

How to Conduct a Successful and Compliant Sales Event for Private Fee for Service (PFFS)

Your Sales Event Compliance Checklist

The best thing you could do for yourself and your potential clients is to make a dedicated effort to always comply with every Medicare Advantage Plan presentation requirement at all your scheduled sales events.

As you know, failure to comply with the Centers for Medicare & Medicaid Services (CMS) rules and regulations can be extremely costly to you and to our Company. CMS has recently notified us that the number of undercover “secret shoppers” at our events will be increased, so let’s show CMS that we can and do put on proper and successful sales events. Go into each event with the attitude that someone from CMS is in attendance, and make it your objective for them to leave impressed with your compliance expertise and professionalism.

Before you conduct your sales event, you must complete and sign this checklist, and send it to the Home Office. Doing so shows your personal commitment of the things you must do, not do and present at each of your sales events. You may not conduct your sales event until this checklist has been completed, signed by you and received by the Home Office:

Sales Event Incentives

1. ___ **I will** never offer rebates or other cash incentives (such as charitable contributions or gift cards) to Medicare beneficiaries during the event to influence the beneficiary’s decision to enroll.
2. ___ **I will** never offer or give cash promotions to induce the referral of beneficiaries.
3. ___ **I will** never promise post-enrollment promotional items to beneficiaries that compensate them based on their utilization of services.
4. ___ **I will** not offer gifts to potential beneficiaries during the Sales event that exceed \$15 retail value. This includes the per person cost of any food or entertainment at the event.
5. ___ **I will** when making statements concerning drawings, prizes or any promise of a free gift, always include a disclaimer indicating there is no obligation to enroll in the plan.
22. ___ **I will** not serve meals at a Sales event.

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Your Presentation

6. ___ **I will** clearly explain in my presentation and materials that the Medicare Advantage Private-Fee-for-Service product is not a Medicare supplement.
7. ___ **I will** always include in my materials and read the following disclaimer in the sales presentation: *“A Medicare Advantage, Private Fee for Service Plan PFFS, plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan’s terms and conditions prior to providing healthcare services to you, with the exceptions of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the terms and conditions on our web site at www.Todaysoptions.com.”*
8. ___ **I will** include the phrase, “... who agrees to accept our terms and conditions of payment” EVERY TIME I state that enrollees can see any provider.
9. ___ **I will** not “cherry pick” healthier beneficiaries, while suggesting that others should join a competitor’s plan. I understand this does not preclude me from suggesting the beneficiary remain with original Medicare, or select a different plan, if that – in my professional judgment -- appears to be the best option for the beneficiary based on the information provided to me by the beneficiary. Also, I will ensure that the location of my event does not hinder access for any potential enrollee.
10. ___ **I will** always clearly disclose that members will be responsible for plan premiums, coinsurance, and must continue to pay their Medicare Part B premium. I’ll never refer to \$0 premium plans as “free”, “no charge”, or “no cost to you”.
11. ___ **I will** never misrepresent the benefits and services we provide (e.g., recommended or endorsed by Social Security or Medicare, claim coverage of non-covered items or services such as hot tubs, cosmetic surgery or certain drugs).
12. ___ **I will** clearly identify the type of product – Medicare Advantage / Private-Fee-for-Service – being discussed before marketing to potential enrollees.
13. ___ **I will** always clearly communicate that the Medicare beneficiaries will no longer be able to use their original Medicare.
14. ___ **I will** carefully explain to the beneficiaries that they will realize little or no benefit from their Medicare supplement while enrolled in a Medicare Advantage Plan. I will also clearly explain that it is up to the beneficiary to cancel their Medicare supplement policy after the effective date of their PFFS plan so that they do not continue incurring premium payment on a Medicare supplement.
15. ___ **I will** always give beneficiaries the correct proposed effective date of coverage.
17. ___ **I will** always properly present the plan in regard to premium, co-payments and deductibles.
18. ___ **I will** make certain to clearly explain that a Medicare Advantage PFFS plans are being offered, NOT a Stand-alone Prescription Drug Plan.
19. ___ **I will** clearly communicate that Members’ providers must bill Today’s Options and that providers may not “balance bill” based on the terms and conditions of Today’s Options.
20. ___ **I will** always disclose the plan’s service area and advise that if the member moves from the service area, they will be disenrolled from the plan, with the opportunity to return to original Medicare or switch to an available plan in the area.
21. ___ **I will** never claim endorsement by CMS or state that CMS recommends that beneficiaries enroll in the plan. I will never imply that I “work for,” “represent” or am otherwise “associated with” the government.

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Marketing Materials (You may only use company produced/approved materials)

23. ___ **I will** always include in my materials and read the following disclaimer in the sales presentation: “ Medicare Advantage Private Fee-for-Service works differently than Medicare supplement plans. Your doctor or hospital must agree to accept the plan’s terms and conditions prior to providing healthcare services to you, with the exceptions of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the terms and conditions on our web site at www.Todaysoptions.com.”

24. ___ **I will** include the leaflet in all enrollment kits that provides a complete description of plan rules, including detailed information on a provider’s choice whether to accept plan terms and conditions of payment.

25. ___ **I will** include in the enrollment application form a line item for the beneficiary’s verification phone number as well as a description of the enrollment verification process.

26. ___ **I will** ensure that only CMS-approved marketing materials, including third party materials, are distributed to prospective enrollees.

Applicable only to a Health Care Setting (such as the pharmacy area of retail store)

27. ___ **I will** never accept enrollment forms at a health fair or an educational event or in a health care setting, such as at the pharmacy, or Flu shot clinic. All enrollments should be administered and accepted in a separate, private environment to ensure maximum privacy for the enrollee.

28. ___ **I will** not conduct sales presentations in a health care setting or Health Fair. Refer to our “Do’s & Don’ts” list on AgentLink for additional information. We know that the consequences of doing things wrong are severe, **but the benefits for doing the right thing can be immense for you ...** the Medicare beneficiaries who attend ... and the Company. Therefore, it is in your own best interest for your events to always be 100% compliant with all CMS guidelines, rules and regulations

29. ___ This seminar was conducted for **Sales** / **Educational** purposes (please check one box only)

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ACKNOWLEDGED and AGREED TO:

I understand the importance of full compliance. By signing my name below, I agree to abide by all CMS rules and regulations relating to sales presentations, including but not limited to the requirements in this Checklist. I understand that I may NOT conduct a sales presentation without completing this form, signing it and faxing it to the Home Office BEFORE holding the presentation.

Home Office Fax Number

Agent Signature

Printed Name

Date

Date and Time of Sales Event

Location of Sales Event