## Help your client to prepare for your appointment

- ✓ CALL THE CLIENT to confirm your appointment.
- ✓ OBTAIN SOA if you do not already have one.
- ✓ ADVISE THE CLIENT of the product you plan to present.



## **ASK THE CLIENT** these questions:

- □ Do you have your Red, White and Blue Medicare card available?
- Do you have a Membership Card with any other MA or MA-PD provider? If so, which one?
- Do you have a group retiree plan from a previous employer? If so, what is the monthly premium?
- Does the state help to pay for your Part B premium or a portion of Part D?
- Do you have a specific Doctor/Specialist/Medical Group/Hospital that you prefer?

- ☐ If you would like me to check your current prescription drugs/dosages so that I can prepare for our appointment, please provide a list.
- ☐ Is there someone who helps you make decisions about your health care or has POA to help you with financial decisions? If so, please ask them to be present for our meeting.
- □ Please invite your friends, relatives, or other Medicare eligible individuals to join us for the presentation.
- Is there any additional information that you think I should know?

SCAN Health Plan
Sales Event Presentation Checklist

	If you choose to have a sign-in sheet, please refer to CMS Medicare Communication and Marketing Guidelines for developing a compliant sign-in sheet. <b>REMEMBER</b> Signing-in is optional for your attendees
П	If a gift is provided, it MLIST be a total retail value of \$15 or less

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- ☐ If food is provided, it MUST be in the form of a light snack, not a meal
- ☐ If printed materials are available, ensure ALL are CMS approved



Plan type/products and Star Ratings sheet

☐ Eligibility (Medicare A&B, must live in service area)

Part B premium (continue to pay)/LEP plan premium (area specific: Part B premium vs. Plan premium)

Original Medicare Benefits & your new Medicare card

■ AEP/OEP/Lock-in/Disenrollment

■ Special Election Periods (SEPs)

Plan Effective date

Contracted Network & Role of the PCP/Referral Process

☐ In-network/out-of-network provisions



Enrollment Kit, Benefit Highlights, Star Ratings, Multi-
Language insert and Supplemental benefits

Plan D:

Late Enrollment Penalty

Formulary

Drug Tiers

Copays

Coverage Stages

Pharmacy Network (Preferred vs. Standard)

Medication Restrictions (PA, QL)

Exception Process

Transition Process

☐ If SNP Presented: Enrollment/Disenrollment process

☐ Complete Scope of Appointment, if appointment is made

Post enrollment expectations

☐ Member Service Telephone Number 800-559-3500

Grievances and Appeals