to be viewed by the consumer.** The agent is responsible for presenting the information to the consumer in an understandable format.

Introduction

- Confirm that you have secured a signed Scope of Appointment form
- Introduce yourself and the company/agency you are employed by or represent
- State the type of product to be discussed (HMO, PPO, POS, PDP). Only present plans advertised (seminar) or in Scope of Appointment (face-to-face meeting)

Eligibility Requirements

- Verify MA eligibility (all 3 eligibility questions)
- Explain/verify Part D eligibility requirements
- Explain must continue to pay Medicare Part B
- Explain that enrollment may impact current medical and/or prescription drug coverage

Disclosure Information

- Explain plan ratings
- Plans are offered under contract with CMS
- Contract is renewed annually and coverage beyond the end of 2010 is not guaranteed
- Plan benefits are subject to change year-to-year
- If prospect chooses to enroll, they will still be a Medicare beneficiary and receive all the benefits of Original Medicare
- Plan will pay for your health care services while you are enrolled in the plan, not Medicare
- Agent may receive compensation in the form of a commission as the result of your enrollment

Medicare Overview

- Review the 4 Parts of Medicare (A, B, C, D)
- Provide overview of Medicare Advantage
- Explain how a Medicare Advantage plan differs from a Medicare Supplement

Extra Help

- Explain dual-eligibility
- Explain Extra Help that may be available to beneficiary
- Provide an overview of Benefits Check Up

Enrollment Periods

- Review ALL Medicare enrollment periods (AEP, OEP, ICEP, IEP-D and SEP)
- Explain Part D penalty

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Benefits/Product Overview
<input type="checkbox"/> Distribute and review contents of pre-enrollment kit
<input type="checkbox"/> Review Summary of Benefits
<input type="checkbox"/> If value-added items and services are available, explain these are not covered under Medicare
Formulary Overview (if plan includes prescription drug coverage)
<input type="checkbox"/> Explain Part D coverage gap
<input type="checkbox"/> Review copays and coinsurance
<input type="checkbox"/> Explain drug pricing tool
<input type="checkbox"/> Review pharmacy network
<input type="checkbox"/> Explain mail order program
<input type="checkbox"/> Explain formulary - how to verify prescription is covered, tiers, quantity limits, step therapy, prior auth, preferred vs. non-preferred
<input type="checkbox"/> Explain non-formulary exception process
Network Information
<input type="checkbox"/> Review plan provider directory
<input type="checkbox"/> State applicable disclaimer(s) for HMO and/or PPO/POS
<input type="checkbox"/> Explain applicable rules of network - out-of-network, PCP, referrals, out-of-area and emergent/urgent care
Appeals and Grievances
<input type="checkbox"/> Review appeals and grievances
Summary
<input type="checkbox"/> Summarize the value of the plan (value proposition)
Enrollment
<input type="checkbox"/> Indicate ways to enroll
<input type="checkbox"/> Determine if the beneficiary understands what the plan is and how the plan works
<input type="checkbox"/> Explain the plan's Enrollment Request Form
<input type="checkbox"/> Explain cancellation and disenrollment procedures
<input type="checkbox"/> Once enrolled members can contact Customer Service for assistance
<input type="checkbox"/> Explain that a full pre-enrollment packet is available upon request
<input type="checkbox"/> Offer to assist with completion of the application
What Happens Next
<input type="checkbox"/> Explain proposed effective date
<input type="checkbox"/> Explain that the enrollee will receive a verification call
<input type="checkbox"/> Review each step in CMS-approved document What Happens Next
<input type="checkbox"/> Member will receive new ID card in 10 days
<input type="checkbox"/> Member must use new ID card not red-white-and-blue Medicare card when accessing services
<input type="checkbox"/> Important contact numbers for customer service can be found on the back of the card