**Keys to a Compliant Medicare Advantage (MAPD)/Prescription Drug (PDP) Sales Presentation.**

Every sales presentation should cover at the minimum the outlined below criteria. This criteria has been established by CMS.

- CMS and carriers require all agents to record all marketing, sales and enrollment calls in their entirety. This includes the audio content of calls done by web-based technology.
- Complete a scope of appointment, which includes all the elements of a compliant scope of appointment, for every personal marketing appointment.
- Verbalizing the TPMO disclaimer within the first minute of a sales call. The TPMO disclaimer needs to be read verbatim and include the number of organizations the agent represents and the number of products the agent sells.
    - Do not discuss or market non-health care products like annuities.
    - Do not discuss any products that the member did not agree to on the completed SOA.

Agents are required to discuss the following CMS list of items during the marketing/sale of a MAPD or PDP before the start of any enrollment.

**Review the member's specific information:**

- What kind of health plan does the member want? (such as low premium and higher copay or vice versa)
- Check that the member's primary care doctor and specialists are in network. If not, the agent needs to let the member know they will need to choose new ones or pay out of pocket.
- Check that the member's drugs are on the plan's formulary and that their preferred pharmacy is in network. If not, the agent needs to let the member know they will need to choose a new pharmacy or they may have to pay the full cost of the drugs.
- Does the member need hearing, dental and/or vision coverage?
- Ask the member if they have any other health care needs, such as durable medical equipment or physical therapy.
- What is the member's preferred hospital? If it is not in-network, the agent needs to explain that they will need to select a new one. (Ask also if there are any other preferred facilities that need to be in-network?)
- Does the member have any other specific health care needs?
- Explain to the member the right to cancel the enrollment as well as the specific date through which cancellation may happen.

**Go over premiums including the Part B premium.**

**Review current plan premium vs. another plan's premium.**

**Go over plan cost sharing with the member including the deductible cost and all plan copays.**

**Review costs/limitations on dental, vision and hearing.**

**Review coverage for out of network providers/services.**

**Review coverage outside of USA.**

**Explain what happens to any prior coverage when enrolling in this plan. (Will the member be disenrolled from their current health coverage?)**

**Explain that coverage is not a hearing/dental/vision rider but a full plan.**

**Explain that the plan operates on a calendar year basis, so benefits may change on January 1 of the following year.**

**Explain that the Evidence of Coverage document provides all plan costs benefits and rules.**

**Explain how the member can file a complaint under the plan.**

**Review below items that only apply to some plans, (if applicable):**

- **PPO or PFFS out-of-network coverage.**
- **Need to qualify for chronic/disabling condition requirement for C-SNPs.**
- **Need to have Medicaid to qualify for a D-SNP.**
- **Need to remain in an institutional SNF to qualify for an I-SNP.**
- **Need to maintain trust/custodial account to remain enrolled in MSA.**