



The Brokerage Resource  
Insurance Marketing Organization

AN INTEGRITY  COMPANY

# MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLAN SALES CHECKLIST



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## First Steps

- Be sure to explain Medicare Advantage and Prescription Drug plan benefits and limitations thoroughly to the applicant to ensure the right plan(s) is being selected
- Ensure you have a signed Scope of Appointment (SoA) before the meeting
- Introduce yourself, disclose the call recording process and read the TPMO disclaimer within the first minute of the call or meeting
- Ensure that the applicant knows you are NOT affiliated with the government or Medicare
- Identify the products to be discussed and only discuss the products described on the Scope of Appointment
- Conduct a Needs Assessment to determine which products the client requires (low premium/high copay or vice versa, whether they have any hearing, dental, vision, durable medical equipment, and/or physical therapy coverage needs)

## Eligibility Review

- Discuss the four parts of Medicare and ensure the applicant understands that they must be eligible for Part A and enrolled in Part B and must pay the Part B premium
- Discuss the income-related monthly adjustment amount (IRMAA) for Parts B and D and the Part B and Part D late enrollment penalty
- Explain the public assistance program, if applicable
- Explain when you can enroll, dis-enroll, and change plans (AEP, Special Election Periods, etc.)
- Discuss the effective date of coverage
- If a Medicare Medical Saving Account (MSA) plan is presented, explain the plan rules (requires enrollment in a high-deductible MA plan and maintaining a trust/custodial savings account, no drug coverage, eligibility, enrollment period, cancellation, etc.)
- If a Private Fee-for-Service (PFFS) plan is presented, explain the plan rules (“Your doctor or hospital can continue to treat you if they agree to accept our terms and conditions of payment, and they may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies.”)
- If Special Needs Plans (SNPs) are discussed, explain the special eligibility requirements for the SNP, including dis-enrollment rules for members who no longer meet the special eligibility requirements for SNP, and explain eligibility/qualification requirements for C-SNPs, D-SNPs, and I-SNPs

## Discuss Plan Benefits & Costs

- Review plan benefits and ensure the applicant understands how these benefits and costs would impact them
- Explain plan benefits, premiums, Part B premium, Part B premium reduction (if applicable), deductible, and plan limits per month/quarter/year
- Explain the maximum out-of-pocket (MOOP) limit, inpatient hospital copays/coinsurance, and outpatient hospital care
- Explain specialist copays/coinsurance and primary care physician copays/coinsurance
- Explain preventive care, emergency room visits, and urgently needed services
- Explain durable medical equipment (DME), vision, dental, and/or hearing coverage(s) based on applicant's needs as well as all applicable costs/limitations

## Discuss Prescription Drug Coverage

- Review applicant's prescriptions to confirm whether they're in the plan's formulary and if their preferred pharmacy is in network; if not, explain how the plan impacts their medical and prescription drug needs and potential costs
- Show the applicant how to find out if their prescription drugs are covered
- Explain the different Part D coverage stages (deductible, initial, coverage gap, and catastrophic coverage)
- Discuss copays/coinsurance for their selected pharmacy
- Explain step therapy, prior authorization, and quantity limitation
- Explain the use of preferred pharmacists and how to use the pharmacy directory

## Discuss Providers

- Review applicant's primary care physician, preferred providers, hospital and any other preferred facilities to confirm whether they're within the plan's network; if not, explain how the plan impacts their medical needs and potential costs for not using in-network facilities and/or providers
- Review the plan's network with the applicant to ensure they know how the plan impacts their current and future providers
- Review coverage available to the applicant outside of the U.S.

- Explain network restrictions and cost of care if the applicant goes out of network (“You must use plan providers, except in emergencies, urgent care situations, or when ‘out-of-area.’ If you obtain routine care from out-of-network providers, neither Medicare nor the plan will be responsible for the costs.”)
- For a preferred provider organizations (PPO) plan, review both in-network and out-of-network costs
- Explain or show the beneficiary how to look up network providers

### Additional Items to Discuss

- Give overall star ratings for the products discussed and show the applicant where to find them
- Review and provide the pre-enrollment checklist (PECL) (except for telephonic enrollments)
- Explain the potential effect that enrolling in this plan will have on existing coverage, as well as what the effective date will be and when the applicant can expect their other, current coverage to no longer be in effect. Ensure that the applicant understands that the plan being enrolled in is a complete health plan that replaces any current plan coverage and is not a supplemental plan.
- Do not make statements such as: “this plan is ‘the best,” “this is the highest rated plan” or “this plan is better than any others”.
- Explain that the plan operates on a calendar basis so the benefits may change on January 1 of the following year
- Do not market non-health products (Life insurance, Disability insurance, etc.)
- Review how to file a complaint with Medicare and/or the applicable health plan
- Explain to the beneficiary what will happen next, once the enrollment application is submitted:
  - Plan information will be mailed to you, including the applicant’s plan card and Evidence of Coverage documents that provide all details related to the plan’s costs, benefits, and rules
  - Premium payments will be processed according to the payment method selected when completing the application
  - Expected effective date of the new plan

**Questions? Call or Email Derick Monaco. 919.794.3084**