

Secret Shopper Agent Tool

Any formal or informal marketing/sales event can be shopped by the Centers for Medicare & Medicaid Services (CMS), UnitedHealthcare, or AARP. There are specific items that the shoppers will be looking and listening for when scoring an agent. Also, remember to use the Agent Workbook for presentations and individual appointments to be sure you cover all required points. The Agent Workbook can be located on the Agent Toolkit by selecting English Materials > Formal Sales Events and One-on-One Appointment Support Material > Workbooks & Other Support Materials > 2014 Medicare Advantage Workbook.

Event Information

While this list is not exhaustive, it will provide you with key items to remember when hosting a sales event.

- ✓ Agent was on time for the event (ideally agent should arrive 30 minutes prior to the event start time). Remain for a least 30 minutes after the Formal event start time, even if no one arrives.
- ✓ The shopper was able to find the agent.
- ✓ The event was held in a consumer friendly venue – handicap accessible doors and bathrooms, large hallways, quiet location for ease of hearing
- ✓ The event was conducted in a venue that is open and accessible to the public (even if reported in bConnected as Active-Non-Public)
- ✓ If held in a health care setting, the event was conducted in a common area (e.g. area where patients do not receive or wait to receive care such as a conference room)

Agent Information & Products Marketed at the Event

- ✓ At the start of the presentation, agent stated their name, the company name they represent, and the specific product name(s) to be presented (at formal events, agents must state out loud which products will be presented; signage with a list of products is not sufficient for formal events)
- ✓ It was clear that the agent represents UnitedHealthcare and not Medicare or any other government agency
- ✓ Agent disclosed that the product presented included prescription drug coverage (if applicable)

Contact Information

- ✓ Agent clearly stated aloud that providing contact information, sign-in sheets, and lead cards are optional, and did not pressure consumers to provide contact information
- ✓ If a sign in sheet was used, it was an approved sign-in sheet that clearly indicated providing contact information is “Optional” (do not use a blank sheet of paper or bConnected roster as a sign in sheet)
- ✓ Agent did not require that attendees provide contact information or complete a registration form in order to attend the event, receive information available, or promotional items offered.

Food & Gifts

- ✓ Agent did not provide a meal or more than a light snack and/or refreshments (no meals are allowed at sales events)
- ✓ If gifts and/or food were provided, they did not exceed the nominal retail value of \$15.00 per person and were available to all attendees with no obligation to enroll

Marketing Materials

- ✓ Agent only used CMS approved Marketing Material and the CMS Identification Number was present on all materials provided (e.g. Y0066_120702_124747 CMS Approved)

- ✓ Agent provided *all* of the following to the attendees: Plan's Star Rating Document, Summary of Benefits **and** Multi-Language Insert, which are all part of the Pre-Enrollment Kit
- ✓ Agent did not alter any Medicare Advantage or Prescription Drug plan materials

Star Ratings

- ✓ Agent described Star Ratings
- ✓ Agent stated the Star Rating for the plan presented
- ✓ Agent showed consumers where to find the plan's Star Rating within the materials provided and on www.Medicare.gov
- ✓ Agent referred to the overall Star Rating for the plan and did not emphasize ratings on individual measures, such as customer service, complaints, drug pricing, etc. (because it would be misleading to focus on one area versus the entire rating)

Presentation Components

It is important to note that while many of these items are specific to formal sales events, these items also apply to personal/individual marketing/sales appointments. Covering these items are important so that consumers can make informed decisions.

- ✓ Agent described the Annual Open Enrollment Period (OEP), which occurs from October 15 through December 7 each year
- ✓ Agent explained the Medicare Advantage Disenrollment Period (MADP) which occurs from January 1 through February 14 each year
- ✓ Agent described Special Election Periods (SEPs) and gave some examples of what qualifies a consumer for a SEP
- ✓ Agent described the difference between paying the Part B premium versus paying the plan premium (agent also explained that while enrolled in a Medicare Advantage plan, the Part B premium must still be paid)
- ✓ Agent clearly explained plan-related costs
- ✓ Agent explained when members must use network providers
- ✓ Agent discussed that there may be a higher cost sharing or no coverage (depending on the Medicare Advantage (MA) or Medicare Advantage Prescription Drug (MA-PD) plan) if the member receives care from a non-network provider.
- ✓ Agent informed consumers that members are allowed to use non-network providers during an emergency or to obtain urgent care when out of the plan's service area
- ✓ When discussing MA-PD Plans or Part D Plans (PDP), covered all points:
 - Agent explained the Late Enrollment Penalty that may apply when enrolling in a MA-PD or PDP plan
 - Agent explained the plan's drug copayments, tier levels, coinsurance and/or pricing of prescriptions and where to find additional information
 - Agent explained pharmacy networks, preferred networks (as applicable) and the difference
 - Agent explained how to find out which prescription drugs are covered by the plan
 - Agent discussed how to use the plan's formulary
 - Agent explained to attendees how to request an exception and/or the transition process applicable to new members of an MA-PD or PDP when a drug they are taking is not on the plan formulary
 - Agent explained that Part D drugs must be obtained from network pharmacies *unless there is an emergency*
 - Agent explained the total amount the consumer must spend to reach the coverage gap/donut hole

- Agent explained the 47.5% discount applied to brand-name drugs during the coverage gap/donut hole
- Agent explained how much must be spent by a consumer, out-of-pocket, to come out of the coverage gap/donut hole
- Agent explained the cost of Part D prescriptions once the catastrophic coverage level is met
- ✓ If Special Needs Plans (SNP) were presented, agent explained:
 - Eligibility limitations (e.g., required special needs status)
 - Special Election Period to enroll in, change or leave SNPs
 - Process for involuntary disenrollment, if the member loses his/her SNP eligibility
- ✓ If Private fee for Service (PFFS) Plan was presented:
 - Agent discussed and reviewed Deeming (provider must accept plan's payment terms and conditions)
 - Agent referred to the deeming information in the Pre-Enrollment Kit
 - After any statement in the presentation indicating that a member can see *any provider*, agent included the phrase "...who agrees to accept the plans terms and conditions and thus may choose not to treat you, with the exception of emergencies"

Presenter Conduct

- ✓ Agent did not approach consumers at an informal sales event, as that would be considered unsolicited contact and is not allowed (agent waited for customers to freely approach and did not call them over)
- ✓ Agent did not make any absolute statements (e.g. "our Plans have *more* providers than other Medicare Advantage Plans" or "UnitedHealthcare is the *biggest*") unless they are documented in plan materials filed with CMS, and the audience was shown the statement in the material
- ✓ Agent did not use high pressure or scare tactics to pressure consumers to enroll in a plan
- ✓ Agent only presented health-related products and did not cross-sell (e.g., discuss life insurance or annuities), as cross-selling is prohibited
- ✓ The agent did not disparage competitors, discuss any decreased benefits the competitors may have, compare one plan's benefits to another's, or refer to competitors by name
- ✓ Agent **did not** state that Medicare Advantage plans or Prescription Drug plans are "endorsed" or "recommended" by Medicare, CMS or the federal Government, or AARP
- ✓ Agent did **not** sign and date the enrollment application, or offer to take a completed application and hold it until a later date
- ✓ When referencing the AARP® brand, agent described the relationship appropriately (Refer to the "AARP Talking Points" available in the Agent Workbook for more information)

Informal Event Specifics

With the exception of the presentation components, all items on this checklist apply to Informal events with following additions:

- ✓ The agent remained present for the entire time for which the event was scheduled in bConnected.
- ✓ The agent posted a list of the plans and products he was there to represent
- ✓ The agent did not attempt call consumers over to the booth to market products either directly or indirectly. Consumers must initiate contact regarding interest in plan information.
- ✓ The event was not conducted within 20 feet of a pharmacy counter
- ✓ The event is clearly not associated with any meal service, or food distribution. Events may not be conducted during meal service (such as a soup kitchen, or subsidized meal program) and must be clearly separate from food distribution (such as at food pantries)