



Agent Event Job Aid

Companion to the Clarity Medicare Advantage
Consumer Workbook



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At UnitedHealthcare, our commitment to providing each consumer with a great experience begins with you, the agent. Whether you are conducting a formal marketing/sales event or meeting a consumer at a one-on-one appointment, the way you present yourself sends a strong message about UnitedHealthcare and the kind of experience consumers can expect from us.

Use this job aid to:

- Discover ways to prepare for your consumer interactions
- Review compliance requirements when marketing Medicare insurance products
- Learn how to integrate the Clarity Medicare Advantage consumer workbook and video during your plan presentations
- How to close successfully your events

Please read this job aid carefully and use the information whenever you talk to consumers, whatever the interaction may be, from formal meetings to casual conversations. Keep it handy for future reference so you can make sure you are meeting all the requirements for explaining UnitedHealthcare's Medicare Advantage plans and enrolling new members.

Throughout this job aid, you will see icons that highlight two types of information:



CMS/COMPLIANCE REQUIREMENT

This icon marks the information the Centers for Medicare & Medicaid Services (CMS) requires you to cover or explain clearly during the presentation. CMS will score you on most of these items if they secret shop your event, and some of the items also support the plan's Star Ratings.



PRESENTER TIPS

This icon highlights general tips you can follow to make your presentations more engaging and informative.

AGENT PREPARATION

The key to a successful presentation is preparation and practice. This section describes what you can do before a presentation to make sure it will be successful.

Report your event correctly

- You must take and pass the Events Basics module for the applicable plan year before you can report and conduct any type of event. Note: it may take up to three days after passing Events Basics for the event reporting system to be updated.
- UnitedHealthcare policy requires all events, educational and/or marketing/sales (including formal and informal), to be entered into bConnected prior to any advertising and no less than 14 calendar days before the date of the event. Agents not utilizing bConnected must report their events using the Event Request Form located under the Resource Center tab on the UnitedHealthcare Distribution Portal.
 - You are responsible for the timely submission of the completed Event Request Form to the Producer Help Desk (PHD) at PHD@uhc.com in order to meet the 14-calendar day reporting requirement mentioned above. If using the PHD for entry of your events into bConnected, submit the Event Request Form prior to any advertising and no less than 21 calendar days before the date of the event.
- Report your event correctly as either informal or formal. When reporting your event be careful to not confuse informal and formal because of the type of venue you will use. Refer to the Events Basics module PDF and/or bConnected or the Event Request Form for event type definitions.
- Any changes or cancellations must be entered in bConnected no fewer than three business days prior to the date of the event. If using the PHD for entry of your cancellation, submit the Event Request Form at least eight business days prior to the date of the event. The reason for cancellation must be indicated when submitting the cancellation.
- Refer to the “EVENT REPORTING” section of the 2016 Agent Marketing/Sales Event Checklist to ensure you have compliantly reported your event(s).

Notify consumers of a cancellation

- Whenever possible, consumers should be notified of a canceled event more than seven calendar days before the event date. All steps taken to notify consumers must be documented.
- If you are forced to cancel an event for reasons other than inclement weather, make sure the venue has coverage from 30 minutes before the start time to 30 minutes after for formal events and for the entire reported time for informal events. If possible, obtain documentation to support that you were there.

Be visible

- Make sure consumers attending the event can easily find you. Use clear signs, wear your name badge and branded attire (if applicable), and make yourself clearly visible and let venue staff know where you are. If your event is secret shopped and the evaluator cannot locate you, you will receive a “No-Show” infraction.
- Refer to the “VENUE and LOGISTICS” section of the 2016 Agent Marketing/Sales Event Checklist to ensure you have selected a compliant venue and consumers can locate you.



Connect with your consumers

The best presenters know how to connect with consumers from the very first “Hello.” First impressions are crucial because many consumers make their buying decision in the first 10 minutes of an event.

Here are some tips to help you connect with your consumers:

Use the right body language:

- Make eye contact and nod or use your hands to emphasize your talking points
- Never cross your arms. People see this as a “closed-off” stance. Try clasping your hands in front of you instead
- When you talk, always face your audience. Do not turn toward a flip chart or screen or talk down to your notes

Communicate clearly:

- Speak loudly and slowly; you may want to use a microphone when available. Remember that some consumers may have hearing loss
- Make your explanations clear and concise. Remember, you know the subject matter you are sharing very well, but the consumer may need to hear what you are telling them several times, or in different ways, before they will understand
- Share a personal story that is relevant to the discussion – make sure not to disclose Protected Health Information/Personally Identifiable Information (PHI/PII)
- Tell your audience whether you will take questions during the presentation or if they should hold their questions until the end

Establish your credibility

- Review this job aid carefully so you will be confident about the topics you will be presenting
- Rehearse your presentation ahead of time
- Set the agenda for your presentation, give a brief overview of the products and topics you will be presenting, such as HMO and PPO Medicare Advantage plans and prescription drug coverage

Be prepared to identify yourself and the plan you are presenting



Example: “Good morning, my name is Joe Agent. I represent UnitedHealthcare as a sales agent. I’m extremely happy to be here to tell you about our Regional PPO (Preferred Provider Organization) Medicare Advantage plan and give you an opportunity to enroll.” **Be careful not to imply that you have any formal connection to the Centers for Medicare & Medicaid Services (CMS).** For example, do not use titles like “Medicare Expert” or “Medicare Specialist.”

- Make sure attendees know why you are there and present yourself as a local trusted advisor
- Let them know you are there to help answer their Medicare questions
- Explain that you want everyone to leave feeling confident to start making Medicare decisions
- Refer to the “PLAN PRESENTATION” section of the 2016 Agent Marketing/Sales Event Checklist to ensure you conduct a compliant presentation.

Make sure you have all the right materials



- Only use a UnitedHealthcare approved sign-in sheet with the required disclaimer, available in the Agent Toolkit. Do not use blank paper or a preprinted roster. If you do not have a compliant sign-in sheet, do not use anything.
- Lead cards are also available in the toolkit and are another way for the consumer to give you their contact information. Filling out any form (sign-in sheet, lead

The form is titled "Hello NEIGHBOR Meeting sign-in sheet" and includes the UnitedHealthcare logo. It contains a disclaimer: "Completion of this form is optional and will not affect your ability to attend the event." Below the disclaimer are fields for "Event date", "Event name", "Event address", and "Event host". The main body of the form is a table with two columns: "Name" and "Address". The table has 10 rows, numbered 1 through 10. At the bottom left of the form is the ID "HL_201018_141235" and at the bottom right is "SPR210451".

card, etc.) is optional for the consumer. Do not make a statement like, “I need this to prove to my manager who attended the meeting.”

- During your presentation, use the provided CMS-approved materials (electronic presentation, workbooks). You may not use any materials without a CMS approval number.
- Refer to the “CONSUMER CONTACT INFORMATION” and “MATERIALS” sections of the 2016 Agent Marketing/Sales Event Checklist to ensure you compliantly obtain consumer contact information and use compliant materials.



2015 PLAN COMPARISON

Kentucky, Boone, Campbell, Eastern counties/Ohio, Berlin, Clermont, Hamilton, Warren counties
This is not a complete description of benefits. Please refer to the Summary of Benefits for further benefit details.

Benefits	AARP MedicareComplete Focus (HMO)	AARP MedicareComplete Plan 2 (HMO)
	In-Network	In-Network
Monthly plan premium	\$0.00	\$43.00
Deductible	None	None
Medical Coverage	None	None
Primary care physician (PCP) office visit	\$0 (copy) (\$0 copay)	\$15 (copy) (\$0 copay)
Specialist office visit	\$40 (copy) (\$0 copay)	\$80 (copy) (\$0 copay)
Inpatient hospital care	\$345 (copy per day, days 1-5) \$0 (copy per day after that)	\$400 (copy per day, days 1-4) \$0 (copy per day after that)
Emergency care	\$60 (copy per day)	\$60 (copy per day)
Urgency needed care	\$30 - \$40 (copy)	\$30 - \$40 (copy)

AARP MedicareComplete
UnitedHealthcare

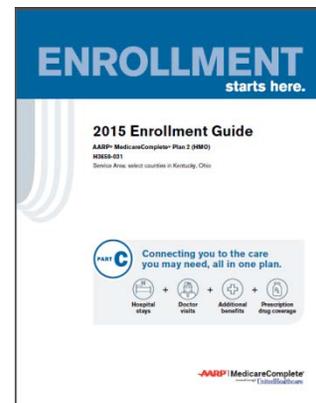
AACH15HMO07201_000

UnitedHealthcare Plan Comparison

Provides a benefit-focused approach to comparing multiple plans.

Medicare Advantage Enrollment Guide

Provides a comprehensive review of a single plan. We suggest using the Benefit Highlights and Summary of Benefits sections when providing a benefit review for a single plan.



If you present an AARP-branded plan, it is important to describe appropriately the AARP-UnitedHealthcare relationship to consumers. Keep in mind these two points:

- UnitedHealthcare and AARP have a number of shared values, including the belief that everyone eligible for Medicare should have access to affordable, quality health care coverage
- UnitedHealthcare is the insurer holding the plan contract with Medicare and pays AARP a royalty fee for the use of the AARP name and trademark

AGENT TIPS

Being an agent is your competitive advantage. Make it count by developing your own style and building positive relationships with your consumers.

Sales tips

1. Find your comfort level
2. Define your target audience
3. Research your consumers' buying habits
4. Take your time. Analyze who is making the buying decision, what currently is and is not working, what the consumer is looking to change, etc.
5. Do not make assumptions
6. Build rapport
7. Become a trusted industry advisor

Consultative Sales: Framework

Preparation

- Do your homework and understand your objective

Opening

- Demonstrate professional presence (engagement, energy, confidence)
- Create rapport
- Effectively transition to presentation after introduction and state which product(s) will be presented

Needs dialogue

- Check for understanding
- Perceptive to nonverbal cues
- Attentive listening skills

Solution dialogue

- Seek consumer feedback to validate understanding
- Demonstrate product knowledge

Objection resolution

- Acknowledge objections
- Demonstrate empathy
- Ask clarifying questions to fully understand any objections

Action close (if consumer enrollment occurred at the conclusion of the event)

- Make abundantly clear to consumer they are enrolling
- Accurately and thoroughly complete enrollment application
- Define follow-up with consumer
- Provide business cards to consumer to distribute to their family/friends

Follow up

- Follow up and provide support; deliver on your promises
- If a consumer submits an enrollment application after the event, contact them and review each of their providers to determine if they are in the plan's network, validate primary care provider is in the network and noted on the application (if required), look-up each of the consumer's prescription medications to determine if they are on the formulary and advise consumer of the drug tier and any restrictions such as prior authorization or quantity limits

Needs Dialogue – The Who, What, Why, How, and When

1. Who makes the buying decisions and who will be affected by the decision?
2. What is currently working and not working?
3. Why is the consumer looking to make a change? You want to gain an understanding and help them gain one too
4. How will the solution/decision work for them? Ask them to repeat their understanding to confirm the decision. Help them understand why their decision may or may not be best for them
5. When do they need to make the decision? Help them understand the timelines for making the decision, but be careful not to use high pressure tactics when doing so

Take steps to boost Star Ratings

UnitedHealthcare is always working to improve its Star Ratings, which include our members' feedback about their care and satisfaction. As a sales agent, there are things you can do to help boost UnitedHealthcare's Star Ratings. For example:

- Be sure to submit all your enrollment applications in a timely fashion
- Clearly explain each plan's out-of-pocket costs to consumers, including coinsurance, copayments, deductibles and premiums
- Set proper expectations
- Observe all CMS compliance requirements
- Encourage consumers to utilize the plan's preventive benefits to help them stay healthy
- Refer to the "PLAN PRESENTATION" section of the 2016 Agent Marketing/Sales Event Checklist to ensure you compliantly communicate the plan's Star Rating, the page where it is located in the Enrollment Guide, and direct consumers to Medicare.gov for additional Star Ratings information

Always remember that you are the face of UnitedHealthcare

- A member's journey starts with you
- Your actions will set expectations for what it is like to be a member
- Make sure attendees are provided current, accurate, and understandable information
- Throughout your presentation, reinforce the fact that UnitedHealthcare is here for them "every step of the way." Everything you do should reflect our experience, expertise, and commitment to their health and well-being. Example:
 - At UnitedHealthcare, we surround you with not only the health care coverage, but also the people who can help you live a healthier life. We help you understand how to get the most from your plan. We help connect you to the care you need when you need it. We have programs, resources and tools to help you live a healthier life because we know that healthy lifestyles are easier with healthy connections.

Helping consumers with disabilities and accommodations

- **Consumer sensitivity:** Be aware of and sensitive to the needs of the Medicare-eligible consumer, including language barriers and physical or cognitive disabilities. Look for indications that a consumer might need accommodations to meet their needs, such as a non-English speaking consumer struggling to understand your presentation in English or a consumer who appears to have difficulty hearing you despite your use of a microphone.
- **Services and aids:** There are a number of services and aids available at no cost to the consumer to accommodate their needs. Consumers can request certain plan materials in alternate languages or formats, utilize the TTY/TDD or State Relay System when calling Telesales or Member Services, and request alternate language translation services or an American Sign Language interpreter at a formal marketing/sales event or personal/individual marketing appointment. Remember that you are only permitted to use authorized individuals to serve as translators or interpreters. Utilizing your family member or friend is not permitted. Consumers may elect to have family or friends available to assist; however, as an agent, you need to accommodate all reasonable requests for an American Sign Language interpreter.
- **American Sign Language:** Referring a consumer to a TTY/TDD or State Relay Service is not sufficient if they are requesting an American Sign Language (ASL) interpreter. Upon consumer request, an ASL interpreter will be provided at a formal marketing/sales event or personal/individual marketing appointment at no charge to the consumer. ASL interpreters are not provided at informal marketing/sales events or any educational events. Whenever possible, requests (new and change) should be made 14 or more calendar days prior to the date the interpreter is needed to ensure the vendor (ASL Services, Inc.) has adequate time to schedule an in-person interpreter. Every effort will be made to obtain an in-person interpreter if the request (new or change) is made within 14 calendar days of the date needed; however, alternate arrangements such as rescheduling the appointment or requesting the consumer attend another event may be needed. Follow these steps to request an ASL interpreter:
 - Agents with access to bConnected can request an ASL interpreter by selecting “Request an American Sign Language Interpreter” in bConnected. To use bConnected, the request must be entered 14 or more calendar days prior to the date the interpreter is required.
 - Agents without access to bConnected, or who have requests (new or change) that cannot be entered in bConnected because they are within 14 calendar days of the date the interpreter is required, must submit a completed ASL Interpreter Request Form (available on the Distribution Portal) to the PHD via email at PHD@uhc.com.
- **Filing an ADA Complaint:** To help a consumer file a complaint, you may file an ADA complaint for them by sending an email directly to Compliance_Questions@uhc.com or calling Customer Service.

COMPLIANCE REQUIREMENTS



In your presentation and enrollments, it is critically important to be aware of all CMS regulations and UnitedHealthcare rules, policies, and procedures and comply with them fully.

Clearly explain plan-related costs to consumers

When presenting a specific plan, you must clearly explain all the costs associated with the plan, including coinsurance, copayments, deductibles, and premiums. You must also present this information at the point of sale and make sure the consumer understands it before you enroll them in a plan. Failure to explain all costs could result in a complaint against you by the consumer.

Follow these best practices for explaining plan-related costs:

- Use the Enrollment Guide, which is approved by UnitedHealthcare and CMS and contains accurate plan information
- Remember to explain that the plan's premium is a plan-related cost
- If the consumer has Low-Income Subsidy (LIS), you must communicate the expected premiums for the Medicare Advantage plan based on their current level of LIS. That way, if the LIS status changes, the consumer will not be surprised by unexpected costs
- Explain if the plan requires referrals from the consumer's primary care provider (PCP) to see a specialist and the impacts of seeing a provider without obtaining a referral
- Tell the consumer whether the plan has an annual limit on maximum out-of-pocket cost sharing
- Refer to the "PLAN PRESENTATION" section of the 2016 Agent Marketing/Sales Event Checklist to ensure you compliantly communicate network and referral requirements and all cost sharing elements related to the plan

Submit your enrollment applications in a timely fashion

To avoid complaints and boost Star Ratings, it is extremely important to submit completed enrollment applications to UnitedHealthcare within 24 hours of when you receive them. Failure to submit applications on time can cause a gap in coverage for consumers and change their intended effective date, resulting in a possible complaint against you.

Submit enrollment applications one of three ways (not all methods available for all plans):

- Paper applications: Submit paper applications via fax or overnight delivery within 24 hours. Paper applications for AARP Medicare supplement plans may also be submitted by regular mail
- Offline LEAN: Upload the enrollment application within 24 hours
- eModel Office (for External Distribution Channel [EDC] only): Whenever possible, process paper enrollment applications on the day of receipt, but never later than 24 hours



Compliance requirements when conducting a plan presentation



When preparing your presentation, make sure you present complete and accurate information so you meet all compliance requirements. The items below are similar to those on an Event Observation Program scorecard. Make sure your presentation covers each of these items:

Plan review

- Physician referral/prior authorization requirements
- Covered services/cost sharing
- Appeals and grievances process
- Plan Star Rating

Enrollment

- Always inquire about Power of Attorney (POA)/authorized legal representative or a family member/trusted friend
- Accurately and completely fill out the enrollment application
- Ask to see the Medicare/Railroad Retirement Board card to facilitate enrollment process
- Proof of permanent residence, if required
- Provide the correct proposed effective date
- Review the Statement of Understanding
- Review the Enrollment Checklist



Compliance requirements are essential, but be sure you are also focused on your consumers and delivering the plan benefits in a way that is engaging and relevant to their needs.

Cancellation or disenrollment

- Enrollment application withdrawal/cancellation
- Disenrollment (after consumer is a plan member)

Post-enrollment

- Welcome letter and copy of enrollment application
- Member ID card used instead of Medicare card
- How to contact Customer Service and agent
- Billing methods, if applicable
- Explain Enrollment Verification process
- Provide enrollment application confirmation; provide Enrollment Guide

Additional resources (Distribution Portal)

- 2016 Agent Marketing/Sales Event Checklist
- Enrollment Handbook for Agents
- Prescription Benefit Resource Guide



When discussing reasons to enroll, do not use any “scare scenarios” or high-pressure tactics. Example: “If you don’t enroll right now, I know you’re going to regret missing this opportunity.”



EVENT COMPLIANCE

Event reporting

- Enter event into bConnected prior to advertising and no less than 14 calendar days before the date of the event (If using Event Request Form, submit to PHD at least 21 calendar days prior to event)
- Verify the event details in bConnected to ensure reporting accuracy
- Enter changes in bConnected at least 3 business days prior to the date of the event (If using Event Request Form, submit to PHD at least 8 business days prior to event)

Refreshments and giveaways

- Only provide light snacks and/or a beverage (if allowed by venue)
- Combined retail value of giveaways and food items must not exceed \$15 per person
- Clearly display or state that gifts, prizes, and/or drawings are available with no obligation to enroll

Consumer contact information

- Use only approved sign-in sheet, lead cards, and contact sheets
- State to consumers that providing contact information is completely optional

Do not:

- Use an RSVP roster to take attendance or as a sign-in sheet
- Require consumers to provide contact information to participate in a drawing or raffle

- Ask consumers for referrals or contact information for other consumers

Venues and logistics

- Venue is accessible to consumers with disabilities
- Venue is open to all consumers who want to attend
- Venue is not located where patients wait for or receive care
- 5-7 days prior to event, confirm with the venue that you are expected and your event is posted on any schedule maintained by the venue
- Arrive at venue at least 30 minutes before start time to ensure location is ready by the event start time
- Advise venue receptionist/greeter of your event and ask them to help direct consumers
- Use directional signage so consumers can find the event room or location
- If an informal event, post signage when stepping away to indicate when you will return
- Ensure any provider participating in an event is aware of compliance guidelines

Materials

- Use only current, approved materials with CMS approval IDs
- Provide an Enrollment Guide to each consumer who requests one or intends to enroll

Do not:

- Modify consumer materials in any way (e.g., add sticker or content, remove pages, write on)
- Sign and date an enrollment application prior to consumer completion

Plan Presentation

- At the start of your event, state your name, the plan sponsor you represent, and the plan you are presenting
- Use the Clarity Medicare Advantage workbook, video, and presentation
- Give a full plan presentation at a formal event even if only one consumer attends
- Provide your contact information

Clearly state and explain:

- A Medicare Advantage plan is not a Medicare Supplement plan and describe the differences between them
- Any plan premium and that members must continue to pay their Part B premium
- Member ID cards must be used when obtaining plan-covered services
- How other coverage might be affected if the consumer enrolls in plan
- How to cancel or withdraw an enrollment application and disenroll from the plan
- For HMO plans, that in-network providers must be used to receive benefits except in emergencies
- For HMO-POS and PPO plans that using in-network providers usually costs less than out-of-network providers

For plans with prescription drug benefits, review:

- Low Income Subsidy (i.e. Extra Help)
- Late enrollment penalty – explain what it is and process for attesting to creditable coverage
- Cost sharing: Copayments, coinsurance, and drug pricing
- Formulary, drug tiers, quantity limits, step therapy, prior authorization, and where to find additional information
- Deductible, initial coverage, coverage gap, and catastrophic coverage
- Pharmacy network and preferred pharmacies and cost sharing impacts

Review the Enrollment Guide in detail and cover:

- Enrollment election periods
- Enrollment eligibility requirements
- Appeals and grievance processes
- Summary of Benefits or Benefits Highlights including cost sharing
- Provider network including limitations, referral requirements, in-network and out-of-network cost sharing, benefits for routine care and emergency care
- Plan disclaimers
- No cost language interpreter services (multi-language insert). Explain services available even if it does not appear that the consumer(s) needs it
- Star Rating:
 - State the current Star Rating for plan you are presenting
 - Indicate the Enrollment Guide page where it is located.
 - Explain 1-2 individual measures that comprise the overall rating
 - Direct consumers to Medicare.gov for additional Star Ratings information.

Do not:

- Use absolute, superlative (including qualified), and/or disparaging statement, such as UnitedHealthcare is one of the largest Medicare Advantage plans or the state Medicaid program is a disaster
- State you represent Medicare or any government agency
- State plans are endorsed, sponsored, or recommended by Medicare, CMS, or the federal government
- Refer to competitors by name or speak disparagingly about the competitor
- Use high-pressure/scare tactics or intimidating behavior
- Describe the plan as “free” if it has a \$0 premium
- State there are no claim forms, paperwork, or similar
- Present non-health related products, such as final expense or life insurance

After your event

- Make sure all items containing consumer Protected Health Information/Personally Identifiable Information (PHI/PII) is secure
- Contact consumers who submit an enrollment application after the event to review and ensure all providers are in the network and drugs are in the formulary as applicable and to answer any questions the consumer may have
- Sign, date, and submit completed enrollment applications within 24 hours of receipt

Refer to the 2016 Agent Marketing/Sales Event Checklist for a stand-alone version of this checklist.

For a complete listing of all marketing and event guidelines, refer to the Agent Guide available on the Distribution Portal

Questions: Contact your sales leader or submit questions to Compliance_Questions@uhc.com.

PRESENTING THE PLAN

Give consumers an idea of how long the meeting will last. Respect their time and politely defer consumer-specific questions that may take longer to answer to after the presentation. However, if the whole group would benefit from the answer, be sure to address the question to the group.

Members attending your event

Current members may attend your marketing/sales event. Thank them for their continued interest in a UnitedHealthcare plan. Spend a little time with them to find out why they are attending your event.

- Are they interested in changes to their current plan for the upcoming plan year?
Explain that they can learn about changes to their current plan from their Annual Notice of Changes without having to sit through an entire sales presentation. Your local market may also host member only educational events. Refer to your local leadership. For regulations and guidelines related to hosting a member only educational event, refer to the Events Basics PDF and/or your Agent Guide.
- Are they concerned about a particular benefit or perhaps have an issue?
Take a little time with them to answer any questions or concerns they may have or offer to meet with them individually outside of the meeting.

When offering the member options for learning more information, be sure to let them know that they are welcome to stay. You do not want the member to get the impression that you do not want them to be at the meeting. If the member chooses to stay, acknowledge them for coming and being a valued member.

Clarity Medicare Advantage Consumer Workbook

Introduce the consumer workbook and let the consumer know how they can actively participate in the meeting by following along and using the interactive features of the workbook.

Each section of the workbook is outlined below with compliance and presentation tips.

Note: You may prefer to use the Community Meeting video instead of presenting the material contained in the consumer workbook. When using the video, provide consumers with a workbook to take home for future reference. Refer to the Community Meeting Video section.



The UnitedHealthcare Member Experience

Use this section to introduce the value of UnitedHealthcare, which you can integrate throughout your presentation. Connect UnitedHealthcare to your local market.

- Share information from UnitedHealthGroup.com/SR about what UnitedHealthcare is doing to improve health and well-being in the communities where we live and work
- Share why you choose to represent UnitedHealthcare, such as its reputation in the marketplace, shared vision and values, and commitment to the consumer experience

Medicare Made Clear

In this section, you will educate the consumer about Medicare in general – when are they eligible, when they can enroll, and their Medicare choices.



- You must review the definitions of the Initial Enrollment Period, Open Enrollment, Medicare Advantage Disenrollment Period, and Special Election Period.
- When discussing Medicare as a whole, avoid using inappropriate or negative statements when referring to Original Medicare or Medicare supplement plans. For example, do not say, “I’m sure you’ve heard that Medicare is in trouble.”
- Remember not to inadvertently mention non-health related products, such as life or disability, while presenting a Medicare plan.
- When explaining how Medicare works, speak to the differences between Medicare supplement insurance and Medicare Advantage plans to make it clear that Medicare Advantage is not a Medicare supplement plan. Also, make sure to mention that during today’s event you will be discussing Medicare Advantage plans.
- Remind your consumers that they must continue to pay their Medicare Part B premium.

Understanding Your Needs

Use this section to emphasize that each consumer may have different needs and what applies to one consumer may not apply to another. This is a good time to let them know that you are available as a trusted advisor to help them make the right enrollment decision.



- Let your consumer know that if they have employer-provided health insurance, they may not need to enroll in Medicare when they become eligible. Once they retire, they may then qualify for a Special Election Period and can enroll in a Medicare plan of their choice at that time.
- If you have Special Needs Plans available in your area, use this as an opportunity to highlight those plans, if appropriate for your consumers.
- If a consumer asks about other plans offered by UnitedHealthcare, you should always recommend whichever plan is the best fit for the consumer's health care needs (regardless of rating). Look at Star Ratings FAQs and other materials for additional talking points for questions you may receive related to Star Ratings.



- Inform consumers that Medicare Advantage enrollment may affect other existing coverage they may have (such as employer coverage).
- Be sure to avoid claims of “no paperwork” or “no claim forms” when discussing the plan.
- Let consumers know that Enrollment Guides are available to them for any plan discussed during the event.
- One of the reasons members disenroll is because their provider is not in the plan's contracted network. Make sure the consumer determines whether or not their providers are in the network.
- Explain that the provider directory they receive after enrolling is specific to their geographic area. If their physician is not listed in the directory, they can contact Customer Service to confirm or to request a comprehensive directory. The information can also be found online on the consumer sites.
- Remind consumers that provider networks can change and to call Customer Service or refer to an online directory for the most up-to-date network information.

Medicare Advantage

Use this section to focus on Medicare Advantage plans. You will cover the advantages of a Medicare Advantage plan, 10 important things to know about Medicare Advantage, and the advantages of being a UnitedHealthcare Medicare Advantage plan member.



- You may want to provide examples of what some “additional benefits” might be that are applicable in your area, such as hearing services, vision services, dental services, foot care, transportation, and HouseCalls. Remember that you must not market Value Added Items and Services that are not filed benefits during your plan presentation.
- Depending on your consumers, you may be speaking about Special Needs Plan options available in your area. Make sure to note that Special Needs Plans have different eligibility requirements.
- Make sure you cover the items with a checkmark and check for understanding often.



- Explain eligibility requirements
- If you have not already done so, remind your consumers that they must continue to pay their Medicare Part B premium.
- When you are talking about the advantages of Medicare Advantage plans, avoid making direct or disparaging comparisons to Original Medicare. For example, “We (UnitedHealthcare) manage the money better than the government.”
- Avoid using the word “free” to describe \$0 premium plans or any other benefits within the plan.
- When discussing Special Needs Plans, you must explain involuntary disenrollment, such as loss of Medicaid status or inability to verify chronic condition for the plan chosen.
- Inform consumers that benefits are subject to change annually because Medicare Advantage plans are offered under contracts with the Centers for Medicare & Medicaid Services (CMS) that are renewed annually.
- Make sure consumers understand that Medicare Advantage plans must offer all the benefits of Original Medicare and that the plan pays for the covered services, not Medicare.
- When discussing the potential advantages of UnitedHealthcare Medicare Advantage plans,

be sure to avoid using negative comments toward your local competitors. For example, “They can’t touch our network.” or “I heard that our competitor is reducing their service area.”

- Explain to your consumers that when enrolled, they will need to use their UnitedHealthcare member ID card, not their Medicare card.
- If you have not already done so, inform consumers of the availability of no-cost interpreter service and the plan’s Star Rating.

Prescription Drug Coverage

Use this section to focus on the details of prescription drug coverage. Walk the consumer through the drug stages and the terms commonly used to describe drug coverage.



- Be sure to define terms that may be unfamiliar to consumers:
 - Deductible, copayment, coinsurance, out-of-pocket costs
 - Pharmacy network – explain that the directory the member receives after they enroll only lists pharmacies and other providers most closely located to the member based on their address. A full directory is available by calling Customer Service.
 - Late enrollment penalty
 - Formulary – explain how consumers can look up their medications
 - Drug tiers – Generally the lower the tier for the listed drug, the lower the copayment.
 - Drug payment stages including the coverage gap
 - Prior authorization – When the plan needs more information from the member’s doctor before approving a medication to make sure the drug is being used correctly for a medical condition covered by Medicare.
 - Step therapy – When the member may be required to try an effective, lower-cost drug before the plan will cover a more expensive drug.
 - Quantity limits – When the plan will cover only a certain amount of a drug for a one-month supply or over a period of time. The limits are in place primarily for safety reasons based on the recommended maximum dosage.
 - Medication Therapy Management – Consumers may be invited to participate in a program designed for their specific health and pharmacy needs. They may decide not to participate, but it is recommended that they take full advantage of this covered service if they are selected. They can contact the plan for more details.

- Failure to provide complete information related to prescription drug coverage may result in an infraction if UnitedHealthcare or CMS is evaluating your event.



- UnitedHealthcare's extensive pharmacy network includes large retail chains and small local pharmacies. Let consumers know that you would be happy to help them confirm if their pharmacy is in our network, if interested.
- Explain how consumers can locate an in-network pharmacy by using the pharmacy locator online, calling Customer Service, or having an agent look it up using the pharmacy locator search on the Distribution Portal.
- When supporting a consumer with drug formulary confirmation, ensure the correct spelling of medication name(s) and retain notes regarding the medications that were discussed.
- Mention the various ways a consumer can potentially reduce their costs – Low Income Subsidy (LIS) or Extra Help, Pharmacy Saver™, Preferred Retail Pharmacy Network, and mail order.
- Be sure to explain the Late Enrollment Penalty that may be added if the consumer did not sign up for Part D drug coverage when they were initially eligible.

Helpful Resources

Let the consumer know that in addition to you, their trusted advisor, there are other useful resources available to them.



- Suggest to your consumers that they visit MedicareMadeClear.com to learn more about Medicare. An entire video series explains Medicare. Some of the videos are also offered in Spanish.
- Set the expectation with the consumer that after they enroll they will be receiving several mailings and/or phone calls from the health plan including Health Risk Assessment (if applicable), Outbound Enrollment Verification Letter, and HouseCalls (if applicable). Be familiar with these touch points and encourage the consumer to take advantage of them.

Decision-Making Tools

This section introduces and explains the Enrollment Guide. When telling consumers what they can find in the guide, hold it up and refer to the page where the consumer can access the different information.

You must indicate the availability of each item that has a checkmark and where the information is located in the Enrollment Guide for the plan that you are presenting.



- You must indicate that interpreter services are available through the UnitedHealthcare Medicare Solutions call centers at no cost to the consumer. This information must be provided even if it appears that the consumer is not interested in interpreter service. Failure to provide the information about the availability of no-cost interpreter service may result in an infraction if UnitedHealthcare or CMS is evaluating your event.
- You must provide the Star Rating for the plan you are presenting. It is recommended that you state verbatim the paragraph in the consumer workbook providing the name of the plan you are presenting and the plan's Star Rating as indicated. Failure to provide the plan's Star Rating, where it is located in the Enrollment Guide and/or where the consumer can locate additional information may result in an infraction if UnitedHealthcare or CMS is evaluating your event.
- An Enrollment Guide must be provided to the consumer upon request and to those consumers enrolling in the plan.

Community Meeting Video

The Community Meeting Video presents the same content as the Clarity Medicare Advantage workbook. Always use the latest version of the video.



It is very important to select an appropriate venue that accommodates both audio and visual presentation of the video. In addition to standard venue selection criteria, video-specific requirements include:

- A screen that is visible to all attendees
- A projector to display the video
- Speakers to ensure audio is loud enough for all attendees to hear
- Make sure extension cords are secured with tape

Follow these rules **during your presentation** to ensure a compliant event and a good consumer experience:

- Introduce yourself, the carrier you represent, and the specific plan that you will present.
- Introduce the video and let the audience know if you will be stopping it periodically to reinforce concepts or if you will do so at the end.
- Provide consumers with the Clarity Medicare Advantage workbook, which goes hand-in-hand with the video, as a resource they can use after the meeting. Reinforce particular topics covered in the video by referring to the page in the workbook.
- Only use the video if the language spoken in the video is the same in which you are presenting and providing materials, such as the Clarity Medicare Advantage consumer workbook and Enrollment Guide.
- Make sure you provide information specific to the plan you are presenting that is not included in the video, such as the name of the plan and the plan's Star Rating.

Compliance Summary

The Compliance Summary is a stand-alone agent resource that is a companion piece to the Clarity Medicare Advantage consumer workbook. Use the suggested verbiage as you cover the corresponding page in the consumer workbook, as a recap at the end of your presentation, or simply as a checklist to ensure you have covered each of the elements that CMS requires you to present to consumers.

CLOSING THE EVENT

Point-of-sale best practices

At the point-of-sale, there are practices you must follow to avoid complaints and allegations. Follow these best practices to boost Star Ratings and avoid possible problems:

- Always ask whether the consumer has a Power of Attorney (POA) before proceeding. Regardless of your impression of the consumer's abilities, they may still have a POA or other legal representative.
- Double check applications to make sure they are completed correctly and accurately. Use LEAN for Medicare Advantage and Prescription Drug Plan enrollment applications whenever possible. You may receive an application quality complaint if you rush through the enrollment application process. Refer to the Enrollment Handbook for Agents for additional guidelines.
- Do not take receipt of or sign an application if the consumer is not prepared to have it submitted immediately. Instead, schedule a follow-up appointment or provide instructions on how to submit it to you.
- Provide consumers with complete information about how to cancel or withdraw their enrollment application or disenroll from a plan.
- Always provide the consumer with your current contact information. Be prepared with your business cards and the plan's Customer Service contact information.
- Follow through on requests to withdraw or cancel an application promptly. Agents are expected to act ethically and promptly to consumer requests in all situations, including disenrollments.
- Always provide required enrollment materials. Before each meeting, make sure you have enough copies of the correct materials. It is a good idea to have more than you think you will need.
- Understand each consumer's situation and help them find the most appropriate plan. It is critical to ask the right questions to find the most suitable plan for each consumer. Selling an unsuitable plan to a consumer could result in rapid disenrollment and/or an agent misconduct complaint.

Lead generation

If the consumer declines to complete an enrollment application at the event, ask for permission to contact (e.g., offer a lead card from them to fill out) after the event and/or set up a future appointment.

Common objections

1. Why isn't this a 5-star plan?

UnitedHealthcare has a focused effort to achieve this goal. However, the rating you see today reflects how we performed a couple of years ago. Our organization is definitely committed to the health and well-being of our members and is committed to achieving the highest rating possible.

2. My doctor isn't in your network.

Here at UnitedHealthcare we have a large network of contracted providers. I would be happy to look through the directory to confirm whether your physician is in our network. If not, we can look at the directory together and see if there is another physician in our network who would meet your needs.

3. I don't think I can afford the copayments.

I understand your concern. What I would like you to do is consider your out-of-pocket costs with the plan you currently have. Compare any deductibles, copayments, coinsurance and premiums you may have with costs of the plan I just presented. Keep in mind the maximum out-of-pocket limit when assessing the plans.

4. What if I am not ready to enroll today?

If you are not ready to enroll today, please feel free to take my contact information so you can reach me after the meeting. I can also stay after the meeting and answer any questions you may have or set up an appointment to come to your home so I can address your individual needs.

5. I am not sure this is the right plan for me.

UnitedHealthcare has an extensive portfolio of products. If this plan does not meet your needs, we can meet one-on-one and try to find a plan that is a good fit for you and your current situation.

6. I have heard so many things about Obamacare and Medicare OR I have heard Medicare is in trouble and potentially going away. How does it all truly affect me?

There has been a lot of press regarding the Medicare program. While I cannot speak to all of it, what I can speak to is what is known today. The plan I presented to you today is the plan that you would have for the upcoming plan year if you enroll, and it cannot change or go away (so, no surprises). Plans can only change annually. You will be notified in the fall of next year (by November 2016) of any changes. You will have an opportunity at that time to assess your needs and make a plan change if you need to for the upcoming year (2017).

7. There sure is a lot of talk about Exchanges, what can you tell me about them?

Most of the "Exchanges" you may hear about in the news and other sources will **not** have an effect on the Medicare population or the plans and products being offered to you. The Exchanges you may be hearing about are for people who do not have Medicare yet or do not qualify for Medicare. However, some employers and unions offer their retirees health insurance through a Medicare exchange.

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