CareFirst
Medicare Advantage

Appointment Checklist

Prospective Member's Name	
Phone	Email

Use the following reminders, recommendations and questions to help prepare you for your next meeting with a prospective member.

Understand Your Lead

Is the prospect already a CareFirst member?	☐ Yes	☐ No
Does he/she live in the geographic service area?	☐ Yes	☐ No
Does he/she have prior experience with Medicare plans?	☐ Yes	☐ No

If yes, what's important to them about their coverage?

If no, do they have any questions about how Medicare plans work?

- ☐ Appointment scheduled and confirmation sent
- ☐ Call or send a reminder to the prospective member the day before

Appointment Preparation

- ☐ Understand the strengths and weaknesses of competitor plans
- ☐ Pre-qualification and information gathering completed
- ☐ Gather materials for the appointment:
  - ☐ Sales Presentation
  - ☐ Scope of Appointment (completed and signed prior to the meeting)
  - ☐ Estimating Annual Out-of-Pocket Worksheet
  - ☐ Medicare Plan Comparison Page (Medicare Advantage v Medicare Supplement)
  - ☐ Pre-enrollment Kit with Plan Overview, Summary of Benefits, Enrollment App, etc.
  - ☐ What to Expect One-Pager

Appointment Day: Make Your Pitch

- ☐ Provide a business card at the beginning of every appointment
- ☐ State your name, the company you represent, and all the plan types you'll discuss
- ☐ Review and complete the Scope of Appointment form, including all the plan types you'll discuss (completed and signed prior to the meeting)
- ☐ Review the sales presentation with the prospective member and note questions
- ☐ If the prospective member has a legal representative who helps with healthcare decisions (e.g. Power of Attorney, Conservator, or other state-appointed guardian), make sure the legal representative attends the appointment
- ☐ Ask about current health coverage

- ☐ Clearly explain the benefits, copays and deductibles for the plans you discuss
- ☐ Clearly communicate to the beneficiary what to expect when changing from his/her current coverage to a new plan
- ☐ Clearly explain the provider network and confirm if the beneficiary's desired Primary Care Provider (PCP), Physician of Choice (POC), or specialist(s) is within the plan's network
- ☐ Clearly explain prescription drug coverage, review current medications in detail and if medications are included on the formulary list.
- ☐ Ensure that the beneficiary receives a copy of the Pre-Enrollment Kit and all other necessary and required materials
- ☐ Listen for clues to understand health plan needs, budget concerns, out-of-pocket requirements, travel coverage needs (out of the service area, out of state, etc.), supplemental benefits, importance of keeping participating PCP and/or specialists
- ☐ Ask about the decision process and respond to objections and concerns, if needed:

  Ready to enroll? ☐ Yes ☐ No

  Is a second meeting needed? ☐ Yes ☐ No

  If yes, what's important to them about their coverage?

  Does another individual such as a caregiver or family member need to be involved? (If yes, the caregiver may need to sign Scope of Appointment form.) ☐ Yes ☐ No
- ☐ If enrolling today, complete the enrollment application together, thank the new member, supply a copy of the enrollment application (if paper) and give them the What to Expect One-Pager
- ☐ Remind the prospective member that he/she will receive a welcome packet in the mail and an Outbound Enrollment Verification (OEV) letter that confirms their plan choice
- ☐ If not enrolling today, establish next steps: Schedule a second meeting, send information, investigate coverage or cost, etc.

Closing

- ☐ At the end of the appointment, encourage the prospective member to contact you with any other questions or concerns
- ☐ Send a thank you note
- ☐ Follow up to confirm satisfaction
- ☐ Resolve any open questions

> Please remember, the CareFirst Agent/Broker Oversight team will investigate any reported instances of non-compliance or inappropriate conduct to determine if corrective actions are necessary.

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